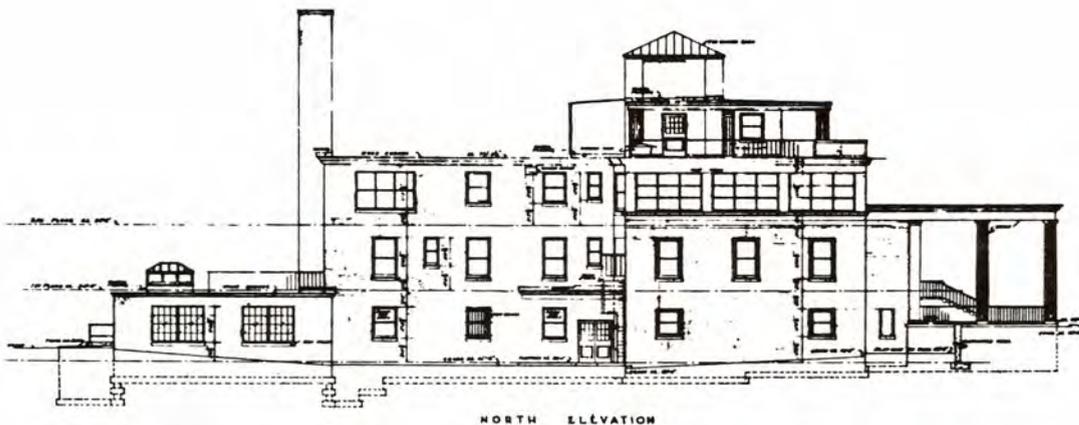


EVALUATING HOSPITAL FACILITIES FOR USE IN HEALTH PLANNING AND REVIEW ACTIVITIES

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The Experiences of the
Oklahoma Health Planning Commission



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December 1980

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*"If we could first know where we are and whether we
are tending, we could then better judge what to do and how to do it."*

--Abraham Lincoln

"If I could tell you where I am, I wouldn't be lost!"

--The Universal Traveler

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ACKNOWLEDGEMENTS

This report was prepared by Paul C. Brown, P.E., under the direction and guidance of Jack V. Boyd, Executive Director of the Oklahoma Health Planning Commission, and with the advice and assistance of Joseph P. Peters, Health Planning Consultant, and Hugh D. Tidler, Computer Consultant. Keith Long, Director of Health Planning of the OHPC was most helpful in providing the health planning data underlying much of the analyses.

OHPC is especially indebted to the Bureau of Health Facilities, HRA, PHS, Department of Health and Human Services, for providing draft survey forms and instructions which were easily adapted to Oklahoma's requirements and which subsequently formed the basis of this survey.

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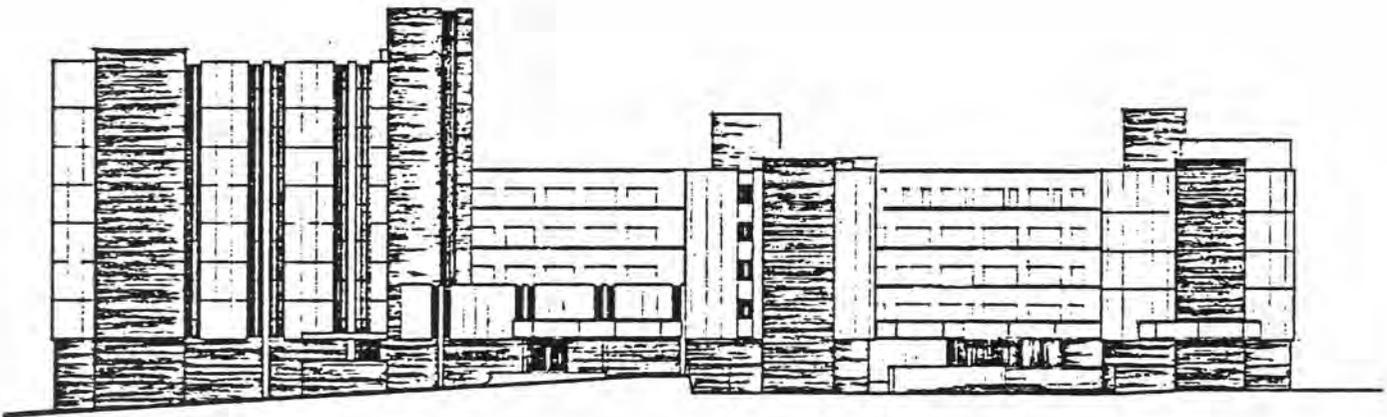
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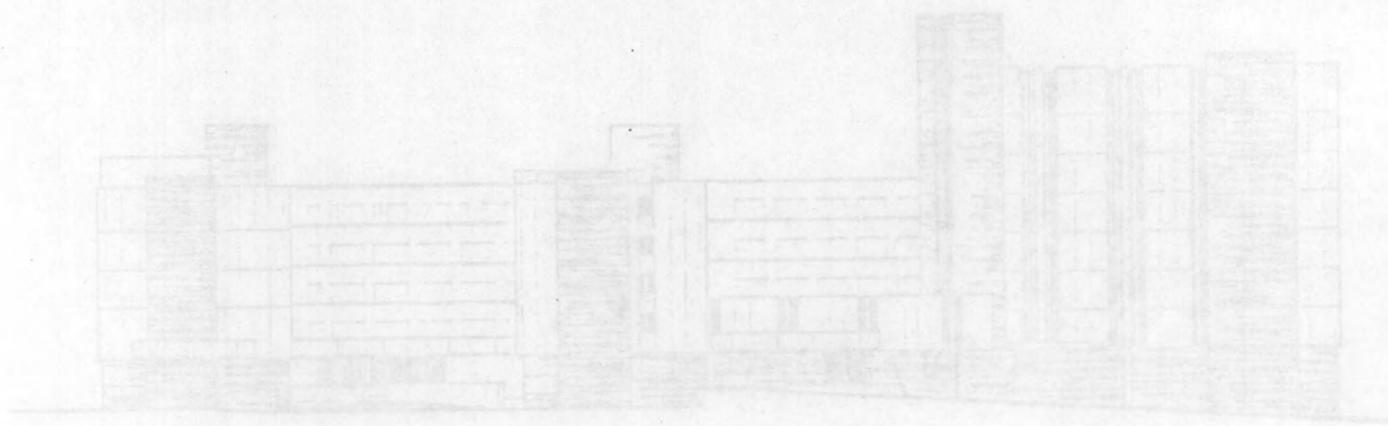
INTRODUCTION



EAST ELEVATION



INTRODUCTION



EAST ELEVATION

Buildings and facilities are essential to the care of the sick and injured. Any proposals for developing health services must, therefore, take into consideration the capabilities of the existing stock of health facilities, particularly hospitals, to meet present and future needs for health services.

For obvious reasons, any plan for the development of health services must commence with an appraisal of what presently exists. This is especially important in planning for health facilities. Not only do existing facilities provide one measure of present and future service capabilities, but they may also act as formidable barriers to the development of more efficient health service arrangements.

A given health service area, or State, will have a broad array of hospital, nursing home, and other related health care services housed in buildings of different ages and types of construction and with different life expectancies. Some can efficiently carry out their assigned functions for many years to come; others will require major modifications to do so; and a few should either be completely replaced, merged with other facilities, or cease operations, depending on local needs and other planning considerations.

Most hospital buildings have a useful life of about 40 years. During this life period, a community's hospital needs may change greatly because of shifts in population or changes in its size and composition. This can often result in a previously well located facility now being in the wrong place or otherwise unable to meet new service needs.

Advances in technology, stricter licensing or construction standards, heightened public expectations, or changing employee work patterns can make even previously well designed facilities obsolete, inefficient, unsafe or unsuitable for present use. For these and other reasons, it is generally agreed among health planners that some system of inventorying and evaluating existing facilities is essential to getting a health planning effort under way.

Until recently, as a result of the passage of the Hospital Survey and Construction Act of 1946 (The Hill-Burton program), each state was required to survey its health facilities as a first step in preparing a State plan for the receipt and distribution of federal funds under the Act. Over the years, most States were able to compile rather complete inventories of existing health facilities, together with summary ratings of selected aspects of each facility's ability to meet federal and state construction standards. In addition, many states maintained and updated the plans and blueprints of all projects receiving financial assistance under Hill-Burton and other state and federal programs. When supervised and interpreted by knowledgeable hospital architects and engineers, which many states employed under this program, these files supplied basic information for evaluating individual hospital proposals and also for preparing broader state or health systems area plans.

New programs and new laws have unfortunately led to a de-emphasis, and, in many instances, to a dismantling of these efforts. Many states now have no up-to-date information on existing plant capabilities or deficiencies. One can only wonder how their health planners

are able to deal with existing or emerging health facility planning problems without this basic information.

There are two basic components of a health facilities inventory:

1. A listing of each facility in terms of such characteristics as name and location; auspice or control; total number of beds and beds by major services; available programs and services; licensure, accreditation, and approval status; and other relevant descriptive information, usually in summary form.
2. An appraisal of the ability of each facility to meet selected physical requirements, life safety standards and related codes, and suitability for long-range planning. This usually includes, but is not limited to, such considerations as the acceptability of the facility for its present intended use, its potential conversion to other uses, and the need, if any, for modernization and/or replacement.

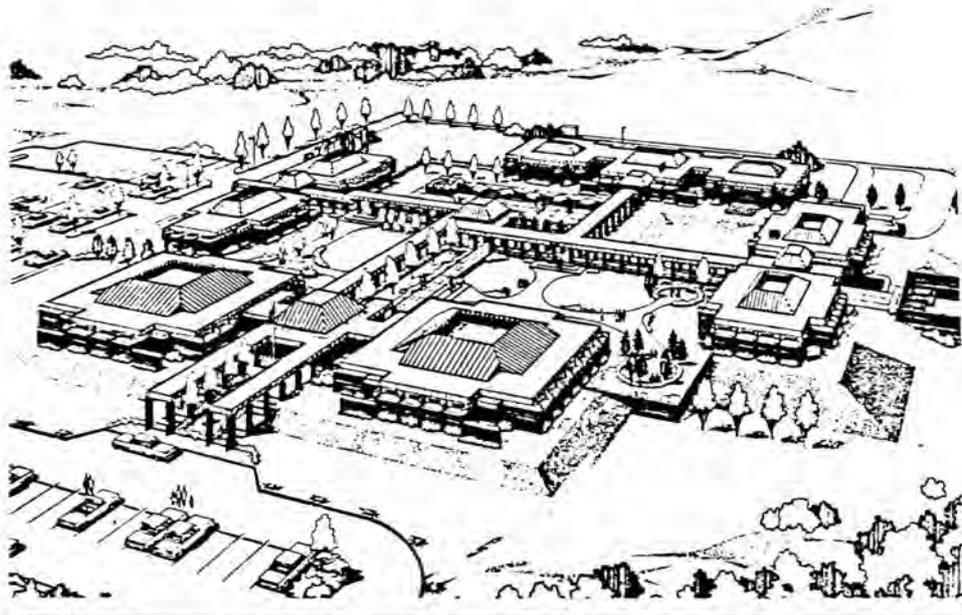
Since all states, Health Systems Agencies (HSAs), and national hospital data sources are already compiling much of the information outlined in (1) above, nothing more will be said in this report about this aspect of the health facility inventory. Rather, this report will deal specifically with the physical appraisal component by describing how one State Health Planning and Development Agency (SHPDA)--The Oklahoma Health Planning Commission (OHPC)--has carried out the appraisal process and how it has integrated the resulting information into its mandated health planning, development, and review activities.

At the outset, OHPC recognized that there are two basic approaches to appraising facilities:

1. Questionnaires. Here, the validity of the replies depends on who answers the questions (self-appraisals are, for example, notoriously unreliable); how carefully the questions are framed and answered; the respondent's awareness of the plant problems and their severity; the respondents' technical ability to make plant evaluations; and the degree of uniformity of the definitions, criteria, and interpretations. For these reasons, most questionnaire surveys of facilities are unlikely to yield uniform results from which accurate comparisons or compilations can be made. Financial and time constraints may, at times, require this approach. If properly handled, it can supply information capable of meeting some, but not all, of an agency's needs.
2. On-site Inspections. These can be performed either by the same individual/team or several individuals/teams using identical methods, criteria and standards. This can be a very costly method, particularly in states with a large number of facilities or where great distances must be covered. Cost is usually the main reason why so many states postpone these evaluations or opt for another approach.

The remaining sections of this report will describe the rationale and procedures which underlie the Oklahoma Health Planning Commission's recent statewide evaluation of hospital facilities in Oklahoma. It is believed that this approach and these experiences can be readily adapted to situations in other states and locales.

OKLAHOMA'S PLANT EVALUATION SURVEY



OKLAHOMA'S PLANT
EVALUATION SURVEY



Section 1-711, Title 63 of Oklahoma Statutes mandates that the Oklahoma Health Planning Commission: (1) conduct an inventory of the location, size, and character of all existing hospitals and related health facilities within the State; (2) evaluate the sufficiency of such facilities for furnishing adequate hospital, clinical, and similar services to the people of the State; (3) compile data and conclusions, together with a statement of the additional facilities necessary, in conjunction with existing structures, to supply such services. Most states have similar legislative underpinnings for conducting physical plant facility inventories and appraisals.

For more than a decade, it was not, however, possible for Oklahoma's officials to update earlier inventories even though new hospital construction had taken place during that time.

Indeed, a Commission survey in November 1974, completed in response to a request by the Oklahoma State Legislative Council's Special Committee on Health Care Delivery System, indicated that the cost of major hospital improvements by Oklahoma hospitals totalled almost \$231 million during the period 1969-1974. Obviously, many plant changes had been made and undoubtedly many of these were not reflected in the Commission's inventories.

Two years ago, recognizing the importance of accurate information on the existing stock of hospital facilities and its usefulness in meeting federal requirements, Sections 1523(a)(7) and 1524(c)(1-2) of P.L. 93-641 and amended by P.L. 96-79, the OHPC instructed staff to

conduct a new appraisal of all hospital facilities in Oklahoma. Three options were considered: recruit qualified personnel to conduct the survey; rely on self-appraisal questionnaires prepared by hospital officials; or contract with an outside firm to carry out the survey.

The third option was selected and a request for proposal (RFP) was distributed to interested architectural/engineering firms. A copy of the RFP is attached as Appendix A. Seven bids were received and a contract was subsequently awarded to a local Oklahoma City architectural firm which submitted the lowest bid.

It was agreed that the survey would involve a professional assessment of the physical characteristics, conditions, energy features, and space allocations of 135 hospitals (three other facilities had been deleted and assigned to OHPC staff for evaluation) and that the survey would be completed in twelve months.

OHPC staff designed a survey instrument by which evaluators could compile the information requested (attached as Appendix B). OHPC is indebted to the Bureau of Health Facilities, HRA, PHS, U.S. Department of Health and Human Services, for providing draft survey forms and instructions which were easily adapted to Oklahoma requirements.

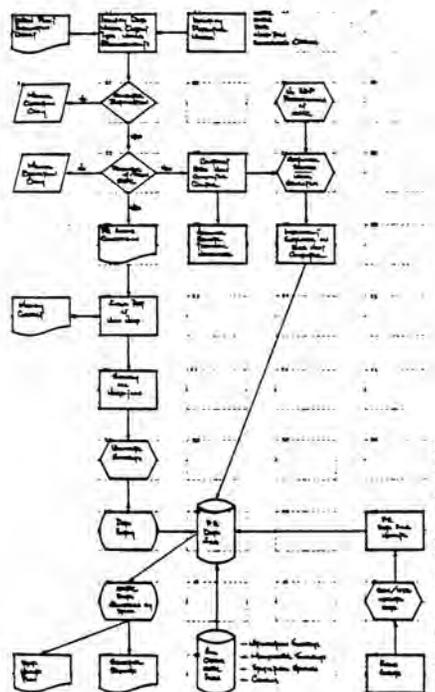
The contractor's evaluators were then trained by a member of the Commission's staff who was familiar with the Commission's needs and knowledgeable about hospital facilities throughout the State.

The contractor's completed reports on individual facilities were reviewed and checked by OHPC's staff engineer and then made available for various compilations and uses by OHPC staff.

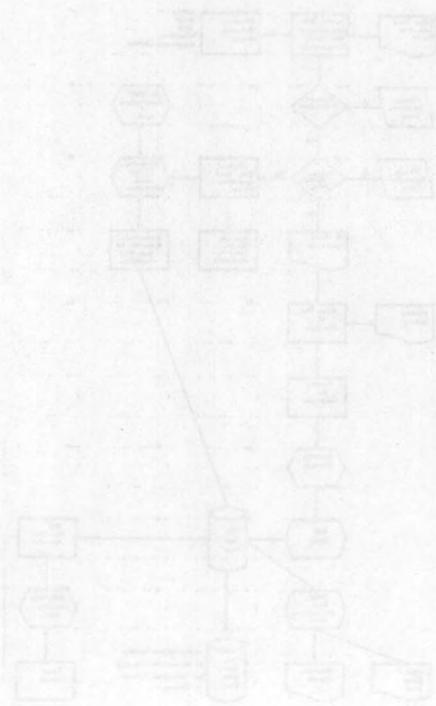
The following is a list of potential uses of this information:

1. CON/1122 reviews;
2. Evaluation of energy conservation measures;
3. Technical assistance to institutions;
4. Construction monitoring and updating;
5. Inventory and cataloging of facilities;
6. Planning (including preparation of medical facilities component of State Health Plan);
7. Conversion studies;
8. Identification and measurement of needs for modernization and/or capital improvements;
9. Compliance with codes and standards;
10. Inventory and cataloging of hospital services;
11. Coordination of information with other organizations and groups, such as State Health Department, State Fire Marshall, State Department of Energy, Oklahoma Health Systems Agency and Oklahoma Hospital Association;
12. Other special studies.

COMPUTERIZATION OF FINDINGS



COMPUTERIZATION OF FINDINGS



Shortly before inaugurating the plant evaluation survey, OHPC decided that it would automate selected inhouse data. It was also agreed that the results of the upcoming plant evaluation survey would be processed for computer storage and analysis. The reasons for this decision are obvious. Each hospital survey would contain a minimum of 1,038 data elements (or fields), plus an energy audit component with at least 263 data elements. Processing this amount of information for 138 hospitals by hand would be a time consuming task which would, at best, discourage or delay its availability for any contemplated uses.

In addition, the usefulness of plant evaluation information is greatly enhanced when it is correlated with hospital utilization, program inventories, and other health planning data. Obviously, if all this information is stored on a computer it can be readily tapped as needed.

Once the decision was made to computerize this information, an immediate first step was to redesign the format of the survey form to include special data element reference codes for identification and retrieval by computer and to facilitate data entry activities. Since a computer system was not yet in place or even selected, design was predicated on not knowing which software (computer programs), which hardware (equipment), and which data elements would actually be used by OHPC staff. In any event, it was agreed to store the plant evaluation (PE) data in a format convention that would be congruent with

other OHPC inventories to be computerized so that one generalized computer software package would be used for all OHPC data files.

In 1971, the Oklahoma Legislature initiated a long-range electronic data processing plan for State Government. This plan has worked very well and has provided improved data processing services to various state agencies which could not otherwise afford the use of computer technology. Pursuant to the provisions of 74 Oklahoma Statutes 118.1 et. seq., OHPC made an umbrella agreement with the state's Data Processing Planning Division (DPPD) for its services.

The OHPC, in its desire to avoid full time programmers and other technical computer personnel, selected and obtained the services of a part-time consultant. He interprets the needs of OHPC to DPPD and acts as a translator between data processing professionals and OHPC staff. He also assists OHPC clerical, planning, and development staff at the computer terminal for data retrieval. In short, OHPC simply wanted a computer assisted environment for the "user", not the "computer professional."

Thus, OHPC placed certain constraints that would affect its computer software selection:

1. No computer programmers would be brought on staff other than one part-time consultant contracted to the OHPC;
2. OHPC would not at this time "buy" a computer other than rental of computer terminals linked by commercial telephone line to a computer mainframe located elsewhere;
3. Turnaround time for data entry, updating, and data output had to be in a real time environment (immediate turnaround);

4. The software had to be such that OHPC staff (non-computer professionals) could access and process data themselves via terminal.

Ultimately, OHPC and DPPD procured a software package called "MERCURY", and installed this package on the State's central data processing system (in this case, an IBM 3031 computer mainframe, located at the State Department of Transportation in Oklahoma City).

Tied into the 3031 from OHPC offices is an IBM 3275 Cathode Ray Tube (CRT), a Xerox 1720 correspondence quality printer, and a Texas Instruments TI 745 hand carried portable terminal that enables staff to access its data from anywhere in the state or nation as outside meetings and conferences dictate.

A major advantage of MERCURY is that it enables planning staff to perform most data processing activities that are normally reserved for computer professionals. It enables planners with no computer background to use an extremely valuable planning tool--in this instance, a complex and sophisticated IBM processor--without having to learn high level systems languages to communicate directly with the computer.

Of course, other facsimile software packages are available for the same purpose. For various reasons, as indicated, MERCURY was the package selected. It does not preclude OHPC from switching its data base to other hardware and software, or to use other software in conjunction with MERCURY.

What MERCURY does preclude, however, is the necessity of hiring or contracting for customized COBOL, FORTRAN or other higher level programming languages to be written. MERCURY even circumvents

the user having to learn and use IBM's complicated JCL (Job Control Language). Individuals unfamiliar with computers do not normally take the time or have the desire to learn and become proficient in writing COBOL, FORTRAN, or JCL.

It should be recognized that computer requirements for health planners are quite different from those, for example, in the banking industry. In a bank, programmers are hired to write custom tailored programs, usually in COBOL or RPG, that produce output formats that remain unchanged for years.

Health planners' data requirements can and do frequently change. Thus, health planners demand a great deal of flexibility in computer generated data inquiries and reports. Health planners require a computer system that enables them to quickly develop new data files; to assimilate, refine and analyze vast amounts of data; to spend a great deal of time interacting with computer files via terminal in "what if" situations; to determine relevant indices; and, to develop and process complex tabular reports and matrices in a matter of hours or days rather than weeks or months.

Asking the computer for key data field comparisons based on selective criteria to answer a single question invariably results in prompting the computer with ten times as many additional questions because of the answer derived from the first question. In this event, interactive dialogue between "user" and computer is essential. If not essential, it is at least highly advantageous in saving time and in enabling the planner to pursue several avenues of investigation.

For the most part, the MERCURY package has met OHPC's expectations. Rather than burden the non-technical reader with the

intricacies of MERCURY, the package is described in further detail in Appendix C.

It is already evident that the findings of the plant evaluation study increase proportionately as they are correlated with other data elements in OHPC's data bank. Plans are already underway to rely heavily on this information in updating and expanding the Medical Facilities component of the Oklahoma State Health Plan. In addition, consideration will be given to releasing portions of this information as special reports to the Oklahoma Health Systems Agency, the Oklahoma Hospital Association, individual institutions, legislative committees, Oklahoma Department of Energy, and other organizations with concerns and responsibilities for the planning and provision of health care services in Oklahoma.

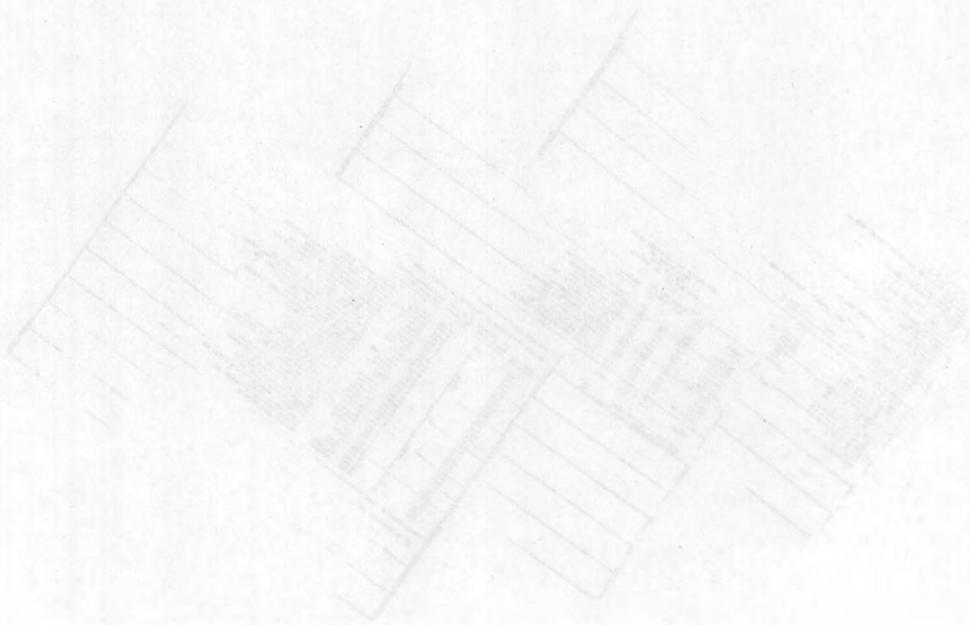
Appendix C

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SOME SAMPLE FINDINGS OF THE STUDY

The image shows a large table that has been rotated and distorted, making the text inside it completely illegible. The table appears to have multiple columns and rows, but the specific data points and headers cannot be discerned.

SOME SAMPLE FINDINGS
OF THE STUDY



When this report was prepared, OHPC had not as yet completely analyzed the findings of the study. However, even then it was evident from preliminary tabulations and analyses that the information system described in this report is capable of producing detailed information by individual hospitals and by various groupings which health planners find useful in carrying out their planning, review, and development activities.

Table I is an example of a basic source table. It lists each general hospital facility by county and by three widely accepted methods of counting hospital beds. In instances where institutional anonymity is desirable or necessary, the survey is capable of producing detailed information by hospital codes known only to OHPC. It will be noted that, except for Tables I thru V, the information presented in other sample tables in this report is so coded.

Tables VII-IX are noteworthy in that they indicate some of the pertinent findings on existing plant deficiencies that the study can make available. The number of other potential groupings and the amount of detail is limited only by the survey instrument and the data stored on computer. Indeed, it is highly doubtful that OHPC staff will ever exhaust the potential information readily available in the study.

Three basic types of sample tables follow. The first grouping (Tables I-VI) are basically inventory tables which identify Oklahoma's hospitals by bed size and location. Tables VII-IX summarize existing

plant deficiencies and the cost of correcting these deficiencies, by location and by size of hospital.

Tables X-XIII summarize some of the findings of the energy component of the survey.



TABLE I

1979 OKLA PLANT EVALUATION SURVEY
 TOTAL NUMBER OF
 HOSPITAL BEDS
 ALL HOSPITALS *

COUNTY	LIC. BEDS	IN-USE BEDS	DESIGN CAPACITY	HOSPITAL
ADAIR	50	50	50	MEMORIAL HOSPITAL
ALFALFA	20	20	20	ALFALFA COUNTY HOSPITAL
ATOKA	37	38	44	ATOKA MEMORIAL HOSPITAL
BEAVER	38	37	39	BEAVER COUNTY MEMORIAL HOSPITAL
BECKHAM	78	78	78	COMMUNITY HOSPITAL
BECKHAM	46	48	50	SAYRE MEMORIAL HOSPITAL
BLAINE	80	81	78	OKEENE MUNICIPAL HOSPITAL
BLAINE	35	33	35	WATONGA MUNICIPAL HOSPITAL
BRYAN	80	80	78	BRYAN MEMORIAL HOSPITAL
CADDO	50	50	50	ANADARKO MUNICIPAL HOSPITAL
CADDO	35	33	39	CARNEGIE TRI-COUNTY MUNICIPAL HOSP
CANADIAN	44	44	52	PARK VIEW HOSPITAL
CARTER	105	85	105	ARDMORE ADVENTIST HOSPITAL
CARTER	28	28	28	HEALDTON MUNICIPAL HOSPITAL
CARTER	162	157	167	MEMORIAL HOSP OF SOUTHERN OKLA
CHEROKEE	58	58	58	TANLEQUAH CITY HOSPITAL
CHOCTAW	71	71	57	CHOCTAW COUNTY MEMORIAL HOSPITAL
CIMARRON	20	20	20	CIMARRON MEMORIAL HOSPITAL
CLEVELAND	54	50	54	CHARLES B GODDARD
CLEVELAND	52	52	53	MOORE MUNICIPAL HOSPITAL
CLEVELAND	215	212	258	NORMAN MUNICIPAL HOSPITAL
CLEVELAND	60	39	65	OKLAHOMA CEREBRAL PALSY CENTER
COAL	20	19	20	MARY HURLEY HOSPITAL
COMANCHE	252	247	248	COMMANCHE COUNTY HOSP AUTH
COMANCHE	127	102	127	SOUTHWESTERN CLINIC HOSPITAL
CRAIG	50	48	50	CRAIG GENERAL HOSPITAL
CREEK	113	111	113	BARTLETT MEMORIAL HOSPITAL
CREEK	38	37	26	BRISTOW MEMORIAL HOSPITAL
CREEK	39	38	37	DRUMRIGHT MEMORIAL HOSPITAL
CUSTER	75	75	75	CLINTON REGIONAL HOSPITAL
CUSTER	33	33	34	THOMAS MEMORIAL HOSPITAL
CUSTER	60	52	60	WEATHERFORD HOSPITAL AUTHORITY
CUSTER	156	156	156	OKLA VETERANS CTR CLINTON DIV
DELAWARE	35	33	33	GROVE GENERAL HOSPITAL
DELAWARE	28	28	28	JAY MEMORIAL HOSPITAL
DEWEY	19	18	18	SEILING MUNICIPAL HOSPITAL
ELLIS	114	112	106	NEWMAN MEMORIAL HOSPITAL
GARFIELD	152	138	157	BASS MEMORIAL BAPTIST HOSP
GARFIELD	104	74	104	ENID MEMORIAL HOSPITAL
GARFIELD	277	277	294	ST MARYS HOSPITAL
GARVIN	25	25	25	LINDSAY MEMORIAL HOSPITAL
GARVIN	70	70	70	PAULS VALLEY GENERAL HOSPITAL
GRADY	156	148	160	GRADY MEMORIAL HOSPITAL
GRANT	7	7	7	COMMUNITY HEALTH CENTER HOSPITAL
GREER	40	40	40	MANGUM CITY HOSPITAL
HARMON	32	30	32	HARMON MEMORIAL HOSPITAL
HARPER	25	23	25	HARPER COUNTY COMMUNITY HOSPITAL
HASKELL	45	43	43	HASKELL COUNTY HOSPITAL
HUGHES	49	50	49	HOLDENVILLE GENERAL HOSPITAL
HUGHES	34	42	31	WETUMKA GENERAL HOSPITAL
JACKSON	112	118	118	JACKSON COUNTY MEMORIAL
JEFFERSON	36	34	36	JEFFERSON COUNTY HOSPITAL
JOHNSTON	60	52	65	JOHNSTON MEMORIAL HOSPITAL
KAY	64	64	64	BLACKWELL GENERAL HOSPITAL

*All facilities licensed by the state as hospitals.

TABLE I - continued

KAY	203	174	190	ST JOSEPH MED CENTER OF PONCA CITY
KINGFISHER	38	35	37	COMMUNITY HOSPITAL
KINGFISHER	25	25	25	OKARCHE MEMORIAL HOSPITAL
KIOWA	50	50	50	ELKVIEW GENERAL HOSPITAL
LATIMER	33	33	33	LATIMER COUNTY GENERAL HOSPITAL
LEFLORE	84	66	81	LEFLORE COUNTY MEMORIAL HOSPITAL
LEFLORE	162	162	160	OKLAHOMA VETERANS CENTER
LINCOLN	0	8	3	MILEHAM HOSPITAL & CLINIC
LINCOLN	31	31	28	PRAGUE MUNICIPAL HOSPITAL
LINCOLN	25	30	30	STROUD GENERAL HOSPITAL
LOGAN	50	50	50	LOGAN COUNTY HEALTH CENTER
LOVE	30	30	30	LOVE COUNTY HEALTH CENTER
MCLAIN	42	42	42	PURCELL MUNICIPAL HOSPITAL
MCCURTAIN	110	110	137	MCCURTAIN MEMORIAL HOSPITAL
MCINTOSH	33	33	41	EUFAULA MUNICIPAL HOSPITAL
MAJOR	23	22	23	FAIRVIEW HOSPITAL
MARSHALL	50	52	54	MARSHALL MEMORIAL HOSPITAL
MAYES	93	86	96	GRAND VALLEY HOSPITAL
MAYES	25	22	13	MOOTS OSTEOPATHIC HOSPITAL
MURRAY	58	50	50	ARBUCKLE MEMORIAL HOSPITAL
MURRAY	231	217	232	OKLAHOMA VETERANS CENTER
MUSKOGEE	366	314	389	MUSKOGEE GENERAL HOSPITAL
NOBLE	28	28	20	PERRY MEMORIAL HOSPITAL
NOWATA	42	40	40	NOWATA GENERAL HOSPITAL
OKFUSKEE	30	30	30	CREEK NATION COMMUNITY HOSPITAL
OKLAHOMA	563	563	586	BAPTIST MEDICAL CENTER
OKLAHOMA	52	61	71	BETHANY GENERAL HOSPITAL
OKLAHOMA	102	102	102	BONE AND JOINT HOSPITAL
OKLAHOMA	93	85	93	WILLOW VIEW COYNE CAMPBELL
OKLAHOMA	177	177	177	DEACONESS HOSPITAL
OKLAHOMA	106	91	92	DOCTORS GENERAL HOSPITAL
OKLAHOMA	90	78	150	EDMOND MEMORIAL HOSPITAL
OKLAHOMA	148	117	207	HILLCREST OSTEOPATHIC HOSPITAL
OKLAHOMA	244	124	244	MEDICENTER
OKLAHOMA	400	234	400	MERCY HEALTH CENTER
OKLAHOMA	178	178	178	MIDWEST CITY MEMORIAL HOSPITAL
OKLAHOMA	402	295	301	OKLA. CHILDRENS MEM.
OKLAHOMA	407	356	407	PRESBYTERIAN HOSPITAL, INC.
OKLAHOMA	684	530	612	ST ANTHONY HOSPITAL
OKLAHOMA	311	275	370	SOUTH COMMUNITY HOSPITAL
OKLAHOMA	317	288	317	UNIVERSITY HOSPITAL & CLINICS
OKMULGEE	44	44	44	HENRYETTA HOSPITAL, INC.
OKMULGEE	101	93	98	OKMULGEE MEMORIAL HOSPITAL
OSAGE	19	18	19	FAIRFAX MEMORIAL HOSPITAL
OSAGE	26	26	26	HOMINY CITY HOSPITAL
OSAGE	33	33	40	PAWHUSKA HOSPITAL, INC.
OTTAWA	26	26	31	AFTON MEMORIAL HOSPITAL
OTTAWA	26	24	24	BRADSHAW MEM OSTEOPATHIC HOSPITAL
OTTAWA	118	130	134	MIAMI BAPTIST HOSPITAL
PAWNEE	25	23	25	CLEVELAND AREA HOSPITAL
PAWNEE	24	38	42	PAWNEE MUNICIPAL HOSPITAL
PAYNE	92	66	74	CUSHING MUNICIPAL HOSPITAL
PAYNE	107	105	145	STILLWATER MUNICIPAL HOSPITAL
PAYNE	20	19	19	OKLA STATE UNIVERSITY STUDENT HOSP
PITTSBURG	200	176	200	MCALESTER REGIONAL HOSPITAL
PONTOTOC	169	162	164	VALLEY VIEW HOSPITAL
POTTAWATOMIE	78	93	79	MISSION HILL MEMORIAL HOSPITAL
POTTAWATOMIE	136	136	160	SHAWNEE MEDICAL CENTER
PUSHMATAHA	52	48	48	PUSHMATAHA HOSPITAL
ROGER MILLS	15	15	15	ROGER MILLS MEMORIAL HOSPITAL
ROGERS	101	83	99	CLAREMORE HEALTH CENTER
SEMINOLE	70	58	50	SEMINOLE MUNICIPAL HOSPITAL
SEMINOLE	28	28	28	WEWOKA MEMORIAL HOSPITAL
SEQUOYAH	42	44	42	SEQUOYAH MEMORIAL HOSPITAL
STEPHENS	27	27	17	TALLEY-WALKER HOSPITAL
STEPHENS	152	137	157	DUNCAN REGIONAL HOSPITAL

TABLE I - continued

TEXAS	58	53	54	MEMORIAL HOSPITAL
TILLMAN	52	40	62	TILLMAN COUNTY MEMORIAL HOSPITAL
TULSA	60	68	68	CHILDRENS MEDICAL CENTER
TULSA	221	184	205	DOCTORS' MEDICAL CENTER
TULSA	506	545	626	HILLCREST MEDICAL CENTER
TULSA	54	54	63	MEMORIAL HOSPITAL COMPANY
TULSA	416	414	421	OKLAHOMA OSTEOPATHIC HOSPITAL
TULSA	035	608	1005	ST. FRANCIS HOSPITAL, INC.
TULSA	699	611	739	ST JOHNS MEDICAL CENTER INC
TULSA	40	10	36	TULSA PSYCHIATRIC
TULSA	73	73	73	FRANKLIN MEMORIAL HOSPITAL INC
WAGONER	75	75	75	WAGONER COMMUNITY HOSPITAL
WASHINGTON	314	311	314	JANE PHILLIPS EPISCOPAL MEMORIAL
WASHITA	35	35	40	CORDELL MEMORIAL HOSPITAL
WOODS	24	21	23	E.P. CLAPPER MEMORIAL HOSPITAL
WOODS	40	40	41	SHARE MEMORIAL HOSPITAL
WOODWARD	90	80	101	MEMORIAL HOSPITAL
WOODWARD	36	37	24	NORTHWEST COMMUNITY HOSPITAL
	----	----	----	
TOTALS	15586	14030	15906	

(LIC BEDS) - (IN-USE BEDS) = 1556
 (DESIGN CAPACITY) - (LIC BEDS) = 320
 >>

Definitions used in this table: Licensed beds are the maximum number of beds that an institution is authorized to operate under Oklahoma law; this figure does not necessarily reflect the actual number of beds available for use at the institution. In-use capacity is the actual number of beds set up and staffed at the end of a reporting period (usually October 1 through September 30), as supplied to OHPC by each hospital in the OHPC Annual Hospital Utilization Survey. Design capacity is based on the application of spatial-physical standards and measures an institution's capacity to set up beds in conformance with such standards as 100 square feet per single bed room and 80 square feet per multiple bedded rooms. Again, design capacity does not necessarily indicate the number of licensed beds or beds actually available in a given facility.

TABLE II

1979 OKLA PLANT EVALUATION SURVEY
 TOTAL NUMBER OF
 HOSPITAL BEDS
 60 LIC. BEDS OR LESS HOSPITALS*

COUNTY	LIC. BEDS	IN-USE BEDS	DESIGN CAPACITY	HOSPITAL
ADAIR	50	50	50	MEMORIAL HOSPITAL
ALFALFA	20	20	20	ALFALFA COUNTY HOSPITAL
ATOKA	37	38	44	ATOKA MEMORIAL HOSPITAL
BEAVER	38	37	39	BEAVER COUNTY MEMORIAL HOSPITAL
BECKHAM	46	48	50	SAYRE MEMORIAL HOSPITAL
BLAINE	35	33	35	WATONGA MUNICIPAL HOSPITAL
CADDO	50	50	50	ANADARKO MUNICIPAL HOSPITAL
CADDO	35	33	39	CARNEGIE TRI-COUNTY MUNICIPAL HOSP
CANADIAN	44	44	52	PARK VIEW HOSPITAL
CARTER	28	28	28	HEALDTON MUNICIPAL HOSPITAL
CHEROKEE	58	58	58	TAHLEQUAH CITY HOSPITAL
CIMARRON	20	20	20	CIMARRON MEMORIAL HOSPITAL
CLEVELAND	54	50	54	CHARLES B GODDARD
CLEVELAND	52	52	53	MOORE MUNICIPAL HOSPITAL
CLEVELAND	60	39	65	OKLAHOMA CEREBRAL PALSY CENTER
COAL	20	19	20	MARY HURLEY HOSPITAL
CRAIG	50	48	50	CRAIG GENERAL HOSPITAL
CREEK	38	37	26	BRISTOW MEMORIAL HOSPITAL
CREEK	39	38	37	DRUMRIGHT MEMORIAL HOSPITAL
CUSTER	33	33	34	THOMAS MEMORIAL HOSPITAL
CUSTER	60	52	60	WEATHERFORD HOSPITAL AUTHORITY
DELAWARE	35	33	33	GROVE GENERAL HOSPITAL
DELAWARE	28	28	28	JAY MEMORIAL HOSPITAL
DEWEY	19	18	18	SEILING MUNICIPAL HOSPITAL
GARVIN	25	25	25	LINDSAY MEMORIAL HOSPITAL
GRANT	7	7	7	COMMUNITY HEALTH CENTER HOSPITAL
GREER	40	40	40	MANGUM CITY HOSPITAL
HARMON	32	30	32	HARMON MEMORIAL HOSPITAL
HARPER	25	23	25	HARPER COUNTY COMMUNITY HOSPITAL
HASKELL	45	43	43	HASKELL COUNTY HOSPITAL
HUGHES	40	50	40	HOLDENVILLE GENERAL HOSPITAL
HUGHES	34	42	31	WETUMKA GENERAL HOSPITAL
JEFFERSON	36	34	36	JEFFERSON COUNTY HOSPITAL
JOHNSTON	60	52	65	JOHNSTON MEMORIAL HOSPITAL
KINGFISHER	38	35	37	COMMUNITY HOSPITAL
KINGFISHER	25	25	25	OKARCHE MEMORIAL HOSPITAL
KIOWA	50	50	50	ELKVIEW GENERAL HOSPITAL
LATIMER	33	33	33	LATIMER COUNTY GENERAL HOSPITAL
LINCOLN	9	8	3	MILEHAM HOSPITAL & CLINIC
LINCOLN	31	31	28	PRAGUE MUNICIPAL HOSPITAL
LINCOLN	25	30	30	STROUD GENERAL HOSPITAL
LOGAN	50	50	50	LOGAN COUNTY HEALTH CENTER
LOVE	30	30	30	LOVE COUNTY HEALTH CENTER
MCLAIN	42	42	42	PURCELL MUNICIPAL HOSPITAL
MCINTOSH	33	33	41	EUFULA MUNICIPAL HOSPITAL
MAJOR	23	22	23	FAIRVIEW HOSPITAL
MARSHALL	50	52	54	MARSHALL MEMORIAL HOSPITAL
MAYES	25	22	13	MOOTS OSTEOPATHIC HOSPITAL
MURRAY	58	50	59	ARBUCKLE MEMORIAL HOSPITAL
NOBLE	28	28	29	PERRY MEMORIAL HOSPITAL
NOWATA	42	40	40	NOWATA GENERAL HOSPITAL
OKFUSKEE	39	39	39	CREEK NATION COMMUNITY HOSPITAL

*All facilities licensed by the state as hospitals.

TABLE II - continued

OKLAHOMA	52	61	71	BETHANY GENERAL HOSPITAL
OKMULGEE	44	44	44	HENRYETTA HOSPITAL, INC.
OSAGE	19	18	19	FAIRFAX MEMORIAL HOSPITAL
OSAGE	26	26	26	HOMINY CITY HOSPITAL
OSAGE	33	33	40	PAWHUSKA HOSPITAL, INC.
OTTAWA	26	26	31	AFTON MEMORIAL HOSPITAL
OTTAWA	26	24	24	BRADSHAW MEM OSTEO HOSPITAL
PAWNEE	25	23	25	CLEVELAND AREA HOSPITAL
PAWNEE	24	38	42	PAWNEE MUNICIPAL HOSPITAL
PAYNE	20	19	19	OKLA STATE UNIVERSITY STUDENT HOSP
PUSHMATAHA	52	48	48	PUSHMATAHA HOSPITAL
ROGER MILLS	15	15	15	ROGER MILLS MEMORIAL HOSPITAL
SEMINOLE	28	28	28	WEWOKA MEMORIAL HOSPITAL
SEQUOYAH	42	44	42	SEQUOYAH MEMORIAL HOSPITAL
STEPHENS	27	27	17	TALLEY-WALKER HOSPITAL
TEXAS	58	53	54	MEMORIAL HOSPITAL
TILLMAN	52	49	62	TILLMAN COUNTY MEMORIAL HOSPITAL
TULSA	60	68	68	CHILDRENS MEDICAL CENTER
TULSA	54	54	63	MEMORIAL HOSPITAL COMPANY
TULSA	40	10	36	TULSA PSYCHIATRIC
WASHITA	35	35	40	CORDELL MEMORIAL HOSPITAL
WOODS	24	21	23	E.P. CLAPPER MEMORIAL HOSPITAL
WOODS	40	40	41	SHARE MEMORIAL HOSPITAL
WOODWARD	36	37	24	NORTHWEST COMMUNITY HOSPITAL
	----	----	----	
TOTALS	2791	2713	2844	

(LIC BEDS) - (IN-USE BEDS) = 78
 (DESIGN CAPACITY) - (LIC BEDS) = 53
 >>

TABLE III

1979 OKLA PLANT EVALUATION SURVEY
 TOTAL NUMBER OF
 HOSPITAL BEDS
 61 - 100 LIC. BED HOSPITALS*

COUNTY	LIC. BEDS	IN-USE BEDS	DESIGN CAPACITY	HOSPITAL
BECKHAM	78	78	78	COMMUNITY HOSPITAL
BLAINE	80	81	78	OKEENE MUNICIPAL HOSPITAL
BRYAN	80	80	78	BRYAN MEMORIAL HOSPITAL
CHOCTAW	71	71	57	CHOCTAW COUNTY MEMORIAL HOSPITAL
CUSTER	75	75	75	CLINTON REGIONAL HOSPITAL
GARVIN	70	70	70	PAULS VALLEY GENERAL HOSPITAL
KAY	64	64	64	BLACKWELL GENERAL HOSPITAL
LEFLORE	84	66	81	LEFLORE COUNTY MEMORIAL HOSPITAL
MAYES	93	86	96	GRAND VALLEY HOSPITAL
OKLAHOMA	93	85	93	WILLOW VIEW COYNE CAMPBELL
OKLAHOMA	99	78	150	EDMOND MEMORIAL HOSPITAL
PAYNE	92	66	74	CUSHING MUNICIPAL HOSPITAL
POTTAWATOMIE	78	93	79	MISSION HILL MEMORIAL HOSPITAL
SEMINOLE	70	58	59	SEMINOLE MUNICIPAL HOSPITAL
TULSA	73	73	73	FRANKLIN MEMORIAL HOSPITAL INC
WAGONER	75	75	75	WAGONER COMMUNITY HOSPITAL
WOODWARD	90	80	101	MEMORIAL HOSPITAL
TOTALS	1365	1279	1381	

(LIC BEDS) - (IN-USE BEDS) = 86
 (DESIGN CAPACITY) - (LIC BEDS) = 16
 >>

*All facilities licensed by the state as hospitals.

TABLE IV

1979 OKLA PLANT EVALUATION SURVEY
 TOTAL NUMBER OF
 HOSPITAL BEDS
 101 - 300 LIC. BED HOSPITALS *

COUNTY	LIC. BEDS	IN-USE BEDS	DESIGN CAPACITY	HOSPITAL
CARTER	105	85	105	ARDMORE ADVENTIST HOSPITAL
CARTER	162	157	167	MEMORIAL HOSP OF SOUTHERN OKLA
CLEVELAND	215	212	258	NORMAN MUNICIPAL HOSPITAL
COMANCHE	252	247	248	COMMANCHE COUNTY HOSP AUTH
COMANCHE	127	102	127	SOUTHWESTERN CLINIC HOSPITAL
CREEK	113	111	113	BARTLETT MEMORIAL HOSPITAL
CUSTER	156	156	156	OKLA VETERANS CTR CLINTON DIV
ELLIS	114	112	106	NEWMAN MEMORIAL HOSPITAL
GARFIELD	152	138	157	BASS MEMORIAL BAPTIST HOSP
GARFIELD	104	74	104	ENID MEMORIAL HOSPITAL
GARFIELD	277	277	294	ST MARYS HOSPITAL
GRADY	156	148	160	GRADY MEMORIAL HOSPITAL
JACKSON	112	118	118	JACKSON COUNTY MEMORIAL
KAY	203	174	190	ST JOSEPH MED CENTER OF PONCA CITY
LEFLORE	162	162	160	OKLAHOMA VETERANS CENTER
MCCURTAIN	119	119	137	MCCURTAIN MEMORIAL HOSPITAL
MURRAY	231	217	232	OKLAHOMA VETERANS CENTER
OKLAHOMA	102	102	102	BONE AND JOINT HOSPITAL
OKLAHOMA	177	177	177	DEACONESS HOSPITAL
OKLAHOMA	106	91	92	DOCTORS GENERAL HOSPITAL
OKLAHOMA	148	117	207	HILLCREST OSTEOPATHIC HOSPITAL
OKLAHOMA	244	124	244	MEDICENTER
OKLAHOMA	178	178	178	MIDWEST CITY MEMORIAL HOSPITAL
OKMULGEE	101	93	98	OKMULGEE MEMORIAL HOSPITAL
OTTAWA	118	130	134	MIAMI BAPTIST HOSPITAL
PAYNE	107	105	145	STILLWATER MUNICIPAL HOSPITAL
PITTSBURG	200	176	200	MCALESTER REGIONAL HOSPITAL
PONTOTOC	169	162	164	VALLEY VIEW HOSPITAL
POTTAWATOMIE	136	136	160	SHAWNEE MEDICAL CENTER
ROGERS	101	83	99	CLAREMORE HEALTH CENTER
STEPHENS	152	137	157	DUNCAN REGIONAL HOSPITAL
TULSA	221	184	205	DOCTORS' MEDICAL CENTER
TOTALS	5020	4604	5194	

(LIC BEDS) - (IN-USE BEDS) = 416
 (DESIGN CAPACITY) - (LIC BEDS) = 174
 >>

*All facilities licensed by the state as hospitals.

TABLE V

1979 OKLA PLANT EVALUATION SURVEY
 TOTAL NUMBER OF
 HOSPITAL BEDS
 OVER 300 LIC. BED HOSPITAL*

COUNTY	LIC. BEDS	IN-USE BEDS	DESIGN CAPACITY	HOSPITAL
MUSKOGEE	366	314	380	MUSKOGEE GENERAL HOSPITAL
OKLAHOMA	563	563	586	BAPTIST MEDICAL CENTER
OKLAHOMA	400	234	400	MERCY HEALTH CENTER
OKLAHOMA	402	205	301	OKLA. CHILDRENS MEM.
OKLAHOMA	407	356	407	PRESBYTERIAN HOSPITAL, INC.
OKLAHOMA	684	530	612	ST ANTHONY HOSPITAL
OKLAHOMA	311	275	370	SOUTH COMMUNITY HOSPITAL
OKLAHOMA	317	288	317	UNIVERSITY HOSPITAL & CLINICS
TULSA	596	545	626	HILLCREST MEDICAL CENTER
TULSA	416	414	421	OKLAHOMA OSTEOPATHIC HOSPITAL
TULSA	935	698	1005	ST. FRANCIS HOSPITAL, INC.
TULSA	699	611	739	ST JOHNS MEDICAL CENTER INC
WASHINGTON	314	311	314	JANE PHILLIPS EPISCOPAL MEMORIAL
TOTALS	6410	5434	6487	

(LIC BEDS) - (IN-USE BEDS) = 976
 (DESIGN CAPACITY) - (LIC BEDS) = 77
 >>

*All facilities licensed by the state as hospitals.

TABLE VI

1979 OKLA PLANT EVALUATION SURVEY
HOSPITAL BED COUNT MATRIX

BED SIZE CATEGORY -----	LIC. BEDS -----	IN-USE BEDS -----	DESIGN CAPACITY -----	LIC. MINUS IN-USE -----	DESIGN MINUS LIC. -----	NUMBER OF HOSPITALS -----
60 BEDS OR LESS	2791	2713	2844	78	53	76
61 - 100 BEDS	1365	1279	1381	86	16	17
101 - 300 BEDS	5020	4604	5104	416	174	32
OVER 300 BEDS	6410	5434	6487	976	77	13
>> TOTALS:	15586	14030	15906	1556	320	138

TABLE VII

1979 OKLA PLANT EVALUATION SURVEY
 *** CONFORMING AND DEFICIENT BEDS ***

	NUMBER OF CONFORMING BEDS -----	NUMBER OF DEFICIENT BEDS -----	NUMBER OF HOSPITALS -----
URBAN COUNTIES	8266	2495	70
RURAL COUNTIES	1993	1276	68
>> TOTALS:	10259	3771	138

Definition: Urban counties are defined as counties in which more than 50 percent of the population reside in cities of more than 2500; conversely, rural counties are those in which 50 percent or more of the population reside in communities with less than 2500.

TABLE VIII

1979 OKLA PLANT EVALUATION SURVEY
 *** PROJECTED COST CONFORMANCE MATRIX ***

PROJECTED BED CONFORMANCE COST CATEGORY	NUMBER OF IN-USE BEDS	NUMBER OF DEFICIENT BEDS	NUMBER OF HOSPITALS
-----	----	----	----
LOW COST	4250	803	33
MODERATE COST	2309	1015	33
HIGH COST	4479	1951	40
-----	----	----	----
>> TOTALS:	11038	3769	106

Definitions: Deficient beds do not meet the safety standards promulgated in Life Safety Code NFPA 101 and/or the design, space, and program requirements specified in PHS Minimum Requirements of Construction & Equipment for Hospital & Medical Facilities. DHEW Publication No. (HRA) 79-14500 Revised August 1979.

Cost Conformance: In the Plant Evaluation Survey Instructions, surveyors were advised to give their best judgment whether the cost will be low, moderate, or high for corrective work. Cost that approaches the cost of new replacement would be considered high. Low cost deficiency would be for minor corrections required. Where facilities have JCAH and/or Medicare/Medicaid certification, deficiencies, if any, are usually of relatively minor nature except that in some cases an unacceptable building will receive special considerations for substitution of sprinkler systems for other corrective measures.

TABLE IX

1979 OKLA PLANT EVALUATION SURVEY

*** PROJECTED COST CONFORMANCE BY BED SIZE ***

```

*****
* HOSPITAL          NUMBER OF    NUMBER OF    *
* BED SIZE          IN-USE      DEFICIENT   *
* CATEGORY (LIC.)   BEDS        BEDS        NUMBER OF *
*                   *           *           HOSPITALS *
-----
PROJECTED LOW COST CONFORMANCE:

60 BEDS OR LESS      496          175          15
61 - 100 BEDS        158           8             2
101 - 300 BEDS       1931         458          13
OVER 300 BEDS        1665         162           3
-----

PROJECTED MODERATE COST CONFORMANCE:

60 BEDS OR LESS      710          471          21
61 - 100 BEDS        403          139           5
101 - 300 BEDS       885          304           6
OVER 300 BEDS        311          101           1
-----

PROJECTED HIGH COST CONFORMANCE:

60 BEDS OR LESS      610          471          17
61 - 100 BEDS        577          193           8
101 - 300 BEDS       1176         930           9
OVER 300 BEDS        2116         357           6
-----
>>

```

TABLE X

1979 OKLA PLANT EVALUATION SURVEY
ENERGY USAGE
HOSPITALS WITH 61 - 100 BEDS

HOSP. CODE	BTU'S/SQ.FT. PER YEAR	COST/SQ.FT. PER YEAR	LIC. BEDS
0501	532425	1.32	78
0601			80
0701	458822	0.86	80
1201	612643	1.18	71
2002	1012455	1.90	75
2502			70
3601	558983	1.16	64
4001	697498	1.51	84
4901	542433	1.10	93
5504	349283	0.82	93
5507	573925	1.06	99
6001	600899	1.28	92
6301	517671	1.17	78
6701	372802	0.58	70
7211	378539	0.95	73
7301	518203	1.50	75
7701			90

TOTAL BTU'S NUMERATOR	=	399260
TOTAL COST NUMERATOR	=	849901
TOTAL SQUARE FOOTAGE	=	720845

AVERAGES	551899	1.18
>>		

Similar tabulations have also been prepared for groupings of hospitals with 60 beds or less, 101-300 beds, and over 300 beds.

Blank spaces in table indicate information was not furnished.

TABLE XI

1970 OKLA PLANT EVALUATION SURVEY
 ENERGY USAGE
 HOSPITALS IN RURAL COUNTIES

HOSP. CODE	BTU'S/SQ.FT. PER YEAR	COST/SQ.FT. PER YEAR	LIC. BEDS
0101	470896	1.54	50
0201	233619	0.56	20
0301	329031	0.78	37
0401	531097	1.16	38
0601			80
0602	254190	0.59	35
0701	458822	0.86	80
0801	611487	1.06	50
0802	229617	0.64	35
1101	810042	1.82	58
1201	612643	1.18	71
1301	515891	1.20	20
1501			20
1801	391771	0.83	50
1901	1008536	2.01	113
1902	456638	0.79	38
1903	452640	0.96	39
2101	394813	1.09	35
2102	610853	1.56	28
2201	315562	0.71	19
2301	704829	1.34	114
2501	345715	0.77	25
2502			70
2701	290479	0.78	7
2801	510892	1.88	40
3001	424329	1.15	25
3101	361312	0.82	45
3201	683821	1.54	40
3202	397128	0.93	34
3401			36
3501	473652	1.07	60
3701			38
3702	419144	0.99	25
3801	559314	1.53	50
3901			33
4001	697498	1.51	84
4004	533379	1.24	162
4101	355798	1.01	9
4102	481586	1.36	31
4103	395013	1.17	25
4201			50
4301	392818	0.87	30
4401	624252	0.95	42
4501	789478	1.26	119
4601			33
4701	526168	1.70	23
4801	528502	1.47	50
4901	542433	1.19	93
4902	777620	1.88	25
5001	348262	0.80	58
5002	1027178	1.47	231
5301	370395	0.84	42
5401			39
5701			19

TABLE XI - continued

5702	496004	1.29	26
5703	981514	1.85	33
5901	378402	1.10	25
5902	311898	0.59	24
6401	640383	1.27	52
6501			15
6601	489456	1.37	101
6701	372802	0.58	70
6702	459980	1.03	28
6801	469567	0.70	42
7001	502061	0.79	58
7101	425946	0.80	52
7301	518203	1.50	75
7501	1082462	2.21	35
TOTAL BTU'S NUMERATOR		=	948463
TOTAL COST NUMERATOR		=	2030761
TOTAL SQUARE FOOTAGE		=	1692761
AVERAGES	515404	1.16	
>>			

A tabulation of energy usage by hospitals in urban counties is also available.

Blank spaces in table indicate information was not furnished.

TABLE XII

1979 OKLA PLANT EVALUATION SURVEY
ENERGY USAGE
HOSPITALS IN PLANNING REGION C

HOSP. CODE	BTU'S/SQ.FT. PER YEAR	COST/SQ.FT. PER YEAR	LIC. BEDS
0901	265484	0.61	44
1403	34002	0.06	54
1404	699298	1.51	52
1405	1085587	1.37	215
1406	389132	0.82	60
2601	594953	1.19	156
3701			38
3702	419144	0.99	25
4101	355798	1.01	9
4102	481586	1.36	31
4103	395013	1.17	25
4201			50
4401	624252	0.95	42
5501	816213	1.40	563
5502	635730	1.20	52
5503			102
5504	349283	0.82	93
5505	666277	1.29	177
5506	328620	0.84	106
5507	573925	1.06	99
5508	478232	1.15	148
5509			244
5510	689712	1.25	400
5511	597235	1.04	178
5514	712967	1.29	407
5515	753954	1.35	684
5516	641410	1.15	311
6301	517671	1.17	78
6302	405944	0.99	136
TOTAL BTU'S NUMERATOR		=	2517156
TOTAL COST NUMERATOR		=	4554596
TOTAL SQUARE FOOTAGE		=	3721459
AVERAGES	540457	1.08	
>>			

Region C includes the following nine counties in Central Oklahoma: Canadian, Cleveland, Grady, Kingfisher, Lincoln, Logan, McClain, Oklahoma and Pottawatomie. Tabulations are also available for other regions in Oklahoma.

Blank spaces in table indicate information was not furnished.

TABLE XIII

1979 OKLA PLANT EVALUATION AND UTILIZATION SURVEYS
ENERGY COST PER PATIENT DAY

OHPC PLANNING REGION C

COST PER DAY	PATIENT DAYS	HOSPITAL I.D. NO.
-----	-----	-----
3.46	9889	0901
3.20	1199	1403
6.09	9303	1404
3.59	63947	1405
1.77	10103	1406
3.76	36340	2601
4.73	708	4101
4.78	5673	4102
5.09	6620	4103
2.39	11556	4401
5.12	155810	5501
5.47	13977	5502
1.94	16330	5504
3.81	57206	5505
3.47	20928	5506
3.83	18976	5507
3.64	27718	5508
7.65	65866	5510
3.16	49080	5511
3.84	75720	5512
5.50	102434	5514
5.83	150899	5515
4.44	78572	5516
4.17	84555	5517
4.69	13467	6301
2.19	38747	6302

4.14 AVERAGE ENERGY COST PER PATIENT DAY

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Comment: This table is an additional breakdown of energy usage by individual hospitals which relates energy use to total annual patient days. Hospitals with low occupancy rates experienced high energy costs per patient day.

