2001 Report on Hospitals

Licensed by Mississippi State Department of Health Division of Health Facilities Licensure and Certification

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Preface

Overvi ew

This publication reflects data collected in the hospital licensure process. A historical accounting of the responsibility for this function began in 1946 when the Mississippi Commission on Hospital Care was legislatively authorized to license non-federal hospitals and prepare an annual report. In 1979 the legislature passed a bill to merge the responsibilities of the Commission on Hospital Care into the Mississippi Health Care Commission and in 1986 another bill was passed to merge the responsibilities into the State Department of Health.

In October 2001, the Division of Health Facilities Licensure and Certification mailed copies of it's combined "Annual Hospital Report and Application for Renewal of Hospital Licensure" and the American Hospital Association's "Annual Survey of Hospitals" to all non-federal hospitals in Mississippi. This survey is the source of statistics for this publication. A copy of the survey form is included in Appendix E. The hospital survey forms were reviewed and automated by the Division of Public Health Statistics. Questions regarding reported data were answered by hospital personnel through letters or telephone calls.

In 1982, for planning purposes, the Statewide Health Coordinating Council (SHCC) established seven hospital service areas based on where patients sought hospital care. For ease in using the data presented in this report some tables are presented by the planning service areas. Map II displays the hospital service areas.

This Annual Report is based on 105 hospitals; 97 acute care, 5 psychiatric, 1 rehabilitation, and 4 long-term acute care. The five federal hospitals in Mississippi have been excluded. Additionally, East Mississippi State Hospital, Mississippi State Hospital, North Mississippi State Hospital, Oak Circle Center, South Mississippi State Hospital and Whitfield Medical/Surgical Hospital have been excluded from all data except Map I, Table II and Table III. Map I shows location of hospitals by type of facility, Table II shows accreditations and Table III displays employees.

Hospital Ownership and Certification

As Map I indicates, the overwhelming majority, 97, of hospitals in Mississippi are classified as medical/surgical. There are eight psychiatric/mental hospitals, one rehabilitation hospital, and two long-term acute hospitals. These figures were based on the type of service that the hospitals provided to the majority of admissions. Data from the four long-term care hospitals are included with the 97 acute care hospitals. The other acute care facility, Whitfield Med/Surg is not included in the acute care statistics.

The seven counties in Mississippi that do not have a hospital are Amite, Benton, Carroll, Greene, Issaquena, Itawamba and Tunica. Stone County Hospital reopened after the end of the reporting period in 2001 with 50 beds. Currently there are 25 beds at the facility. The counties having the most hospitals are Hinds and Rankin with seven, Harrison and Lauderdale with six. Sixteen counties have 2 hospitals and fifty-two counties have one hospital.

Ownership and control of hospitals and beds are shown in Tables I-A through I-D. In 2001 there were 97 acute care hospitals (97 acute care plus 4 long term care hospitals) and 11,932 licensed acute care beds. (This count excludes Whitfield Medical Surgical Hospital and includes Restorative Care Hospital at Baptist, Select Specialty Hospital of Biloxi, Select Specialty Hospital of Gulfport and Specialty Hospital of Meridian.) Seventeen hospitals reported 693 licensed psychiatric beds. Approximately 74% of the beds, 514, were located at acute care hospitals. Fifteen hospitals reported 380 licensed chemical dependency beds. Approximately 96% (366 beds) were located at acute care facilities. Twelve hospitals reported 383 rehabilitation beds. More than half (259) were located at 11 acute care facilities.

Table II indicates that 58.6% of the hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO). Almost all of the hospitals, 94.6% participate in Blue Cross and 96.4% participate in Medicare, and 93.7% participate in Medicaid.

Hospital Employees

Table III displays hospital personnel. Mississippi's hospitals employed 55, 182 people during FY 01, 79% of which were full-time employees and 21% of which were part-time employees.

Services Utilization

Tables IV - XII show number of procedures by hospital service area for the following categories:

Head and Body CT Scans
Diagnostic Radioisotope
X-Ray
Magnetic Resonance I maging
UI trasound
Digital Subtraction Angiography
Single Photon Emission
Computerized Tomography (SPECT)
Cobal t60
Linear Accelerator
Radioactive I mpl ants

Therapeutic Radioisotope X-Ray Radiation Therapy Cardiac Catheterization Cardi ac Catheteri zati on
Angi opl asty
Cardi ac Surgeri es
Renal Extracorporeal Shock
Wave Lithotri pter
Hemodi al ysi s
Physi cal Therapy
Occupati onal Therapy
Geri atric Patients Served
Respi te Pati ents Served
Inpatient and Outpatient
Surgeri es
Outpati ent Utili zati on
Rural Health Clinics

Hospital service areas are shown in Map II.

Seventy-four hospitals reported 114,868 inpatient surgeries and seventy-six hospitals reported 151,403 outpatient surgeries. This count includes only surgeries performed at acute care hospitals. As Table X shows, the majority of surgeries were performed in Service Area 3.

Table XI presents outpatient emergency visits and clinic/other visits by Hospital Service Area. Service Area 3 reported both the most outpatient emergency visits and clinic/other visits.

Twenty hospitals reported 50 rural health clinics and 433,724 rural health clinic visits. Table XII shows rural health clinics and visits by hospital service area.

Bed Changes

The following hospitals changed their licensed bed capacity:

Baptist Memorial Hospital Desoto increased from 149 to 199.

Greenwood Leflore Hospital decreased from 260 to 248.

Jasper General Hospital decreased from 20 to 16.

Leake Memorial Hospital increased from 32 to 42.

Memorial Hospital at Gulfport increased from 425 to 445.

Miss. Baptist Medical Center decreased from 639 to 632.

North MS State Hospital increased from 50 to 67.

Okolona Community Hospital decreased from 10 to 3.

Pioneer Community Hospital of Monroe County decreased from 49 to 25.

University Hospitals and Clinics increased from 665 to 710.

Name Changes

The following hospitals changed names:

Aberdeen Monroe County Hospital changed to Pioneer Community Hospital of Monroe County.

Hillcrest Hospital changed to Calhoun Health Services.

Laurel Wood Center changed to Alliance Health Center.

Hospital Closings/Openings

Kemper Community hospital closed. Raleigh Community Hospital in Smith County opened.

Licensed Beds, Average Length of Stay, Average Daily Census and Occupancy Rate

Table XIII shows hospitals and beds by bed size groupings. Occupancy rates are also shown by bed size. Under acute care the greatest number of hospital beds was reported at hospitals with 25 - 49 beds, 50-99 beds, and 100-199 beds. Of the 17 hospitals reporting psychiatric beds, three were licensed as psychiatric hospitals. Three hundred eighty chemical dependency beds were reported at 15 hospitals. Twelve hospitals reported 383 rehabilitation beds. Map III looks at the distribution of 105 Mississippi hospitals by bed size and county.

Table XIV-A gives average lengths of stay (ALOS), average daily census (ADC), percentages of occupancy for each hospital by licensed acute care bed capacity and state totals. Psychiatric data can be found in Table XIV-B, chemical dependency data in Table XIV-C, and rehabilitation data in Table XIV-D. Map IV displays location of psychiatric, chemical dependency and rehabilitation beds.

A comparison of licensed beds and beds set up and staffed is shown in Tables XV-A - XV-D. Of the 11,932 licensed acute beds, 10,833 beds were set up and staffed. Six hundred eighty of the 693 licensed psychiatric beds were set up and staffed. Three hundred sixty of the 380 licensed chemical dependency beds were set up and staffed. And, 356 of the 383 rehabilitation beds were set up and staffed.

Swing Beds

Table XVI shows the number of swing beds, average length of stay and average daily census by facility. Table XVII shows the destination of discharged swing bed patients, number referred to home health, and number of acute care beds designated as swing beds by service area. More than one-half (64.5%) were discharged to their home, 15% were discharged to nursing homes, 10.5% were admitted to hospitals, 1.5% were admitted to personal care homes, and the remaining 8.4% were discharged to other destinations.

Swing bed utilization in 2001 by hospital service area is shown in Table XVIII.

Hospital Use Statistics

Table XIX shows the population of each service area in comparison with its licensed bed capacity. Service areas are maintaining a relatively close correlation between the percentage of population and percentage of licensed hospital beds. Service Area 3, including the city of

Jackson and Hinds County, has the largest population at 26.1% and the most beds at 30.8%. Licensed beds by type are also shown by hospital service area.

Table XX-A provides information on acute hospital beds, admissions, discharges, deaths and inpatient days by service area and county. Psychiatric, chemical dependency and rehabilitation beds located in acute care facilities are included in Table XX-B along with those facilities that are licensed as psychiatric, or rehabilitation facilities. There are 11,932 licensed acute care hospital beds in Mississippi, 693 psychiatric beds, 380 chemical dependency beds, and 383 rehabilitation beds.

A comparison of utilization statistics for 1991, 1996 and 2001 is shown in Table XXI. While there wasn't much change in acute care data from 1991 to 2001, most psychiatric, chemical dependency and rehabilitation data increased.

Table XXII deals with newborn statistics. Once again, Service Area 3 leads in every category, as does Hinds County. Table XXIII compares with the newborn statistics of 2001 with those of 1996 and 1991. There was a -3.8% percent of change in bassinets and a 3.3 percent of change in obstetrical beds set up and staffed. Deliveries decreased from 1991-2001. The percent of change in fetal deaths was -23.1%.

Table XXIV displays discharges, discharge days, admissions and inpatient days by service area for DP SNF, geriatric psychiatric DP, patients 65 and older, Medicare and Medicaid.

Table XXV shows beds set up, discharges, discharge days and inpatient days for the State's hospitals. Data reported by specialty hospitals is also included. Data is broken down into acute care, intensive care, other care, and long-term care. No data was reported for psychiatric intensive care, hospice, psychiatric long term care or mental retardation.

Obstetrical Utilization

2001 obstetrical utilization is shown in Appendix A.

2001 Hospital Patient Origin Data

Percent of hospital discharges by adjacent county of residence by rank order for combined four quarter patient origin study are shown in Appendix B. Discharges from other counties are grouped together under all others. Patient Origin Study dates used in combined data include October 2 - 15, 2000, January 1 - 14, 2001, April 2 - 15, 2001 and July 2 - 15, 2001. These dates correspond with the majority of hospitals' fiscal year of October 1, 2000 through September 30, 2001.

Hospital Listing

Hospitals are listed alphabetically by county in Appendix C. The hospital directory is located in Appendix D. The licensed bed capacity is reported as of January 1, 2002 whereas the rest of the report is as of the end of the reporting period, usually September 30, 2001.

Map I
Distribution of Mississippi Hospitals
by Type of Facility and County

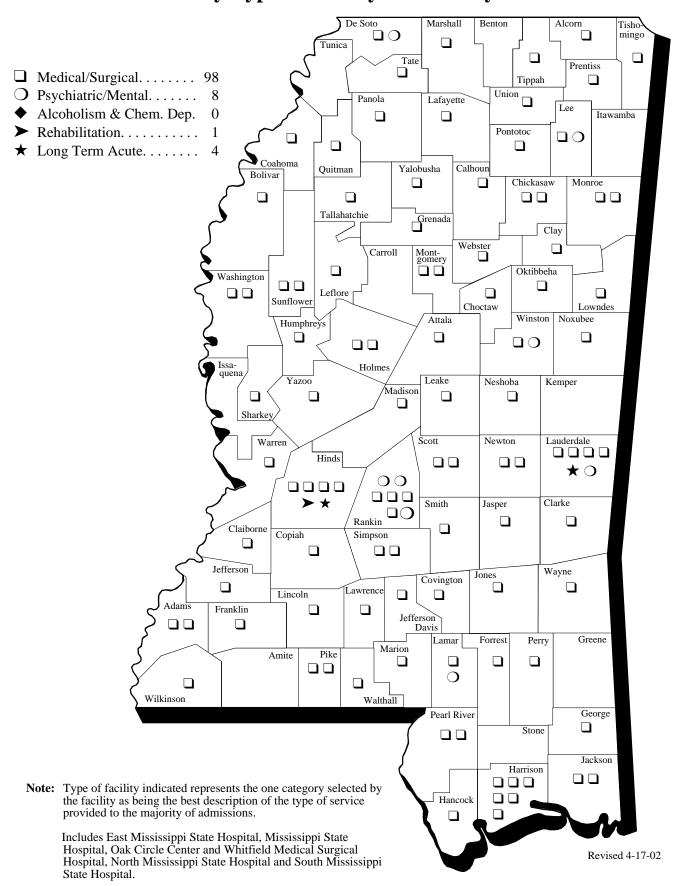


Table I-A.

Number of Acute Care Hospitals and Beds in Mississippi by Type of Ownership and Control in 2001

 		State Totals			
		Hospitals	Percent	Beds	Percent
Authori ty Owni ng	Authority Controlling		+		+
State	State	3	3.0	777	6. 5
County	County	38	37.6	3371	28. 3
	Non-profit/corp	13	12. 9	966	8. 1
	For profit/partnership	1	1.0	17	0. 1
	For profit/corp	4	4.0	387	3. 2
Ci ty	Non-profit/corp	1	1.0	64	0.5
	For profit/corp	1	1.0	76	0.6
Ci ty-county	Ci ty-county	5	5.0	846	7. 1
	Non-profit/church	1	1.0	114	1.0
	For profit/corp	1	1.0	49	0. 4
Non-profit/church	Non-profit/corp	2	2.0	652	5. 5
Non-profit/corp	Non-profit/corp	12	11. 9	2, 074	17. 4
For profit/corp	For profit/corp	19	18. 8	2, 539	21. 3
 Total		101	100.0	11, 932	100.0

Table I-B.

Number of Psychiatric Hospitals and Beds in Mississippi by Type of Ownership and Control in 2001

		State Totals			
		Hospitals	Percent	Beds	Percent
 Authority Owning	Authority Controlling	 	 		
State	State	1	5. 9	21	3. 0
County	County	3	17. 6	102	14. 7
	Non-profit/corp	1	5. 9	22	3. 2
	Non-profit/other	1	5. 9	20	2. 9
Ci ty-county	Ci ty-county	2	11. 8	108	15. 6
Non-profit/church	Non-profit/corp	2	11. 8	88	12. 7
Non-profit/corp	Non-profit/corp	1	5. 9	33	4.8
For profit/corp	For profit/corp	6	35.3	299	43. 1
Total		+ 17	100.0	693	100.0

Table I-C.

Number of Chemical Dependency Hospitals and Beds in Mississippi by Type of Ownership and Control in 2001

Table I-D.

Number of Rehabilitation Hospitals and Beds in Mississippi by Type of Ownership and Control in 2001

 		State Totals			
	Hospitals	Percent	Beds	Percent	
 Authority Owning	Authority Controlling				
State	State	1	8. 3	25	6. 5
County	County	3	25. 0	56	14.6
City-county	City-county	3	25. 0	73	19. 1
Non-profit/corp	Non-profit/corp	3	25. 0	184	48.0
For profit/corp	For profit/corp	2	16. 7	45	11. 7
Total		12	100.0	383	100.0

Table II

Accrediations and Certifications
of AII Mississippi Hospitals, 1991, 1996 and 2001

Accrediations/ Certifications	Hospitals Number Perd	
1991		
JCAHQ	57	50. 9
Blue Cross	110	98. 2
Medi care	109	97. 3
Medi cai d	107	95. 5
1996		
JCAHQ	59	52. 7
Blue Cross	110	98. 2
Medi care	110	98. 2
Medi cai d	110	98. 2
2001		
JCAHQ	65	58. 6
Blue Cross	105	94. 6
Medi care	107	96. 4
Medi cai d	104	93. 7

Table III
2001 Staffing of Mississippi Hospitals by Type

Type of Personnel	Total	Full-time	Part-time
Total	55, 182	43, 617	11, 565
Administrators and Administrative assistants Physician and dental assistants:	1, 081	1, 060	21
Physi ci ans	403	361	42
Medi cal resi dents	357	356	1
Denti sts	7	4	3
Dental residents Nursing services Registered nurses (RN)	1 13, 634	1 9, 856	0 3, 778
Licensed practical nurses (LPN) Ancillary personnel Other nursing staff Nurse practitioner	3, 059	2, 290	769
	5, 410	4, 430	980
	2, 948	2, 356	592
	170	137	33
Anesthesi ol ogi sts CRNA Medi cal record servi ces	12 193	12 162	0 31
Medical records administrators Medical records technicians Pharmacy services	121	119	2
	926	797	129
Pharmacists, licensed Pharmacy technicians Clinical laboratory services	536	418	118
	411	320	91
Medical technologists	1, 112	897	215
Other Laboratory personnel	1, 042	821	221
Pathologists	19	13	6
Di etary servi ces Di eti ti ans Di eteti c techni ci ans Radi ol ogi cal servi ces	138	110	28
	631	512	119
Radi ographers Radi ati on therapy technicians Nuclear medicine technologists Radi ologists Other radi ological personnel	1, 163	841	322
	63	53	10
	113	87	26
	55	13	42
	674	543	131
Therapeutic services Occupational therapists OT aides and assistants	211	170	41
	51	40	11
Physical therapists PT aides and assistants Recreational therapists Speech pathologists	403	329	74
	295	215	80
	121	114	7
	102	65	37
Audi ol ogi sts Respi ratory therapi sts Respi ratory therapy techni ci ans Medi cal soci al worker Psychi atri c servi ces	18 899 339 277	4 664 239 239	14 235 100 38
Psychiatric social worker	152	116	36
Licensed clinical psychologists	116	82	34
All other health professional & technologist personnel All other personnel	2, 192	1, 783	409
	15, 727	12, 988	2, 739

Map II Hospital Service Area Map

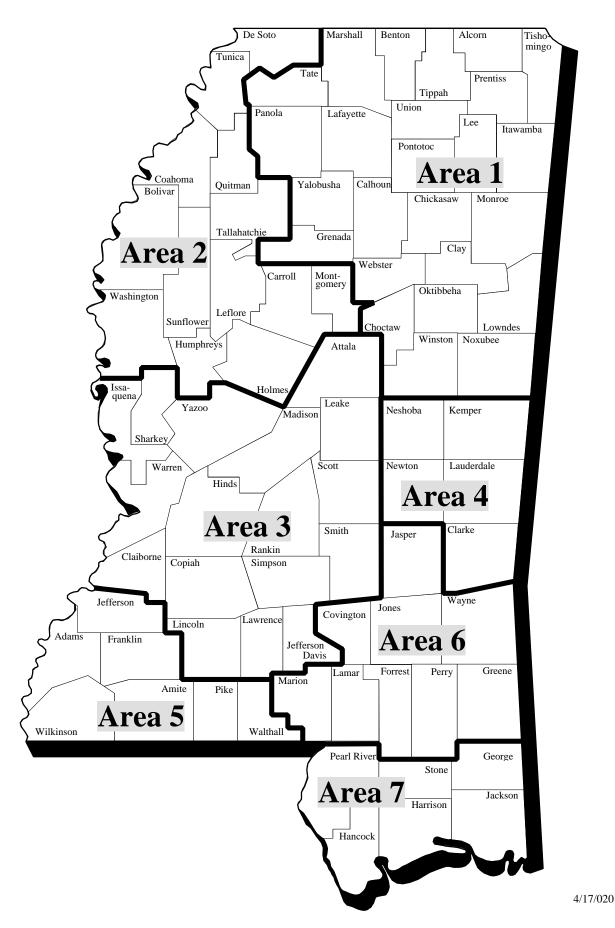


Table IV-A

Computed Tomographic Body Procedures by Hospital Service Area in 2001

	Body Without Contrast	Body With Contrast	Body W/WO Contrast	Total Body	Number of Scanners
State Total	56, 525	102, 585	30, 514	192, 916	106
Service Area 1	14, 316	26, 420	5, 201	49, 229	27
Service Area 2	5, 338	8, 197	6, 488	20, 023	12
Service Area 3	16, 509	38, 575	3, 521	58, 605	28
Service Area 4	6, 331	5, 631	546	12, 508	9
Service Area 5	903	4, 072	1, 039	6, 014	8
Service Area 6	4, 011	10, 048	5, 586	19, 645	8
Service Area 7	9, 117	9, 642	8, 133	26, 892	14

Table IV-B

Computed Tomographic Head Procedures by Hospital Service Area in 2001

	Head	Head	Head	
	Wi thout	With	W/WO	Total
	Contrast	Contrast	Contrast	<u>Procedures</u>
Ct-t- T-t-l	110 700	F F40	20.755	127.00/
State Total	110, 783	5, 548	20, 755	137, 086
Service Area 1	28, 901	1, 712	5, 219	35, 832
Service Area 2	10, 066	2, 164	3, 137	15, 367
Service Area 3	26, 244	291	4, 314	30, 849
Service Area 4	9, 590	533	2, 652	12, 775
Service Area 5	4, 192	104	1, 946	6, 242
Service Area 6	13, 695	289	1, 648	15, 632
Service Area 7	18, 095	455	1, 839	20, 389

Table IV-C

Diagnostic Radioisotope and X-Ray Procedures by Hospital Service Area in 2001

	I npati ent Di agnosti c Radi oi sotope Procedures	Outpati ent Di agnosti c Radi oi sotope Procedures	Inpatient Diagnostic X-Ray Procedures	Outpati ent Di agnosti c X-Ray Procedures
State Total	46, 681	81, 715	677, 734	1, 347, 507
Service Area 1	6, 333	19, 534	129, 972	270, 201
Service Area 2	3, 701	6, 823	66, 687	133, 281
Service Area 3	11, 746	23, 647	207, 454	302, 207
Service Area 4	8, 309	3, 717	66, 387	82, 113
Service Area 5	1, 699	4, 048	24, 999	69, 187
Service Area 6	5, 015	5, 151	94, 877	157, 733
Service Area 7	9, 878	18, 795	87, 358	332, 785

Table IV-D

Digital Subtraction Angiography and Magnetic Resonance Imaging by Hospital Service Area in 2001

	Di gi tal Subtracti on Angi ography	Inpatient MRI Procedures	Outpati ent MRI Procedures	Fi xed	Mobil <u>e</u>
State Total	35, 495	26, 544	85, 087	36	28
Service Area 1	16, 336	5, 727	25, 408	9	7
Service Area 2	850	1, 977	8, 897	2	8
Service Area 3	11, 143	9, 251	24, 175	9	6
Service Area 4	1, 219	1, 797	614	6	1
Service Area 5	35	580	2, 237	1	2
Service Area 6	3, 856	3, 377	8, 028	2	1
Service Area 7	2, 056	3, 835	15, 728	7	3

Table IV-E

Positron Emission tomography and Single Photon Emission Computerized Tomography Procedures by Hospital Service Area in 2001

	I npati ent PET Procedures	Outpati ent PET Procedures	I npati ent SPECT Procedures	Outpatient SPECT Procedures
State Total	14	135	9, 502	15, 317
Service Area 1	0	0	1, 642	3, 775
Service Area 2	0	0	1, 062	3, 158
Service Area 3	0	0	1, 390	2, 114
Service Area 4	3	80	968	847
Service Area 5	0	0	323	672
Service Area 6	0	0	2, 084	801
Service Area 7	11	55	2, 033	3, 950

Table IV-F
Ultrasound Procedures by Hospital Service Area in 2001

	I npati ent UI trasound Procedures	Outpati ent UI trasound Procedures
State Total	98, 747	195, 892
Service Area 1	19, 981	46, 127
Service Area 2	10, 349	19, 988
Service Area 3	30, 673	43, 484
Service Area 4	9, 599	17, 082
Service Area 5	3, 380	11, 701
Service Area 6	9, 169	18, 075
Service Area 7	15, 596	39, 435

Table V-A

Cobalt 60 Procedures and Linear Accelerator Procedures by Hospital Service Area in 2001

	Inpatient Cobalt60	Outpati ent Cobal t60	I npati ent Li near Accel erator Procedures	Outpati ent Li near Accel erator Procedures	Uni ts
State Total	42	30	15, 737	118, 003	23
Service Area 1	0	0	1, 850	29, 261	5
Service Area 2	0	0	0	0	1
Service Area 3	42	30	8, 295	54, 945	8
Service Area 4	0	0	854	9, 469	2
Service Area 5	0	0	10	3, 240	1
Service Area 6	0	0	3, 467	8, 088	2
Service Area 7	О	Ο	1, 261	13, 000	4

Table V-B

Radioactive Implants by Hospital Service Area in 2001

	Inpatient Radioactive Implants	Outpati ent Radi oacti ve I mpl ants
State Total	347	491
Service Area 1	33	175
Service Area 2	O	0
Service Area 3	243	184
Service Area 4	O	0
Service Area 5	O	0
Service Area 6	54	126
Servi ce Area 7	17	6

Table V-C

Therapeutic Radioisotope Procedures and X-Ray Radiation Therapy Procedures by Hospital Service Are in 2001

	I npati ent Therapeuti c Radi oi si tope Procedures	Outpati ent Therapeuti c Radi oi si tope Procedures	Inpatient Radioactive Procedures	Outpati ent Radi oacti ve Procedures
State Total	78	354	3	6
Service Area 1	12	183	0	0
Service Area 2	О	2	0	0
Service Area 3	35	88	0	0
Service Area 4	2	3	0	0
Service Area 5	3	6	0	0
Service Area 6	10	33	3	6
Service Area 7	16	39	0	0

Cardiac Catheterizations and Angioplasty (PCTA) Procedures by Hospital Service Area in 2001

Table VI-A

	Proc Adul t	edures Pedi atri c	Total Lyci s	PTCA Procedures	Cath Labs_
State Total	36, 526	400	1, 861	7, 145	46
Service Area 1	10, 005	0	1, 259	467	10
Service Area 2	4, 102	0	0	423	6
Service Area 3	9, 714	400	22	2, 062	13
Service Area 4	2, 831	0	526	859	3
Service Area 5	418	0	0	0	1
Service Area 6	5, 283	0	54	1, 515	6
Service Area 7	4, 173	0	0	1, 819	7

Table VI-B

Cardiac Surgeries by Hospital Service Area in 2001

_	Adul t Open Heart Surgeri es	Pedi atri c Open Heart Surgeri es	Other Pediatric Heart Surgeries
State Total	4, 294	35	32
Service Area 1	1, 178	0	O
Service Area 2	189	0	O
Service Area 3	1, 227	35	32
Service Area 4	369	0	O
Service Area 5	0	0	O
Service Area 6	684	0	O
Service Area 7	647	0	O

Table VII

Renal Extracorporeal Shock Wave Lithotripter Procedures by Hospital Service Area in 2001

	ESWL Procedures	Number of Fixed Units	Number of Mobile <u>Units</u>
State Total	2, 849	4	25
Service Area 1	621	1	5
Service Area 2	161	0	3
Service Area 3	881	1	6
Service Area 4	223	0	3
Service Area 5	49	1	1
Service Area 6	673	1	2
Service Area 7	241	0	5

Table VIII

Hemodialysis, Physical Therapy and Occupational Therapy Procedures by Hospital Service Area in 2001

	Hemodialysis	Inpatient PT	Outpati ent PT	I npati ent OT	Outpati ent <u>OT</u>
State Total	107, 514	1, 145, 269	1, 261, 602	428, 755	297, 903
Service Area 1	73, 720	282, 508	305, 887	96, 781	100, 095
Service Area 2	4, 053	166, 295	216, 463	65, 788	29, 942
Service Area 3	17, 515	261, 448	209, 612	98, 797	46, 524
Service Area 4	1, 269	81, 358	69, 786	34, 126	26, 754
Service Area 5	762	51, 814	56, 010	25, 602	11, 774
Service Area 6	4, 609	134, 025	175, 853	35, 929	37, 295
Service Area 7	5, 586	167, 821	227, 991	71, 732	45, 519

Table IX

Geriatric, Respite and Adult Day Care Patients Served by Hospital Service Area in 2001

	Geri atri c Pati ents Served	Respite Patients Served	Adult Day Care <u>Patients</u>
State Total	4, 713	86	125
Service Area 1	516	4	0
Service Area 2	451	11	0
Service Area 3	3, 037	47	117
Service Area 4	177	3	0
Service Area 5	306	14	0
Service Area 6	224	7	0
Service Area 7	2	0	8

Table X

Reported Surgeries, Operating Rooms and Procedure Rooms
by Hospital Service Area in 2001

	Inpatient Surgeries	Outpati ent Surgeri es	Total Surgeri es	Operating Rooms	Procedure Rooms
State Total	114, 868	151, 403	266, 271	361	177
Service Area 1	25, 224	31, 120	56, 344	73	44
Service Area 2	11, 229	18, 594	29, 823	43	31
Service Area 3	33, 063	41, 160	74, 223	107	26
Service Area 4	7, 681	13, 151	20, 832	33	8
Service Area 5	4, 564	5, 706	10, 270	16	14
Service Area 6	12, 365	10, 980	23, 345	34	22
Service Area 7	20, 742	30, 692	51, 434	55	32

Table XI
Outpatient Utilization Reported by Hospital Service Area in 2001

	Emergency Visits	Clinic Other Visits	Total <u>Vi si ts</u>
State Total	1, 518, 371	2, 225, 562	3, 743, 933
Servi ce Area 1	336, 931	505, 742	842, 673
Service Area 2	191, 525	204, 204	395, 729
Service Area 3	367, 777	489, 705	857, 482
Service Area 4	91, 843	81, 545	173, 388
Service Area 5	86, 729	72, 493	159, 222
Servi ce Area 6	217, 958	179, 356	397, 314
Servi ce Area 7	225, 608	692, 517	918, 125

Table XII

Rural Health Clinics and Visits by Hospital Service Area in 2001

	Rural Heal th Clinics	Rural Heal th Vi si ts
State Total	50	433, 724
Service Area 1	9	66, 877
Service Area 2	17	131, 332
Service Area 3	3	20, 844
Service Area 4	8	106, 446
Service Area 5	7	28, 576
Service Area 6	2	17, 008
Service Area 7	4	62, 641

Map III
Distribution of Mississippi Hospitals
by Bed Size and County

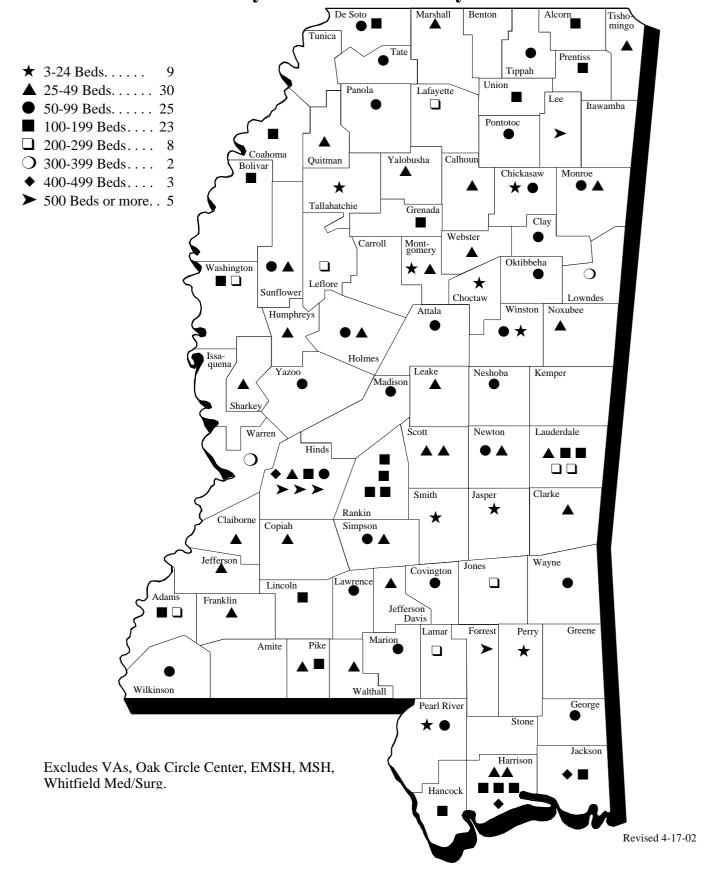


Table XIII
Selected Statistics for Mississippi Hospitals, 2001

	Number of Hospitals		Number of Beds	Percent of Beds	Occupancy Rate
Acute Care 5- 24 Beds 25- 49 Beds 50- 99 Beds 100-199 Beds 200-299 Beds 300-399 Beds 400-499 Beds 500+ Beds	101	100. 0	11, 932	100. 0	47. 6
	8	7. 9	132	1. 1	19. 0
	30	29. 7	1, 147	9. 6	39. 1
	24	23. 8	1, 751	14. 7	33. 0
	21	20. 8	2, 802	23. 5	46. 2
	8	7. 9	1, 794	15. 0	50. 0
	2	2. 0	554	4. 6	47. 4
	3	3. 0	1, 133	9. 5	43. 8
	5	5. 0	2, 619	21. 9	63. 2
Psychi atri c	17	100. 0	693	100. 0	62. 4
5- 24 Beds	1	5. 9	20	2. 3	68. 1
25- 49 Beds	0	0. 0	0	0. 0	0. 0
50- 99 Beds	1	5. 9	52	7. 5	99. 8
100-199 Beds	4	23. 5	217	31. 3	63. 6
200-299 Beds	2	11. 8	21	3. 0	25. 9
300-399 Beds	2	11. 8	42	6. 1	66. 6
400-499 Beds	3	17. 6	148	21. 4	54. 6
500+ Beds	4	23. 5	193	27. 8	78. 5
Chemi cal Depende	ncy 15	100. 0	380	100. 0	37. 3
5- 24 Beds	0	0. 0	0	0. 0	0. 0
25- 49 Beds	2	13. 3	21	5. 5	56. 3
50- 99 Beds	2	13. 3	21	5. 5	24. 9
100-199 Beds	1	6. 7	8	2. 1	33. 7
200-299 Beds	2	13. 3	25	6. 6	54. 7
300-399 Beds	2	13. 3	61	16. 1	30. 9
400-499 Beds	2	13. 3	31	8. 2	0. 0
500+ Beds	4	26. 7	213	56. 1	41. 1
Rehabilitation 5- 24 Beds 25- 49 Beds 50- 99 Beds 100-199 Beds 200-299 Beds 300-399 Beds 400-499 Beds 500+ Beds	12	100. 0	383	100. 0	65. 0
	0	0. 0	0	0. 0	0. 0
	0	0. 0	0	0. 0	0. 0
	0	0. 0	0	0. 0	0. 0
	4	33. 3	194	50. 7	50. 5
	3	25. 0	56	14. 6	41. 4
	1	8. 3	25	6. 6	58. 8
	1	8. 3	33	8. 6	62. 1
	3	25. 0	75	19. 6	63. 0

Table XIV-A

Average Length of Stay, Average Daily Census and Occupancy Rates by Acute Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Acute LBC	ALOS	ADC	Occupancy <u>Rate</u>
Total	11, 932	5. 07	5, 655. 29	47. 56*
Alliance Health Center	55	8. 39	11. 60	21. 09
Alliance Healthcare System	40	4. 95	13. 07	32. 68
Baptist Memorial Hospital Booneville	114	5. 38	28. 62	25. 10
Baptist Memorial Hospital DeSoto, Inc.	169	5. 19	111. 31	72. 95
Baptist Memorial Hospital Golden Triangl	e 285	5. 14	119. 46	41. 92
Baptist Memorial Hospital North Miss.	199	5. 18	142. 43	71. 57
Baptist Memorial Hospital Union Co	153	4. 29	57. 37	37. 49
Beacham Memorial Hospital	37	5. 38	17. 20	46. 48
Biloxi Regional Medical Center	153	4. 52	70. 43	46. 03
Bolivar Medical Center	165	3. 94	63. 09	38. 24
Cal houn Heal th Services	30	5. 50	9. 10	30. 32
Central Miss. Medical Center	444	5. 35	127. 72	28. 77
Choctaw Medical Center	17	3. 38	3. 07	18. 07
Claiborne County Hospital	32	5. 75	8. 03	25. 09
Clay County Medical Center	60	3. 19	33. 15	55. 26
Covington County Hospital	82	5. 30	19. 77	24. 11
Delta Regional Medical Center	221	4. 85	73. 33	35. 77
Field Memorial Community Hospital	66	3. 68	11. 44	17. 34
Forrest General Hospital	429	4. 65	286. 81	66. 86

^{*}Based on 11,887 beds. Excludes 16 burn beds at Delta Regional Medical Center and 29 beds at University Hospitals and Clinics - Durant.

Table XIV-A Continued

Length of Stay, Average Daily Census

Average Length of Stay, Average Daily Census and Occupancy Rates by Acute Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Acute LBC	ALOS	ADC	Occupancy <u>Rate</u>
Franklin County Memorial Hospital	36	6. 35	13. 46	37. 40
Garden Park Community Hospital	130	5. 12	53. 42	41. 09
George County Hospital	53	3. 27	23. 57	44. 47
Gilmore Memorial Hosp, Inc.	95	4. 94	46. 98	49. 45
Greenwood Leflore Hospital	228	5. 95	153. 78	67. 45
Grenada Lake Medical Center	156	5. 71	75. 64	48. 48
Gulf Coast Medical Center	144	4. 42	44. 47	30. 88
H.C. Watkins Memorial Hosp, Inc.	32	5. 02	13. 55	42. 33
Hancock Medical Center	104	4. 27	63. 27	60. 84
Hardy Wilson Memorial Hospital	49	5. 26	20. 42	41. 67
Humphreys County Memorial Hospital	28	5. 24	12. 30	43. 92
luka Hospi tal	48	4. 34	19. 41	40. 43
Jasper General Hospital	16	5. 52	1. 22	7. 64
Jeff Anderson Regional Medical Center	260	5. 25	149. 73	57. 59
Jefferson County Hospital	30	7. 94	13. 46	44. 86
Kilmichael Hospital	19	4. 15	5. 25	27. 63
King's Daughters Hospital Greenville	137	3. 58	39. 83	29. 07
King's Daughters Hospital Yazoo City	81	6. 37	25. 47	31. 45
King's Daughters Medical Center-Brookhaver	122	4. 57	52. 21	42. 79
L.O. Crosby Memorial Hospital	95	3. 33	21. 38	22. 51
Laird Hospital	50	4. 64	18. 35	36. 71

Table XIV-A Continued

Average Length of Stay, Average Daily Census and Occupancy Rates by Acute Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Acute LBC	ALOS	ADC	Occupancy <u>Rate</u>
Lawrence County Hospital	53	5. 78	18. 51	34. 92
Leake Memorial Hospital	42	7. 00	19. 63	46. 73
Madison County Medical Center	67	6. 36	26. 33	39. 30
Magee General Hospital	64	5. 01	33. 16	51. 82
Magnolia Regional Health Center	145	5. 06	92. 94	64. 09
Mari on General Hospi tal	79	5. 11	25. 85	32. 72
Memorial Hospital at Gulfport	303	5. 33	195. 61	64. 56
Miss. Baptist Medical Center	519	5. 54	264. 68	51. 00
Miss. Hospital for Restorative Care	25	32. 68	20. 81	83. 23
Montfort Jones Memorial Hospital	72	5. 10	32. 52	45. 16
Natchez Community Hospital	101	4. 27	51. 50	50. 99
Natchez Regional Medical Center (Based on 205 beds)	185	4. 62	60. 87	29. 69*
Neshoba County General Hospital	82	4. 45	27. 57	33. 62
Newton Regional Hospital	49	4. 18	16. 75	34. 19
North Miss Medical Center	554	4. 77	368. 31	66. 48
North Oak Regional Med Center	76	4. 48	16. 46	21. 65
North Sunflower County Hospital	36	7. 58	16. 53	45. 93
Northwest Miss. Regional Medical Center	175	4. 70	93. 04	53. 16
Noxubee General Hospital	49	3. 98	10. 24	20. 89
Ocean Springs Hospital	124	4. 96	82. 30	66. 37
Okolona Community Hospital	10	3. 56	N/A	N/A

Table XIV-A Continued

Average Length of Stay, Average Daily Census and Occupancy Rates by Acute Care Category for Mississippi Hospitals in 2001

Facility ,	Acute LBC	ALOS	ADC	Occupancy <u>Rate</u>
Okti bbeha County Hospi tal	96	3. 80	39. 09	40. 72
Pearl River Hospital and Nursing Home	24	2. 98	4. 73	19. 73
Perry County General Hospital	22	4. 24	2. 89	13. 13
Pioneer Community Hospital of Monroe County	/ 49	5. 79	6. 83	13. 94
Pontotoc Hospi tal	58	7. 22	10. 38	17. 89
Prentiss Regional Hospital	41	5. 42	16. 69	40. 70
Qui tman County Hospi tal	36	4. 89	9. 47	26. 32
Raleigh Community Hospital	15	2. 87	3. 15	21. 00
Rankin Medical Center	134	5. 12	59. 68	44. 53
Riley Memorial Hospital	160	4. 99	65. 54	40. 96
Ri ver Oaks Hospi tal	110	4. 22	80.88	73. 53
River Region Health System	269	4. 99	140. 76	52. 33
Rush Foundation Hospital	215	4. 20	92. 27	42. 92
S. E. Lackey Memorial Hospital	25	2. 64	6. 70	26. 81
Scott Regional Hospital	30	3. 07	12. 99	43. 30
Select Specialty Hospital Biloxi	42	31. 26	25. 59	60. 92
Select Specialty Hospital Gulfport	38	30. 07	27. 37	72. 03
Sharkey-Issaquena Community Hospital	29	6. 25	8. 63	29. 76
Simpson General Hospital	49	5. 95	17. 36	35. 42
Singing River Hospital	386	5. 06	147. 05	38. 10
South Central Regional Medical Center	275	5. 42	139. 53	50. 74

Table XIV-A Continued

Average Length of Stay, Average Daily Census and Occupancy Rates by Acute Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Acute LBC	ALOS	ADC	Occupancy <u>Rate</u>
South Sunflower County Hospital	69	3. 11	19. 85	28. 77
Southwest Miss. Regional Medical Center	140	4. 13	90. 87	64. 90
St. Dominic Hospital	453	4. 94	294. 05	64. 91
Specialty Hospital of Meridian	49	25. 37	34. 31	70. 02
Tallahatchie General Hospital & ECF	9	4. 88	3. 81	42. 37
Ti ppah County Hospi tal	70	3. 87	13. 21	18. 88
Trace Regional Hospital	84	4. 97	15. 37	18. 30
Tri Lakes Medical Center	70	3. 13	14. 29	20. 42
Tyler Holmes Memorial Hospital	49	4. 55	13. 90	28. 36
University Hospital & Clinics	664	6. 91	444. 02	71. 73
University Hospital Clinics Durant	29	N/A	N/A	N/A
University Hospital Clinics Holmes County	84	5. 10	33. 91	40. 37
Walthall County General Hospital	49	5. 02	21. 56	44. 00
Wayne General Hospital	80	4. 12	35. 78	44. 72
Webster Health Services	43	4. 24	18. 01	41. 89
Wesley Medical Center	211	5. 44	100. 80	47. 77
Winston Medical Center	65	5. 26	14. 06	21. 64
Woman's Hospital at River Oaks Hospital	111	3. 70	26. 57	23. 94
Yalobusha General Hospital	26	3. 65	5. 72	22. 00

Map IV Location of Chemical Dependency, Psychiatric and Rehabilitation Beds, 2001

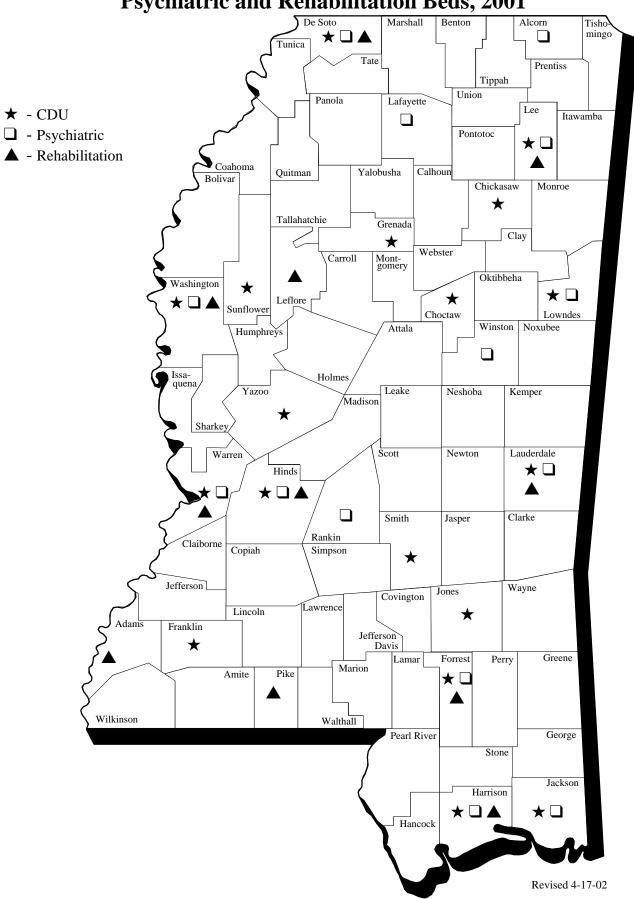


Table XIV-B 1

Average Length of Stay, Average Daily Census and Occupancy Rates by Psychiatric Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Li censed Beds	ALOS	ADC	Occupancy <u>Rate</u>
Total	693	9. 62	432. 67	62. 43
Alliance Health Center	46	13. 50	44. 33	96. 38
Baptist Memorial Hospital Golden Trian	gle 22	5. 74	8. 20	37. 26
Baptist Memorial Hospital North Miss.	5	3. 33	0. 91	18. 19
Brentwood Behavioral Healthcare	107	12. 64	28. 71	34. 93
Central Miss. Medical Center	29	9. 08	15. 33	52. 86
Delta Regional Medical Center	16	12. 18	5. 36	33. 53
Di amond Grove Center	20	11. 41	13. 62	68. 11
Forrest General Hospital	56	8. 35	55. 88	99. 78
Gulf Coast Medical Center	45	6. 92	21. 30	47. 33
Magnolia Regional Health Center	19	12. 61	12. 57	78. 02
Memorial Hospital at Gulfport	89	7. 99	36. 05	40. 51
North Miss Medical Center	33	8. 09	22. 41	67. 91
Parkwood BHS Olive Branch	52	10. 38	52. 36	102. 62
River Region Health System	20	9. 91	81. 96	94. 79
Singing River Hospital	30	9. 19	21. 10	70. 33
St. Dominic Hospital	83	11. 50	55. 49	66. 85
University Hospital & Clinics	21	8. 27	16. 68	79. 43

Table XIV-B2

Average Length of Stay, Average Daily Census and Occupancy Rates by Adult Psychiatric Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Li censed Beds	ALOS	ADC	Occupancy <u>Rate</u>
Total	523	8. 70	299. 82	57. 33
Alliance Health Center	16	8. 77	16. 27	101. 70
Baptist Memorial Hospital Golden Trian	igle 22	5. 74	8. 20	37. 26
Baptist Memorial Hospital North Miss.	5	3. 33	0. 91	18. 19
Brentwood Behavioral Healthcare	74	9. 73	13. 13	17. 74
Central Miss. Medical Center	29	9. 08	15. 33	52. 86
Delta Regional Medical Center	16	12. 18	5. 36	33. 53
Forrest General Hospital	40	6. 82	31. 32	78. 30
Gulf Coast Medical Center	34	6. 75	17. 16	50. 46
Magnolia Regional Health Center	19	12. 61	12. 57	78. 02
Memorial Hospital at Gulfport	59	7. 40	24. 82	42. 08
North Miss Medical Center	33	8. 09	22. 41	67. 91
Parkwood BHS Olive Branch	22	9. 05	20. 05	91. 13
River Region Health System	20	9. 91	18. 96	94. 79
Singing River Hospital	30	9. 19	21. 10	70. 33
St. Dominic Hospital	83	11. 50	55. 49	66. 85
University Hospital & Clinics	21	8. 27	16. 68	79. 43

Table XIV-B3

Average Length of Stay, Average Daily Census and Occupancy Rates by Adolescent Psychiatric Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Li censed Beds	ALOS	ADC	Occupancy <u>Rate</u>
Total	170	12. 89	132. 89	78. 15
Alliance Health Center	30	19. 80	28. 06	93. 54
Brentwood Behavioral Healthcare	33	15. 47	21. 81	66. 08
Diamond Grove Center	20	11. 41	13. 62	68. 11
Forrest General Hospital	16	11. 66	24. 56	153. 48
Gulf Coast Medical Center	11	7. 72	4. 14	37. 66
Memorial Hospital at Gulfport	30	10. 67	11. 23	37. 42
Parkwood BHS Olive Branch	30	11. 32	33. 32	111. 05

Table XIV-C 1

Average Length of Stay, Average Daily Census and Occupancy Rates by Chemical Dependency Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Li censed Beds	ALOS	ADC	Occupancy <u>Rate</u>
Total	380	8. 17	127. 58	37. 30*
Alliance Health Center	8	9. 87	2. 70	33. 73
Baptist Memorial Hospital Golden Trian	ngle 21	3. 80	1. 52	7. 24
Delta Regional Medical Center	15	5. 53	9. 07	60. 44
Forrest General Hospital	32	5. 51	20. 55	64. 23
Franklin County Memorial Hospital	13	9. 75	2. 50	19. 20
King's Daughters Hospital Yazoo City	7	N/A	N/A	N/A
Memorial Hospital at Gulfport	20	N/A	N/A	N/A
Miss. Baptist Medical Center	113	11. 90	23. 00	20. 36
North Miss Medical Center	33	5. 07	8. 98	27. 20
North Sunflower County Hospital	8	10. 98	7. 47	93. 36
Parkwood BHS Olive Branch	14	8. 24	6. 69	47. 81
River Region Health System	40	10. 14	21. 55	53. 88
Singing River Hospital	11	N/A	N/A	N/A
South Central Regional Medical Center	10	9. 09	4. 90	49. 04
St. Dominic Hospital	35	12. 30	18. 46	52. 76

^{*}Based on 342 beds

Table XIV-C 2

Average Length of Stay, Average Daily Census and Occupancy Rates by Adult Chemical Dependency Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Li censed Beds	ALOS	ADC	Occupancy <u>Rate</u>
Total	340	8. 04	114. 47	37. 90*
Alliance Health Center	8	9. 87	2. 70	33. 73
Baptist Memorial Hospital Golden Triang	gle 21	3. 80	1. 52	7. 24
Delta Regional Medical Center	15	5. 53	9. 07	60. 44
Forrest General Hospital	24	5. 51	17. 47	72. 80
Franklin County Memorial Hospital	13	9. 75	2. 50	19. 20
King's Daughters Hospital Yazoo City	7	N/A	N/A	N/A
Memorial Hospital at Gulfport	20	N/A	N/A	N/A
Miss. Baptist Medical Center	93	11. 81	20. 47	22. 01
North Miss Medical Center	33	5. 07	8. 98	27. 20
North Sunflower County Hospital	8	10. 98	7. 47	93. 36
Parkwood BHS Olive Branch	14	8. 24	6. 69	47. 81
River Region Health System	28	9. 32	14. 06	50. 23
Singing River Hospital	11	N/A	N/A	N/A
South Central Regional Medical Center	10	9. 09	4. 90	49. 04
St. Dominic Hospital	35	12. 30	18. 46	52. 76

^{*}Based on 302 beds

Table XIV-C 3

Average Length of Stay, Average Daily Census and Occupancy Rates by Adolescent Chemical Dependency Care Category for Mississippi Hospitals in 2001

<u>Facility</u>	Li censed Beds	AL0S	ADC	Occupancy <u>Rate</u>
Total	40	9. 52	13. 11	32. 77
Forrest General Hospital	8	5. 48	3. 08	38. 53
Miss. Baptist Medical Center	20	12. 66	2. 53	12. 67
River Region Health System	12	12. 15	7. 49	62. 42

Table XIV-D

Average Length of Stay, Average Daily Census and Occupancy Rates by Rehabilitation Category for Mississippi Hospitals in 2001

<u>Facility</u>	Li censed Beds	ALOS	ADC	Occupancy <u>Rate</u>
Total	383	14. 63	206. 69	65. 00*
Baptist Memorial Hospital DeSoto, Inc.	30	12. 14	14. 83	49. 44
Delta Regional Medical Center	16	14. 75	8. 84	55. 27
Forrest General Hospital	20	15. 63	17. 22	86. 12
Greenwood Leflore Hospital	20	N/A	N/A	N/A
Memorial Hospital at Gulfport	33	16. 25	20. 49	62. 08
Miss. Meth Hospital & Rehab Center	124	16. 08	85. 64	69. 06
Natchez Regional Medical Center	20	N/A	N/A	N/A
North Miss Medical Center	30	13. 66	26. 29	87. 64
Riley Memorial Hospital	20	13. 75	8. 21	41. 05
River Region Health System	25	14. 04	14. 54	58. 15
Southwest Miss. Regional Medical Cente	r 20	10. 75	8. 45	42. 26
University Hospital & Clinics	25	22. 19	3. 83	15. 32

^{*}Based on 318 beds, does not include 20 beds at Greenwood Leflore Hospital, 20 beds at Natchez Regional Medical Center or 25 beds at University Hospital and Clinics.

Table XV-A.

Acute Care Licensed Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Acute Care Licensed Beds	Acute Care Beds Set Up and Staffed
Total	11, 932	10, 833
Alliance Health Center	55	55
Alliance Healthcare System	40	40
Baptist Memorial Hospital Booneville	114	99
Baptist Memorial Hospital DeSoto, Inc.	169	169
Baptist Memorial Hospital Golden Triangle	285	285
Baptist Memorial Hospital North Miss.	199	199
Baptist Memorial Hospital Union County	153	153
Beacham Memorial Hospital	37	37
Biloxi Regional Medical Center	153	153
Bolivar Medical Center	165	113
Calhoun Health Services	30	30
Central Miss. Medical Center	444	444
Choctaw Medical Center	17	12
Cl ai borne County Hospi tal	32	25
Clay County Medical Center	60	60
Covington County Hospital	82	82
Delta Regional Medical Center	221	119
Field Memorial Community Hospital	66	66
Forrest General Hospital	429	429
Franklin County Memorial Hospital	36	33

Table XV-A. Continued

Acute Care Licensed Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Acute Care Licensed Beds	Acute Care Beds Set Up and Staffed
Garden Park Community Hospital	130	110
George County Hospital	53	53
Gilmore Memorial Hosp, Inc.	95	95
Greenwood Leflore Hospital	228	187
Grenada Lake Medical Center	156	142
Gulf Coast Medical Center	144	144
H.C. Watkins Memorial Hosp, Inc.	32	32
Hancock Medical Center	104	104
Hardy Wilson Memorial Hospital	49	49
Humphreys County Memorial Hospital	28	28
luka Hospi tal	48	48
Jasper General Hospital	16	16
Jeff Anderson Regional Medical Center	260	260
Jefferson County Hospital	30	30
Kilmichael Hospital	19	19
King's Daughters Hospital Greenville	137	103
King's Daughters Hospital Yazoo City	81	47
King's Daughters Medical Center-Brookhaven	122	109
L.O. Crosby Memorial Hospital	95	61
Laird Hospital	50	50
Lawrence County Hospi tal	53	49

Table XV-A. Continued

Acute Care Licensed Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Acute Care Li censed Beds	Acute Care Beds Set Up and Staffed
Leake Memorial Hospital	42	42
Madison County Medical Center	67	67
Magee General Hospital	64	64
Magnolia Regional Health Center	145	144
Mari on General Hospi tal	79	79
Memorial Hospital at Gulfport	303	283
Miss. Baptist Medical Center	519	519
Miss. Hospital for Restorative Care	25	25
Montfort Jones Memorial Hospital	72	72
Natchez Community Hospital	101	101
Natchez Regional Medical Center	185	127
Neshoba County General Hospital	82	52
Newton Regional Hospital	49	49
North Miss Medical Center	554	527
North Oak Regional Medical Center	76	52
North Sunflower County Hospital	36	36
Northwest Miss. Regional Medical Center	175	175
Noxubee General Hospital	49	49
Ocean Springs Hospital	124	124
Okol ona Community Hospital	10	10
Okti bbeha County Hospi tal	96	96

Table XV-A. Continued

Acute Care Licensed Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Acute Care Licensed Beds	Acute Care Beds Set Up and Staffed
Pearl River Hospital & Nursing Home	24	24
Perry County General Hospital	22	22
Pioneer Community Hospital of Monroe County	y 49	37
Pontotoc Hospi tal	58	27
Prentiss Regional Hospital	41	41
Quitman County Hospital	36	36
Raleigh Community Hospital	15	15
Rankin Medical Center	134	134
Riley Memorial Hospital	160	160
Ri ver Oaks Hospi tal	110	109
River Region Health System	269	201
Rush Foundation Hospital	215	174
S. E. Lackey Memorial Hospital	25	25
Scott Regional Hospital	30	30
Select Specialty Hospital Biloxi	42	42
Select Specialty Hospital Gulfport	38	38
Sharkey-Issaquena Community Hospital	29	29
Simpson General Hospital	49	49
Singing River Hospital	386	225
South Central Regional Medical Center	275	201
South Sunflower County Hospital	69	69

Table XV-A. Continued

Acute Care Licensed Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Acute Care Li censed Beds	Acute Care Beds Set Up and Staffed
Southwest Miss. Regional Medical Center	140	110
St. Dominic Hospital	453	453
Specialty Hospital of Meridian	49	49
Tallahatchie General Hospital & ECF	9	9
Ti ppah County Hospi tal	70	70
Trace Regional Hospital	84	84
Tri Lakes Medical Center	70	70
Tyler Holmes Memorial Hospital	49	45
University Hospital & Clinics	664	606
University Hospital Clinics Durant	29	0
University Hospital Clinics Holmes County	84	84
Walthall County General Hospital	49	49
Wayne General Hospital	80	80
Webster Health Services	43	41
Wesley Medical Center	211	211
Winston Medical Center	65	65
Woman's Hospital at River Oaks Hospital	111	61
Yalobusha General Hospital	26	26

Table XV-B

Psychiatric Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Psychiatric Licensed Beds	Psychiatric Beds Set Up and Staffed
Total	693	680
Alliance Health Center	46	46
Baptist Memorial Hospital Golden Triangle	22	22
Baptist Memorial Hospital North Miss.	5	5
Brentwood Behavioral Healthcare	107	107
Central Miss. Medical Center	29	29
Delta Regional Medical Center	16	15
Di amond Grove Center	20	20
Forrest General Hospital	56	56
Gulf Coast Medical Center	45	34
Magnolia Regional Health Center	19	19
Memorial Hospital at Gulfport	89	89
North Miss Medical Center	33	33
Parkwood BHS Olive Branch	52	52
River Region Health System	20	20
Singing River Hospital	30	29
St. Dominic Hospital	83	83
University Hospital & Clinics	21	21

Table XV-C

Chemical Dependency Licensed Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Chem/Dep Licensed Beds	Chem/Dep Beds Set Up and Staffed
Total	380	360
Alliance Health Center	8	8
Baptist Memorial Hospital Golden Triangle	21	21
Delta Regional Medical Center	15	15
Forrest General Hospital	32	32
Franklin County Memorial Hospital	13	10
King's Daughters Hospital Yazoo City	7	7
Memorial Hospital at Gulfport	20	20
Miss. Baptist Medical Center	113	113
North Miss Medical Center	33	33
North Sunflower County Hospital	8	8
Parkwood BHS Olive Branch	14	14
River Region Health System	40	34
Singing River Hospital	11	0
South Central Regional Medical Center	10	10
St. Dominic Hospital	35	35

Table XV-D

Rehabilitation Bed Capacity and Beds Set Up and Staffed for Mississippi Hospitals in 2001

<u>Facility</u>	Rehabilitation Licensed Beds	Rehabilitation Beds Set Up and Staffed
Total	383	356
Baptist Memorial Hospital DeSoto, Inc.	30	30
Delta Regional Medical Center	16	32
Forrest General Hospital	20	20
Greenwood Leflore Hospital	20	0
Memorial Hospital at Gulfport	33	33
Miss. Meth Hospital & Rehab Center	124	121
Natchez Regional Medical Center	20	0
North Miss Medical Center	30	30
Riley Memorial Hospital	20	20
River Region Health System	25	25
Southwest Miss. Regional Medical Center	20	20
University Hospital & Clinics	25	25

Table XVI

Swing Bed Average Length of Stay and Average Daily Census for Mississippi Hospitals in 2001

	Swi ng	Average Daily	Average Length
Hospi tal	Beds	Census	of Stay
Total	661	205. 41	15. 16
Alliance Healthcare System	4	1. 28	11. 46
Baptist Memorial Hospital Booneville	10	2. 84	11. 85
Beacham Memorial Hospital	15	4. 98	12. 27
Calhoun Health Services	10	2. 67	14. 72
Claiborne County Hospital	12	0. 10	37.00
Clay County Medical Center	10	4. 19	12. 56
Covington County Hospi tal	10	9. 29	25. 79
Field Memorial Community Hospital	10	4. 61	12. 43
Franklin County Memorial Hospital	2	1. 02	15. 20
George County Hospital	10	1. 11	11. 54
H.C. Watkins Memorial Hosp, Inc.	28	7. 21	13. 76
Hardy Wilson Memorial Hospital	10	2. 80	14. 07
Humphreys County Memorial Hospital	2	N/A	N/A
luka Hospi tal	10	1. 61	9. 82
Jasper General Hospital	12	4. 20	16. 68
Kilmichael Hospital	10	1. 71	17. 83
King's Daughters Hospital Greenville	27	0. 07	3. 00
King's Daughters Hospital Yazoo City	10	2. 05	18. 50
L.O. Crosby Memorial Hospital	10	1. 81	8. 74
Laird Hospital	10	6. 64	12. 08

Table XVI Continued

Swing Bed Average Length of Stay and Average Daily Census for Mississippi Hospitals in 2001

Hospi tal	Swi ng	Average Daily	Average Length
Hospi tal	Beds	Census	of Stay
Lawrence County Hospi tal	25	3. 04	16. 57
Leake Memorial Hospital	10	3. 62	19. 62
Madison County Medical Center	45	18. 44	21. 76
Magee General Hospital	12	6. 65	13. 69
Mari on General Hospi tal	20	4. 37	14. 74
Montfort Jones Memorial Hospital	12	6. 20	19. 33
Neshoba County General Hospital	10	4. 19	13. 94
Newton Regional Hospital	10	2. 30	14. 05
North Sunflower County Hospital	10	2. 61	15. 13
Noxubee General Hospital	10	3. 38	15. 42
Okolona Community Hospital	10	0. 62	19. 92
Okti bbeha County Hospi tal	10	1. 33	10. 77
Pearl River Hospital & Nursing Home	10	3. 51	24. 12
Perry County General Hospital	8	0. 34	13. 60
Pioneer Comm Hospital of Monroe County	10	1. 86	21. 31
Pontotoc Hospi tal	17	5. 57	22. 76
Prentiss Regional Hospital	10	0. 67	9. 70
Qui tman County Hospi tal	17	2. 93	12. 96
S. E. Lackey Memorial Hospital	10	3. 16	9. 35
Scott Regional Hospital	10	1. 91	5. 02
Sharkey-Issaquena Community Hospital	10	0. 82	10. 72

Table XVI Continued

Swing Bed Average Length of Stay and Average Daily Census for Mississippi Hospitals in 2001

Hospi tal	Swi ng Beds	Average Daily Census	Average Length of Stay
Simpson General Hospital	15	3. 66	16. 91
Specialty Hospital of Meridian	20	10. 94	16. 96
Tallahatchie General Hospital & ECF	3	1. 40	17. 03
Ti ppah County Hospi tal	10	2. 54	11. 18
Trace Regional Hospital	10	5. 10	12. 30
Tri Lakes Medical Center	20	11. 86	28. 86
Tyler Holmes Memorial Hospital	10	1. 85	11. 42
University Hospital Clinics Holmes Co	10	6. 32	20. 04
Walthall County General Hospital	15	4. 77	20. 28
Wayne General Hospital	10	4. 04	11. 94
Webster Health Services	10	6. 32	12. 45
Winston Medical Center	10	6. 06	16. 27
Yalobusha General Hospital	10	2. 87	20. 98

Table XVII

Destination of Discharged Swing Bed Patients in 2001,
Number Referred to Home Health, and Number of
Acute Care Beds Designated as Swing Beds by Hospital Service Area

Discharged to:	1	2	3	4	5	6	7	Total
Nursing Home Patient's Home Hospital Personal Care Home Other	230 862 163 24 103	110 224 34 0 22	139 676 136 2 104	89 544 64 27 78	49 267 23 0 45	59 296 48 12 25	17 106 17 4 10	693 2, 975 485 69 387
Total Discharges	1, 382	390	1, 057	802	384	440	154	4, 609
Referred to Home Health Acute Care Beds	506	94	351	245	18	122	61	1, 397
Designated as Swing Beds	171	89	191	78	42	60	30	661

Table XVIII
2001 Swing Bed Utilization in 2001 by Hospital Service Area

	Admissions	Inpatient Days	Di scharges	Di scharge <u>Days</u>
State Total	5, 392	74, 976	4, 609	69, 860
Service Area 1	1, 374	21, 931	1, 382	21, 648
Service Area 2	392	6, 163	390	6, 143
Service Area 3	1, 338	19, 390	1, 057	15, 391
Service Area 4	1, 300	11, 420	802	11, 512
Service Area 5	391	5, 613	384	5, 424
Service Area 6	438	8, 114	440	7, 637
Service Area 7	159	2, 345	154	2, 105

Table XIX

Percentage Distribution of Population and Hospital Beds in Mississippi by Hospital Service Area, 2001

	Popul ati on	Percent of Population	Li censed Beds	Percent of Beds
State Total	2, 844, 658	100.0	13, 388	100. 0
Service Area 1	680, 187	23. 9	2, 775	20. 7
Service Area 2	403, 767	14. 2	1, 625	12. 1
Service Area 3	741, 267	26. 1	4, 129	30. 8
Service Area 4	157, 091	5. 5	1, 026	7. 7
Service Area 5	130, 535	4.6	697	5. 2
Service Area 6	286, 436	10. 1	1, 312	9. 8
Service Area 7	445, 375	15. 6	1, 824	13. 6
			Chemi cal	
	Acute	Psychi atri c	Dependency	y Rehab
State Total	Acute 11, 932	Psychiatric 693		y Rehab 383
State Total Service Area 1		•	Dependency	
	11, 932	693	Dependency 380	383
Service Area 1	11, 932 2, 592	6 93 99	Dependency 380 54	383 30
Service Area 1 Service Area 2	11, 932 2, 592 1, 454	693 99 68	Dependency 380 54 37	383 30 66
Servi ce Area 1 Servi ce Area 2 Servi ce Area 3	11, 932 2, 592 1, 454 3, 500	693 99 68 260	380 54 37 195	383 30 66 174
Servi ce Area 1 Servi ce Area 2 Servi ce Area 3 Servi ce Area 4	11, 932 2, 592 1, 454 3, 500 952	693 99 68 260 46	380 54 37 195	383 30 66 174 20

Table XX-A

Selected Utilization Statistics for Acute Care Mississippi
Hospitals in 2001 by Hospital Service Area and County

County	Li censed Bed Capaci ty	Beds Set Up	Admissions	Di scharges	Deaths	Inpatient Days
State Total	11, 932	10, 833	424, 772	404, 229	12, 701	2, 063, 654
Servi ce Area	1 2, 592	2, 461	91, 304	88, 773	3, 151	428, 305
Al corn Cal houn Chi ckasaw Choctaw Clay Grenada Lafayette Lee Lowndes Marshal I Monroe Noxubee Okti bbeha Panol a Pontotoc Prenti ss Tate Ti ppah Ti shomi ngo Uni on Webster Wi nston Yal obusha	145 30 94 17 60 156 199 554 285 40 144 49 96 70 58 114 76 70 48 153 43 65 26	144 30 94 12 60 142 199 527 285 40 132 49 96 70 27 99 52 70 48 153 41 65 26	7, 123 606 1, 135 330 3, 796 4, 947 10, 205 29, 125 8, 475 957 3, 938 936 3, 496 1, 737 464 1, 952 1, 339 1, 254 1, 638 4, 839 1, 551 920 541	6, 674 607 1, 142 331 3, 804 4, 905 10, 121 27, 115 8, 401 954 3, 942 941 3, 501 1, 721 523 1, 952 1, 333 1, 250 1, 633 4, 851 1, 556 972 544	242 17 67 13 58 153 387 1, 137 275 27 111 17 104 28 30 56 55 76 77 120 56 30 15	33, 922 3, 320 5, 695 1, 121 12, 101 27, 607 51, 988 134, 433 43, 603 4, 771 19, 640 3, 736 14, 268 5, 217 3, 788 10, 446 6, 007 4, 823 7, 084 20, 939 6, 575 5, 133 2, 088
Servi ce Area	2 1, 454	1, 192	49, 902	47, 820	1, 540	237, 034
Bolivar Coahoma DeSoto Holmes Humphreys Leflore Montgomery Quitman Sunflower Tallahatchie Washington	165 175 169 113 28 228 68 36 105 9	113 175 169 84 28 187 64 36 105 9	5, 446 7, 228 8, 307 2, 423 826 9, 452 1, 572 703 3, 376 288 10, 281	5, 343 7, 251 7, 821 2, 418 833 9, 460 1, 554 706 3, 136 284 9, 014	191 163 268 99 23 308 28 20 84 19	23, 029 33, 959 40, 629 12, 377 4, 489 56, 130 6, 988 3, 458 13, 280 1, 392 41, 303

Table XX-A Continued

Selected Utilization Statistics for Acute Care Mississippi Hospitals in 2001 by Hospital Service Area and County

County	Li censed Bed Capaci ty	Beds Set Up	Admissions	Di scharges	Deaths	Inpatient Days
Service Area Attala Claiborne Copiah Hinds Jeff Davis Lawrence Leake Lincoln Madison Rankin Scott Sharkey Simpson Smith Warren Yazoo	3 3,500 72 32 49 2,105 41 53 42 122 67 355 55 29 113 15 269 81	3, 265 72 25 49 2, 047 41 49 42 109 67 304 55 29 113 15 201 47	120, 888	115, 477 2, 210 518 1, 351 69, 606 1, 114 1, 167 1, 021 4, 126 1, 610 13, 824 2, 712 510 3, 534 86 10, 620 1, 468	3, 395 112 17 48 2, 330 16 32 57 148 34 115 68 16 34 1 1 323 44	642, 145 11, 868 2, 930 7, 453 420, 513 6, 091 6, 755 7, 164 19, 056 9, 610 61, 001 7, 187 3, 150 18, 440 252 51, 377 9, 298
Service Area	4 952	881	31, 973	30, 503	901	156, 830
Clarke	32	32	990	993	50	4, 944
Lauderdale	739	698	25, 766	24, 303	746	129, 010
Neshoba	82	52	2, 276	2, 271	27	10, 062
Newton	99	99	2, 941	2, 936	78	12, 814
Service Area	5 644	553	22, 859	22, 333	536	102, 331
Adams	286	228	9, 207	9, 224	281	41, 015
Franklin	36	33	910	817	23	4, 914
Jefferson	30	30	608	581	0	4, 912
Pike	177	147	9, 459	9, 029	168	39, 443
Walthall	49	49	1, 564	1, 567	25	7, 870
Wilkinson	66	66	1, 111	1, 115	39	4, 177
Service Area Covington Forrest Jasper Jones Lamar Marion Perry Wayne	6 1, 194	1, 120	49, 522	45, 210	1, 599	219, 902
	82	82	1, 384	1, 384	30	7, 217
	429	429	26, 289	22, 206	901	104, 686
	16	16	88	89	15	446
	275	201	9, 665	9, 465	292	47, 212
	211	211	6, 670	6, 753	189	36, 792
	79	79	1, 959	1, 854	88	9, 436
	22	22	260	249	15	1, 054
	80	80	3, 207	3, 210	69	13, 059
Servi ce Area	7 1, 596	1, 361	58, 324	54, 113	1, 579	277, 107
George	53	53	2, 640	2, 632	78	8, 602
Hancock	104	104	4, 924	4, 887	172	23, 095
Harri son	810	770	30, 380	27, 178	748	152, 165
Jackson	510	349	17, 431	16, 476	434	83, 712
Pearl Ri ver	119	85	2, 949	2, 940	147	9, 533

Table XX-B

Psychiatric, Chemical Dependency, and Rehabilitation Utilization
For Mississippi Hospitals in 2001

County	Li censed Bed Capaci ty	Beds Set Up	Di scharges	Inpatient <u>Days</u>
Psychi atri c	693	691	16, 074	157, 926
Service Area 1	99	99	2, 386	21, 887
Alcorn	19	19	458	5, 411
Lafayette	5	5	101	332
Lee	33	33	957	8, 180
Lowndes	22	22	443	2, 992
Winston	20	20	427	4, 972
Service Area 2	68	67	1, 797	21, 436
DeSoto	52	52	1, 572	19, 478
Washington	16	15	225	1, 958
Service Area 3	260	260	4, 629	49, 392
Hinds	133	133	3, 135	31, 992
Rankin	107	107	791	10, 480
Warren	20	20	703	6, 920
Service Area 4 Lauderdale	46	46	1, 211	16, 182
Service Area 6 Forrest	56	56	2, 432	20, 395
Servi ce Area 7	164	163	3, 619	28, 634
Harri son	134	134	2, 696	20, 933
Jackson	30	29	923	7, 701
Chemical Dependency	380	360	5, 485	46, 567
Service Area 1	54	54	805	3, 831
Lee	33	33	669	3, 276
Lowndes	21	21	136	555
Service Area 2	37	37	918	8, 478
DeSoto	14	14	207	2, 443
Sunflower	8	8	246	2, 726
Washington	15	15	465	3, 309

Table XX-B Continued

Psychiatric, Chemical Dependency, and Rehabilitation Utilization
For Mississippi Hospitals in 2001

	Licensed Bed	Beds		Inpati ent
County	Capaci ty	Set Up	<u>Di scharges</u>	<u>Days</u>
Service Area 3	195	189	2, 023	23, 070
Hi nds	148	148	1, 240	15, 154
Smi th	0	0	0	0
Warren	40	34	776	7, 867
Yazoo	7	7	7	49
Service Area 4				
Lauderdal e	8	8	98	985
Service Area 5				
Franklin	13	10	93	911
Servi ce Area 6	42	42	1, 548	9, 292
Forrest	32	32	1, 360	7, 502
Jones	10	10	1, 300	1, 790
	0.1	0.0		
Service Area 7	31	20	0	0
Harri son	20	20	0	0
Jackson	11	0	0	0
Rehabilitation	383	356	5, 373	80, 068
Servi ce Area 1				
Lee	30	30	698	9, 597
LCC	30	30	070	7, 371
Service Area 2	66	62	977	12, 663
DeSoto	30	30	450	5, 414
Lefl ore	20	0	0	0
Washi ngton	16	32	527	7, 249
Service Area 3	174	171	2, 382	37, 961
Hi nds	149	146	1, 998	32, 655
Warren	25	25	384	5, 306
Servi ce Area 4				
Lauderdal e	20	20	206	2, 997
				,
Service Area 5	40	0	0	0
Adams	20	0	0	0
Pi ke	20	20	287	3, 085
Service Area 6				
Forrest	20	20	378	6, 287
Service Area 7	າາ	2.2	<i>11</i>	7 470
Harri son	33	33	445	7, 478

Table XXI
Selected Statistics for 1991, 1996 and 2001

					1991-2001 Percent
	1991	1996	2001	Di fference	Of Change
Licensed Beds	12, 620	12, 965	13, 388	768	6. 1
Acute	11, 934	11, 615	11, 932	-2	0. 0
Psychiatric	506	638	693	187	37. 0
Chemical Dependency	355	447	380	25	7. 0
Rehabilitation	265	265	383	118	44. 5
Beds Set Up and Staffed	12, 254	11, 767	12, 240	-14	-0. 1
Acute	11, 164	10, 465	10, 833	-331	-3. 0
Psychiatric	501	629	691	190	37. 9
Chemical Dependency	347	436	360	13	3. 7
Rehabilitation	242	237	356	114	47. 1
Di scharges	381, 430	405, 222	431, 161	49, 731	13. 0
Acute	367, 385	384, 150	404, 229	36, 844	10. 0
Psychi atri c	8, 421	12, 756	16, 074	7, 653	90. 9
Chemi cal Dependency	3, 104	5, 125	5, 485	2, 381	76. 7
Rehabilitati on	2, 520	3, 191	5, 373	2, 853	113. 2
	2, 319, 721	2, 387, 865	2, 348, 215	28, 494	1. 2
	2, 094, 884	2, 103, 154	2, 063, 654	-31, 230	-1. 5
	124, 629	152, 609	157, 926	33, 297	26. 7
	47, 252	78, 786	46, 567	-685	-1. 4
	52, 956	53, 316	80, 068	27, 112	51. 2

Table XXII

Newborn Statistics for Mississippi Hospitals in 2001 by Service Area and County

County	Bassi nets Set Up	Deliveries	C-Sections	Live Births	Fetal Deaths	Newborn Days
State Total	814	40, 489	11, 710	40, 948	420	104, 643
Service Area 1 Al corn Cal houn Chi ckasaw Choctaw Cl ay Grenada Lafayette Lee Lowndes Marshal I Monroe Noxubee Okti bbeha Panol a Pontotoc Prenti ss Tate Ti ppah Ti shomi ngo Uni on Webster Wi nston Yal obusha	173 14 0 0 0 10 20 14 24 24 0 26 0 16 13 0 0 0 12 0 0 0 0	9, 062 601 0 0 436 702 734 2, 528 990 0 694 0 1, 211 268 0 12 0 0 0 886	2, 490 184 0 0 0 124 192 177 679 343 0 129 0 419 70 0 0 0 173 0 0 0	8, 948 595 0 0 436 711 747 2, 550 981 0 697 0 1, 065 268 0 12 0 0 886 0 0 0	57 6 0 0 0 9 3 21 9 0 0 0 0 0 0 0 0 0	22, 542 1, 329 0 0 1, 207 1, 789 1, 644 5, 233 3, 183 0 2, 562 0 3, 008 769 0 24 0 0 0 1, 794 0 0 0 0
Service Area 2 Bolivar Coahoma DeSoto Holmes Humphreys Leflore Montgomery Quitman Sunflower Tallahatchie Washington	139 16 23 24 2 0 25 0 0 14 0 35	5, 090 538 940 1, 320 20 0 747 0 353 0 1, 172	1, 459 163 304 294 0 0 193 0 0 116 0 389	5, 261 676 959 1, 325 20 0 764 0 352 0 1, 165	57 8 11 11 0 0 19 0 0 1 0 7	14, 512 2, 387 3, 274 3, 046 20 0 1, 818 0 0 1, 131 0 2, 836

Table XXII Continued

Newborn Statistics for Mississippi Hospitals in 2001 by Service Area and County

County	Bassi nets Set Up	Deliveries	C-Sections	Live Births	Fetal Deaths	Newborn <u>Days</u>
Service Area 3 Attala Claiborne Copiah Hinds Jeff Davis Lawrence Leake Lincoln Madison Rankin Scott Sharkey Simpson Smith Warren Yazoo	202 12 0 8 80 0 0 0 15 10 50 0 0 7 0 20	11, 924 208 0 127 6, 308 0 0 3 583 334 3, 126 2 0 121 0 1, 097 15	3, 916 58 0 34 1, 963 0 0 184 116 1, 225 0 0 333 0 303 0	12, 357 208 0 127 6, 291 0 0 2 573 322 3, 600 2 0 121 0 1, 097 14	163 1 0 0 111 0 0 1 0 21 26 0 0 0 1 21 26 0	28, 811 650 0 295 15, 259 0 0 1, 558 1, 068 6, 682 0 0 355 0 2, 944
Service Area 4 Clarke Lauderdale Neshoba Newton	42 0 41 1 0	2, 588 0 2, 588 0 0	541 0 541 0 0	2, 562 0 2, 562 0	25 0 25 0	8, 420 0 8, 420 0
Service Area 5 Adams Franklin Jefferson Pike Walthall Wilkinson	36 21 0 0 9 0	2, 042 1, 037 0 0 930 0 75	529 253 0 0 265 0	2, 027 1, 031 0 0 932 0 64	14 6 0 0 8 0	5, 489 2, 826 0 0 2, 469 0 194
Service Area 6 Covington Forrest Jasper Jones Lamar Mari on Perry Wayne	75 6 26 0 26 9 0 0	4, 975 107 2, 794 0 1, 054 730 0 0 290	1, 465 30 853 0 340 183 0 0	4, 914 106 2, 746 0 1, 042 729 0 0 291	68 1 52 0 12 1 0 0	13, 432 301 8, 254 0 2, 775 1, 263 0 0 839
Service Area 7 George Hancock Harrison Jackson Pearl River	147 8 10 87 32 10	4, 808 150 370 2, 702 1, 259 327	1, 310 53 95 704 348 110	4, 879 203 396 2, 700 1, 253 327	36 0 4 24 8 0	11, 437 538 907 6, 142 3, 087 763

Table XXIII

Newborn Statistics for 1991, 1996 and 2001

	1991	1996	2001	Di fference	1991-2001 Percent of <u>Change</u>
Obstetric Beds Set Up	612	589	632	20	3. 3
Bassinets	846	878	814	-32	-3.8
C-Sections	11, 099	10, 252	11, 710	611	5. 5
Del i veri es	42, 017	39, 176	40, 489	-1, 528	-3.6
Live Births	41, 663	38, 826	40, 948	-715	-1.7
Fetal Deaths	546	420	420	-126	-23. 1

Table XXIV

2001 Selected Acute Hospital Utilization Data by Hospital Service Area

	DP/SNF	Ger/Psy	Medi care	Medi cai d	65 & Older
Service Area 1 Discharges Discharge Days Admissions Inpatient Days	2, 034 27, 364 2, 057 27, 522	1, 426 17, 157 1, 411 16, 937	29, 367 252, 866 43, 384 161, 674	14, 666 71, 888 19, 275 48, 564	35, 795 215, 274 35, 605 212, 394
Service Area 2 Discharges Discharge Days Admissions Inpatient Days	846 11, 045 855 11, 345	612 7, 830 617 8, 059	22, 127 135, 662 22, 094 137, 817	13, 729 52, 924 13, 592 51, 791	21, 543 133, 719 21, 532 117, 507
Service Area 3 Discharges Discharge Days Admissions Inpatient Days	1, 133 13, 957 1, 105 14, 005	2, 821 37, 063 2, 824 36, 464	49, 059 346, 807 48, 962 341, 869	28, 192 158, 165 28, 119 157, 328	43, 254 301, 738 43, 155 294, 533
Service Area 4 Discharges Discharge Days Admissions Inpatient Days	0 0 0 0	353 4, 740 348 4, 696	16, 384 106, 579 16, 284 104, 886	5, 512 23, 385 5, 511 31, 662	14, 299 93, 615 14, 391 91, 838
Service Area 5 Discharges Discharge Days Admissions Inpatient Days	0 0 0 0	441 7, 155 467 7, 440	10, 517 56, 399 10, 509 56, 397	6, 319 21, 574 6, 324 21, 695	9, 324 50, 661 9, 322 50, 130
Service Area 6 Discharges Discharge Days Admissions Inpatient Days	816 10, 517 790 10, 791	407 6, 108 403 6, 131	23, 395 151, 601 23, 315 154, 293	11, 682 44, 896 11, 816 46, 957	19, 630 139, 355 19, 336 141, 738
Service Area 7 Discharges Discharge Days Admissions Inpatient Days	930 12, 155 923 12, 026	165 2, 156 166 2, 149	24, 243 153, 188 24, 391 163, 657	11, 359 46, 176 11, 244 45, 393	19, 060 124, 387 19, 156 131, 763
State Total Discharges Discharge Days Admissions Inpatient Days	5, 759 75, 038 5, 730 75, 689	6, 225 82, 209 6, 236 81, 876	175, 092 1, 203, 102 188, 939 1, 120, 593	91, 459 419, 008 95, 881 403, 390	162, 905 1, 058, 749 162, 497 1, 039, 903

Table XXV

Beds Set Up, Discharges, Discharge Days
and Inpatient Days Reported by Acute Care Hospitals in 2001

Servi ce Area	Beds Set Up	Di scharges	Di scharge Days	Inpatient <u>Days</u>
General medical and surgical (adult) General medical and surgical (pediatric) Psychiatric acute (adult) Psychiatric acute (pediatric) Obstetrics Orthopedic Other acute Distinct Part SNF Geriatric psychiatric DP	7, 756 401 521 170 632 115 90 306 450	309, 704 18, 485 12, 564 3, 510 36, 471 4, 803 1, 600 5, 759 6, 225	1, 496, 394 65, 445 109, 372 45, 229 102, 665 27, 308 24, 370 75, 038 82, 209	1, 456, 460 67, 145 109, 436 52, 207 102, 745 25, 797 24, 172 75, 689 81, 876
Medical/surgical intensive care Cardiac intensive care Pediatric intensive care Neonatal intensive care Neonatal intermediate care Burn care Other special care Other intensive care Total intensive care	10, 441 579 87 33 195 42 16 35 112 1, 099	399, 121 12, 408 1, 602 315 1, 732 670 215 409 4, 039 21, 390	2, 028, 030 79, 272 12, 206 7, 511 42, 852 7, 272 3, 171 1, 630 23, 737 177, 651	1, 995, 527 121, 378 16, 607 7, 576 45, 458 5, 359 3, 228 3, 293 30, 079 232, 978
Rehabilitation Chronic disease Alcoholism & chemical dependency (adult) Alcoholism & chemical dependency (pediatric Hospice Other Total other	340 0 320 2) 40 0 0 700	5, 158 0 5, 043 503 7 0 10, 711	75, 935 0 40, 361 4, 788 19 0 121, 103	76, 840 0 42, 086 4, 784 20 0 123, 730
Total hospital	12, 240	431, 222	2, 326, 784	2, 352, 235

2001 Obstetrical Utilization

Hospi tal	County	Number of Deliveries	Number of OB Beds	Occupancy Rate	<u>ALOS</u>
State Total		40, 489	632	44. 49	2. 81
University Hospital & Clinics	Hi nds	3, 619	61	69. 5	3. 4
Forrest General Hospital	Forrest	2, 794	35	64. 6	3. 0
North Miss Medical Center	Lee	2, 528	61	43. 1	2. 5
River Oaks Hospital	Ranki n	1, 722	10	116. 1	2. 4
Central MS Medical Center	Hi nds	1, 425	0	0. 0	0. 0
Woman's Hosp at River Oaks Hosp	Ranki n	1, 404	18	60. 7	2. 6
Baptist Mem Hospital DeSoto	DeSoto	1, 320	0	0. 0	0. 0
Okti bbeha County Hospi tal	Okti bbeha	1, 211	0	0. 0	0. 0
Jeff Anderson Reg Med Ctr	Lauderdal e	1, 156	32	30. 4	2. 4
Memorial Hosp at Gulfport	Harri son	1, 154	27	35. 3	2. 6
Miss. Baptist Med Ctr	Hi nds	1, 152	56	29. 5	2. 8
River Region Health Center	Warren	1, 097	22	40. 4	2. 8
South Central Reg Med Ctr	Jones	1, 054	19	0. 0	2. 6
Bapt Mem Hosp Golden Triangle	Lowndes	990	17	143. 7	3. 6
Rush Foundation Hosp	Lauderdal e	990	20	54. 2	3. 6
Northwest MS Reg Med Ctr	Coahoma	940	0	0. 0	0. 0
Southwest Miss. Reg Med Ctr	Pi ke	930	9	117. 4	3. 3
Baptist Mem Hospital Union Co	Uni on	886	0	0. 0	0. 0
Singing River Hospital	Jackson	883	22	26. 6	2. 5
Bapt Mem Hospital North Miss.	Lafayette	734	0	0. 0	0. 0
Wesley Medical Center	Lamar	730	0	0. 0	0. 0
Grenada Lake Medical Center	Grenada	702	7	73. 0	2. 5

2001 Obstetrical Utilization

Hospi tal	County	Number of Deliveries	Number of OB Beds	Occupancy Rate	ALOS
Gilmore Mem Hospital, Inc.	Monroe	694	15	40. 4	3. 1
Biloxi Reg Medical Center	Harri son	652	22	20. 9	2. 0
Natchez Reg Medical Center	Adams	610	10	37. 0	2. 7
Magnolia Reg Health Center	Al corn	601	8	47. 9	2. 2
Delta Reg Medical Center	Washi ngton	594	11	0. 0	0. 0
King's Daughters Med Ctr	Li ncol n	583	7	64. 9	2. 7
King's Daughters Hosp Greenville	Washi ngton	578	21	18. 4	2. 1
Greenwood Leflore Hosp	Lefl ore	747	16	44. 7	2. 5
Bolivar Medical Center	Bol i var	538	20	44. 8	3. 4
Garden Park Comm Hospital	Harri son	507	9	33. 2	2. 1
Riley Memorial Hospital	Lauderdal e	442	10	41. 3	3. 1
Natchez Community Hospital	Adams	427	0	0. 0	0. 0
Gulf Coast Medical Center	Harri son	389	4	109. 8	2. 6
Ocean Springs Hospital	Jackson	376	10	25. 0	2. 4
Hancock Medical Center	Hancock	370	0	0. 0	0. 0
South Sunflower Co Hosp	Sunfl ower	353	0	0. 0	0. 0
Madison Co Medical Center	Madi son	334	0	0. 0	0. 0
L.O. Crosby Mem Hosp	Pearl Rive	r 327	14	18. 2	2. 5
Clay Co Medical Center	CI ay	436	0	0. 0	0.0
Wayne General Hospital	Wayne	290	7	38. 6	3. 1
Tri Lakes Medical Center	Panol a	268	0	0. 0	0. 0
Montfort Jones Mem Hosp	Attal a	208	7	27. 2	3. 3
George County Hospi tal	George	150	0	0.0	0. 0
Hardy Wilson Mem Hosp	Copi ah	127	6	13. 9	2. 2

2001 Obstetrical Utilization

Hospi tal	County	Number of Deliveries	Number of OB Beds	Occupancy Rate	ALOS
Magee General Hospital	Si mpson	121	2	57. 4	3. 2
St. Dominic Hospital	Hi nds	112	0	0. 0	0. 0
Covington Co Hospital	Covi ngton	107	0	0. 0	0. 0
Field Memorial Comm Hospital	Wilkinson	75	0	0. 0	0. 0
Univ Hosp Clinics Holmes Co	Hol mes	20	7	0. 0	0. 0
Bapt Mem Hospital Booneville	Prenti ss	12	10	0.8	2. 5
King's Daughters Hospital	Yazoo	15	0	0. 0	0. 0
Leake County Memorial Hosp.	Leake	3	0	0. 0	0. 0
Scott Regional Hospital	Scott	2	0	0. 0	0. 0

Percent of C-Section Deliveries Performed During 2001

Hospi tal	C-Sections	Deliveries	Percent of C-Sections
Total	11, 710	40, 489	28. 9
Woman's Hospital at River Oaks Hosp	630	1, 404	44. 9
St. Dominic Hospital	49	112	43.8
Miss. Baptist Medical Center	455	1, 152	39. 5
Central MS Medical Center	531	1, 425	37. 3
King's Daughters Hospital Greenville	205	578	35. 5
George County Hospital	53	150	35. 3
Madison County Medical Center	116	334	34.7
Baptist Memorial Hosp Golden Triangl	e 343	990	34.6
Okti bbeha County Hospi tal	419	1, 211	34. 6
River Oaks Hospital	595	1, 722	34. 6
L.O. Crosby Memorial Hospital	110	327	33. 6
South Sunflower County Hospital	116	353	32. 9
Northwest MS Reg Medical Center	304	940	32. 3
South Central Reg Medical Center	340	1, 054	32. 3
King's Daughters Med Ctr-Brookhaven	184	583	31. 6
Delta Regional Medical Center	184	594	31. 0
Magnolia Reg Health Center	184	601	30. 6
Forrest General Hospital	853	2, 794	30. 5
Bolivar Medical Center	163	538	30. 3
Ocean Springs Hospital	114	376	30. 3

Percent of C-Section Deliveries Performed During 2001

Hospi tal	C-Sections	Deliveries	Percent of C-Sections
Natchez Community Hospital	129	427	30. 2
Southwest Miss. Reg Med Ctr	265	930	28. 5
Clay County Medical Center	124	312	39. 7
Covington County Hospital	30	107	28. 0
Memorial Hospital at Gulfport	322	1, 154	27. 9
Montfort Jones Memorial Hospital	58	208	27. 9
River Reg Health Center	303	1, 097	27. 6
Grenada Lake Medical Center	192	702	27. 4
Magee General Hospital	33	121	27. 3
Biloxi Regional Medical Center	176	652	27. 0
North Miss Medical Center	679	2, 528	26. 9
Hardy Wilson Memorial Hospital	34	127	26. 8
Singing River Hospital	234	883	26. 5
Tri Lakes Medical Center	70	268	26. 1
Greenwood Leflore Hospital	193	554	34.8
Hancock Medical Center	95	370	25. 7
University Hospital & Clinics	928	3, 619	25. 6
Gulf Coast Medical Center	99	389	25. 4
Wesley Medical Center	183	730	25. 1
Rush Foundation Hospital	247	990	24. 9
Baptist Memorial Hospital North Miss	s. 177	734	24. 1
Riley Memorial Hospital	100	442	22. 6
Baptist Memorial Hospital DeSoto, Ir	nc. 294	1, 320	22. 3

Percent of C-Section Deliveries Performed During 2001

Hospi tal	C-Sections	Deliveries	Percent of C-Sections
Garden Park Community Hospital	107	507	21. 1
Natchez Regional Medical Center	124	610	20. 3
Wayne General Hospital	59	290	20. 3
Baptist Memorial Hospital Union Co	173	886	19. 5
Gilmore Memorial Hospital, Inc.	129	694	18. 6
Jeff Anderson Reg Med Ctr	194	1, 156	16.8
Field Memorial Community Hospital	11	75	14.7
University Hospital Clinics Holmes C	0 0	20	0. 0
King's Daughters Hospital Yazoo City	0	15	0. 0
Baptist Memorial Hospital Booneville	0	12	0. 0
Leake Mem Hospital	0	3	0. 0
Scott Regional Hospital	0	2	0. 0

	County of Residence	Percent of Total
Alliance Health Center	Lauderdale Neshoba Newton Clarke Alabama Jasper Kemper All Others	40. 2 9. 0 5. 7 4. 9 4. 1 2. 5 1. 6 32. 0
Alliance Healthcare System	Marshall Benton DeSoto All Others	90. 7 5. 6 0. 9 2. 8
Baptist Memorial Hospital Booneville	Prentiss Alcorn Tishomingo Lee Tippah Union Itawamba All Others	73. 0 11. 1 6. 3 4. 8 2. 1 0. 9 0. 3 1. 5
Baptist Memorial Hospital DeSoto	DeSoto Marshall Tate Tennessee Tunica Arkansas All Others	48. 3 12. 4 11. 5 8. 2 5. 9 0. 7 13. 0
Baptist Memorial Hospital Golden Triangle	Lowndes Noxubee Monroe Clay Alabama Oktibbeha All Others	69. 0 8. 9 5. 8 5. 0 4. 7 2. 8 3. 9

	County of Residence	Percent of Total
Baptist Memorial Hospital North Miss	Lafayette All Others Panola Yalobusha Calhoun Marshall Pontotoc Union Tate	31. 3 20. 4 16. 9 11. 3 8. 3 5. 1 3. 4 2. 7 0. 6
Baptist Memorial Hospital Union County	Uni on Ti ppah Pontotoc Benton Marshal I Lee Prenti ss Lafayette Al I Others	48. 8 19. 1 10. 4 8. 2 3. 8 3. 1 1. 9 0. 7 4. 0
Beacham Memorial Hospital	Pike Amite Lincoln Louisiana Walthall All Others	90. 6 2. 8 2. 3 1. 9 1. 9 0. 5
Biloxi Regional Medical Center	Harrison Jackson Hancock Stone Pearl River All Others	72. 7 18. 5 1. 9 0. 6 0. 2 6. 1
Bolivar County Hospital	Bolivar Sunflower All Others Washington Coahoma	83. 1 13. 4 2. 3 0. 9 0. 3

	County of Residence	Percent of Total
Brentwood Behavioral Healthcare	Hi nds Ranki n Madi son Scott Smi th Copi ah All Others	22. 6 20. 2 8. 3 3. 6 2. 4 1. 2 41. 7
Cal houn Heal th Services	Calhoun Webster Chickasaw Yalobusha Grenada Pontotoc All Others	86. 9 3. 7 2. 8 2. 8 1. 9 0. 9 0. 9
Central Miss. Medical Center	Hi nds Ranki n Copi ah Madi son Si mpson Yazoo Warren Cl ai borne Al I Others	69. 6 9. 5 3. 4 3. 2 2. 4 1. 0 0. 9 0. 3 9. 7
Choctaw County Medical Center	Choctaw Attal a Wi nston Okti bbeha All Others	72. 4 10. 3 10. 3 5. 2 1. 7
Cl ai borne County Hospi tal	CI ai borne Jefferson	98. 3 1. 7
Clay County Medical Center	Clay Lowndes Monroe Chickasaw Oktibbeha Webster All Others	67. 3 9. 9 9. 7 2. 6 2. 5 2. 3 5. 7

	County of Resi dence	Percent of Total
Covington County Hospital	Covington Smith Simpson Jones Jeff Davis Forrest Lamar All Others	76. 7 6. 4 5. 6 4. 1 2. 6 1. 5 1. 1
Delta Regional Medical Center	Washington Bolivar Arkansas Sunflower Sharkey Issaquena Humphreys All Others	76. 8 5. 7 5. 5 4. 1 1. 3 0. 5 0. 4 5. 5
Di amond Grove	Okti bbeha Attal a Wi nston Choctaw Leake Neshoba Noxubee All Others	6. 2 4. 6 4. 6 1. 5 1. 5 1. 5 1. 5 78. 5
Field Memorial Community Hospital	Wilkinson Amite Louisiana Adams Franklin All Others	51. 2 37. 6 8. 0 0. 5 0. 5 2. 3
Forrest General Hospital	Forrest Lamar Jones Covi ngton Perry Pearl River Stone All Others	33. 3 9. 8 7. 8 6. 1 5. 0 4. 7 3. 7 29. 7

	County of Residence	Percent of Total
Franklin County Memorial Hospital	Franklin Adams Amite Jefferson Lincoln Wilkinson All Others	73. 0 7. 2 6. 6 2. 0 2. 0 0. 7 8. 6
Garden Park Community Hospital	Harrison Hancock Stone Jackson Pearl River All Others	80. 6 7. 2 5. 4 1. 4 1. 0 4. 5
George County Hospi tal	George Greene Jackson Stone Alabama Perry All Others	80. 2 13. 1 2. 4 1. 7 1. 1 0. 4 1. 1
Gilmore Memorial Hospital	Monroe Chickasaw Itawamba Alabama Lee Lowndes Clay All Others	66. 5 10. 7 8. 5 4. 6 3. 0 2. 3 1. 6 2. 8
Greenwood Leflore Hospital	Leflore Carroll Holmes Sunflower Tallahatchie Humphreys Grenada All Others	62. 7 7. 3 6. 7 6. 5 3. 9 3. 5 1. 3 8. 2

	County of Residence	Percent of Total
Grenada Lake Medical Center	Grenada Montgomery Yalobusha Tallahatchie Carroll Calhoun Leflore Webster All Others	61. 6 10. 9 8. 4 6. 6 4. 2 3. 1 1. 9 0. 1 3. 2
Gulf Coast Community Hospital	Harrison Jackson Hancock Stone Pearl River All Others	81. 8 7. 3 3. 4 0. 7 0. 6 6. 2
H.C. Watkins Memorial Hospital	Clarke Lauderdale Jasper Alabama Wayne Newton All Others	89. 3 2. 8 2. 3 1. 7 1. 7 0. 6 1. 7
Hancock Medical Center	Hancock Harri son Pearl Ri ver Loui si ana Stone Jackson All Others	80. 3 12. 8 3. 2 1. 3 1. 0 0. 3 1. 1
Hardy Wilson Memorial Hospital	Copi ah Li ncol n Si mpson Hi nds Cl ai borne All Others	89. 3 5. 1 2. 2 1. 7 1. 1 0. 6
Humphreys County Memorial Hospital	Humphreys Holmes Yazoo All Others	97. 1 1. 0 1. 0 1. 0

	County of Residence	Percent of Total
luka Hospi tal	Ti shomi ngo Al corn Al abama Prentiss All Others	86. 8 9. 5 1. 7 1. 7 0. 4
Jasper General Hospital	Jasper Smith Jones	85. 2 11. 1 3. 7
Jeff Anderson Regional Medical Center	Lauderdale Newton Neshoba Clarke Alabama Kemper Jasper All Others	48. 3 11. 7 10. 2 8. 6 6. 9 4. 5 1. 6 8. 3
Jefferson County Hospi tal	Jefferson Adams Franklin All Others	92. 5 3. 8 2. 5 1. 3
Kilmichael Hospital	Montgomery Choctaw Carroll Webster Attala All Others	73. 5 12. 2 5. 1 5. 1 2. 0 2. 0
King's Daughters Medical Center Brookhaven	Li ncol n Lawrence Copi ah Pi ke Franklin Ami te Jefferson Wal thall All Others	65. 7 11. 7 11. 1 4. 4 2. 9 1. 7 0. 5 0. 2 2. 0

	County of Resi dence	Percent of Total
King's Daughters Hospital Greenville	Washi ngton Sunflower Arkansas Bolivar Sharkey Humphreys All Others	87. 8 4. 1 3. 1 2. 4 1. 0 0. 9 0. 7
King's Daughters Hospital Yazoo City	Yazoo Holmes Humphreys	98. 5 1. 2 0. 4
L.O. Crosby Memorial Hospital	Pearl River Louisiana Hancock	98. 4 0. 9 0. 7
Laird Hospital	Newton Neshoba Leake Scott Lauderdale Kemper Smith All Others	57. 4 23. 4 9. 8 6. 0 0. 9 0. 4 0. 4 1. 7
Lawrence County Hospi tal	Lawrence Li ncol n Copi ah Mari on	95. 7 3. 1 0. 6 0. 6
Leake Memorial Hospital	Leake Neshoba Scott Attala Newton All Others	79. 9 14. 3 2. 6 0. 6 0. 6 1. 9
Madison County Medical Center	Madison Holmes Leake Yazoo Hinds Attala Rankin Scott All Others	80. 4 8. 9 4. 0 2. 4 1. 8 1. 2 0. 3 0. 3 0. 6

	County of Residence	Percent of Total
Magee General Hospital	Simpson Smith Covington Jeff Davis Lawrence Hinds All Others	72. 5 19. 5 5. 3 1. 2 0. 5 0. 2 0. 7
Magnolia Regional Health Center	Alcorn Tennessee Prentiss Tishomingo Tippah All Others	55. 6 12. 0 10. 8 9. 2 8. 6 3. 8
Mari on County Hospi tal	Marion Jeff Davis Lamar Walthall Lawrence Louisiana All Others	93. 7 1. 7 1. 3 1. 3 0. 3 0. 3 1. 3
Memorial Behavioral Health	Harrison Hancock Jackson Pearl River Stone All Others	59. 6 14. 0 8. 4 3. 2 2. 8 11. 9
Memorial Hospital at Gulfport	Harrison Hancock Jackson Stone Pearl River All Others	82. 0 9. 7 2. 5 2. 1 0. 8 2. 9
Miss. Baptist Medical Center	Hinds Rankin Madison Copiah Simpson Yazoo Warren Claiborne All Others	37. 3 17. 4 9. 7 3. 8 2. 6 2. 2 1. 2 0. 4 25. 3

	County of Residence	Percent of Total
Mississippi Hospital for Restorative Care	Hinds Rankin Madison Simpson All Others	49. 0 10. 2 8. 2 2. 0 30. 6
Miss. Methodist Hospital & Rehab Center	Hinds Rankin Madison Yazoo Claiborne Copiah Simpson Warren All Others	23. 5 9. 0 2. 5 1. 8 1. 1 1. 1 0. 7 59. 2
Montfort Jones Memorial Hospital	Attala Leake Holmes Choctaw Carroll Winston Montgomery Madison All Others	82. 6 7. 7 3. 3 1. 5 1. 0 1. 0 0. 5 0. 3 2. 0
Natchez Community Hospital	Adams Louisiana Jefferson Wilkinson Franklin All Others	64. 8 20. 6 7. 7 3. 6 2. 5 0. 8
Natchez Regional Medical Center	Adams Louisiana Jefferson Wilkinson Franklin All Others	55. 1 22. 4 10. 7 4. 9 4. 2 2. 7

	County of Residence	Percent of Total
Neshoba County General Hospital	Neshoba Winston Newton Kemper Leake Attala Lauderdale Scott All Others	72. 9 6. 5 6. 3 5. 2 3. 6 0. 9 0. 9 0. 7 2. 9
Newton Regional Hospital	Newton Jasper Scott Lauderdale Clarke Neshoba Smith All Others	78. 7 10. 3 5. 3 0. 9 0. 3 0. 3 0. 3 3. 8
North Miss. Medical Center	Lee Monroe Itawamba Pontotoc Chickasaw Prentiss Union AII Others	37. 1 8. 2 7. 0 7. 0 6. 2 4. 8 3. 4 26. 4
North Miss. State Hospital	Chi ckasaw Prenti ss Lee Monroe Uni on Pontotoc All Others	6. 7 5. 3 4. 0 2. 7 2. 7 1. 3 77. 3
North Oak Regional Medical Center	Tate Panola DeSoto Marshall Tunica Lafayette All Others	64. 8 19. 3 6. 3 2. 3 1. 7 0. 6 5. 1

	County of Residence	Percent of Total
North Sunflower County Hospital	Sunflower Bolivar Coahoma Leflore Tallahatchie All Others	93. 0 2. 3 1. 2 1. 2 1. 2 1. 2
Northwest Miss. Regional Medical Center	Coahoma Qui tman Tallahatchie Bolivar Tunica Arkansas Sunflower All Others	67. 4 9. 1 6. 9 6. 1 3. 6 2. 6 0. 9 3. 4
Noxubee General Hospital	Noxubee Lowndes Kemper Neshoba Oktibbeha All Others	84. 7 8. 6 1. 8 1. 2 0. 6 3. 1
Ocean Springs Hospital	Jackson Harrison George Alabama Stone All Others	76. 8 18. 7 1. 4 0. 7 0. 5 1. 9
Okol ona County Hospi tal	Chickasaw Monroe All Others	71. 4 14. 3 14. 3
Okti bbeha County Hospi tal	Oktibbeha Winston Webster Noxubee Choctaw Clay Lowndes All Others	54. 7 11. 7 11. 4 5. 4 4. 9 4. 6 1. 9 5. 4

	County of Residence	Percent of Total
Parkview Regional Medical Center	Warren Loui si ana CI ai borne Hi nds Sharkey Yazoo I ssaquena AII Others	62. 5 11. 0 9. 7 6. 2 3. 2 1. 1 0. 2 6. 2
Parkwood Behavioral Health System	DeSoto Tennessee Marshall Tate Arkansas Tunica All Others	23. 8 10. 4 8. 6 2. 2 1. 5 1. 5 52. 0
Pearl River Hospital	Pearl River Lamar Stone Louisiana All Others	85. 1 6. 6 4. 1 0. 8 3. 3
Perry County General Hospital	Perry Greene Jones All Others	72. 7 18. 2 7. 3 1. 8
Pioneer Community Hosp of Monroe County	Monroe Lowndes Al abama Chi ckasaw Cl ay	90. 4 4. 8 2. 4 1. 2 1. 2
Pontotoc Hospi tal	Pontotoc Lee Chickasaw Union All Others	78. 7 13. 3 2. 7 1. 3 4. 0
Prentiss Regional Hospital	Jeff Davis Lawrence Marion Simpson Lamar All Others	73. 3 11. 0 4. 7 1. 0 0. 5 9. 4

	County of Residence	Percent of Total
Quitman County Hospital	Qui tman Tunica Coahoma Panola Tallahatchie All Others	72. 9 9. 3 4. 2 4. 2 3. 4 5. 9
Rankin Medical Center	Rankin Scott Hinds Simpson Leake Copiah Madison All Others	73. 6 9. 6 7. 0 2. 8 1. 8 0. 7 0. 7 3. 8
Riley Memorial Hospital	Lauderdale Alabama Newton Neshoba Kemper Clarke Jasper All Others	52. 7 11. 3 9. 2 8. 0 6. 9 3. 0 0. 8 8. 1
Ri ver Oaks Hospi tal	Rankin Hinds Madison Scott Leake Simpson Copiah Smith All Others	34. 9 25. 8 10. 2 5. 2 3. 5 2. 6 1. 7 1. 2 14. 9
Rush Foundation Hospital	Lauderdale Alabama Newton Neshoba Clarke Kemper Jasper All Others	46. 8 16. 0 10. 1 8. 2 7. 2 4. 0 0. 8 7. 0

	County of Residence	Percent of Total
St. Dominic Hospital	Hi nds Ranki n Madi son Copi ah Si mpson Yazoo Warren Cl ai borne All Others	35. 4 13. 6 12. 5 3. 0 2. 9 2. 7 1. 9 0. 3 27. 7
S. E. Lackey Memorial Hospital	Scott Jasper Smith Newton Neshoba Rankin All Others	90. 7 1. 9 1. 9 1. 2 0. 6 0. 6 3. 1
Scott Regional Hospital	Scott Rankin Leake Smith Newton Madison All Others	80. 4 10. 5 4. 7 1. 1 0. 7 0. 4 2. 2
Sharkey-Issaquena Community Hospital	Sharkey Washi ngton Issaquena Yazoo	79. 3 11. 0 8. 5 1. 2
Simpson General Hospital	Simpson Rankin Hinds Smith All Others	92. 2 2. 8 2. 2 1. 1 1. 7
Singing River Hospital	Jackson George Alabama Harrison Stone All Others	87. 7 4. 5 3. 3 1. 8 0. 1 2. 5

	County of Residence	Percent of Total
South Central Regional Medical Center	Jones Jasper Smi th Wayne Forrest Covington Perry All Others	71. 9 15. 3 4. 6 4. 3 0. 5 0. 4 0. 1 2. 7
South Miss State Hospital	Forrest Pearl River Lamar Covington Jeff Davis Marion All Others	14. 3 7. 9 6. 3 4. 8 4. 8 4. 8 57. 1
South Sunflower County Hospital	Sunflower Humphreys Washington Leflore All Others	82. 7 13. 1 2. 8 0. 9 0. 6
Southwest Miss. Regional Medical Center	Pi ke Ami te Li ncol n Wal thal I Lawrence Loui si ana All Others	69. 0 9. 2 6. 1 5. 9 4. 1 2. 4 3. 3
Tallahatchie General Hospital	Tal I ahatchi e Yal obusha	97. 7 2. 3
Ti ppah County Hospi tal	Ti ppah Benton Prenti ss Uni on Al corn Al I Others	82. 1 14. 9 1. 0 1. 0 0. 5 0. 5

	County of Residence	Percent of Total
Trace Regional Hospital	Chi ckasaw Cal houn Cl ay Webster Monroe Lee Pontotoc All Others	68. 2 16. 7 6. 1 3. 5 2. 5 1. 0 0. 5 1. 5
Tri-Lakes Med Ctr	Panola Yalobusha Quitman Tallahatchie Lafayette All Others	86. 2 5. 7 3. 6 2. 1 0. 9 1. 5
Tyler Holmes Memorial Hospital	Montgomery Carroll Choctaw Grenada All Others	67. 1 28. 3 0. 7 0. 7 3. 3
University Hospital & Clinics, Univ of MS	Hi nds Ranki n Madi son Yazoo Copi ah Si mpson Warren Cl ai borne Al I Others	31. 8 9. 0 6. 2 4. 1 3. 1 1. 9 1. 5 0. 6 41. 7
University Hospital Holmes County	Holmes Attala Carroll Humphreys Madison Yazoo All Others	91. 7 4. 1 1. 6 1. 0 0. 6 0. 3 0. 6

	County of Residence	Percent of Total
Vicksburg Medical Center	Warren Cl ai borne Hi nds Loui si ana Yazoo Sharkey I ssaquena All Others	64. 6 8. 2 6. 1 4. 1 1. 9 1. 0 0. 3 13. 8
Walthall County General Hospital	Wal thall Pi ke Mari on Loui si ana Li ncol n Lawrence All Others	74. 0 11. 2 9. 6 2. 0 0. 8 0. 4 2. 0
Wayne General Hospital	Wayne Alabama Clarke Greene Jones Perry Jasper All Others	73. 7 12. 8 4. 9 4. 9 2. 8 0. 3 0. 2 0. 5
Webster Health Services	Webster Choctaw Oktibbeha Montgomery Calhoun All Others	64. 0 17. 2 14. 8 2. 0 0. 8 1. 2
Wesley Medical Center	Forrest Lamar Marion Covington Jeff Davis Pearl River All Others	29. 6 22. 9 6. 8 6. 2 4. 2 2. 7 27. 7

Combined Four Quarter Patient Origin Study Hospital Discharges by Rank Order for Adjacent County of Residence

	County of Residence	Percent of Total
Winston Medical Center	Winston Kemper Attala Noxubee Oktibbeha Neshoba All Others	92. 4 2. 1 1. 4 1. 4 1. 4 0. 7 0. 7
Woman's Hospital at River Oaks	Rankin Hinds Madison Leake Simpson Scott Copiah Smith All Others	27. 9 26. 0 15. 6 4. 4 4. 4 3. 9 2. 0 1. 0 14. 9
Yalobusha General Hospital	Yal obusha Lafayette Tal l ahatchi e	93. 5 5. 4 1. 1

^{*}Patient Origin Study dates used in combined data include October 2 - 15, 2000, January 1 - 14, 2001, April 2 - 15, 2001, and July 2 - 15, 2001. These dates correspond with the majority of hospitals' fiscal year of October 1, 2000 - September 30, 2001. The combined four quarters represent 56 days of inpatient care.

2001 Licensed Beds by Hospital

Hospi tal	Li censed Beds	Acute Beds	Adult Psy Beds	Adol Psy Beds	Rehab Beds	Adul t CDU Beds	Adol CDU Beds
Total	13, 388	11, 932	523	170	383	340	40
Alliance Health Ctr	109	55	16	30	0	8	0
Alliance Healthcare System	40	40	0	0	0	0	0
Baptist Mem Hosp Booneville	114	114	0	0	0	0	0
Baptist Mem Hosp DeSoto, Inc.	199	169	0	0	30	0	0
Baptist Mem Hosp Golden Triangle	328	285	22	0	0	21	0
Baptist Mem Hosp North Miss.	204	199	5	0	0	0	0
Baptist Mem Hosp Union Co	153	153	0	0	0	0	0
Beacham Mem Hosp	37	37	0	0	0	0	0
Biloxi Reg Med Ctr	153	153	0	0	0	0	0
Bolivar Med Ctr	165	165	0	0	0	0	0
Brentwood Behavioral Healthcare	107	0	74	33	0	0	0
Cal houn Heal th Services	30	30	0	0	0	0	0
Central MS Med Ctr	473	444	29	0	0	0	0
Choctaw Med Ctr	17	17	0	0	0	0	0
Claiborne Co Hosp	32	32	0	0	0	0	0
Clay Co Med Ctr	60	60	0	0	0	0	0
Covington Co Hosp	82	82	0	0	0	0	0
Delta Reg Med Ctr	268	221	16	0	16	15	0
Di amond Grove Ctr	20	0	0	20	0	0	0
Field Mem Comm Hosp	66	66	0	0	0	0	0
Forrest Gen Hosp	537	429	40	16	20	24	8
Franklin Co Mem Hosp	49	36	0	0	0	13	0

2001 Licensed Beds by Hospital

Hospi tal	Li censed Beds	Acute Beds	Adult Psy Beds	Adol Psy Beds	Rehab Beds	Adult CDU Beds	Adol CDU <u>Beds</u>
Garden Park Comm Hosp	130	130	0	0	0	0	0
George Co Hosp	53	53	0	0	0	0	0
Gilmore Mem Hosp, Inc.	95	95	0	0	0	0	0
Greenwood Leflore Hosp	248	228	0	0	20	0	0
Grenada Lake Med Ctr	156	156	0	0	0	0	0
Gulf Coast Med Ctr	189	144	34	11	0	0	0
H.C. Watkins Mem Hosp, Inc.	32	32	0	0	0	0	0
Hancock Med Ctr	104	104	0	0	0	0	0
Hardy Wilson Mem Hosp	49	49	0	0	0	0	0
Humphreys Co Mem Hosp	28	28	0	0	0	0	0
luka Hospital	48	48	0	0	0	0	0
Jasper Gen Hosp	16	16	0	0	0	0	0
Jeff Anderson Reg Med Ctr	260	260	0	0	0	0	0
Jefferson Co Hosp	30	30	0	0	0	0	0
Kilmichael Hosp	19	19	0	0	0	0	0
King's Daughters Med Ctr-Brookhaven	122	122	0	0	0	0	0
King's Daughters Hosp Greenville	137	137	0	0	0	0	0
King's Daughters Hosp Yazoo City	88	81	0	0	0	7	0
L.O. Crosby Mem Hosp	95	95	0	0	0	0	0
Laird Hosp	50	50	0	0	0	0	0
Lawrence Co Hosp	53	53	0	0	0	0	0
Leake Mem Hosp	42	42	0	0	0	0	0
Madison Co Med Ctr	67	67	0	0	0	0	0

2001 Licensed Beds by Hospital

Hospi tal	Li censed Beds	Acute Beds	Adult Psy Beds	Adol Psy Beds	Rehab Beds	Adult CDU Beds	Adol CDU Beds
Magee Gen Hosp	64	64	0	0	0	0	0
Magnolia Reg Health Center	164	145	19	0	0	0	0
Marion Gen Hosp	79	79	0	0	0	0	0
Mem Hosp at Gulfport	445	303	59	30	33	20	0
Miss. Baptist Med Ctr	632	519	0	0	0	93	20
MS Hosp for Rest Care	25	25	0	0	0	0	0
Montfort Jones Mem Hosp	72	72	0	0	0	0	0
Miss. Meth Hosp & Rehab Ctr	124	0	0	0	124	0	0
Natchez Community Hospital	101	101	0	0	0	0	0
Natchez Reg Med Ctr	205	185	0	0	20	0	0
Neshoba Co Gen Hosp	82	82	0	0	0	0	0
Newton Regional Hospital	49	49	0	0	0	0	0
North Miss Med Ctr	650	554	33	0	30	33	0
North Oak Reg Med Center	76	76	0	0	0	0	0
North Sunflower Co Hosp	44	36	0	0	0	8	0
Northwest MS Reg Med Ctr	175	175	0	0	0	0	0
Noxubee Gen Hosp	49	49	0	0	0	0	0
Ocean Springs Hosp	124	124	0	0	0	0	0
Okolona Comm Hosp	10	10	0	0	0	0	0
Okti bbeha Co Hosp	96	96	0	0	0	O 7	0
Parkwood BHS Olive Branch	66	0	22	30	0	14	0
Pearl River Hosp	24	24	0	0	0	0	0
Perry Co Gen Hosp	22	22	0	0	0	0	0

2001 Licensed Beds by Hospital

Hospi tal	Li censed Beds	Acute Beds	Adult Psy Beds	Adol Psy Beds	Rehab Beds	Adul t CDU Beds	Adol CDU Beds
Pioneer Community Hosp of Monroe Co		49	0	0	0	0	0
Pontotoc Hospi tal	58	58	0	0	0	0	0
Prentiss Reg Hosp	41	41	0	0	0	0	0
Quitman Co Hosp	36	36	0	0	0	0	0
Raleigh Comm Hosp	15	15	0	0	0	0	0
Rankin Med Ctr	134	134	0	0	0	0	0
Riley Mem Hosp	180	160	0	0	20	0	0
Ri ver Oaks Hosp	110	110	0	0	0	0	0
River Region Health System	354	269	20	0	25	28	12
Rush Foundation Hosp	215	215	0	0	0	0	0
S. E. Lackey Mem Hosp	25	25	0	0	0	0	0
Scott Regional Hospital	30	30	0	0	0	0	0
Select Specialty Hosp Biloxi	42	42	0	0	0	0	0
Select Specialty Hosp Gulfport	38	38	0	0	0	0	0
Sharkey-Issaquena Comm Hosp	29	29	0	0	0	0	0
Simpson Gen Hosp	49	49	0	0	0	0	0
Singing River Hosp	427	386	30	0	0	11	0
South Central Reg Med Ctr	285	275	0	0	0	10	0
South Sunflower Co Hosp	69	69	0	0	0	0	0
Southwest Miss. Reg Med Ctr	160	140	0	0	20	0	0
Special ty Hosp of Meridian	49	49	0	0	0	0	0
St. Dominic Hospital	571	453	83	0	0	35	0
Tallahatchie Gen Hosp & ECF	9	9	0	0	0	0	0

2001 Licensed Beds by Hospital

Hospi tal	Li censed Beds	Acute Beds	Adult Psy Beds	Adol Psy Beds	Rehab Beds	Adul t CDU Beds	Adol CDU Beds
Ti ppah Co Hosp	70	70	0	0	0	0	0
Trace Reg Hosp	84	84	0	0	0	0	0
Tri Lakes Med Ctr	70	70	0	0	0	0	0
Tyler Holmes Mem Hosp	49	49	0	0	0	0	0
Univ Hosp & Clinics	710	664	21	0	25	0	0
Univ Ho Clinics Durant	29	29	0	0	0	0	0
Univ Hosp Clinics Holmes Co	84	84	0	0	0	0	0
Walthall Co Gen Hosp	49	49	0	0	0	0	0
Wayne Gen Hosp	80	80	0	0	0	0	0
Webster Health Services	43	43	0	0	0	0	0
Wesley Med Ctr	211	211	0	0	0	0	0
Winston Med Ctr	65	65	0	0	0	0	0
Woman's Hosp at River Oaks Hosp	111	111	0	0	0	0	0
Yal obusha Gen Hosp	26	26	0	0	0	0	0

Hospitals as of January 1, 2002

These are Medical-Surgical Hospitals unless otherwise specified.

Hospital, Address, Telephone Number, Fax Number, Licensed Beds, License Number, Accrediations & Certifications

Adams County

Natchez Communi ty Hospi tal 129 Jefferson Davis Blvd. P. O. Box 1203 Natchez, Mississippi 39120 David H. Ainsworth, Administrator Telephone: 601-445-6205 Fax: 601-445-6233 Licensed Beds: 101 License #12-271 Accred/Cert: 1-2-3-4

Natchez Regional Medical Center 54 Seargent S. Prentiss Drive P. O. Box 1488 Natchez, Mississippi 39120 Jack Houghton, Administrator Telephone: 601-443-2600 Fax: 601-445-0362 Licensed Beds: 205 20 Rehabilitation

Li cense #11-220 Accred/Cert: 1-2-3-4 www. natchezrmc. com

Alcorn County

Magnolia Regional Health Center
611 Alcorn Drive
Corinth, Mississippi 38834
Diane Boatman, Administrator
Telephone: 662-293-1000
Fax: 662-293-7667
Licensed Beds: 164
145 Acute
19 Adult Psychiatric Beds:
20 Geriatric Psychiatric
License #11-248
Accred/Cert: 1-2-3-4
www. mrhc.org

Attala County

Montfort Jones Memorial Hospital 220 Highway 12 West P. O. Box 887 Kosciusko, Mississippi 39090 Joseph T. Bland, Jr., Administrator Telephone: 662-289-4311 Fax: 662-289-6080 Licensed Beds: 72 11 Geriatric Psychiatric License #11-008 Accred/Cert: 2-3-4

Bolivar County

Bolivar Medical Center
901 East Sunflower Road
P. O. Box 1380
Cleveland, Mississippi 38732
Lowell S. Benton, Administrator
Telephone: 662-846-2551
Fax: 662-846-2380
Licensed Beds: 165
24 DPSNF
License #16-224
Accred/Cert: 1-2-3-4
www.bolivarmedical.com

Cal houn County

Calhoun Health Services
(Formerly Hillcrest Hospital)
140 Burke/Calhoun City Road
Calhoun City, Mississippi 38916
James P. Franklin, Administrator
Telephone: 662-628-6611
Fax: 662-628-6300
Licensed Beds: 30
9 Geriatric Psychiatric
License #11-259
Accred/Cert: 2-3-4

Chickasaw County

Okolona Community Hospital 512 Rockwell Drive P. O. Box 420 Okolona, Mississippi 38860 Brenda G. Wise, Administrator Telephone: 662-447-3311 Fax: 662-447-3856 Licensed Beds: 3 License #26-076 Accred/Cert: 2-3-4

Trace Regional Hospital
Highway 8 East
P. 0. Box 626
Houston, Mississippi 38851
Gary L. Staten, Administrator
Telephone: 662-456-1000
Fax: 662-456-5417
Licensed Beds: 84
18 Geriatric Psychiatric
License #12-296
Accred/Cert: 1-2-3-4
www.traceregional.com

Choctaw County

Choctaw County Medical Center 148 West Cherry Street P. O. Box 417
Ackerman, Mississippi 39735
David Paris, Administrator Telephone: 662-285-6235
Fax: 662-285-2744
Licensed Beds: 17
License #16-191
Accred/Cert: 2-3-4

Claiborne County

Claiborne County Hospital
123 McComb Avenue
P. O. Drawer 1004
Port Gibson, Mississippi 39150
Wanda C. Fleming, Administrator
Telephone: 601-437-5141
Fax: 601-437-5145
Licensed Beds: 32
10 Geriatric Psychiatric
License #21-276
Accred/Cert: 2-3-4

Clarke County

H. C. Watkins Memorial Hospital 605 South Archusa Avenue Quitman, Mississippi 39355 Fred A. Truesdale, Jr., Administrator Telephone: 601-776-6925 Fax: 601-776-3234 Licensed Beds: 32 License #16-282 Accred/Cert: 2-3-4 www. watkinshospital.org

Clay County

Clay County Medical Center 835 Medical Center Drive West Point Mississippi 39773 David M. Reid, Administrator Telephone: 662-495-2300 Fax: 662-495-2361 Licensed Beds: 60 License #13-312 Accred/Cert: 2-3-4

Coahoma County

Northwest Miss. Reg Med Center 1970 Hospital Drive
P. O. Box 1218
Clarksdale, Mississippi 38614
John Faulkner, Administrator
Telephone: 662-627-3211
Fax: 662-627-5440
Licensed Beds: 175
License #16-035
Accred/Cert: 1-2-3-4

Copi ah County

Hardy Wilson Memorial Hospital 233 Magnolia Street
P. O. Box 889
Hazlehurst, Mississippi 39083
John Phillips, Administrator
Telephone: 601-894-4541
Fax: 601-894-6279
Licensed Beds: 49
11 Geriatric Psychiatric
License #11-164
Accred/Cert: 2-3-4

Covington County

Covington County Hospital 701 Gerald McRaney Street P. O. Box 1149
Collins, Mississippi 39428 Irving Hitt, Administrator Telephone: 601-765-6711 Fax: 601-698-0180 Licensed Beds: 82 11 Geriatric Psychiatric License #11-181 Accred/Cert: 1-2-3-4

DeSoto County

Baptist Memorial Hospital -DeSoto 7601 Southcrest Parkway
Southaven, Mississippi 38671
Melvin E. Walker, Administrator
Telephone: 662-349-4000
Fax: 662-349-4038
Licensed Beds: 199
169 Acute
30 Rehabilitation
License #13-318
Accred/Cert: 1-2-3-4
www.bmhcc.org

Parkwood Behavi oral Health System 8135 Goodman Road
P. O. Box 766
Olive Branch Mississippi 38654
M. Andrew Mayo, Administrator
Telephone: 662-895-4900
Fax: 662-895-4403
Licensed Beds: 66
14 Adult Chemical/Dep.
22 Adult Psychiatric
30 Adolescent Psy.
License #32-316
Accred/Cert: 1-2-3-4

Forrest County

Forrest General Hospital 6051 Highway 49 South P. O. Box 16389 Hatti esburg, Mississippi 39404 William C. Oliver, Administrator Tel ephone: 601-288-7000 Fax: 601-288-3461 Li censed Beds: 537 429 Acute 40 Adult Psychiatric 16 Adol escent Psy. 24 Adult Chem/Dep. 8 Adolescent Chem/Dep. 20 Rehabilitation Li cense #11-141 Accred/Cert: 1-2-3-4 www.forrestgeneral.com

Franklin County

Franklin County Memorial Hospital Highway 84 & Union Church Road P. O. Box 636
Meadville, Mississippi 39653
Lance Moak, Administrator
Telephone: 601-384-5801
Fax: 601-384-4100
Licensed Beds: 49
36 Acute
13 Adolescent Chem/Dep.
12 Geriatric Psychiatric
License #11-175
Accred/Cert: 2-3-4

George County

George County Hospi tal 859 Winter Street P. O. Box 607 Lucedale, Mississippi 39452 Paul A. Gardner Administrator Telephone: 601-947-3161 Fax: 601-947-9206 Licensed Beds: 53 License #11-166 Accred/Cert: 2-3-4

Grenada County

Grenada Lake Medical Center 960 Avent Drive Grenada, Mississippi 38901 Charles L. "Chip" Denton, Administrator

Tel ephone: 662-227-7000

Fax: 662-227-7021 Li censed Beds: 156

14 DPSNF

Li cense #11-245

Accred/Cert: 1-2-3-4

www.glmc.net

Hancock County

Hancock Medical Center
149 Drinkwater Blvd.
P. O. Box 2790
Bay St. Louis, Mississippi 39520
Hal W. Leftwich, Administrator
Telephone: 228-467-8744
Fax: 228-467-8799
Licensed Beds: 104
License #11-214
Accred/Cert: 1-2-3-4
www. hmc. org

Harrison County

Biloxi Regional Medical Center 150 Reynoir Street P. O. Box 128 Biloxi, Mississippi 39530 Robert Hammond, Administrator Telephone: 228-436-1104 Fax: 228-436-1205 Licensed Beds: 153 8 Geri/psy Accred/Cert: 1-2-3-4 License #12-299 www.hmamississippi.com Garden Park Medical Center 15200 Community Road P.O. Box 1240 Gulfport, Mississippi 39503 William E. Peaks, Administrator Telephone: 228-575-7007 Licensed Beds: 130 12 Geriatric Psychiatric 18 DPSNF License #12-272 Accred/Cert: 1-2-3-4 www.gpmedical.com

Gulf Coast Medical Center
180 DeBuys Road
P. O. Box 4518
Biloxi, Mississippi 39531
Gary L. Stokes, Administrator
Telephone: 228-388-6711
Fax: 228-388-0358
Licensed Beds: 189
144 Acute
34 Adult Psychiatric
11 Adolescent Psy.
19 DPSNF
License #12-309
Accred/Cert: 1-2-3-4
www.gulfcoastmedicalcenter.com

Memorial Hospital at Gulfport 4500 13th Street
P. O. Box 1810
Gulfport, Mississippi 39501
James S. Kaigler, Administrator
Telephone: 228-867-4000
Fax: 228-865-3694
Licensed Beds: 445
303 Acute
89 Adult Psychiatric
20 Chem/dep.
33 Rehabilitation
License #11-028
Accred/Cert: 1-2-3-4
www.gulfportmemorial.com

Select Specialty Hosp of Biloxi 648 Beach Blvd.
Biloxi, Mississippi 39530
Henry Cranston, Administrator
Telephone: 228-374-7474
Licensed Beds 42
License # 22-326
Accred/Cert: 1-3
www.selectmedicalcorp.com

Select Specialty Hosp Of Gulfport 4500 13th Street 5th Floor Gulfport, Mississippi 39501 Henry J. Cranston, Administrator Telephone: 228-867-4820 Fax: 228-867-4830 Licensed Beds 38 License # 22-326 Accred/Cert 1 www. selectmedicalcorp.com

Hinds County

Central Miss. Medical Center
1850 Chadwick Drive
P. 0. Box 59001
Jackson, Mississippi 39204
John R. Finnegan, Administrator
Telephone: 601-376-1000
Fax: 601-376-2821
Licensed Beds: 473
444 Acute
29 Adult Psychiatric
License #16-240
Accred/Cert: 1-2-3-4

Mississippi Baptist Medical Center 1225 North State Street P. O. Box 23668
Jackson, Mississippi 39202
C. Gerald Cotton, Administrator Telephone: 601-968-1000
Licensed Beds: 632
519 Acute
93 Adult Chemical/Dep.
20 Adolescent Chem/Dep.
12 Geriatric Psychiatric
License #14-281
Accred/Cert: 1-2-3-4
www. mbmc. org

Miss. Hospital for Restorative Care 1225 North State Street, Suite 5 D P.O. Box 23695
Jackson, Mississippi 39202
Sallye M. Wilcox, RN, Ph.D., Administrator
Telephone: 601-973-1661
Fax: 601-973-1665
Licensed Beds: 25
Long-term acute care
License #23-319

Accred/Cert: 1-2-3-4

Miss Methodist Rehabilitation Ctr 1350 East Woodrow Wilson Drive Jackson, Mississippi 39216 Mark A. Adams, Administrator Telephone: 601-364-3365 Fax: 601-364-3465 Licensed Beds: 124 Rehabilitation License #43-278 Accred/Cert: 1-2-3-4 www.mmrcrehab.org

St Dominic Jackson Memorial Hospital 969 Lakeland Drive
Jackson, Mississippi 39216
Claude W. Harbarger, Administrator
Telephone: 601-364-6848
Fax: 601-364-6800
Licensed Beds: 571
453 Acute
83 Adult Psychiatric
35 Adult Chemical/Dep.
34 DPSNF
License #14-031
Accred/Cert: 1-2-3-4
www. stdom.com

Uni versity of Miss. Medical Center 2500 North State Street
Jackson, Mississippi 39216
Frederick D. Woodrell, Administrator Telephone: 601-984-4100
Fax: 601-984-4125
Licensed Beds: 710
664 Acute
21 Adult Psychiatric
25 Rehabilitation
License #11-199
Accred/Cert: 1-2-3-4
www. umc. edu

Holmes County

University Hospitals & Clinics Holmes County
239 Bowling Green Road
Lexington, Mississippi 39095
Thomas G. Honaker, III,
Administrator
Telephone: 662-834-1321
Fax: 662-834-4126
Licensed Beds: 84
License #11-199S-2
Accred/Cert: 1-2-3-4

University Hospitals and Clinics Durant
713 Northwest Avenue
Durant, Mississippi 39063
Thomas G. Honaker, III,
Administrator
Telephone: 662-653-3081
Fax: 662-653-3296
Licensed Beds: 29
License #11-199Accred/Cert: 1-2-3-4

Humphreys County

Humphreys County Memorial Hospital 500 CCC Road
P. O. Box 510
Bel zoni, Mississippi 39038
Debra L. Griffin, Administrator
Telephone: 662-247-3831
Fax: 662-247-4114
Limited to minor surgery and medicine
Licensed Beds: 28
16 Geriatric Psychiatric
License #21-169
Accred/Cert: 2-3-4

Jackson County

Ocean Springs Hospital
3109 Bienville Blvd.
Ocean Springs, Mississippi 39564
Dwight L. Rimes, Administrator
Telephone: 228-818-1195
Fax: 228-818-2154
Satellite unit of Singing River
Hospital
Licensed Beds: 124
License #11-039
Accred/Cert: 1-2-3-4
www.srhshealth.com

Singing River Hospital
2809 Denny Avenue
Pascagoula, Mississippi 39581
Lynn Truelove, Administrator
Telephone: 228-809-5000
Fax: 228-809-5064
Licensed Beds: 427
386 Acute
30 Adult Psychiatric
11 Adult Chemical/Dep.
16 DPSNF
License #11-039
Accred/Cert: 1-2-3-4
www. srhsheal th. com

Jasper County

Jasper General Hospi tal 15 South 6th. Street P. O. Box 527 Bay Springs, Mississippi 39422 Kenneth Posey, Administrator Telephone: 601-764-2101 Fax: 601-764-2930 Licensed Beds: 16 License #11-226 Accred/Cert: 2-3-4

Jefferson County

Jefferson County Hospi tal 809 South Main Street P.O. Box 577 Fayette, Mississippi 39069 Jerry L. Kennedy, Administrator Telephone: 601-786-3401 Fax: 601-786-3400 Licensed Beds: 30 18 Geriatric Psychiatric License #21-238 Accred/Cert: 2-3-4

Jefferson Davis County

Prenti ss Regional Hospital 1102 Rose Street P. O. Box 1288 Prenti ss, Missi ssi ppi 39474 Mike Boleware, Administrator Telephone: 601-792-4276 Fax: 601-792-2947 Licensed Beds: 41 14 Geriatric Psychiatric License #16-179 Accred/Cert: 2-3-4

Jones County

South Central Regional Medical Ctr 1220 Jefferson Street P. O. Box 607 Laurel, Mississippi 39441 G. Douglas Higginbotham, Administrator Tel ephone: 601-426-4507 Fax: 601-426-4228 Li censed Beds: 285 275 Acute 10 Adult Chemical/Dep. 18 Geriatric Psychiatric 17 DPSNF Li cense #11-153 Accred/Cert: 1-2-3-4 www.scrmc.com

Lafayette County

Baptist Memorial Hospital North Mississippi 2301 South Lamar Blvd.
P. O. Box 946
Oxford Mississippi 38655
Jim Vandersteeg, Administrator Telephone: 662-232-8100
Fax: 662-232-8391
Licensed Beds: 204
199 Acute
5 Adult Psychiatric
14 DPSNF
License #16-228
Accred/Cert: 1-2-3-4
www. bmhcc. org

Lamar County

South Miss State Hospital 823 Highway 589 Purvis, Mississippi 39475 Wynona Winfield, Administrator Telephone: 601-794-0100 Licensed Beds: 50 Psychiatric Licensed #31-329

Wesley Medical Center
5001 West Hardy Street
P. 0. Box 16509
Hattiesburg, Mississippi 39402
Diane P. Reidy, Administrator
Telephone: 601-268-8000
Fax: 601-268-5008
Licensed Beds: 211
24 DPSNF
License #12-023
Accred/Cert: 1-2-3-4
www. wesley. com

Lauderdal e County

Alliance Health Center
(Formerly Laurel Wood Center, Inc.)
5000 Highway 39 North
Meridian, Mississippi 39301
Gregory Z. Cantrell, Administrator
Telephone: 601-483-6211
Fax: 601-482-3207
Licensed Beds: 109
55 Acute
46 Adult Psychiatric
8 Adult Chemical/Dep.
License #12-308
Accred/Cert: 1-2-3-4

East Mississippi State Hospital
4555 Highland Park Drive
P. O. Box 4128
Meridian, Mississippi 39304
Ramiro Martinez, M.D., Administrator
Telephone: 601-482-6186
Fax: 601-483-5543
Licensed Beds: 407
332 Adult Psy.
40 Adolescent Psy.
25 Adult Chemical/Dep.
10 Adolescent Chem/Dep.
License #31-136
Accred/Cert: 2-3-4
www.emsh.state.ms.us

Jeff Anderson Regional Medical Ctr 2124 14th Street Meridian, Mississippi 39301 Mark D. McPhail, Administrator Tel ephone: 601-553-6000

Fax: 601-553-6449 Li censed Beds: 260 Li cense #13-237

Accred/Cert: 1-2-3-4 www. andersonhospi tal

Riley Memorial Hospital 1102 Constitution Avenue P. O. Box 1810 Meridian, Mississippi 39301 Steve Nichols, Administrator Tel ephone: 601-484-3590 Li censed Beds: 180 20 Rehab Li cense #12-249 Accred/Cert: 1-2-3-4 www.rileyhosp.com

Rush Foundation Hospital 1314 19th Avenue Meridian, Mississippi 39301 Dan Harrison, Administrator Tel ephone: 601-483-0011 Fax: 601-486-4341 Li censed Beds: Li cense #13-059

Accred/Cert: 1-2-3-4

Specialty Hospital of Meridian 1314 19th Avenue Meridian, Mississippi 39301 Annette Drennan, Administrator Tel ephone: 601-703-4274 Fax: 601-703-4294 Li censed Beds: 49 Li cense #23-324 Accred/Cert: 2-3-4

Lawrence County

Lawrence County Hospital 1065 Highway 84 East P. O. Box 788 Monticello, Mississippi Semmes Ross, Jr., Administrator Tel ephone: 601-587-4051 Fax: 601-587-0306 Li censed Beds: 53 10 Geriatric Psychiatric Li cense #11-222 Accred/Cert: 2-3-4

Leake County

Leake Memorial Hospital 310 Ellis Street P. O. Box 557 Carthage, Mississippi 39051 Morris M. Bradley II, Administrator Tel ephone: 601-267-1100 Fax: 601-267-1192 Li censed Beds: 42 18 Geriatric Psychiatric Li cense #16-187 Accred/Cert: 2-3-4

Lee County

North Mississippi Medical Center 830 South Gloster Tupelo, Mississippi 38801 Robert Otwell, Administrator Tel ephone: 662-841-3978 Fax: 662-841-3990 Li censed Beds: 650 554 Acute 33 Adult Psychiatric 20 Adult Chemical/Dep. 13 Adolescent Chem/Dep. 30 Rehabilitation 20 Geriatric Psychiatric Li cense #13-063 Accred/Cert: 1-2-3-4

www.nmhs.net

North Mississippi State Hospital 1937 Briar Ridge Road Tupelo, Mississippi 38804 Paul A. Callens, Administrator Telephone: 662-690-4200 Fax: 662-690-4227 Licensed Beds: 67 License #31-328 Accred/Cert 1

Leflore County

Greenwood Leflore Hospital
1401 River Road
P. O. Box 1410
Greenwood Mississippi 38930
Robert C. Barrett, Administrator
Telephone: 662-459-2604
Fax: 662-459-2719
Licensed Beds: 248
20 Rehabilitation
20 DPSNF
License #11-065
Accred/Cert: 1-2-3-4

Lincoln County

King's Daughters Medical Center 427 Highway 51 North
P. O. Box 948
Brookhaven, Mississippi 39601
Phillip L. Grady, Administrator
Telephone: 601-833-6011
Fax: 601-833-2791
Licensed Beds: 122
14 DPSNF
License #16-235
Accred/Cert: 1-2-3-4
www. kdmc. org

Lowndes County

Baptist Mem. Hosp Golden Triangle 2520 5th Street North
P. O. Box 1307
Columbus, Mississippi 39705
Dean A. Griffin, Administrator
Telephone: 662-244-1500
Fax: 662-244-1651
Licensed Beds: 328
285 Acute
22 Adult Psychiatric
21 Adult Chem/Dep.
23 DPSNF
License #16-253
Accred/Cert: 1-2-3-4
www. bmbcc. org

Madi son County

Madi son County Medi cal Center
Hi ghway 16 East
P. O. Box 1607
Canton, Mi ssi ssi ppi 39046
H. L. Rai ner, Jr., Admi ni strator
Tel ephone: 601-859-1331
Fax: 601-859-5100
Li censed Beds: 67
12 Geri atri c Psychi atri c
Li cense #11-243
Accred/Cert: 2-3-4

Marion County

Mari on General Hospi tal 1560 Sumrall Road P. O. Box 630 Columbia, Mississippi 39429 Jerry Howell, Administrator Telephone: 601-736-6303 Fax: 601-740-2244 Licensed Beds: 79 License #11-167 Accred/Cert: 2-3-4

Marshall County

Alliance Healthcare System
1430 Highway 4 East
P.O. Box 6000
Holly Springs, Mississippi 38635
Perry E. Williams, Sr, Administrator
Telephone: 662-252-1212
Fax: 662-551-3421
Licensed Beds: 40
20 Geriatric Psychiatric
License #16-252
Accred/Cert: 2-3-4

Monroe County

Gilmore Memorial Hospital
1105 Earl Frye Blvd.
P. O. Box 459
Amory, Mississippi 38821
Robert F. Letson, Administrator
Telephone: 662-256-7111
Fax: 662-256-3133
Licensed Beds: 95
16 DPSNF
License #13-074
Accred/Cert: 1-2-3-4
www.gilmorehealth.com

Pioneer Comm Hosp of Monroe Co. (Formerly Aberdeen-Monroe Co Hosp) 400 South Chestnut Street
P. O. Box 548
Aberdeen, Mississippi 39730
William Magee, Administrator
Telephone: 662-369-2455
Fax: 662-369-7998
Licensed Beds: 25
10 Geriatric Psychiatric
License #16-230
Accred/Cert: 2-3-4
www.pchaberdeen.com

Montgomery County

Kilmichael Hospital
301 Lamar Street
P.O. Box 188
Kilmichael, Mississippi 39747
Calvin D. Johnson, Administrator
Telephone: 662-262-4311
Fax: 662-262-5586
Limited to OB, minor surgery and medicine
Licensed Beds: 19
License #21-183
Accred/Cert: 2-3-4

Tyler Holmes Memorial Hospital 409 Tyler Holmes Drive Winona, Mississippi 38967 Gregory S. Mullen, Administrator Telephone: 662-283-4114 Fax: 662-283-4640 Licensed Beds: 49 10 Geriatric Psychiatric License #11-209 Accred/Cert: 2-3-4

Nesoba County

Neshoba County General Hospital 1001 Holland Avenue
P. O. Box 648
Philadelphia, Mississippi 39350
Lawrence C. Graeber, Administrator
Telephone: 601-653-1200
Fax: 601-663-1497
Licensed Beds: 82
10 Geriatric Psychiatric
License #11-227
Accred/Cert: 2-3-4

Newton County

Laird Hospital
25117 Highway 15
Union, Mississippi 39365
Harry M. Baker, Administrator
Telephone: 601-774-8214
Fax: 601-774-8379
Licensed Beds: 50
License #12-310
Accred/Cert: 2-3-4

Newton Regional Hospital
208 South Main Street
P. O. Box 299
Newton, Mississippi 39345
Timothy W. Thomas, Administrator
Telephone: 601-683-2031
Fax: 601-683-6963
Licensed Beds: 49
12 Geriatric Psychiatric
License #16-321
Accred/Cert: 2-3-4

Noxubee County

Noxubee General Hospital 606 North Jefferson Street P. O. Box 480 Macon, Mississippi 39341 Arthur M. Nester, Administrator Telephone: 662-726-4231 Fax: 662-726-5784 Licensed Beds: 49 10 Geriatric Psychiatric License #11-081 Accred/Cert: 2-3-4

Oktibbeha County

Okti bbeha County Hospi tal
400 Hospi tal Road
P. O. Drawer 1506
Starkville, Mississippi 39759
Arthur C. Kelly, Administrator
Telephone: 662-323-4320
Fax: 662-338-3345
Licensed Beds: 96
License #11-269
Accred/Cert: 1-2-3-4
www. och. org

Panol a County

Tri-Lakes Medical Center
(Formerly South Panola Comm Hosp)
303 Medical Center Drive
Batesville, Mississippi 38606
Richard W. Manning, Administrator
Telephone: 662-563-5611
Fax: 662-563-0155
Licensed Beds: 70
License #11-287
Accred/Cert: 2-3-4

Pearl River County

L. O. Crosby Memorial Hospital 801 Goodyear Blvd.
P. O. Box 909
Picayune, Mississippi 39466
Steve Grimm, Administrator
Telephone: 601-798-4711
Fax: 601-798-3187
Licensed Beds: 95
License #12-086
Accred/Cert: 2-3-4

Pearl River County Hospital 305 West Moody Street P. O. Box 392
Poplarville, Mississippi 39470
Dorothy C. Bilbo, Administrator Telephone: 601-795-4543
Fax: 601-795-4238
Licensed Beds: 24
License #21-087
Accred/Cert: 2-3-4

Perry County

Perry County General Hospital 206 Bay Street
P. O. Box 1665
Richton Mississippi 39476
Michael C. Lake, Administrator
Telephone: 601-788-6316
Fax: 601-788-2216
Licensed Beds: 22
License #21-234
Accred/Cert: 2-3-4

Pike County

Beacham Memorial Hospital 203 North Cherry Street P. O. Box 351 Magnolia, Mississippi 39652 Marilyn Speed, Administrator Telephone: 601-783-2351 Fax: 601-783-9003 Licensed Beds: 37 License #16-275 Accred/Cert: 2-3-4

Southwest Miss. Regional Med Ctr 215 Marion Avenue P. O. Box 1307 McComb, Mississippi 39648 Norman M. Price, Administrator Telephone: 601-249-5500

Fax: 601-249-1700 Li censed Beds: 160

20 Rehab

Li cense #11-251

Accred/Cert: 1-2-3-4

Pontotoc County

Pontotoc Hospi tal 176 South Main Street P. O. Box 790 Pontotoc, Mississippi 38863-0790 Fred B. Hood, Administrator Telephone: 662-489-5510 Fax: 662-488-7675 Licensed Beds: 58 10 DPSNF License #16-091 Accred/Cert: 1-2-3-4

Prentiss County

Baptist Memorial Hospital Booneville 100 Hospital Street Booneville, Mississippi 38829 Al Sypniewski, Administrator Telephone: 662-720-5000 Fax: 662-720-5005 Licensed Beds: 114 15 Geriatric Psychiatric License #16-161 Accred/Cert: 1-2-3-4

www. bmhcc. org

Quitman County

Qui tman County Hospi tal 340 Getwell Drive Marks, Mississippi 38646 Richard E. Waller, M.D., Administrator Telephone: 662-326-8031 Fax: 662-326-8560 Licensed Beds: 36 10 Geriatric Psychiatric License #16-291 Accred/Cert: 2-3-4

Rankin County

Brentwood Behavi oral Heal thcare
Of Miss.
3531 East Lakel and Drive
Jackson, Mississippi 39232
Doyle Kennedy, Interim Administrator
Telephone: 601-936-2034
Fax: 601-936-7827
Licensed Beds: 107
License #32-330
Accred/Cert: 1-2-3-4

Mi ssi ssi ppi State Hospi tal 3550 Hi ghway 468 West P. O. Box 157A Whi tfi el d, Mi ssi ssi ppi 39193 James G. Chastain, Administrator Tel ephone: 601-351-8000 Fax: 601-939-0647 Li censed Beds: 1,479 1,347 Psychi atri c 132 Adul t Chemi cal /Dep. Li cense #31-139 Accred/Cert: 2-4

Oak Circle Center
3550 Highway 468 West
Whitfield, Mississippi 39193
James G. Chastain, Administrator
Telephone: 601-351-8000
Fax: 601-939-0647
Licensed Beds: 60
Adolescent Psychiatric
License #31-320
Accred/Cert: 1-2-3
www.msh.state.ms.us

Rankin Medical Center
350 Crossgates Blvd.
Brandon, Mississippi 39042
John M. Chamberlain, Administrator
Telephone: 601-825-2811
Fax: 601-825-8530
Licensed Beds: 134
14 Geriatric Psychiatric
License #16-250
Accred/Cert: 1-2-3-4

Ri ver Oaks Hospi tal 1030 Ri ver Oaks Dri ve P. O. Box 5100 Jackson, Mi ssi ssi ppi 39208 John J. Cleary, Administrator Telephone: 601-936-2390 Fax: 601-936-2275 Li censed Beds: 110 Li cense #12-297 Accred/Cert: 1-2-3-4 www. ri veroakshospi tal. org

Whitfield Medical/Surgical Hospital Building 60, Oak Circle
Whitfield, Mississippi 39193
Diana S. Mikula, Administrator
Telephone: 601-351-8023
Fax: 601-351-8031
Licensed Beds: 43
32 Acute
11 Psychiatric
License #11-298
Accred/Cert: 1-2-3-4

Woman's Hospital at River Oaks 1026 North Flowood Drive P. O. Box 4546 Flowood, Mississippi 39208 John J. Cleary, Administrator Telephone: 601-933-6401 Fax: 601-936-3086 Licensed Beds: 111 License #12-300 Accred/Cert: 1-2-3

Scott County

S. E. Lackey Critical Access Hospital 330 North Broad Street
P. O. Box 428
Forest, Mississippi 39074
Donna Riser, Administrator
Telephone: 601-469-4151
Fax: 601-469-3681
Licensed Beds: 25
License #16-033
Accred/Cert: 2-3-4

Scott Regional Hospital 317 Highway 13 South P.O. Box 259 Morton, Mississippi 39117 Michael R. Edwards, Administrator Telephone: 601-732-6301 Fax: 601-732-8790 Licensed Beds: 30 License #16-306 Accred/Cert: 2-3-4

Sharkey County

Sharkey-Issaquena Community Hospital 108 South Fourth Street
P. O. Box 339
Rolling Fork, Mississippi 39159
Winfred Wilkinson, Administrator
Telephone: 662-873-4395
Fax: 662-873-2089
Licensed Beds: 29
10 Geriatric Psychiatric
License #21-172
Accred/Cert: 2-3-4

Simpson County

Magee General Hospi tal 300 Third Avenue S.E. Magee, Mississippi 39111 Althea H. Crumpton, Administrator Telephone: 601-849-5070 Fax: 601-849-7397 Licensed Beds: 64 8 Geriatric Psychiatric License #16-274 Accred/Cert: 2-3-4

Simpson General Hospital
1842 Simpson, Highway 149
P.O. Box 457
Mendenhall, Mississippi 39114
Wayne Harris, Administrator
Telephone: 601-847-2221
Fax: 601-847-5872
Licensed Beds: 49
11 Geriatric Psychiatric
License #11-216
Accred/Cert: 2-3-4

Smith County

Raleigh Community Hospital 347 Magnolia Drive P. O. Box 217 Raleigh, MS 39153 Skip Murphy, Administrator Tel ephone: 601-782-4203 Li censed Beds: 15 Li cense # 16-255

Stone County

Stone County Hospital 1434 East Central Avenue P. O. Box 97 Wiggins, Mississippi 39577 Doug Johnson, Administrator Tel ephone: 601-928-6600 Fax: 601-928-6658 Li censed Beds: 25 Li cense # 12-280

Sunflower County

North Sunflower County Hospital 840 North Oak Avenue P. O. Box 369 Ruleville, Mississippi 38771 Joseph Hammond III, Administrator Tel ephone: 662-756-2711 Fax: 662-756-4114 Li censed Beds: 44 8 Adult Chemical/Dep. 11 Geriatric Psychiatric Li cense #11-168 Accred/Cert: 2-3-4

South Sunflower County Hospital 121 East Baker Street Indianola, Mississippi 38751 H. J. Blessitt, Administrator Tel ephone: 662-887-5235 Fax: 662-887-4111 Li censed Beds: 69 Li cense #11-102 Accred/Cert: 1-2-3-4

Tallahatchie County

Tallahatchie General Hospital 201 South Market Street P. O. Box 230 Charleston, Mississippi 38921 Bobby J. Brunson Jr., Administrator Tel ephone: 662-647-5535 Fax: 662-647-3677 Li censed Beds: 9 Li cense #11-211 Accred/Cert: 2-3-4

Tate County

North Oak Regional Medical Center 401 Getwell Drive P. O. Box 648 Senatobia, Mississippi 38668 James D. Tesar, Administrator Tel ephone: 662-562-3100 Fax: 662-562-6295 Li censed Beds: 76 12 Geriatric Psychiatric Li cense #16-286 Accred/Cert: 1-2-3-4

Tippah County

Tippah County Hospital 1005 City Avenue North P. O. Box 499 Ripley, Mississippi 38663 Jerry Green, Administrator Tel ephone: 662-837-9221 Fax: 662-837-2110 Li censed Beds: Li cense #11-159 Accred/Cert: 1-2-3-4

Ti shomi ngo County

Tuka Hospital 1777 Curtis Drive P. O. Box 860 Tuka, Mississippi 38852 James R. Carter, Jr. Administrator Tel ephone: 662-423-6051 Fax: 662-426-4515 Li censed Beds: Li cense #13-221 Accred/Cert: 1-2-3-4 www.nmhs.net

Uni on County

Baptist Memorial Hosp. - Union County 200 Highway 30 West New Albany, Mississippi 38652 Zach Chandler, Administrator Telephone: 662-538-7631 Fax: 662-538-7591 Licensed Beds: 153

12 DPSNF

Li cense #16-239 Accred/Cert: 1-2-3-4

Walthall County

Walthall County General Hospital 100 Hospital Drive
Tylertown, Mississippi 39667
Jimmy Graves, Administrator
Telephone: 601-876-0400
Fax: 601-876-0432
Licensed Beds: 49
10 Geriatric Psychiatric
License #11-257
Accred/Cert: 2-3-4

Warren County

Ri ver Regi on Heal th System
1111 North Frontage Road
P. O. Box 590
Vi cksburg, Mi ssi ssi ppi 39183
Phillip Clendenin, Administrator
Telephone: 601-631-2131
Fax: 601-631-2124
Li censed Beds: 354
269 Acute
20 Adult Psychiatric
40 Chem/Dep.
40 Geriatric Psychiatric
25 Rehab
Li cense #12-327
Accred/Cert: 1-2-3-4

Washington County

Delta Regional Medical Center 1400 East Union Street P. O. Box 5247 Greenville, Mississippi 38703 Ray Humphreys, Administrator Tel ephone: 662-334-2169 Fax: 662-334-2189 Li censed Beds: 268 221 Acute 16 Adult Psychiatric 15 Adult Chemical/Dep. 16 Adult Rehabilitation Li cense #11-189 Accred/Cert: 1-2-3-4 www. del taregi onal . com

King's Daughters Hospi tal 300 South Washington Avenue P. O. Box 1857 Greenville, Mississippi 3870′ James D. Baker, Administrator Telephone: 662-378-2020 Fax: 662-378-4430 Licensed Beds: 137 11 DP/SNF License #12-114 Accred/Cert: 1-2-3-4

Wayne County

Wayne General Hospital 950 Matthew Drive P. O. Box 1249 Waynesboro, Mississippi 39367 Donald Hemeter, Administrator Telephone: 601-735-5151 Fax: 601-735-7168 Licensed Beds: 80 License #11-288 Accred/Cert: 2-3-4 wgh@waynegeneralhospital.org

Webster County

Webster Heal th Services
500 Veterans Memorial Blvd.
Eupora, Mississippi 39744
Harold H. Whitaker, Administrator
Telephone: 662-258-6221
Fax: 662-258-9291
Licensed Beds: 43
License #16-225
Accred/Cert: 1-2-3-4

Wilkinson County

Field Memorial Community Hospital 270 Main Street
P. O. Box 639
Centreville, Mississippi 39631
Brock A. Slabach, Administrator
Telephone: 601-645-5221
Fax: 601-645-5842
Licensed Beds: 66
License #11-121
Accred/Cert: 1-2-3-4

Winston County

Di amond Grove Center
2311 Hi ghway 15 South
P. O. Box 848
Louisville, Mississippi 39339
Patrick Swoopes, Administrator
Telephone: 662-779-0119
Fax: 662-779-0126
Licensed Beds: 20
Psychiatric
License #36-325
Accred/Cert: 1-4

Winston County Medical Center 562 East Main P. O. Box 967
Louisville, Mississippi 39339
W. Dale Saulters, Administrator Telephone: 662-773-6211
Fax: 662-773-6223
Licensed Beds: 65
14 Geriatric Psychiatric
License #16-208
Accred/Cert: 2-3-4
www. winstonmedical.org

Yalobusha County

Yalobusha General Hospital 630 South Main Street P. O. Box 728 Water Valley Mississippi 38965 Terry Varner, Administrator Telephone: 662-473-1411 Fax: 662-473-4922 Licensed Beds: 26 License #11-223 Accred/Cert: 2-3-4

Yazoo County

King's Daughters Hospital 823 Grand Avenue Yazoo City, Mississippi 39194 Noel W. Hart, Administrator Telephone: 662-746-2261 Fax: 662-746-4839 Licensed Beds: 88 7 Chemical Dependency 13 Geriatric Psychiatric License #16-203 Accred/Cert: 2-3-4

Hospital License Numbers

First Digit	Type of Hospi tal
1	General Medical/Surgical
2	Limited Services (As limited by hospital licensing agency)
3	Psychiatric and/or Chemical Dependency
4	Medical Specialty (Rehabilitation or other medical specialty)
Second Digit	Ownershi p
1	Public Ownership (state or local government)
2	Proprietary (for-profit single entrepreneur, partnership or corporation)
3	Not-for-profit corporation or association
4	Church affiliation
5	Industrial
6	Public ownership (state or local government - leased to another entity for operation of hospital)
Third Digit	Digits (At right of hyphen)
	Registration or application number
Accreditations and	Certi fi cati ons
1	Accredited by JCAH
2	Blue Cross participating
3	Medicare participating
4	Medicaid participating

MISSISSIPPI STATE DEPARTMENT OF HEALTH Division of Licensure and Certification

American Hospital	Association		Application for RENEWAL OF HOSPITAL LICENSE
ANNUAL SURVEY C	OF HOSPITALS	AND	For Calendar Year 2002
FOR FY	2001		and FY 2000 ANNUAL HOSPITAL REPORT
IN CONJUNCTION WITH:	Jackson, Mississippi Mississippi Hospital	re & Certific 3 North State i 39215-1700 I Association	ation Street License No. Limitation, if any Fee Received: Ck. #
A. NAME OF HOSPIT			
ADDRESS: Stree	et		and P. O. Box No Zi p Pho. # Fax #
Ci ty	County	, MS,	Zi p Pho. #
Internet or Ho	omepage Address: <u>http:</u>	.//	ΓΔΧ #
ADMI NI STRATOR			
7.5 5			
If there are any License Renewal a	questions about info and Annual Survey Repo	rmation provi ort, who shou	ded in this Application for Id be contacted?
			()
Name		Ti tle	Area Code Telephone Number
<u> </u>	PLEASE REFER TO THE IN		
B. <u>REPORTI NG PERI</u>	<u>OD</u>		
Report data fo September 30,	or a full 12-month per 2001 (365 days).	ri od, prefera	bly, October 1, 2000, through
1. Indicate pe	eriod used: Beginning Number of	g date: f days open d	Ending date: uring reporting period:
2. Was the hos		or 12 full mo	nths at the end of the reporting pe
3. What is the	beginning date of the	ne hospital's	current fiscal year?
MON	ITH DAY	YEAR	Fiscal Year

C. <u>OPERATIONS</u>

Please use the codes provided below for your responses to this section.

b. What is the name of the legal entity that owns, and has titl the land and physical plant of the hospital? Name of Own Address:		<u>Government - Non-Federal Invest</u>	<u>or-owned, For Profit</u>
21 - Church Operated 22 - Corporation, Not-for-Profit 46 - Other Federal 22 - Corporation, Not-for-Profit 47 - PHS Indian Service 23 - Other, Not-for-Profit 47 - PHS Indian Service 1. OWNERSHIP a. Indicate the ownership code of the hospital: (See instructions, C, b. What is the name of the legal entity that owns, and has titl the land and physical plant of the hospital? Name of Owned the legal entity that owns, and has titl Name of Owned Street/ City State (Example: A county-owned hospital is described thus: Owned the of Attala, Mississispipi, c/o Board of Supervisors, Kosciusko, Mississippi) 2. CONTROL a. Indicate the governing authority (controlling organization) code the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Counted Attala is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississippi) b. What is the name of the governing authority (controlling organization that is responsible for establishing POLICY concerning overall of the hospital property of the hospital? Name of Governing Authority for the Owner(S) of the hospital property of the hospital from the Owner(S) of the hospital property of the hospital from the Owner(S) of the hospital property of the hospital from the Owner(S) of the hospital attach one copy. d. Does the hospital itself own or lease other corporation(s)? Yes If yes, check the appropriate box and provide the name of the corporation(s). The hospital: [] OWNS [] LEASES		13 - County 14 - City 15 - City-County	32 - Partnershi p 33 - Corporati on
21 - Church Operated 22 - Corporation, Not-for-Profit 23 - Other, Not-for-Profit 47 - PHS Indian Service 23 - Other, Not-for-Profit 47 - PHS Indian Service 23 - Other, Not-for-Profit 47 - PHS Indian Service 47 - PHS Indian Service 47 - PHS Indian Service 48 - Other, Physical Physic		Non-Government, Not-for-Profit	
a. Indicate the ownership code of the hospital: (See instructions, C, b. What is the name of the legal entity that owns, and has titl the land and physical plant of the hospital? Name of Own Address: Street/ City State (Example: A county-owned hospital is described thus: Owned be of Attala, Mississippi, c/o Board of Supervisors, Kosciusko, Mississippi) 2. CONTROL a. Indicate the governing authority (controlling organization) code the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Coundant Attala is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississisppi) b. What is the name of the governing authority (controlling organization and management of the hospital? Name of Governing Authority for for the formation for formation f		22 - Corporation, Not-for-Profit	46 - Other Federal
(See instructions, C, b. What is the name of the legal entity that owns, and has titl the land and physical plant of the hospital? Address: Street/ City State (Example: A county-owned hospital is described thus: Owned be of Attala, Mississippi, c/o Board of Supervisors, Kosciusko, Mississippi) 2. CONTROL a. Indicate the governing authority (controlling organization) code the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Counantal a is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississippi) b. What is the name of the governing authority (controlling organization and management of the hospital? Name of Governing Authority for the hospital? C. Does the controlling organization (governing authority) LEASE the physical property of the hospital from the OWNER(S) of the hospital from the OWNER(S) of the hospital from the OWNER(S) of the hospital attach one copy. d. Does the hospital itself own or lease other corporation(s)? Yes If yes, check the appropriate box and provide the name of the corporation(s). The hospital: [] OWNS [] LEASES	1.	OWNERSHI P	
Address: Street/ City State		a. Indicate the ownership code of	f the hospital: (See instructions, C, above)
Address: Street/ City State (Example: A county-owned hospital is described thus: Owned be of Attala, Mississippi, c/o Board of Supervisors, Kosciusko, Mississippi) 2. CONTROL a. Indicate the governing authority (controlling organization) code the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Coun Attala is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississippi) b. What is the name of the governing authority (controlling organization and management of the hospital? Name of Governing Authority of Controlling organization and management of the hospital? C. Does the controlling organization (governing authority) LEASE the physical property of the hospital from the OWNER(S) of the hospital attach one copy. d. Does the hospital itself own or lease other corporation(s)? Yes If yes, check the appropriate box and provide the name of the corporation(s). The hospital: [] OWNS [] LEASES		b. What is the name of the legal	entity that owns, and has title to,
(Example: A county-owned hospital is described thus: Owned both Attala, Mississippi, c/o Board of Supervisors, Kosciusko, Mississippi, c/o Board of Supervisors, Kosciusko, Mississippi) 2. CONTROL a. Indicate the governing authority (controlling organization) code the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Cour Attala is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississippi) b. What is the name of the governing authority (controlling organization and management of the hospital?			Name of Owner
of Attala, Mississippi, c/o Board of Supervisors, Kosciusko, Mississippi) 2. CONTROL a. Indicate the governing authority (controlling organization) code the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Cour Attala is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississippi) b. What is the name of the governing authority (controlling organization and management of the hospital?		Street/ City	State Zip
a. Indicate the governing authority (controlling organization) code the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Cour Attala is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississippi) b. What is the name of the governing authority (controlling organization and management of the hospital?		of Attala, Mississi,	opi, c/o Board of Supervisors,
the hospital: (See instructions, C, above.) (Example: Governing Authority for the hospital owned by the Cour Attala is Board of Trustees, Montfort-Jones Memori Hospital, Kosciusko, Mississippi) b. What is the name of the governing authority (controlling organization and management of the hospital? Name of Governing Aut c. Does the controlling organization (governing authority) LEASE the physical property of the hospital from the OWNER(S) of the hospital attach one copy. Date Lease Began: Date Lease Ends: If a copy of recent Lease Agreement has not been submitted to Licensure agency attach one copy. d. Does the hospital itself own or lease other corporation(s)? Yes If yes, check the appropriate box and provide the name of the corporation(s). The hospital: [] OWNS [] LEASES	2.	CONTROL	
b. What is the name of the governing authority (controlling organize that is responsible for establishing POLICY concerning overall of tion and management of the hospital? Name of Governing Autority (controlling organization and management of the hospital) Name of Governing Autority (controlling organization and management of the hospital) Name of Governing authority (controlling organization and management and power of the hospital and power of the power of the hospital and power of the pow			
that is responsible for establishing POLICY concerning overall of tion and management of the hospital? Name of Governing Aut C. Does the controlling organization (governing authority) LEASE the physical property of the hospital from the OWNER(S) of the hospital area. Date Lease Began: Date Lease Ends: If a copy of recent Lease Agreement has not been submitted to Licensure agence attach one copy. d. Does the hospital itself own or lease other corporation(s)? Yes If yes, check the appropriate box and provide the name of the corporation(s). The hospital: [] OWNS [] LEASES		(Example: Governing Authority for Attala is Board of T Hospital, Kosciusko,	the hospital owned by the County of Frustees, Montfort-Jones Memorial Mississippi)
 c. Does the controlling organization (governing authority) LEASE the physical property of the hospital from the OWNER(S) of the hospital from the OWNER(S) of the hospital from the OWNER(S) of the hospital bate Lease Ends: Date Lease Began: Date Lease Ends: If a copy of recent Lease Agreement has not been submitted to Licensure agence attach one copy. d. Does the hospital itself own or lease other corporation(s)? Yes If yes, check the appropriate box and provide the name of the corporation(s). The hospital: [] OWNS [] LEASES 		that is responsible for establishi	ng POLICY concerning overall opera-
d. Does the hospital itself own or lease other corporation(s)? Yes If yes, check the appropriate box and provide the name of the corporation(s). The hospital: [] OWNS [] LEASES		physical property of the hospital Yes No Date Lease Began: Date Lease Agreement has not been	(governing authority) LEASE the from the OWNER(S) of the hospital?
		d. Does the hospital itself own or lead of the lead of	and provide the name of the] OWNS [] LEASES

IAM	<u>NAGEMENT</u>	
	Is the hospital part of a health care system? yes no If yes, please provide the name, city, and state of the system headquarters. Name: City State	
b.	Name: City State Is the hospital contract managed? yes no if yes, please provide the name, city, and state of the organization that manages the hospital. Name: State	
	If a copy of the most recent MANAGEMENT AGREEMENT has not been submitted to Licensure Agency, <u>attach</u> <u>one</u> <u>copy</u> .	
C.	Is the Hospital a member of an alliance? Yes No If yes, please provide the name(s), city, and state of the alliance headquarters. Name: State	
d.	Is the hospital a division or subsidiary of a holding company? Yes No	
e.	Does the hospital itself operate subsidiary corporations? Yes No	
f.	Is the hospital a participant in a network? Yes No If yes, please provide the name address, city, state and telephone number of the network. If the hospital participates in more than one network, please provide the name, address, city, state, and telephone number of the network(s) at the bottom of this page. Name: Telephone: State:	Zi p
g	Does the hospital participate in a group purchasing arrangement?	
	YesNo If yes, please provide name, city, and state of the group purchasing organization: Name: State:	
h	If yes, please provide name, city, and state of the group purchasing organization: Name: City: State: Does the hospital have a Food Service Contract? Yes If yes, please provide the name and address of the Food Service Firm.	
h	If yes, please provide name, city, and state of the group purchasing organization: Name: City: State: Does the hospital have a Food Service Contract? Yes No	
SEI	If yes, please provide name, city, and state of the group purchasing organization: Name: City: State: Does the hospital have a Food Service Contract? Yes No If yes, please provide the name and address of the Food Service Firm.	
SEI	If yes, please provide name, city, and state of the group purchasing organization: Name: City: State: Does the hospital have a Food Service Contract? Yes No If yes, please provide the name and address of the Food Service Firm. Name: City: State: RVICE	

3.

	1.	<u>JCAHO</u> ? Yes No If yes, Date of last survey:	please provide the following. Duration of Accreditation: Years
		Accreditation Begins: Month Ends: Month	DayYear DayYear
		For current accreditation, has you Agency a copy of:	our hospital submitted to Licensure
		(2) Plan of Correction? Yes	Recommendation? Yes No No Ny of these documents? Yes No
		If no to any of the above, <u>please</u>	e submit.
	2.	Blue Cross? Yes No	
	3.	Medicare? Yes No	
	4.	Medicaid? Yes No	
E.		TAL TRUSTEES (Governing Authority) all hospital trustees by name and	
	space	e is needed, please attach an extra	a sheet.
		NAME	ADDRESS
	1	Ch	
	2	V-Ch	
	3	Sec	
	4.		
	5.		
	6.		
	9.		

D.

ACCREDITATIONS AND CERTIFICATIONS

F. HOSPITAL ORGANIZATION AND GOVERNING AUTHORITY BYLAWS

1.	HOSPI	TAI	ORGANI	7ATI	ON

Is the hospital organized, under a: (check the appropriate designa	the laws of the State of Mississippi, as tion below)
Partnership Limited Partnership Corporation	For-Profit
	hecked above is different from the ease give the name and address of such
entity in ownership/control pyram controls or owns the hospital by Yes No If the answer i parent corporation or other legal	Address: corporation, is there a higher legal id of the hospital which effectively means of the ownership/control pyramid? s yes, give name and address of the entityAddress:
If the hospital is organized as a Articles of Incorporation adopted Date:	corporation, on what date were the and signed by the incorporators?
On what date did the Secretary of Certificate) of Incorporation for Date:	State (Mississippi) issue a Charter (or the Hospital?
Have any changes been made to the since October 1, 1989? Yes attach <u>one</u> true copy of the Artic thereto.	original Articles of Incorporation No If any changes have been made, les of Incorporation and the changes
GOVERNING AUTHORITY BYLAWS	
On what date were the Bylaws, Rul Authority of the hospital signed Date:	es and Regulations of the Governing and adopted by the Governing Authority?
the Governing Authority have been the Governing Authority of the ho	the Bylaws, Rules and Regulations of reviewed, revised, and/or amended by spital? Date reviewed: Date amended:

G. MAJOR CONSTRUCTION AND FIRE SAFETY

2.

1. Has any major construction, remodeling, or major equipment been installed during this reporting period? Yes ____ No ___ If yes, explain on separate sheet or back of sheet. (Minimum Standard Section 603.1)

	∠.	the next fiscal year? Yes No If yes, explain on separate sheet or back of sheet. (Minimum Standard Section 603.1)
	3.	Is your facility equipped with an electrically supervised fire alarm system? Yes No Is the fire alarm system arranged to transmit an alarm automatically to the fire department legally committed to serve the area in which the health care facility is located, by the most direct and reliable method approved by local regulations? Yes No (Minimum Standards 608.1 and Life Safety Code 6-3311)
	4.	Is your facility equipped with partial automatic sprinkler system? Yes No, or is it equipped with an automatic sprinkler system throughout? Yes No Is the sprinkler system electrically interconnected with the fire alarm system? Yes No (Min. Std. 608.2)
	5.	Have any new wall or ceiling surfaces been changed recently so as to have a flame spread rating greater than 25 in exits and hazardous areas? Yes No, or greater than 75 in other areas? Yes No No wall has more than 10 percent of aggregate wall with finish material, such as wood paneling, having a flame spread rating up to 200. Yes No (Min. Std. 608.3)
	6.	Is your facility equipped with an emergency electrical generator with standby fuel for 24 hours? Yes No Does this system provide emergency lighting for any of the following:
		a. Exit ways and all necessary ways of approach thereto including exit signs, and exit direction signs, exterior of exits, stairways and minimum corridor lighting? Yes No
		b. Surgical, obstetrical, and emergency room operating lights? Yes No
		c. Nursery, laboratory, recovery room, intensive care areas, nurses station, medication preparation area, and labor room? Yes No
		d. Generator Location, switch gear Location and boiler room? Yes Noe. Elevator (where applicable)? Yes No
	7.	No outbuildings have been constructed on site, nearer than 50 feet to the main facility, or attachments been made to the facility, such as trailers or mobile houses which are not of a type approved as being one-hour fire resistive construction as defined by National Bureau of Fire Underwriters or the Bureau of Standards. Yes No (Min. Std. 607.5)
Н.	MED	I CAL STAFF
	1.	Does your hospital have a full-time salaried Chief of Staff who serves as the medical and administrative head of the Medical Staff? Yes No
	2.	Name of the President of the Medical Staff? Name:
		On what date were the Bylaws, Rules and Regulations of the Medical Staff of the hospital adopted, and signed by an authorized official of the Medical Staff? Date:

4.	Medical Staff have been reviewe Reviewed: Revise	d, revised, and /or	amended?
5.	On what date were the Bylaws, Rapproved by the Governing Autho	ules and Regulations rity of the hospital	of the Medical Staff ? Date:
6.	Please indicate the number of p Medical Staff (do not include c or inactive members), and the n specialty groups as of Septembe lents or portions. If the exac best estimates. If you cannot please fill in the total figure	ourtesy, consulting, umber of house staff r 30, 2001. Do not t numbers are unavai supply estimates for	honorary, provisional in each of the following report full-time equivalable, please give your specialty categories,
		Number of Active Associate Medical Staff (Include Board Certified)	Associate Medical Staff Who Are
<u>Me</u>	dical Specialties		-
	a. General and Family practice		
	o. Pediatric		
	c. General internal medicine		
	d. Cardi ovascul ar di sease		
	e. Gastroenterol ogy		
	f. Oncol ogy		
!	g. Neurology		
	n. Other medical specialties*		
Sur	gical Specialties		
а	General Surgery		
b	Obstetrics and gynecology		
С	Ophthal mol ogy		
d	Orthopedic surgery		
е	Plastic surgery		
f	Thoracic surgery		
g	Other surgical specialties*		

^{*}If you have other physicians please indicate what specialty and how many.

	_		
Н.	$(\cdot \cap n)$	† i i	nued
11.	(,())		11.7.7.1

6. Please indicate the number of practitioners on the active and associate medical staff (do not include courtesy, consulting, honorary, provisional or inactive members), and the number of house staff in each of the following specialty groups as of September 30, 2001. Do not report full-time equivalents or portions. If the exact numbers are unavailable, please give your best estimates. If you cannot supply estimates for specialty categories, please fill in the total figures. (see instruction pages 3-4, Section H).

		Number of Active Associate Medical Staff (Include	Number of Active Associate Medical Staff Who Are
		Board Certified)	Board Certified
0ther	Speci al ti es		
Α.	Anesthesi ol ogy		
В.	Dermatol ogy		
C.	Emergency Medicine		
D.	Nuclear Medicine		
E.	Pathol ogy		
F.	Psychi atry		
G.	Radi ol ogy		
Н.	Other Special ties*		
<u>Dental</u>	Speci al ti es		
	TOTAL		

How many practitioners with **Active** or **Associate** admitting privileges were added to the Hospital's medical staff during the reporting period?

^{*}If you have other physicians please indicate what specialty and how many.

I. PERSONNEL AS OF SEPTEMBER 30, 2001

1. Hospital by Occupational Category (See Instructions pages 4-9, Section I)

	OCCUPATI ONAL CATEGORY	Full-time Employees (FT) (35 hours per week or more)	Part-time Employees (PT) (less than 35 hours per week)	Contracted Consul tants (CC)
<u> —</u> а.	Administration:			(00)
	(1) Administrators, Assistant Administrators, and Department Administration Assistants			
٥.	Physician and Dental Services: (Exclude specialists listed in f.1., i.3., k.4.)			
	(1) Physi ci ans			
	(2) Medical Residents			
	(3) Dentists			
	(4) Dental Residents			
Ο.	Nursing Services: (Exclude specialists listed in e., f.2.)			
	(1) Registered Nurses(2) Licensed Practical (vocational) Nurses			
	(3) Ancillary Personnel			
	(4) Other Nursing Service Personnel			
d.	Nurse Practitioner			
€.	Anesthesi a Services:			
	(1) Anesthesi ol ogi sts			
	(2) CRNA			
f.	Medical Record Services:			
	(1) Medical Record Administrators			
	(2) Medical Record Technicians			
g.	Pharmacy Services:			
	(1) Pharmacists, Licensed			
	(2) Pharmacy Technologists			
٦.	Clinical Laboratory Services:			
	(1) Medical Technologists			
	(2) Other Laboratory Personnel			
	(3) Pathologists			
١.	Di etary Servi ces:			
	(1) Dietitians			
	(1) Dictitions			

I. PERSONNEL, (Continued)

1.	(Conti nued)	Eulļ-time	Part-time (ST)	
	OCCUPATI ONAL CATEGORY	Employees (FT) (35 hours per week or more)	Employees (PT) (Less than 35 hours per week)	Contracted Consultants (CC)
i.	Radi ol ogi cal Servi ces:			(52)
,	(1) Radi ographer (Radi ol ogi c Technol ogi st)			
	(2) Radi ati on Therapy Technol ogi st			
	(3) Nuclear Medicine Technologist			
	(4) Radi ol ogi st			
	(5) Other Radi ol ogi c Personnel			
k.	Therapeutic Services:			
	(1) Occupational Therapists		-	
	(2) OT Aides and Assistants			
	(3) Physical Therapists			
	(4) PT Aides and Assistants			
	(5) Recreational Therapists			
Ι.	Speech and Hearing Services:			
	(1) Speech Pathologists		-	
m.	(2) Audi ol ogi sts Respi ratory Therapy Servi ces:			
111.	(1) Respiratory Therapists			
	(2) Respiratory Therapy Technicians			
n.	Social Work Services:			
	(1) Medical Social Workers			
Ο.	Psychiatric Services:			
	(1) Psychiatric Social Workers			
	(2) Licensed Clinical Psychologists			
p.	All Other Health Professional and Technical Personnel:			
q.	All Other Personnel:			
r.	TOTAL HOSPITAL PERSONNEL			
2.	TRAINEES ON PAYROLL (As of 9/30/01)			
	(2)	FULL-TIME EMPLOYE	EES F	PART-TIME EMPLOYEES an 35 hours per week)
	•	5 hours per week or mo	ore) (ress tha	an 35 nours per week)
	TOTAL TRAINEES (Exclude Physician and Dental Interns and Residents)			
3.	NURSING HOME PERSONNEL (Complete on (See Instructions page 25, Section	ly if hospital has a s	separate nursing hom	ne unit.)
		FULL-TIME EMPLOYER 5 hours per week or ma		ART-TIME EMPLOYEES an 35 hours per week)
	TOTAL NURSING HOME PERSONNEL	5 Hours per week or ill	010) (1033 1118	in 33 hours per week)
4.	TOTAL FACILITY PERSONNEL (Total sho	uld equal Section I.1.	 .s plus I.3.)	
	·	FULL-TIME EMPLO' 35 hours per week or r	•	PART-TIME EMPLOYEES
		35 hours per week or r	more) (less tha	PART-TIME EMPLOYEES an 35 hours per week)
	TOTAL FACILITY PERSONNEL			<u>-</u>

J. FACILITIES AND SERVICES

	1.	GENERAL	MEDI CAL,	SURGI CAL	AND	ANCI LLARY	SERVI CE	(Instructions	pages	9-23	;)
--	----	---------	-----------	-----------	-----	------------	----------	---------------	-------	------	----

For each service listed below, please check all <u>the</u> categories that describe how each provided as of the last day of the reporting period. Check all categories that apply for Code 2 refers to the systems that were identified in the management section, question 3a refers to the networks that were identified in question 3h.

SERVICE CODES

- 1 Owned or provided by my hospital or a subsidiary.
- 2 Provided by my Health System (in my local community).
- 3 Provided by my network (in my local community).
- Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local community).
- 5. Not provided.

NOTE: New services are identified by asterisks (*).

** EVERY SERVICE MUST HAVE A CODE. DO NOT LEAVE ANY SERVICE BLANK! **

If the Service Code is 1 through 4, please record additional information as requested.

	GENERAL SERVICES	SERVI CE CODE	
ACUTE C	ARE SERVICES:		
1.	ALCOHOL & CHEMICAL DEPENDENCY		General Service Dedicated Service or Unit
2.	MEDI CAL/SURGI CAL, ACUTE		
3.	PEDI ATRI C, ACUTE	· · ·	
4.	PSYCHI ATRI C, ACUTE	· · · ·	General Service Dedicated Service or Unit
EMERGEN	CY SERVICES:		
5.	EMERGENCY DEPARTMENT	· · · <u> </u>	(JCAHO level:)
6.	TRAUMA CENTER (CERTIFIED)	· · ·	(Level of unit:)

		SERVI CE CODE	ADDITIONAL INFORMATION
MATERNA	_ AND NEWBORN SERVICES:		
7.	ABORTI ON SERVI CES		
8.	BI RTHI NG ROOM		
9.	OBSTETRI CS		
10.	NEONATAL INTENSIVE CARE		
11.	NEONATAL INTERMEDIATE CARE		
12.	NEWBORN NURSERY		
13.	PREMATURE NURSERY		
SPECI AL	CARE SERVICES:		
14.	BURN CARE		
15.	CARDIAC INTENSIVE CARE		
16.	MEDICAL SURGICAL INTENSIVE CARE		
17.	PEDIATRIC INTENSIVE CARE		
18.	OTHER SPECIAL CARE		
OTHER G	ENERAL SERVICES:		
19.	PHYSICAL MEDICINE AND REHABILITATION		GENERAL SERVICE DEDICATED SERVICE OR UNIT
20.	SELF CARE		
	DIAGNOSTIC AND TREATMENT SERVICES		
LONG TE	RM CARE SERVICES:		
	SKILLED NURSING LONG-TERM CARE		
	A. DISTINCT PART SNF UNIT		
22.			
23.	SWING BEDS	·	

SERVICE ADDITIONAL INFORMATION

RADI OLO	GY DIAGNOSTIC SERVICES:	
24.	CT SCANNER I N-HOUSE	Total Number of Units: Number of Head Units: Number of Body Units:
	Number of CT Scanner	Procedures
	Body Wi thout Contrast: Body Wi th Contrast: Body Wi thout and Wi th Contrast:	
	Total Body Procedures:	
25.	DIAGNOSTIC RADIOISOTOPE FACILITY	NUMBER OF PROCEDURES: INPATIENT: OUTPATIENT:
26.	DI AGNOSTI C X-RAY	NUMBER OF PROCEDURES: I NPATI ENT: OUTPATI ENT:
		NUMBER OF PROCEDURES:
28.	MAGNETIC RESONANCE I MAGING (MRI) Number of units: Fixed Mobile	NUMBER OF PROCEDURES: I NPATI ENT: OUTPATI ENT:
29.	POSITRON EMISSION TOMOGRAPHY (PET)	NUMBER OF PROCEDURES INPATIENT:
30.	SINGLE PHOTON EMISSION COMPUTERIZED TOMOGRAPHY (SPECT)	NUMBER OF PROCEDURES: I NPATI ENT: OUTPATI ENT:
31.	ULTRASOUND	NUMBER OF PROCEDURES: I NPATI ENT: OUTPATI ENT:
	ON THERAPY:	
32.	MEGAVOLTAGE RADIATION THERAPY a. Cobalt - 60	NUMBER OF PROCEDURES: I NPATIENT: OUTPATIENT: NUMBER OF PROCEDURES: I NPATIENT: OUTPATIENT:
	b. Linear Accelerator Number of units	NUMBER OF PROCEDURES: I NPATIENT: OUTPATIENT:

	SERVI (CODE	CE ADDITIONAL E INFORMATION
33.	RADIOACTIVE IMPLANTS	NUMBER OF PROCEDURES: INPATIENT: OUTPATIENT:
34.	THERAPEUTIC RADIOISOTOPE FACILITY	NUMBER OF PROCEDURES: INPATIENT: OUTPATIENT:
35.	X-RAY RADIATION THERAPY	NUMBER OF PROCEDURES: INPATIENT: OUTPATIENT:
SURGI CA	L SERVICES:	
36.	CARDIAC CATHETERIZATION LABORATORY Number of cath labs TOTAL LYCIS OF CORONARY CLOTS INVOLVING MYOCARDIAL INFARCTION BY	_ NUMBER OF PROCEDURES FOR ADULT INTRACARDIAC AND/ORCORONARY_ARTERY:
	TOTAL LYCIS OF CORONARY CLOTS INVOLVING MYOCARDIAL INFARCTION BY	TOTAL PEDIATRIC:
	INJECTION OF INTRACORONARY STREPTOKINASE OR SIMILAR DRUG Number	TOTAL PERCUTANEOUS TRANSLUMI NAL CORONARY ANGI OPLASTY (PTCA) NUMBER OF PROCEDURES:
37.	KI DNEY TRANSPLANT	NUMBER OF TRANSPLANTS:
38.	OPEN HEART SURGERY	_
	OPEN-HEART PROCEDURES: ADULT OPEN-HEART PEDIATRIC OPEN-HI OTHER PEDIATRIC I	SURGICAL OPERATIONS: EART SURGICAL OPERATIONS: HEART SURGICAL OPERATIONS:
39.	ORGAN TRANSPLANT (OTHER THAN KIDNEY)	_
OTHER D	IAGNOSTIC AND TREATMENT SERVICES:	
40.	DENTAL SERVICES	_
41.	HEMODI ALYSI S	NUMBER OF PROCEDURES:
42.	HIV-AIDS SERVICES	_
43.	PHYSI CAL THERAPY	NUMBER OF PT PROCEDURES INPATIENT: OUTPATIENT:
44.	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPTER (ESWL)	NUMBER OF PROCEDURES:

SERVI CE CODE ADDITIONAL INFORMATION

AMBULATORY AND OUTREACH SERVICES

FAMI LY	PLANNI NG:	
45.	REPRODUCTI VE HEALTH	
GERI ATR	IC SERVICES:	
46.	ADULT DAY CARE PROGRAM	CLI ENTS SERVED:
47.	GERI ATRI C SERVI CES	CLI ENTS SERVED:
48.	RESPITE CARE	CLI ENTS SERVED:
OTHER A	MBULATORY AND OUTREACH SERVICES:	
49.	BREAST CANCER SCREENING/MAMMOGRAMS	
50.	CASE MANAGEMENT	
51.	FITNESS CENTER	
52.	HOME HEALTH SERVICE	
53.	HOSPI CE	
54.	MEALS ON WHEELS	
55.	NUTRITION PROGRAMS	
56.	OCCUPATIONAL HEALTH SERVICES	
57.	OCCUPATI ONAL THERAPY	NUMBER OF OT PROCEDURES INPATIENT: OUTPATIENT:
58.	ONCOLOGY SERVICES	
59.	OUTPATI ENT SURGERY	
60.	PHYSICAL REHABILITATION OUTPATIENT SERVICES	
61.	PRIMARY CARE DEPARTMENT	
62.	SPORTS MEDICINE CLINIC/SERVICES	
63.	SUPPORT GROUPS	
64.	TEEN OUTREACH SERVICES	
65.	TRANSPORTATION TO HEALTH FACILITIES	

		SERVI CE CODE	ADDITIONAL INFORMATION
66.	URGENT CARE CENTER	<u></u>	
67.	WOMEN'S HEALTH CENTER/SERVICES	<u></u>	
	OTHER HOSPITAL SERVICES		
HEALTH	PROMOTI ON:		
68.	COMMUNITY OUTREACH	<u></u>	
69.	PAIN MANAGEMENT PROGRAM*	· · · · · · · <u></u>	
70	PATIENT EDUCATION CENTER	<u></u>	
OTHER S	ERVI CES:		
71.	PATIENT REPRESENTATIVE SERVICES	· · · · · · · <u> </u>	
72.	SOCIAL WORK SERVICES	<u></u>	
73.	VOLUNTEER SERVICES DEPARTMENT	<u></u>	
74.	OTHER SERVICES (PLEASE SPECIFY)		

2. PSYCHIATRIC AND CHEMICAL DEPENDENCY SERVICES (Answer only if you have a dedicated unit or service.)

For each service below, please write the \underline{one} code that best describes the status of the service in your facility as of the last day of the Reporting Period. Use the same codes as used for J. 1.

		SERVI CE CODE
a.	Adult Chemical Dependency Services	·
b.	Alcoholism and Chemical Dependency Outpatient	·
C.	Child/Adolescent Chemical Dependency Services	·
d.	Adult Psychiatric Services	·
e.	Child/Adolescent Psychiatric Services	
f.	Clinical Psychology Services	
g.	Mental Retardation, Intermediate Care	
h.	Psychiatric Consultation-liaison Services	
i .	Psychiatric Education Services	
j .	Psychiatric Emergency Services	
k.	Psychiatric Foster and/or Home Care Program	
Ι.	Psychiatric Geriatric Services	
m.	Psychiatric Intensive Care	
n.	Psychiatric Long-Term Care	
Ο.	Psychiatric Outpatient Services	
p.	Psychiatric Partial Hospitalization Program	
a.	Shel tered Care	

3.	Which of the following physician arrangements does your hospital or system/network participate in? Column 2 refers to the systems that were identified in the management section, question 3a. Column 3 refers to the networks that were identified in the management section question 3h. (1) Number of (2) (3) My Hospital Physicians My Health Network System
	a. Independent Practice Association b. Group practice without walls c. Open Physician-Hospital Organization (PHO) d. Closed Physician-Hospital Organization (PHO) e. Management Service Organization (MSO) f. Integrated Salary Model g. Equity Model h. Foundation
4.	Have any of the following insurance products been developed by your hospital, health system, health network or as a joint venture with an insurer? (Check all that apply) Column 2 refers to the systems that were identified in the Management Section, guestion 3a. Column 3 refers to the networks that were identified in question 3h.
	(1) (2) (3) (4) My Hospital My Health My Health Joint Venture
	a. Heal th Maintenance Organization System Network with Insurer
	b. Preferred Provi der Organi zati on
	c. Indemnity Fee for Service Plan
5.	Community Orientation Yes No
	1. Does your hospital's mission statement include a focus on community benefit? 2. Does your hospital have a long-term plan for improving the health of its community? 3. Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community? 5. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services or modify existing services? 6a. Does your hospital work with other local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community? 6b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community? 7. Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations?
	8. Does your hospital either by itself or in conjunction with others disseminate reports to the community on the quality and costs of health care services?

9. MEDICARE CERTIFICATION OF DISTINCT PART UNITS

10.

A unit designated as a certified distinct part unit (DPU) by the Health Care Financing Administration (HCFA). Such units will have been assigned separate Medicare subprovider numbers, indicating that both accounting criteria and patient services criteria have been met.

MEDICARE SUBPROVIDER STATUS

			(1)	(2)	(3)	(4)	(5)
			Obtai ned	Deni ed	Certi fi - cati on Pendi ng	Not Applied For	Servi ce Not Provi ded
a.b.c.d. e. f. gh. i. j.	Skilled N Dedicate Skilled N Swing-Be Home Heal Skilled N Distinct Certific Certific Certific Certifics Geriatric	ration	·				
PI ea	ase indica	ate the level of obs	stetrical se	ervices pro	vi ded.		
· -		Provides services p newborn patients. pregnancies who are	orimarily fo The units s e expecting	or <u>uncompli</u> serve patie normal del	<u>cated</u> obstet nts with nor iveries.	ric and mal	
-		Provides services f patients and the ma facility must have specialized manpowe the needs of most of	ajority of <u>d</u> organized d	<u>complicated</u> obstetrical	deliveries. and neonata	The Lunits.	
-		Provides services f patients including <u>unusual or severe of</u> facilities have obs which must be able expertise required pregnancy or of the	high-risk p complication stetric and to provide for the man	batieñts an <u>ns</u> or abnor neonatal i	d patients w malities. T ntensive car	ith he e units	
		Do not provide obst	etrical ser	rvi ces			

K. BEDS AND UTILIZATION BY INPATIENT SERVICE

Account for all adult and pediatric inpatient beds set up and staffed for use at the end of the Reporting Period. List beds for a particular service $\underline{\text{onl } y}$ if a unit is $\underline{\text{specifically designated and staffed}}$ for the service.

SERVICE AREA BDS STAFFED REPORTING REPORTING REPORTING REPORTING REPORTING REPORTING PERIOD 1. General Medical and Surgical (Adult) (Include Gynecology). 2. General Medical and Surgical (Pediatric). 3. Psychiatric, Acute (Adult). 4. Psychiatric, Acute (Pediatric). 5. Obstetrics. 6. Orthopedic. 7. Other Acute (Specify Type	
2. General Medical and Surgical (Pediatric)	
3. Psychiatric, Acute (Adult) 4. Psychiatric, Acute (Pediatric) 5. Obstetrics. 6. Orthopedic. 7. Other Acute (Specify Type) 8. DP/Skilled Nursing. 9. Geriatric Psychiatric. 10. Total Acute Care (Add lines 1 through 9). 11. Medical/Surgical Intensive Care*. 12. Cardiac Intensive Care* 13. Pediatric Intensive Care* 14. Neonatal Intensive Care* (See Instructions, Section K). 15. Neonatal Intermediate Care* (See Instructions, Section K). 16. Burn Care*. 17. Psychiatric Intensive Care (Pediatric)*. 18. Psychiatric Intensive Care* (Specify Type) 21. Total Intensive Care* (Specify Type) 22. Rehabilitation. 23. Chronic Disease. 24. Al coholism and Chemical Dependency (Adult). 25. Al coholism and Chemical Dependency (Pediatric).	
4. Psychiatric, Acute (Pediatric). 5. Obstetrics	
5. Obstetrics. 6. Orthopedic. 7. Other Acute (Specify Type). 8. DP/Skilled Nursing. 9. Geriatric Psychiatric. 10. Total Acute Care (Add lines 1 through 9). 11. Medical/Surgical Intensive Care*. 12. Cardiac Intensive Care*. 13. Pediatric Intensive Care*. 14. Neonatal Intensive Care* (See Instructions, Section K). 15. Neonatal Intermediate Care* (See Instructions, Section K). 16. Burn Care*. 17. Psychiatric Intensive Care (Adult)*. 18. Psychiatric Intensive Care (Pediatric)*. 19. Other Special Care* 20. Other Intensive Care* (Specify Type). 21. Total Intensive Care* (Add lines 11 through 20). 22. Rehabilitation. 23. Chronic Di sease. 24. Al coholism and Chemical Dependency (Adult). 25. Al coholism and Chemical Dependency (Pediatric).	
6 Orthopedic. 7. Other Acute (Specify Type). 8. DP/Skilled Nursing. 9. Geriatric Psychiatric. 10. Total Acute Care (Add lines 1 through 9). 11. Medical/Surgical Intensive Care*. 12. Cardiac Intensive Care*. 13. Pediatric Intensive Care* 14. Neonatal Intensive Care* (See Instructions, Section K). 15. Neonatal Intermediate Care* (See Instructions, Section K). 16. Burn Care*. 17. Psychiatric Intensive Care (Adult)*. 18. Psychiatric Intensive Care (Pediatric)*. 19. Other Special Care*. 20. Other Intensive Care* (Add lines 11 through 20). 21. Total Intensive Care* (Add lines 11 through 20). 22. Rehabilitation. 23. Chronic Disease. 24. Alcoholism and Chemical Dependency (Adult). 25. Alcoholism and Chemical Dependency (Pediatric).	
7. Other Acute (Specify Type) 8. DP/Skilled Nursing 9. Geriatric Psychiatric 10. Total Acute Care (Add lines 1 through 9) 11. Medical/Surgical Intensive Care* 12. Cardiac Intensive Care* 13. Pediatric Intensive Care* 14. Neonatal Intensive Care* (See Instructions, Section K) 15. Neonatal Intermediate Care* (See Instructions, Section K) 16. Burn Care* 17. Psychiatric Intensive Care (Adult)* 18. Psychiatric Intensive Care (Pediatric)* 19. Other Special Care* 20. Other Intensive Care* (Specify Type) 21. Total Intensive Care* (Add lines 11 through 20) 22. Rehabilitation 23. Chronic Disease 24. Al coholism and Chemical Dependency (Adult) 25. Al coholism and Chemical Dependency (Pediatric)	
8. DP/Skilled Nursing. 9. Geriatric Psychiatric. 10. Total Acute Care (Add lines 1 through 9). 11. Medical/Surgical Intensive Care*. 12. Cardiac Intensive Care*. 13. Pediatric Intensive Care*. 14. Neonatal Intensive Care* (See Instructions, Section K). 15. Neonatal Intermediate Care* (See Instructions, Section K). 16. Burn Care*. 17. Psychiatric Intensive Care (Adult)*. 18. Psychiatric Intensive Care (Pediatric)*. 19. Other Special Care*. 20. Other Intensive Care* (Specify Type). 21. Total Intensive Care* (Add lines 11 through 20). 22. Rehabilitation. 23. Chronic Disease. 24. Alcoholism and Chemical Dependency (Adult). 25. Alcoholism and Chemical Dependency (Pediatric).	
9. Geriatric Psychiatric. 10. Total Acute Care (Add lines 1 through 9)	
10. Total Acute Care (Add lines 1 through 9)	
11. Medical/Surgical Intensive Care*. 12. Cardiac Intensive Care*. 13. Pediatric Intensive Care*. 14. Neonatal Intensive Care* (See Instructions, Section K). 15. Neonatal Intermediate Care* (See Instructions, Section K). 16. Burn Care*. 17. Psychiatric Intensive Care (Adult)*. 18. Psychiatric Intensive Care (Pediatric)*. 19. Other Special Care*. 20. Other Intensive Care* (Specify Type). 21. Total Intensive Care* (Add lines 11 through 20). 22. Rehabilitation. 23. Chronic Disease. 24. Al coholism and Chemical Dependency (Adult). 25. Al coholism and Chemical Dependency (Pediatric).	
12. Cardiac Intensive Care*. 13. Pediatric Intensive Care* (See Instructions, Section K). 14. Neonatal Intermediate Care* (See Instructions, Section K). 15. Neonatal Intermediate Care* (See Instructions, Section K). 16. Burn Care*. 17. Psychiatric Intensive Care (Adult)*. 18. Psychiatric Intensive Care (Pediatric)*. 19. Other Special Care*. 20. Other Intensive Care* (Specify Type). 21. Total Intensive Care* (Add lines 11 through 20). 22. Rehabilitation. 23. Chronic Disease. 24. Al coholism and Chemical Dependency (Adult). 25. Al coholism and Chemical Dependency (Pediatric).	
13. Pediatric Intensive Care* 14. Neonatal Intermediate Care* (See Instructions, Section K) 15. Neonatal Intermediate Care* (See Instructions, Section K) 16. Burn Care* 17. Psychiatric Intensive Care (Adult)* 18. Psychiatric Intensive Care (Pediatric)* 19. Other Special Care* 20. Other Intensive Care* (Specify Type) 21. Total Intensive Care* (Add Lines 11 through 20) 22. Rehabilitation 23. Chronic Disease 24. Alcoholism and Chemical Dependency (Adult) 25. Alcoholism and Chemical Dependency (Pediatric)	
14. Neonatal Intensive Care* (See Instructions, Section K) 15. Neonatal Intermediate Care* (See Instructions, Section K) 16. Burn Care*	
15. Neonatal Intermediate Care* (See Instructions, Section K) 16. Burn Care* 17. Psychiatric Intensive Care (Adult)* 18. Psychiatric Intensive Care (Pediatric)* 19. Other Special Care* 20. Other Intensive Care* (Specify Type) 21. Total Intensive Care* (Add lines 11 through 20) 22. Rehabilitation 23. Chronic Disease 24. Alcoholism and Chemical Dependency (Adult) 25. Alcoholism and Chemical Dependency (Pediatric)	
16. Burn Care*	
17. Psychiatric Intensive Care (Adult)*	
18. Psychiatric Intensive Care (Pediatric)*	
19. Other Special Care*. 20. Other Intensive Care* (Specify Type) 21. Total Intensive Care* (Add Lines 11 through 20) 22. Rehabilitation 23. Chronic Disease 24. Al coholism and Chemical Dependency (Adult) 25. Al coholism and Chemical Dependency (Pediatric)	
20. Other Intensive Care* (Specify Type) 21. Total Intensive Care* (Add Lines 11 through 20) 22. Rehabilitation 23. Chronic Disease 24. Al coholism and Chemical Dependency (Adult) 25. Al coholism and Chemical Dependency (Pediatric)	
21. Total Intensive Care* (Add Lines 11 through 20)	
22. Rehabilitation	
23. Chronic Disease	
24. Alcoholism and Chemical Dependency (Adult)	
25. Alcoholism and Chemical Dependency (Pediatric)	
26. Hospi ce	
27. Other (Specify Type)	
28. Total Other (Add lines 22 through 27)	
29. Total Hospital (Add Lines 10, 21, and 28)	
30. Psychiatric Long-Term Care (Adult)	
31. Psychiatric Long-Term Care (Pediatric)	
32. Mental Retardation	
33. Shelltered Care	
34. Self Care	
35. Skilled Nursing - Long-Term Care	
36. Other Long-Term Care (Specify Type)	
37. Other Subacute Care (Specify Type)	
38. Total Subacute (Add Lines 30 through 37)	
39. Total Facility (Add lines 29 and 38)	

^{*} Include unit discharges from line 21 in line 29, total hospital and line 39, total facility only if patient is discharged from facility at the time of discharge from the unit. Exclude swing bed and newborn data. Include neonatal and deaths.

L. TOTAL HOSPITAL BEDS AND UTILIZATION (INSTRUCTIONS PAGES 26-27)

1.	NΕ	WBORN NURSERY		
	a.	Number of bassinets set up and staffed for use Period (Exclude pediatric and neonatal beds):	at the end	of the Reporting
	b.	Number of Deliveries:		
	C.	Number of hospital deliveries performed on an	ambulatory b	asi s:
	d.	Number of C-Sections performed:		
	e.	Number of Live Births:		
	f.	Number of Fetal Deaths:		
	g.	Newborn Days:		
	h.	Admissions to Newborn Facility:	_	
	i.	Number of birthing rooms:		
2.	SU	RGICAL OPERATIONS, whether major or minor, perfo	ormed in the	operating room(s):
	Įf	hospital operates an Ambulatory Surgery Center spital licehse, do <u>not</u> report the ambulatory Sur	licensed_sep	arate from the
			gery cerrier	Statistics here.
		Inpati ent:		
		Outpati ent:		
		Total:		
		Number of operating rooms/suites: Number of procedure rooms (Include Cysto Rooms)		
)		TPATIENT UTILIZATION		
Ο.	UU	VISITS		
	a.	Emergency		
	b.	Clinic/Other	_ *Bo_not_in	clude Certified
			Visits, s	clude Certified Ith Clinic ee page 24. clude th visits.
	<u></u>	Total	home heal	th visits.
		CENSING AGENCY USE ONLY	_	
DEPEN		PSYCHLATRI (,	CHEMI CAL
Chi I d		GEN ACUTE Adult Child/Adol	REHAB.	Adul t
JIII U		OI. CENSED BEDS		
				
	AL	<u> </u>		
	AD			
	PΕ	RCENT OCCUPANCY		

		L. TOTAL HOSPITAL BEDS AND UTILIZATION (Continued)
4.	AD	DULT, PEDIATRIC, AND NEONATAL BEDS (<u>Exclude</u> newborn nursery, <u>include</u> neonatal care units)
	a.	Was there a permanent change or a significant change of 30 days or more in the total number of adult and pediatric beds during the Reporting Period?
		YES [] NO []
		If Yes, give beds added or withdrawn (show increase by + and decrease by -) and dates of change. If more than two changes occurred during the Reporting Period, please report all changes on a separate sheet of paper.
		(1) Bed Change (+ or -) : Month Day Year
		(2) Bed Change (+ or -): Month Day Year
	b.	Does your hospital maintain a separate nursing home type long-term care unit? YES [] NO []
		(Please refer to the instructions and definitions for Section L, pages 27-30)
		If NO, report total hospital statistics in Column (1) below. If YES, report data for the hospital in Column (2), report data for nursing home units in Column (3), and report data for the TOTAL FACILITY in Column (1).
		All hospitals complete Column (1) Complete Column (2) and (3) only if hospital has separate units for nursing home type long-term care.
		TOTAL FACILITY HOSPITAL NURSING HOME
	C.	Beds set up and staffed for use at the end of the Reporting Period. (If number differs from 2000, answer L.4.a.)
		Admissions (Exclude newborns and swing admissions.
	e.	Inpatient days (Exclude newborns and swing days. Include neonatal)
;	*f.	Discharges (Exclude newborns and swing discharges. Include neonatal and deaths)
	g.	Deaths (Exclude fetal deaths)
	h.	Discharge Days (Exclude newborns and swing days. Include neonatal and deaths)

^{*} Because of transfers between hospital and nursing home, column (1) may be less than the sum of columns (2) and (3). Beds set up and staffed, discharges, discharge days and inpatient days should match those reported on page 20.

L. TOTAL HOSPITAL BEDS AND UTILIZATION (Continued)

All hospitals complete Column (1) Complete Column (2) and Column (3) $\underline{\text{onl }y}$ if hospital has $\underline{\text{separate}}$ units for nursing home type long-term care.

		Т	OTAL FACILITY STATISTICS	HOSPITAL	NURSING HOME ONLY
5.	PA ⁻	TIENT CENSUS	31A1131163	ONLI	ONLI
0.		Highest Census for the Reporting Period	· ·		
	b.	Lowest Census for the Reporting Period	· ·		
	C.	Census on last day of your Reporting Period	· ·		
6.	ME	DICARE/MEDICAID UTILIZATION			
	a.	Total Medicare (Title XVIII) discharges-inpatient	<u></u>		
	b.	Total Medicare (Title XVIII) discharge days	· ·		
	C.	Total Medicare (Title XVIII) admissions-inpatient	· ·		
	d.	Total Medicare (Title XVIII) inpatient days	<u></u>		
	e.	Total Medicaid (Title XIX) discharges-inpatient	· · <u> </u>		
	f.	Total Medicaid (Title XIX) discharge days	· ·		
	g.	Total Medicaid (Title XIX) admissions-inpatient	· ·		
	h.	Total Medicaid (Title XIX) inpatient days	· ·		
7.	65	AND OLDER UTILIZATION			
	a.	Age 65 and older discharges	· · ·		
	b.	Age 65 and older discharge days	· ·		
	C.	Age 65 and older admissions	· ·		
	d.	Age 65 and older inpatient days	· ·		

YES [] NO [] If yes, how many? (Do not include patients in swing beds.) 9. SWING-BEDS (Swing-Bed - A licensed acute care bed that has been designated by a hospit provide either acute or long-term care services and has been certified to reimbursement under the rules and regulations of the Omnibus Reconciliation Act of 1980.) a. Does your hospital utilize swing-beds as defined above? YES [] NO [b. Number of acute care beds designated as Swing-beds. Skilled Nursing Care(Swing-beds) 1. Admissions		L. TOTAL HOSPITAL BEDS AND UTILIZATION (Continued)
If yes, how many?	8.	Do you have any patients in your hospital, as of <u>October 15, 2001</u> , who have completed all required acute care treatment and are being retained solely because a nursing home bed is not available?
9. SWING-BEDS (Swing-Bed - A licensed acute care bed that has been designated by a hospit provide either acute or long-term care services and has been certified to relimbursement under the rules and regulations of the Omnibus Reconciliation Act of 1980.) a. Does your hospital utilize swing-beds as defined above? YES [] NO [b. Number of acute care beds designated as Swing-beds. Skilled Nursing Care(Swing-beds) 1. Admissions. 2. Inpatient days 3. Discharge days 4. Discharge days c. Total numbers of patients in swing-beds at the end of your reporting per d. Average Daily Census Average Length of Stay e. Number of swing-bed patients discharged to: 1. Nursing Homes (Indicate Number referred to Home Health Services) 3. Hospital 4. Personal Care Home (Indicate Number referred to Home Health Services) 4. Distinct Part Skilled Nursing Facility (Medicare Only) 1. Admissions 3. Discharges Days Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 3. Discharges Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric Descriptions 3. Discharges Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric Descriptions 3. Discharges Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric Descriptions 3. Discharges Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric Descriptions 3. Discharges Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric Descriptions 3. Discharges Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric Descriptions 3. Discharges Days 3. D		YES [] NO []
(Swing-Bed - A licensed acute care bed that has been designated by a hospit provide either acute or long-term care services and has been certified to reimbur sement under the rules and regulations of the Omnibus Reconciliation Act of 1980.) a. Does your hospital utilize swing-beds as defined above? YES [] NO [b. Number of acute care beds designated as Swing-beds. Skilled Nursing Care(Swing-beds) 1. Admissions		If yes, how many? (Do not include patients in swing beds.)
a. Does your hospital utilize swing-beds as defined above? YES [] NO [b. Number of acute care beds designated as Swing-beds. Skilled Nursing Care(Swing-beds) 1. Admissions	9.	SWI NG-BEDS
a. Does your hospital utilize swing-beds as defined above? YES [] NO [b. Number of acute care beds designated as Swing-beds. Skilled Nursing Care(Swing-beds) 1. Admissions		(Swing-Bed - A licensed acute care bed that has been designated by a hospital to provide either acute or long-term care services and has been certified to receive reimbursement under the rules and regulations of the Omnibus Reconciliation Act of 1980.)
Skilled Nursing Care(Swing-beds) 1. Admissions		a. Does your hospital utilize swing-beds as defined above? YES [] NO []
1. Admissions		b. Number of acute care beds designated as Swing-beds.
1. Admissions		Skilled Nursing
c. Total numbers of patients in swing-beds at the end of your reporting per d. Average Daily Census Average Length of Stay e. Number of swing-bed patients discharged to: 1. Nursing Homes 2. Patient's Home (Indicate Number referred to Home Health Services) 3. Hospital 4. Personal Care Home 5. Other Ouestion E 1-5 should equal line 3, discharges. 10. Distinct Part Skilled Nursing Facility (Medicare Only) 1. Admissions 3. Discharges 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 11. Geriatric Psychiatric Distinct Part (Medicare Only) 1. Admissions 3. Discharges 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 12. Certified Rural Health Clinics		
c. Total numbers of patients in swing-beds at the end of your reporting per d. Average Daily Census Average Length of Stay e. Number of swing-bed patients discharged to: 1. Nursing Homes 2. Patient's Home (Indicate Number referred to Home Health Services) 3. Hospital 4. Personal Care Home 5. Other Ouestion E 1-5 should equal line 3, discharges. 10. Distinct Part Skilled Nursing Facility (Medicare Only) 1. Admissions 3. Discharges 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 11. Geriatric Psychiatric Distinct Part (Medicare Only) 1. Admissions 3. Discharges 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 12. Certified Rural Health Clinics		2. Inpatient days 3. Discharges 4. Discharge days
e. Number of swing-bed patients discharged to: 1. Nursing Homes 2. Patient's Home (Indicate Number referred to Home Health Services) 3. Hospital 4. Personal Care Home 5. Other Ouestion E 1-5 should equal line 3, discharges. 10. Distinct Part Skilled Nursing Facility (Medicare Only) 1. Admissions 2. Inpatient Days 3. Discharges 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 3. Discharges 2. Inpatient Days 4. Discharges 2. Inpatient Days 3. Discharges 2. Inpatient Days 3. Discharges 2. Inpatient Days 4. Discharge Days 1. Discharge Days 2. Inpatient Days 4. Discharge Days 1. Discharge Days		c. Total numbers of patients in swing-beds at the end of your reporting period
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4. Personal Care Home 5. Other Ouestion E 1-5 should equal line 3, discharges. 10. Distinct Part Skilled Nursing Facility (Medicare Only) 1. Admissions 2. Inpatient Days 3. Discharges 4. Discharge Days Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 1. Admissions 2. Inpatient Days 3. Discharges 2. Inpatient Days 4. Discharges 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 1. Discharge Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 1. Certified Rural Health Clinics		e. Number of swing-bed patients discharged to:
10. Distinct Part Skilled Nursing Facility (Medicare Only) 1. Admissions 2. Inpatient Days Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 11. Geriatric Psychiatric Distinct Part (Medicare Only) 12. Admissions 23. Discharge Days 34. Discharges 45. Discharges 46. Discharges 47. Discharge Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 12. Certified Rural Health Clinics		1. Nursing Homes
Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 11. Geriatric Psychiatric Distinct Part (Medicare Only) 1. Admissions 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 12. Certified Rural Health Clinics	10.	Distinct Part Skilled Nursing Facility (Medicare Only)
Number of acute care beds designated as Distinct Part Skilled Nursing Facility beds 11. Geriatric Psychiatric Distinct Part (Medicare Only) 1. Admissions 2. Inpatient Days 4. Discharge Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 12. Certified Rural Health Clinics		1. Admissions 3. Discharges 2. Inpatient Days 4. Discharge Days
1. Admissions 2. Inpatient Days Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds 12. Certified Rural Health Clinics		
Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds	11.	Geriatric Psychiatric Distinct Part (Medicare Only)
12. Certified Rural Health Clinics		1. Admissions 3. Discharges 2. Inpatient Days 4. Discharge Days
		Number of acute care beds designated as Distinct Part Geriatric Psychiatric beds
1. Number of clinics 2. Number of Visits	12.	Certified Rural Health Clinics
		1. Number of clinics 2. Number of Visits

M. CERTIFICATION
We (I) hereby agree to comply with the Minimum Standards of Operation for Mississippi Hospitals as adopted by the Mississippi State Department of Health/Division of Licensure and Certification, as licensing agency, and as they may be amended from time to time with respect to the operation of Said hospital.
I certify that I have the authority to act in behalf of the hospital for which this application is made. I certify further that I have verified the information given and that it is correct.
Si gned:
Name:(Type)
Ti tle:
Date: