

GUAM MEMORIAL MEDICAL CENTER



Volume 2

MASTER PLAN REPORT

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PART I

**HISTORICAL BACKGROUND
OF GUAM MEMORIAL
MEDICAL CENTER**

HISTORICAL BACKGROUND OF GUAM MEMORIAL MEDICAL CENTER

Guam Memorial Medical Center is the only nonmilitary hospital on Guam, a territory of the United States. Prior to 1950, all medical care on the Island was provided by the United States Navy and missionary groups.

- 1950 The United States Navy's Fleet Hospital No. 111 in Tamuning was given to the Government of Guam. The facility contained a group of one-story, sheet metal structures joined by enclosed corridors. These became the first buildings of Guam Memorial Hospital.
- 1952 Because trained nurses were in such short supply, a school and residence for the training and housing of nurses was constructed. The building (Wing "F") was ready for occupancy in 1952. However, by
- 1954 1954 the disinterest shown by the Guamanians in becoming trained nurses made it impractical to continue the program. At the same time, the six-story unit (Wing "C") was completed. Planned as a tuberculosis hospital, the unit contained 160 beds, an x-ray department, a laboratory, a delivery suite, and a surgical suite. The poor condition of the sheet metal buildings, along with the almost discontinued nurses' training program, convinced the Government to convert the nursing school and residence facility (Wing "F") to a general hospital, as it is now functioning. However, the building, with the rooms located only on one side of the corridor, does not meet the requirements for efficient hospital functions or fire safety standards. A new structure (Wing "G") containing the Dietary and Laundry Departments was constructed between the converted general hospital and the special medicine facility. Locating this building between two inpatient nursing units has created a bottleneck to the proper utilization of the nursing floors.
- 1962 In 1962 Guam Memorial Hospital, as well as other properties on the island, was almost completely destroyed by typhoon Karen. The injured staff and patients of the severely damaged Guam Memorial Hospital were taken to the Navy hospital which, fortunately, was able to continue functioning.
- 1963 The United States Government and the Government of Guam provided the funds necessary to repair the damages to the hospital building and to make certain changes in the additions and locations of departments. The offices and clinics of the U.S. Public Health Service were located on the first and second floors of Wing "C". The tuberculosis patients were placed on the third and fourth floors, with the NINDB on the fifth floor and neuropsychiatric patients on the sixth floor.

1965 In 1965 a change in policy affected the existing Neuropsychiatric Department. Since all neuropsychiatric patients were either treated in the Navy Hospital or were sent to Hawaii, it was decided to discontinue the NP unit and turn the area over to the expanding Pediatric Department. The vacated pediatric space was occupied by physical therapy which functioned there until 1969 when it moved to the fourth floor of Wing "C".

1969

An extended care unit was installed on the fourth floor of Wing "C" after it became possible to reduce the required area for the TB unit by occupying only the third floor. Reduction in the TB incidence rate made this possible.

1972 The "Guam Memorial Hospital" title was changed to "Guam Memorial Medical Center."



PART II

**PHYSICAL INSPECTION
OF EXISTING
HOSPITAL FACILITIES**

INTERVIEWS

The following list of all those individuals interviewed regarding the proposed, new Guam Memorial Medical Center includes members of the Hospital Staff, the Government of Guam, the Chamber of Commerce, the Public Health Service, and Comprehensive Health Planning. Also included is a meeting held with the Medical Society at their July session.

The members of the hospital staff were most cooperative and generous of their time in providing us with all the pertinent information concerning the present operation of the hospital. Included herewith, in capsulated form, is a resume of the information gained from the staff concerning the various departments of the hospital. This material has been of considerable value to us in developing the program for the new facility.

In discussion with government and public health officials, there was mutual agreement as to the dire need of replacing the existing, outmoded, substandard, and inefficient medical facility with a new, modern Medical Health Care Center.

INDIVIDUALS INTERVIEWED

GUAM MEMORIAL MEDICAL CENTER

Robert A. Findley, Ph. D., Administrator
Herbert J. Johnston, Assistant Administrator
Edward Cruz, Administrator in Charge of Business Affairs
John McAndrews, Director, Service Departments
Jack McCanns, Administrator in Charge of Medical Health
Sister M. Laclare Beres, Director, Nursing Service
Leon Concepcion, MD, Chief of Pediatrics
Allen C. Service, MD, Chief of Emergency Services
Benjamin S. Sison, MD, Chief of Medicine
Wesley Olson, MD, Chief of General Practice
Leung Chen, MD, Chief of Laboratory
Loreto Amparo, MD, Chief of Radiology
Percival Ong, MD, Chief of OPD
Frank Haendel, MD, Chief of Psychiatric Services
Glorito Sagisi, MD, Chief of OB-GYN
Ramon A. Tinsay, MD, Chief of Surgery
Adelaida Villar, RN, Head Nurse, Mental Health
Blanche Stephens, RN, Head Nurse, Surgical Suite
Veronica Camacho, RN, Head Nurse, Extended Care Facility

PHYSICAL INSPECTION OF EXISTING HOSPITAL FACILITIES

The present hospital complex is totally unsuitable for consideration as a direct patient care facility. A representative from United States Public Health Service, after visiting the hospital in 1962, said, "The hospital complex is so inefficiently arranged that no amount of money spent on restoration or changes would result in a hospital which might be said to conform to standards for medical practice and patient care which Guam may be expected to require now or in the future."

The existing hospital violates all design criteria of modern hospital construction to provide quality patient care and safety. It would be redundant to identify and list all the deficiencies which have been reviewed and criticized again and again in studies and reports prepared by consultants and governmental personnel. Let us suffice to say, none of the present buildings should be considered for any activity related to direct patient care.

ACUTE CARE NURSING UNITS

MEDICAL—EAST NURSING UNIT

Location: Second Floor—"G" Wing Left

1. Capacity: 19 beds
2. Occupancy Rate: 95 to 100 percent

MEDICAL-SURGICAL—WEST NURSING UNIT

Location: Second Floor—"F" Wing

1. Capacity: 23 beds
2. Occupancy Rate: 100 percent

Usually about equal in medical and surgical patients.

SURGICAL—WEST NURSING UNIT

Location: Third Floor—"F" Wing

1. Capacity: 26 beds
2. Occupancy Rate: 90 percent
3. Average Length of Stay: 7 days

Orthopedic patients usually placed in this nursing unit because of larger rooms.

SURGICAL NURSING UNIT

Location: Third Floor—"G" Wing Left

1. Capacity: 19 beds
2. Occupancy Rate: 100 percent plus
3. Average Length of Stay: 7 days

MATERNITY NURSING UNIT

Location: Fourth Floor—"G" Wing—Right and Left

1. Capacity:

29 maternity beds

40 nursery bassinets, including: One Nursery — 26 bassinets
One Nursery — 13 bassinets
Suspect Nursery — 1 bassinet

2. Occupancy Rate: 100 percent plus

3. Average Length of Stay:

Normal Deliveries: 3 to 4 days.

Caesarean Sections and Deliveries with Complications: 6 to 7 days.

PEDIATRIC NURSING UNIT

Location: Sixth Floor—"C" Wing

1. Capacity: 40 beds

2. Occupancy Rate: 65 to 90 percent

3. Comment:

- a. Size of existing nursing unit adequate.
- b. Overflow adult patients sometimes housed in this unit.
- c. Public Health Service maintains pediatric diagnosis and preventive medicine clinics on Monday and Thursday mornings. Referrals from these clinics are to private or hospital contract physicians.
- d. There are now no isolation rooms; however, there is a definite need for two or three.
- e. It is a common practice for a mother to stay overnight in the room with her child.
- f. There is a large number of visitors to this nursing unit in spite of efforts to keep them to a minimum.

3. Comment:

- a. Rehabilitation patients constitute 50 percent of total.
- b. This nursing unit is utilized at times to house patients waiting for admission to the extended care unit.

TUBERCULOSIS NURSING UNIT

Location: Third Floor—"F" Wing

1. Capacity: 16 beds
2. Occupancy Rate: 90 to 100 percent
3. Average Length of Stay: 3 to 4 weeks
4. Comment:

- a. This nursing unit is sometimes used to house overflow medical patients.
- b. Food service utilizes completely disposable dishes and utensils.
- c. Patients have considerable liberty of movement after their cultures are pronounced negative.

MENTAL HEALTH NURSING UNIT

Location: Third Floor—"C" Wing

1. Capacity: 20 beds
2. Occupancy Rate: 75 percent
3. Length of Stay: Indeterminate. However, an inordinate number of patients are chronic and should be housed in another facility if it were available.
4. Comment:
 - a. 20-bed nursing unit is probably adequate.
 - b. Recently implemented day care program serving average of 10 patients has reduced inpatient load.
 - c. No isolation or security room available for which there is a definite need.
 - d. Drug- or alcohol-abuse patients average one admission per day.

OBSTRETICS-DELIVERY SUITE

Location: Fourth Floor—"G" Wing Right

1. Existing Facilities: Delivery Rooms — 2
Labor Room — 1 containing 5 beds
2. Deficiencies:
 - a. No provision for Caesarean sections (now performed in surgery).
 - b. No recovery room facilities.
 - c. No fathers' waiting room.
3. Present Work Load: 195 to 200 infants delivered per month.

SURGICAL SUITE

Location: Third Floor—"G" Wing Right

1. Existing Facilities:
Operating Rooms: 3 with normal support functions
Recovery Room: 2 beds
2. Operating Schedule: 7 a.m. to 3:30 p.m., 5 day per week
3. Surgery Workload: Averages 250 procedures per month or about 4 procedures per room per day.
4. Surgical Staff Doctors:
4 Surgeons (2 chest, 1 cardiovascular, 1 general)
2 ENT
6 GYN
1 Opthamologist
1 Orthopedic
1 Plastic (50 to 60 percent outpatient procedures)
5. Anesthesia: 1 Anesthesiologist
2 Anesthetists
6. Emergency (after 3:30 p.m.): 2 Registered Nurses
1 Surgical Technician

7. Comment:

- a. Immediate need—6 operating rooms, including facilities for cystology.
- b. Caesarean sections which are now performed in surgery and completely disrupt surgery schedules should be done in the delivery suite.
- c. Recovery room should include isolation facilities. Combination recovery room for both surgery and delivery suites would be acceptable.
- d. Existing facility totally inadequate.
- e. Surgical instruments and utensils are now processed and sterilized in the surgical suite. Sterile linen packs are processed and supplied by central sterile supply.

PATHOLOGY

CENTRAL LABORATORY —MORGUE, AUTOPSY

Location: First Floor—"G" Wing Right

1. Existing Functions Provided:

Chemistry
Hematology
Microbiology
Bacteriology
Microscopy
Histology
Blood Bank
Morgue
Autopsy

2. Phlebotomy procedures are done in the laboratory.

3. Blood Bank:

- a. Donors: 75 per month average
- b. Cross Matches: 100 per month average
- c. Blood Supply Inventory: 20 to 30 pints

4. Autopsies:

- a. Performed on 80 percent of deceased.
- b. Medical Examiner Cases: 50 percent of total.

5. Morgue:

- a. Average Occupancy: 6 cadavers
- b. Maximum Occupancy: Frequently 16 to 20
- c. Average Holding Time: 5 days
- d. Cadaver Refrigeration: 5 compartments (completely inadequate)
- e. Morticians: Presently none located on Guam.
- f. Embalming: Presently no embalming performed except on cadavers transported off island. One part-time embalmer available.

RADIOLOGY

Location: Third Floor—"G" Wing Right

1. Existing Facilities: Diagnostic X-ray and fluoroscopy—3-room department

2. Deficiencies:

- a. Entire facility substandard in size and area.
- b. Patients' dressing areas and toilet rooms.
- c. Inadequate and poorly located for efficient operation.
- d. No office areas for technologists and technicians.
- e. No area for doctors' dry and wet viewing.
- f. Inadequate space for exposed film filing and sorting.

3. Comment:

- a. Present radiography load—24,000 film exposures per annum.
- b. Deep radiotherapy not provided on Guam. These cases are referred off island.

- c. Additional radiography facilities available on the island include those of:

Catholic Medical Center

Seventh Day Adventist Clinic

These facilities service approximately 10 percent of the work load.

- d. Four X-ray rooms should be provided in the new facilities, including one large enough for special procedures.

INHALATION THERAPY

Location: First Floor—"G" Wing Left

1. This function, as a department, has been operational for only 1 year.
2. Department is responsible for supplying all medical oxygen for the medical center.
3. Department provides inhalation therapy for both inpatient and outpatient needs. Present daily load: 14 inpatients and 2 outpatients.
4. Department is responsible for maintaining, servicing, and cleaning all inhalation therapy equipment.

PHARMACY

Location: First Floor—"G" Wing Right

1. Scope of Operation:
 - a. Services and fills both inpatient and outpatient prescriptions.
 - b. Staffed 24 hours per day.
 - c. Handles 200 to 225 prescriptions per day.
 - d. Compounding: Very limited. Most pharmaceuticals used are pre-packaged.
 - e. Two pharmacists on duty during the day. One pharmacist on duty at night.

2. Comment:

- a. Existing facility is quite inadequate in size, but immediate plans are being made for its enlargement.
- b. Unit dose system for inpatients is preferred but has not been implemented due to inadequate budget.

EMERGENCY AND OUTPATIENT CLINIC

Location: First Floor—"G" Wing Right and Left

1. Existing Facilities:

Emergency Operating Room

Treatment Room

Examining Rooms: 5

Observation Alcove: Capacity, 5 stretchers

Utility and Storage Rooms

Waiting Area

2. Clinic Patient Load: 125 to 150 patients per day

Case Load Percentages:

Emergencies	10%
Outpatients (scheduled)	50%
Walk-Ins (unscheduled)	20%
Doctors' Office Patients	20%

3. Clinic Schedules:

Medical and Surgical General: Monday through Friday, 8 a.m. to 5 p.m.

Specialty Medical (Diabetes-Cardiovascular): Monday, Wednesday, Thursday, 1 p.m. to 5 p.m.

Pediatric: Monday, Wednesday, Thursday, 8 a.m. to 5 p.m.

Neuropsychiatric-Neurology: Tuesdays, Fridays, 1 p.m. to 5 p.m.

OB-GYN: Monday through Friday, 8 a.m. to 5 p.m.

4. Comments:

- a. Currently, all patients (emergency, walk-in, and scheduled outpatient) enter through the same department.
- b. An unusual clinic procedure (approximately 20 percent of cases)—doctors treat their office patients at the hospital, i. e., patients follow physician to the hospital if he is not in his office.

Patient Tray Loading Area

Scullery

Staff and Employee Dining Room with Cafeteria Serving Line

Special Dining Room for Luncheon Meetings

2. Patient Meals:

- a. Meals delivered in combination heated and refrigerated compartmental tray carts.
- b. Carts delivered to nursing unit and returned to kitchen by dietary personnel. Meals distributed to patients by nursing unit personnel.
- c. Special diets are made up in the kitchen.
- d. Between-meal nourishments are ordered by requisition and picked up at kitchen by nursing unit personnel.
- e. Meals for outpatient-emergency patients under observation are brought on trays from the kitchen.

3. Comments: Coin-operated dispensing units for sandwiches, hot and cold drinks, etc., are needed for after-hour requirements of staff and visitors.

INSERVICE NURSING INSTRUCTION

Location: Sixth Floor—"C" Wing

1. Existing Facilities:

Classroom and Office

Closed-Circuit TV Facility

2. Comments:

- a. Closed-circuit TV is seldom used as a teaching tool.

- b. Department needs the following:

Teaching conference room large enough for 25 to 30 persons.

Conference room with capacity for 12 persons (for serving two units).

Private offices for Director and Assistant Director and a secretary serving both.

Combination work and storage room.



PART III

**PAST AND PRESENT
HOSPITAL STATISTICS**

PAST AND PRESENT HOSPITAL STATISTICS

The following tabulations, charts, and graphs illustrate past and present statistics as they affect the work load at the Guam Memorial Medical Center.

Contained in this section are the following illustrations:

1. Admissions by origin (by districts).
2. Admissions by origin (by regions).
3. Map of Guam showing patient origin (by regions).
4. Admissions by age groups (tabulation).
5. Admissions by age groups (chart).
6. Monthly admissions, acute and others (1968-1972).
7. Monthly admissions by services (1968-1972).
8. Total yearly admissions of general patients and others (1968-1972).
9. Graph of general patients and others (1968-1972).
10. Graph of Pediatrics admissions and patient days (1963-1972).
11. Graph of Medical admissions and patient days (1963-1972).
12. Graph of Surgical admissions and patient days (1963-1972).
13. Graph of OB-GYN admissions and patient days (1963-1972).
14. Graph of Special Medicine admissions and patient days (1963-1972).
15. Chart of patient days for general patients, Special Medicine, Neuropsychiatric, and Extended Care patients.
16. Past and present bed count by service (1969-1972).
17. Bed utilization per thousand population (1963-1972).
18. Emergency/outpatient visits (1963-1972).

ADMISSIONS BY ORIGIN
(Survey Conducted January 2 to 16, 1972 – 15 days)

<u>Origin</u>	<u>Survey</u>	<u>Factor</u>	<u>Annual</u>	<u>Chart</u>
Agana	19	22.6	430	400
Agana Heights	15		340	400
Agat	45		1,020	1,000
Asan	2		50	100
Barrigada	32		730	700
Chalan Pago	15		340	400
Dededo	88		2,000	2,000
Harmon	10		230	200
Inarajan	12		270	300
Maina	6		140	200
Maite	5		120	100
Mangilao	22		500	500
Merizo	8		200	200
Mongmong	9		200	200
Ordot	1		20	100
Santa Rita	23		520	500
Sinajana	12		270	300
Talofofo	10		230	200
Tamuning	48		1,100	1,100
Toto	10		230	200
Tumon	8		200	200
Umatac	4		100	100
Yigo	15		340	400
Yona	18		400	400
Other	3		70	100
Total	440			10,200
Per Day	30			
Factor = $\frac{10,214}{30} = 340 \text{ days/year}$				
$\frac{340}{15} = 22.6$				

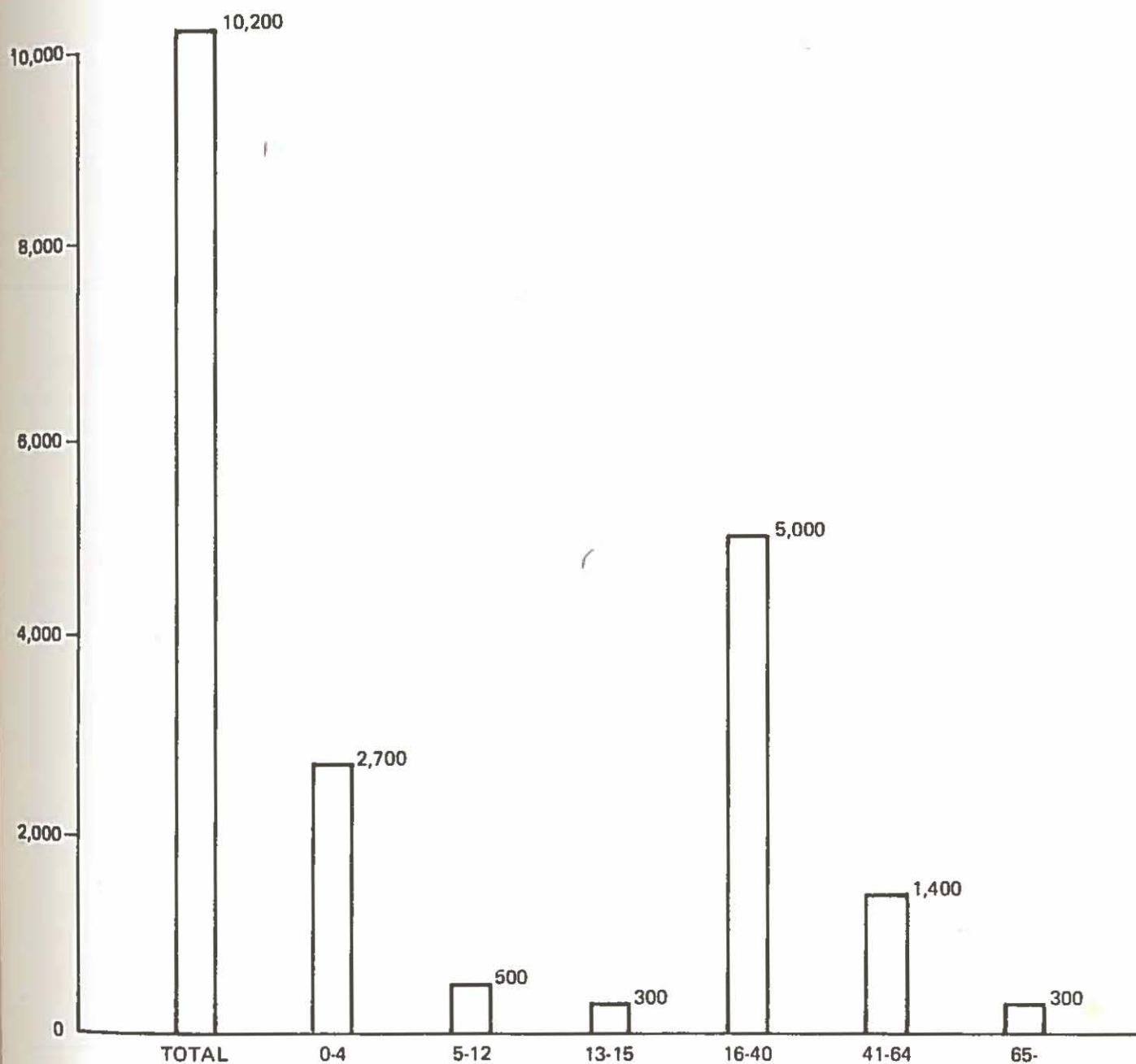
ADMISSIONS BY ORIGIN
(Breakdown by Regions)

<u>Region</u>	<u>Total</u>
Merizo Umatac	300
Talafofo Inarajan	500
Agat Santa Rita Asan	1,600
Chalan-Pago Ordot Sinajana Yona	1,200
Mangilao Barrigada Toto	1,400
Dededo Harmon Yigo	2,600
Agana	2,600
Total	10,200

ADMISSIONS BY AGE GROUPS
(January 2 to 16, 1972 – 15 days)

<u>Age</u>	<u>Survey</u>	<u>Annual</u>	<u>Chart</u>
0-4	118	2,667	2,700
5-12	20	452	500
13-15	10	223	300
16-40	219	4,950	5,000
41-64	62	1,401	1,400
65-	14	316	300
Total			10,200

ADMISSIONS BY AGE GROUPS



NOTE: Projected to annual basis on data collected 2 January through 16 January, 1972.

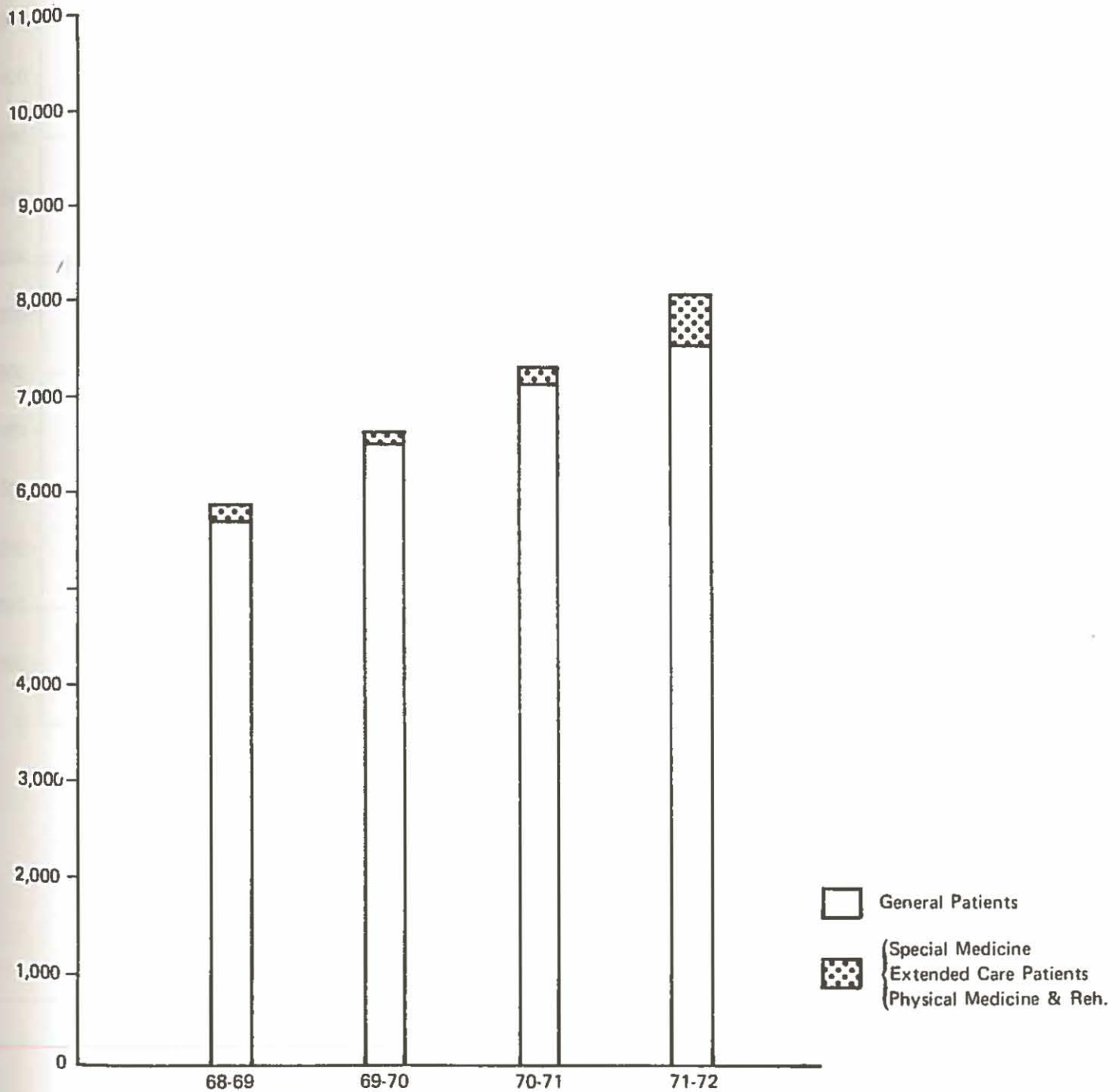
MONTHLY ADMISSION STATISTICS COMPARISON
ACUTE SERVICE (PEDIATRICS, MEDICAL, SURGICAL AND OB/GYN)
OTHER SERVICES (Extended Care, SM, NP, and PM and R)

<u>Month</u>	1968/69		1969/70		1970/71		1971/72	
	<u>Acute</u>	<u>Other</u>	<u>Acute</u>	<u>Other</u>	<u>Acute</u>	<u>Other</u>	<u>Acute</u>	<u>Other</u>
July	413	14	507	18	571	8	597	24
August	429	31	550	14	580	20	640	26
September	446	25	566	14	571	28	683	29
October	479	25	528	10	634	30	644	53
November	458	33	523	18	591	20	568	63
December	466	22	487	16	534	20	580	55
January	441	18	533	17	627	38	650	64
February	471	17	499	13	562	29	577	68
March	496	25	560	20	610	29	623	53
April	515	17	566	13	587	32	603	73
May	469	11	540	14	554	19	655	69
June	<u>507</u>	<u>20</u>	<u>569</u>	<u>19</u>	<u>591</u>	<u>15</u>	<u>565</u>	<u>40</u>
Totals	5,590	258	6,428	186	7,012	288	7,385	617

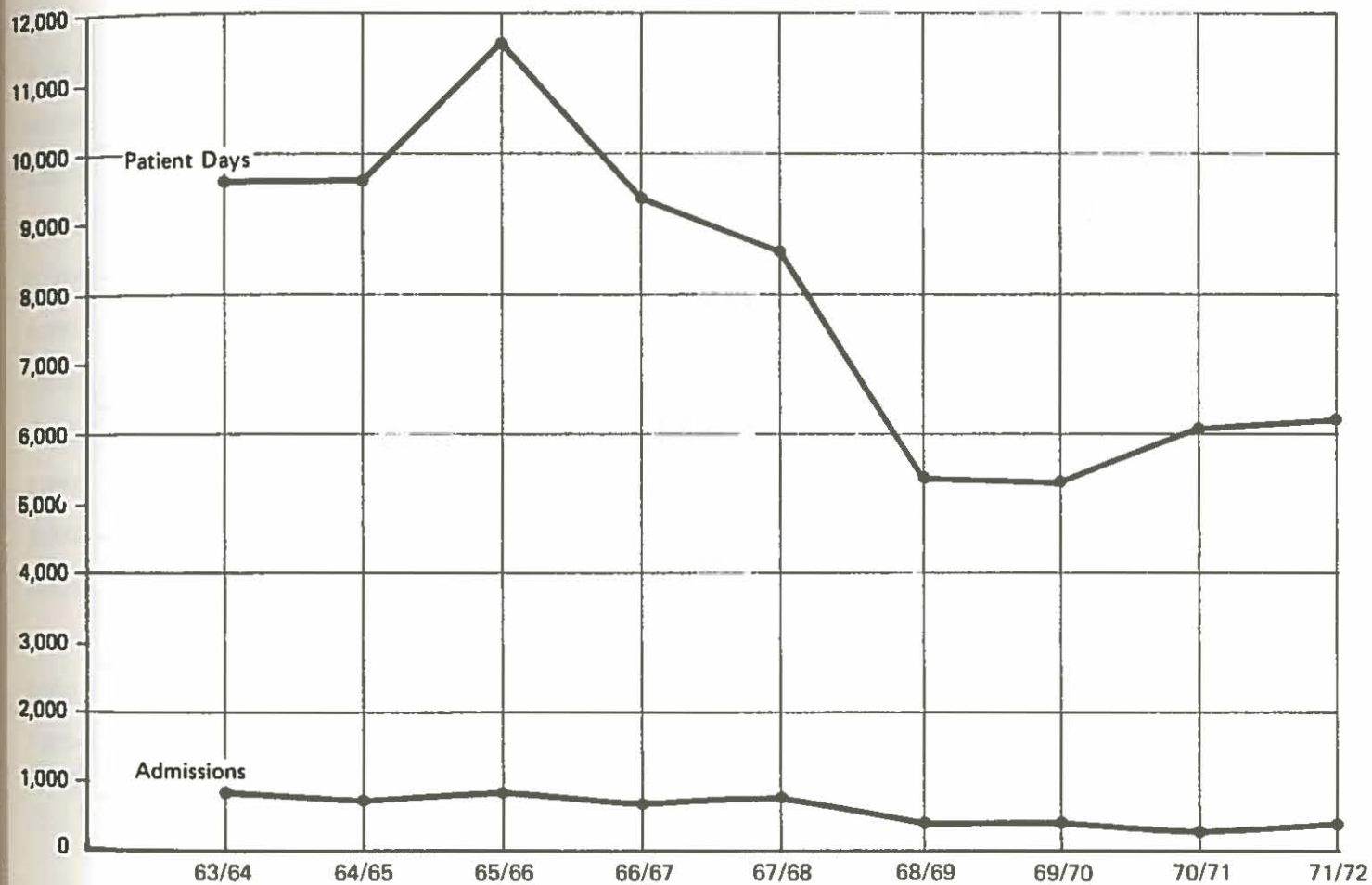
PATIENT FLOW BY MONTH, ADMISSION BY SERVICES
(Fiscal Years 1968/69, 1969/70, 1970/71, 1971/72)

Month	Medical-Surgical				Physical Medicine and Rehabilitation			
	68/69	69/70	70/71	71/72	68/69	69/70	70/71	71/72
July	0	61	74	54			0	8
August	0	68	68	70			0	3
September	0	71	66	70			7	8
October	0	67	75	71			7	18
November	0	59	66	65			5	31
December	0	48	60	69			1	22
January	13	69	75	70			18	35
February	54	58	61	58			11	35
March	58	68	80	70			7	32
April	48	61	68	75			4	44
May	37	69	79	60			3	38
June	<u>51</u>	<u>61</u>	<u>73</u>	<u>71</u>	<u>—</u>	<u>—</u>	<u>2</u>	<u>21</u>
Totals	261	760	845	803	--	--	65	295

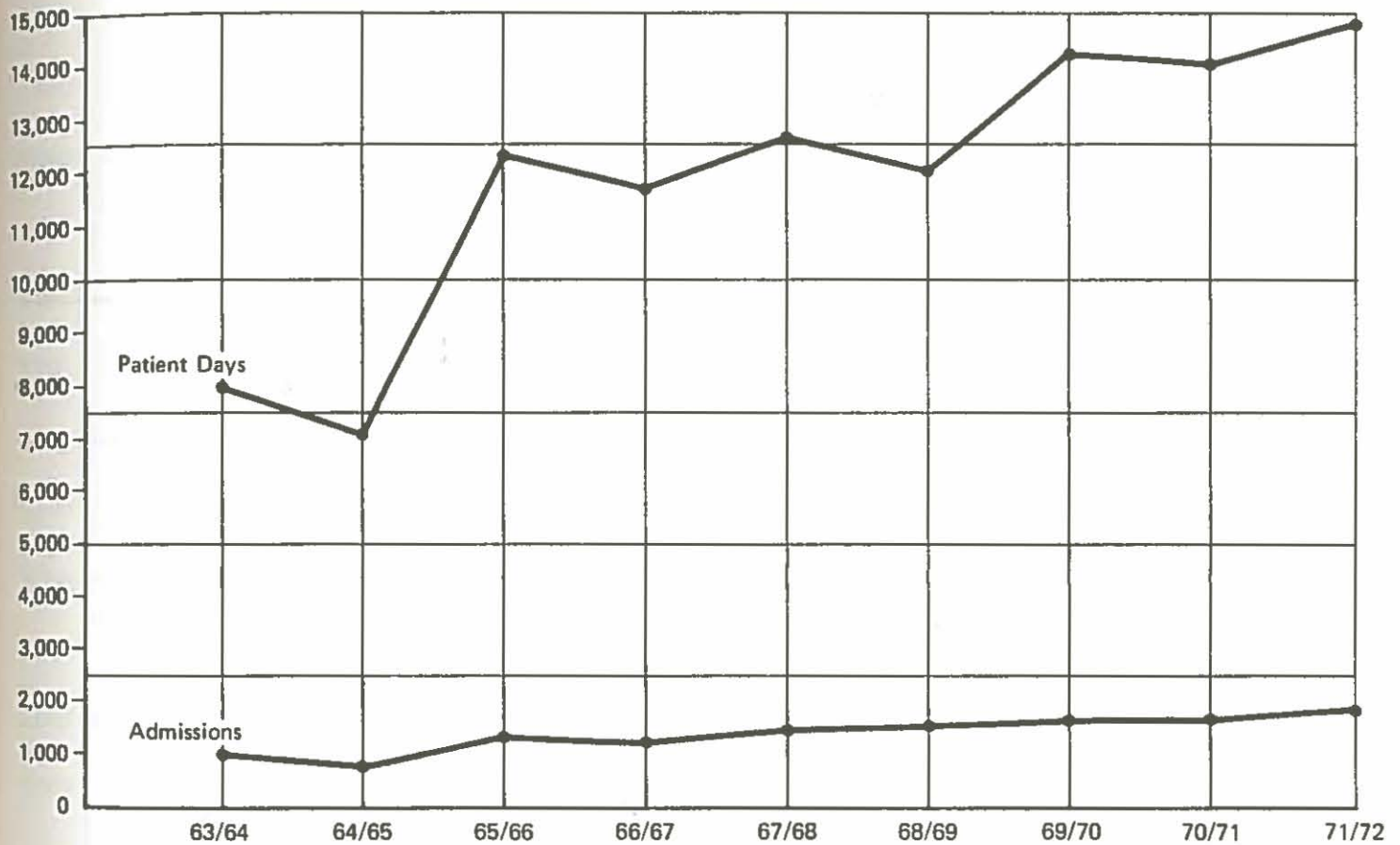
ADMISSIONS



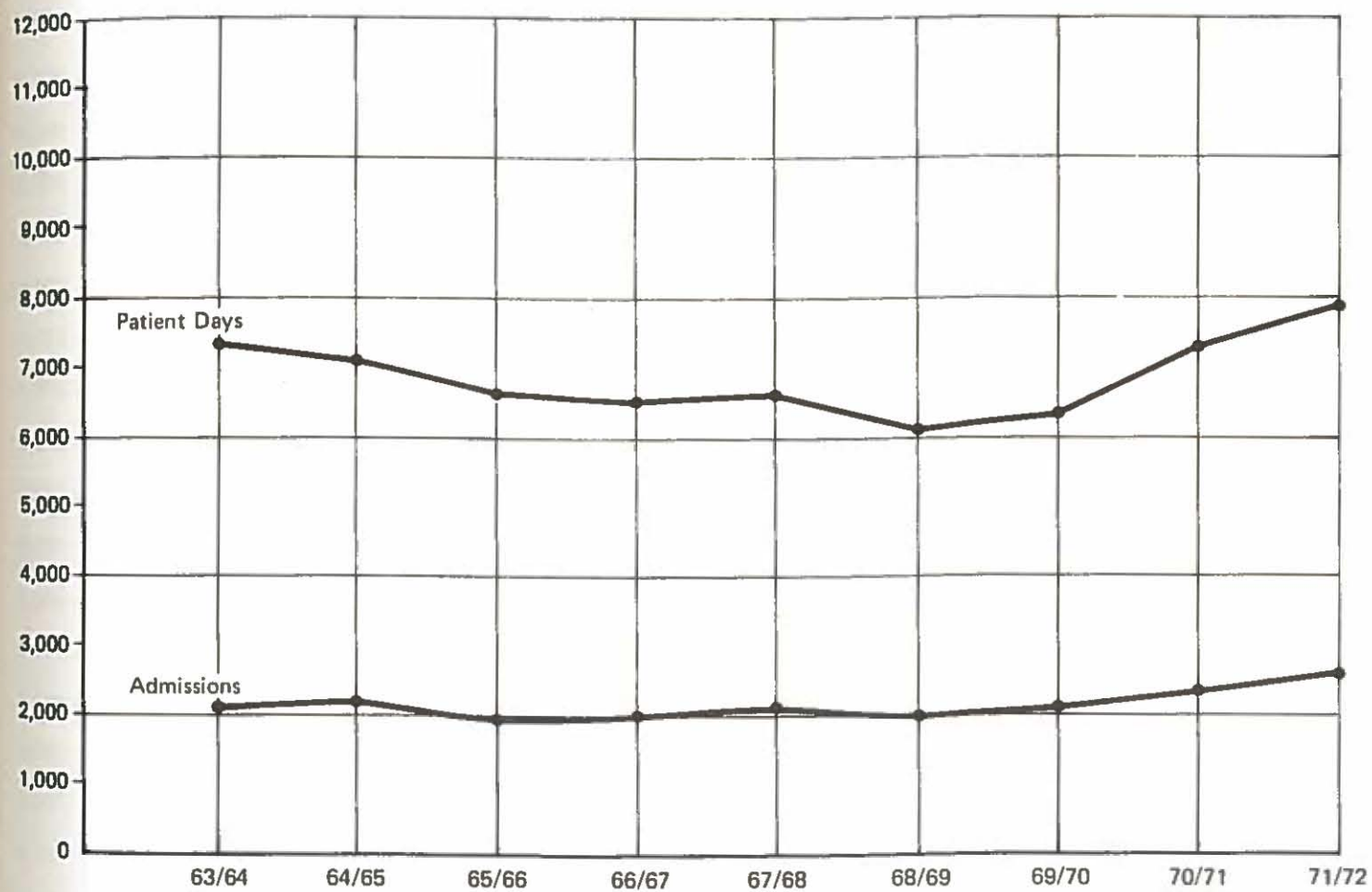
PATIENT DAY—ADMISSIONS RELATIONSHIP, MEDICAL



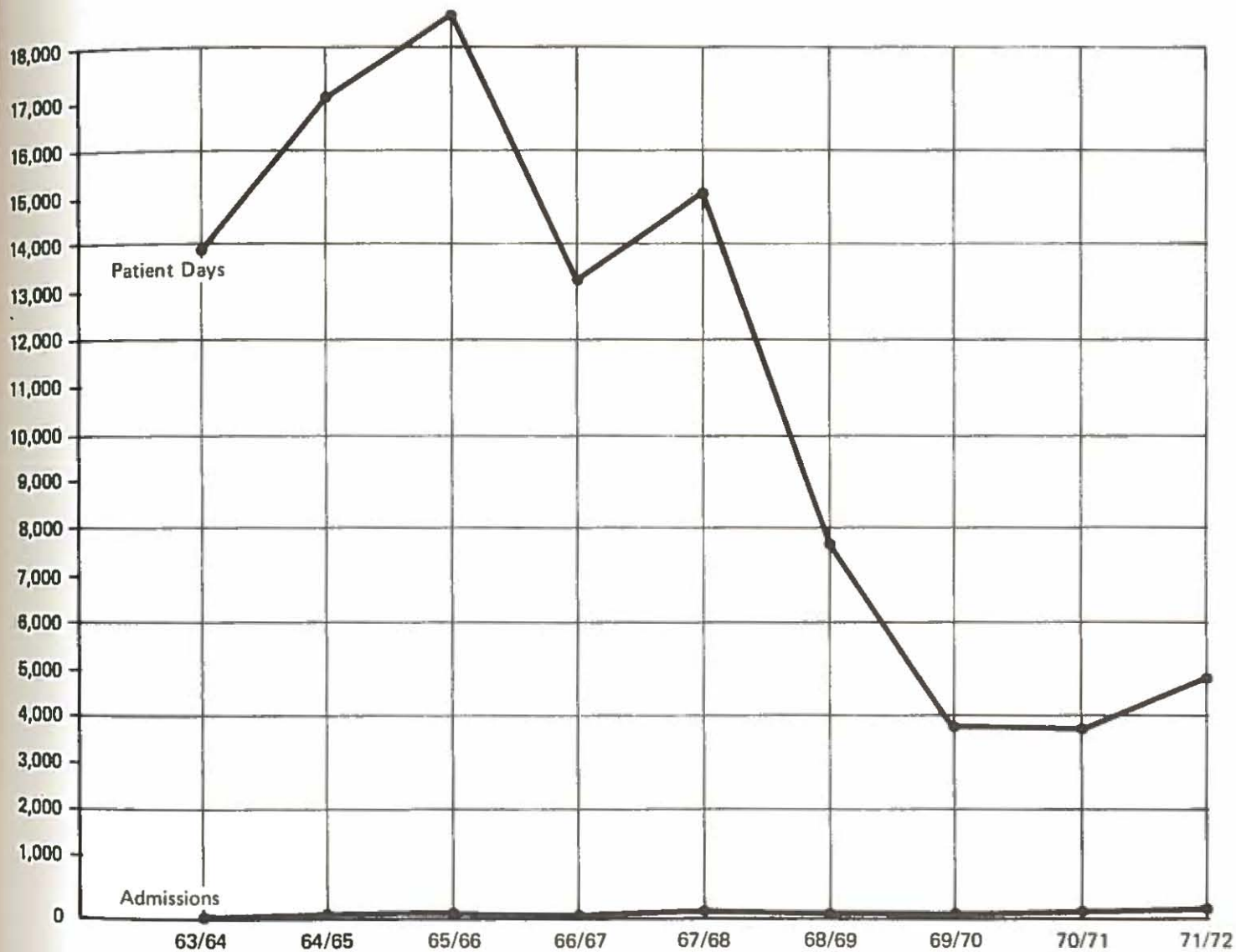
PATIENT DAY-ADMISSIONS RELATIONSHIP, SURGICAL



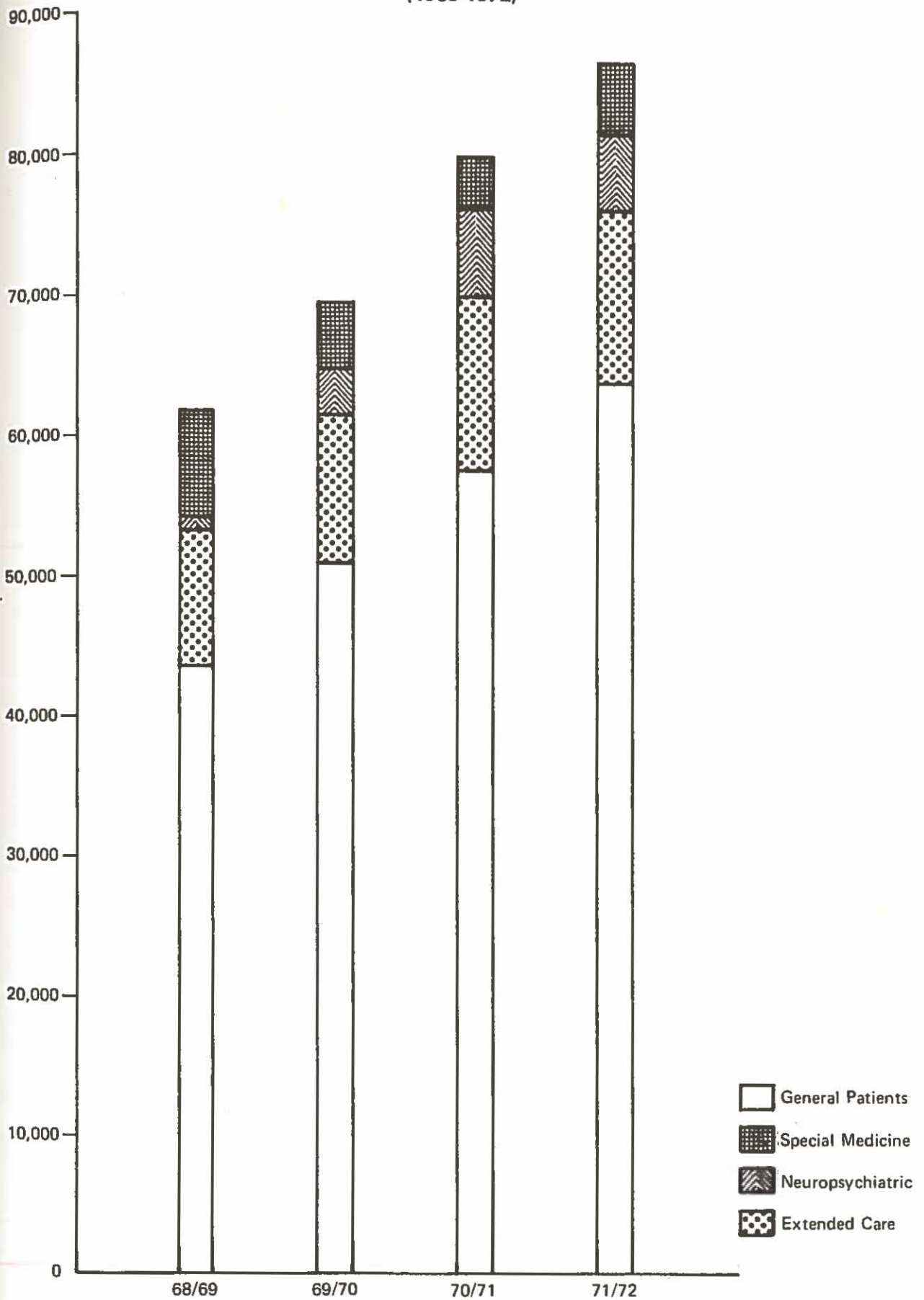
PATIENT DAY-ADMISSIONS RELATIONSHIP, OB/GYN



PATIENT DAY—ADMISSIONS RELATIONSHIP, SPECIAL MEDICINE



PATIENT DAYS
(1968-1972)



BEDS BY SERVICE

Service	1969	1970	1971	1972
Pediatric	40	40	40	40
Medical	19	19	19	19
Surgical	45	45	45	45
Medical-Surgical	23	23	23	23
OB/GYN	29	29	29	29
Bassinets	32	32	32	32
Subtotal	156	156	156	156
Special Medicine	35	16	16	16
Neuropsychiatric	12	12	20	20
Extended Care Facility	33	33	33	33
Physical Medicine & Rehabilitation	00	00	16	16
Subtotal	80	61	85	85
Total	236	217	241	241

BED UTILIZATION PER THOUSAND POPULATION

Year Population		Inpatient Per Thousand			
		All Services		Acute Services	
		Admissions	Patient Days	Admissions	Patient Days
1963	50,087	---	-----	---	---
1964	52,431	134	1,030	100	740
1965	54,869	123	1,020	90	756
1966	57,425	129	1,174	94	790
1967	60,090	113	915	80	680
1968	62,884	83	690	82	648
1969	65,804	90	729	85	629
1970	67,892	97	805	95	629
1971	71,000	103	876	100	740
1972	74,000	108	1,068	100	700

NOTES:

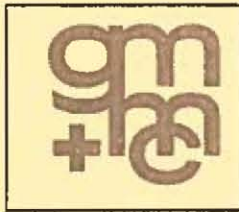
1. Average hospitalization based upon eight prepaid plans is 450 patient days per 1,000 enrollees.
2. National average is 150 admissions per 1,000 population.

EMERGENCY/OUTPATIENT VISITS

Year	Population	Outpatients Per Thousand
1963	50,087	---
1964	52,431	819
1965	54,869	927
1966	57,425	782
1967	60,090	633
1968	62,884	648
1969	65,804	564
1970	67,892	563
1971	71,000	625
1972	74,000	630

NOTE:

National average is 750 outpatient visits per 1,000 population.



PART IV

PROJECTED FUTURE HOSPITAL NEEDS

BUREAU OF PLANNING
GOVERNMENT OF GUAM
P.O. BOX 2950
AGANA, GUAM 96910

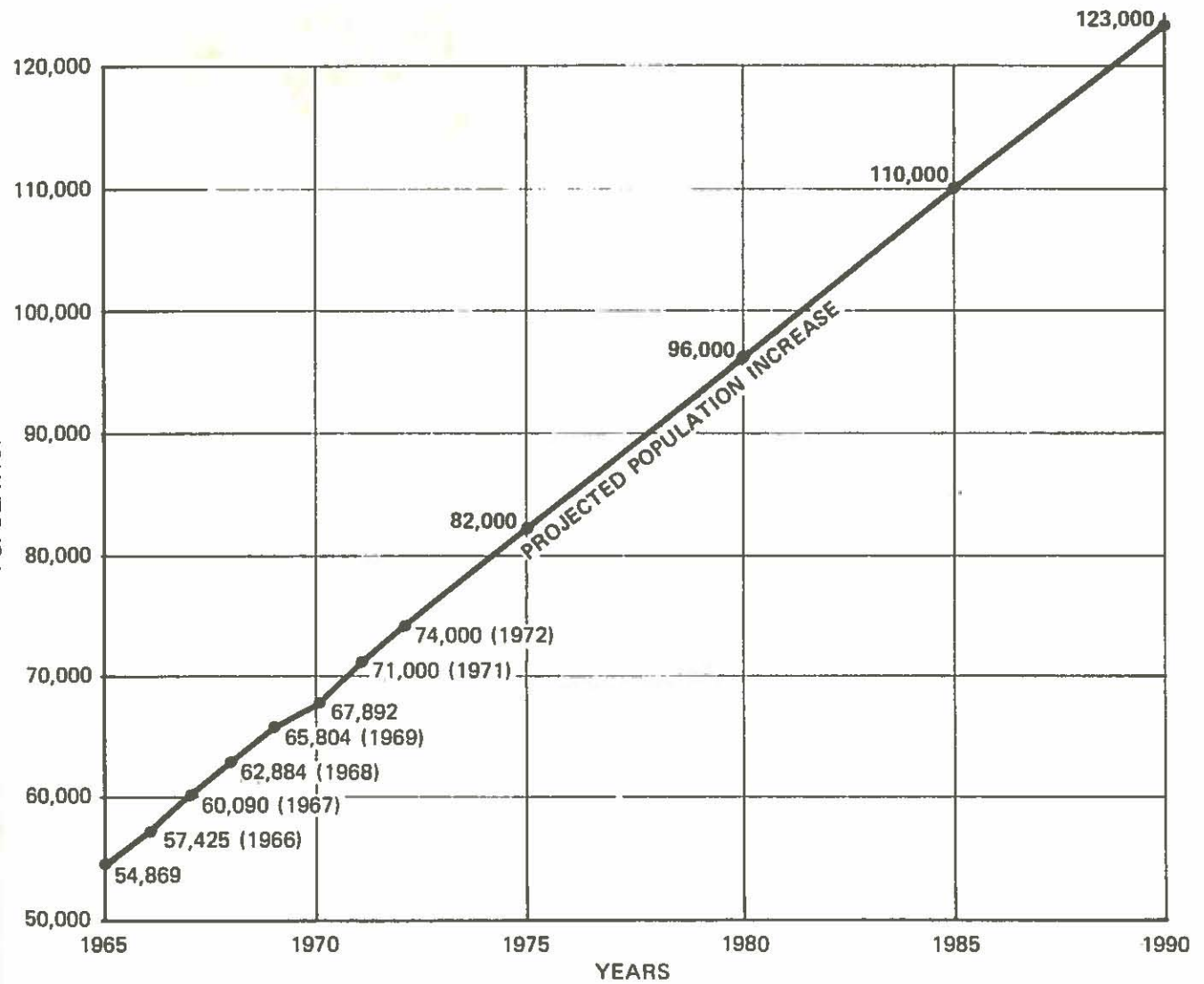
PROJECTED FUTURE HOSPITAL NEEDS

Tabulations and graphs in this section illustrate future needs of the Guam Memorial Medical Center. These determinations are based on the past and present statistics, as well as on anticipated future requirements.

Contained in this section are the following illustrations:

1. Graph of estimated population increase (1965-1990).
2. Tabulations of inpatient statistics of acute services (1963-1972, projected to 1990).
3. Graph of inpatient statistics of acute services (1971-1972, projected to 1990).
4. Tabulation of inpatient statistics of other than acute services (1963-1972, projected to 1990).
5. Graphs of inpatient acute and other services (1964-1972, projected to 1990).
6. Tabulation of projected bed needs for acute and other services (1975-1990).
7. Tabulation of projected emergency/outpatient department visits by functions (1972-1990).
8. Tabulation of projected emergency/outpatient department visits by specialty (1963-1972, projected to 1990).
9. Tabulation of projected emergency/outpatient department visits by divisions (1975-1990).
10. Chart of emergency/outpatient department showing percentages of patient visits by service.
11. Chart of emergency/outpatient department showing percentages of distribution of patient visits.

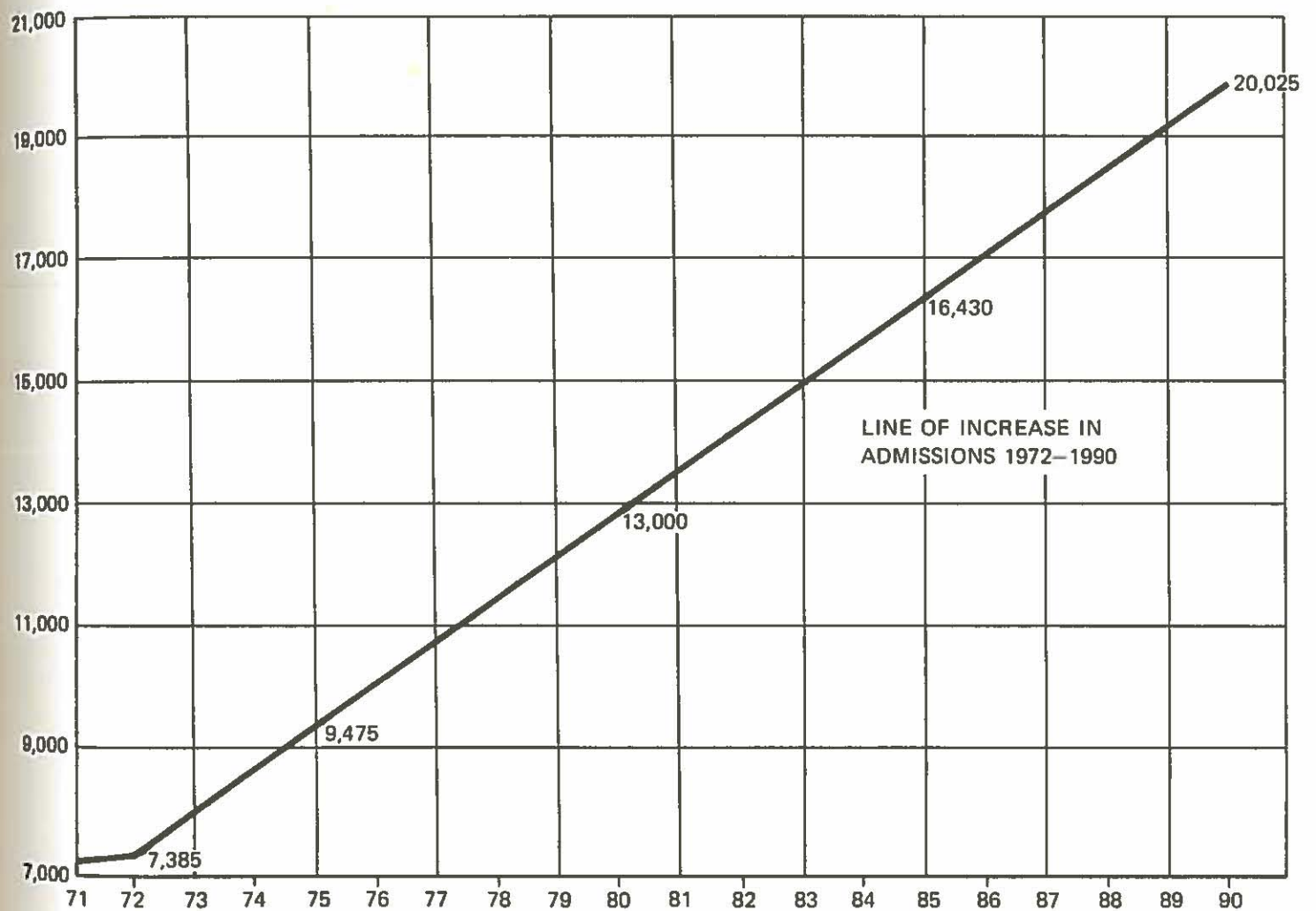
GUAM MEMORIAL MEDICAL CENTER



INPATIENT STATISTICS OF ACUTE SERVICES

Service	1963/ 1964	1964/ 1965	1965/ 1966	1966/ 1967	1967/ 1968	1968/ 1969	1969/ 1970	1970/ 1971	1971/ 1972	1975	1980	1985	1990
<u>Pediatrics</u>													
No. of Beds	23	23	27	18	19	--	41	41	41	45	60	90	110
No. of Admissions	1,167	1,051	1,238	838	909	1,146	1,372	1,468	1,456	2,000	2,950	3,900	4,850
Average Patient Stay	7.2	8.0	8.1	7.8	7.8	9	7	6	7	--	--	--	--
Percent Occupancy	--	--	--	--	--	--	66	64	70	--	--	--	--
Percent Increase	--	--	--	--	--	--	20	07	00	--	--	--	--
<u>Medical</u>													
No. of Beds	26	26	32	26	24	--	19	19	19	30	60	90	120
No. of Admissions	877	701	819	695	741	610	604	512	624	925	1,400	1,900	2,375
Average Patient Stay	11.0	13.7	14.2	13.5	11.7	9	9	12	10	--	--	--	--
Percent Occupancy	--	--	--	--	--	--	84	90	94	--	--	--	--
Percent Increase	--	--	--	--	--	--	00	00	21	--	--	--	--
<u>Surgical</u>													
No. of Beds	22	19	34	32	35	--	45	45	45	60	90	120	150
No. of Admissions	1,012	801	1,286	1,202	1,400	1,510	1,585	1,754	1,859	2,200	2,775	3,350	3,900
Average Patient Stay	7.9	8.9	9.6	9.8	9.0	8	9	8	8	--	--	--	--
Percent Occupancy	--	--	--	--	--	--	83	88	92	--	--	--	--
Percent Increase	--	--	--	--	--	--	06	11	06	--	--	--	--
<u>Medical-Surgical</u>													
No. of Beds						--	23	23	23	30	30	30	30
No. of Admissions						261	760	845	803	1,325	2,225	3,100	3,975
Average Patient Stay	--	--	--	--	--	9	9	8	9	--	--	--	--
Percent Occupancy						--	79	85	89	--	--	--	--
Percent Increase						--	190	11	00	--	--	--	--
<u>OB/GYN</u>													
No. of Beds	20	19	18	18	18	--	29	29	29	45	45	60	60
No. of Admissions	2,176	2,288	2,080	2,048	2,131	2,063	2,107	2,433	2,643	3,025	3,650	4,180	4,925
Average Patient Stay	3.4	3.1	3.2	3.2	3.1	3	3	3	3	--	--	--	--
Percent Occupancy	--	--	--	--	--	--	66	76	78	--	--	--	--
Percent Increase	--	--	--	--	--	--	02	11	09	--	--	--	--
<u>Total</u>													
No. of Beds	149	154	184	149	166	--	157	157	157	210	285	390	470
No. of Admissions	5,232	4,841	5,423	4,783	5,181	5,590	6,428	7,012	7,385	9,475	13,000	16,430	20,025
Average Patient Stay	7.7	8.3	9.1	8.1	8.3	7.6	7.4	7.4	7.4	--	--	--	--
Percent Occupancy	--	--	--	--	--	--	75.6	80.6	84.6	--	--	--	--
Percent Increase	--	--	--	--	--	--	43.6	08	7.2	--	--	--	--

ACUTE SERVICES PROJECTIONS, HOSPITAL ADMISSIONS



INPATIENT STATISTICS OF OTHER THAN ACUTE SERVICES

Service	1963/ 1964	1964/ 1965	1965/ 1966	1966/ 1967	1967/ 1968	1968/ 1969	1969/ 1970	1970/ 1971	1971/ 1972	1975	1980	1985	1990
<u>Special Medicine</u>													
No. of Beds	38	47	53	36	41	--	35	16	16	20	20	30	30
No. of Admissions	56	80	91	70	126	85	82	103	198	250	325	400	490
Average Patient Stay	248.6	214.7	214.0	189.5	120.1	94	50	38	26	26	20	22	20
Percent Occupancy	--	--	--	--	--	--	32	69	89	90	90	85	90
Percent Increase	--	--	--	--	--	--	--	25	90	--	--	--	--
<u>Neuropsychiatric</u>													
No. of Beds						--	12	18	20	20	20	20	20
No. of Admissions						96	77	112	121	125	135	150	160
Average Patient Stay	--	--	--	--	--	15	46	52	44	50	46	41	41
Percent Occupancy						--	82	89	73	85	85	85	90
Percent Increase						--	00	45	08	--	--	--	--
<u>Long-Term Care</u>													
No. of Beds						--	33	33	33	30	30	30	30
No. of Admissions						77	27	8	3	--	--	--	--
Average Patient Stay	--	--	--	--	--	--	347	358	365	--	--	--	--
Percent Occupancy						--	95	98	100	--	--	--	--
Percent Increase						--	--	--	--	--	--	--	--
<u>Physical Medicine & Rehabilitation</u>													
No. of Beds								16	16	20	20	20	20
No. of Admissions								65	295				
Average Patient Stay	--	--	--	--	--	--	--	64	17				
Percent Occupancy								72	87				
Percent Increase								--	21				
<u>Total</u>													
No. of Beds							80	83	85	90	90	90	90
No. of Admissions							186	288	617				
Average Patient Stay	--	--	--	--	--	--	148	128	115				
Percent Occupancy							69.6	82	87.25				
Percent Increase							--	--	39.66				