



**ALABAMA
STATE HEALTH PLANNING AND DEVELOPMENT
AGENCY
HOSPITAL DATA REPORTS**



| Report | Description | E-mail Cost | Mailed Cost |
|---------------------------|--|--------------------|--------------------|
| H-1, I H-1, II | Patient days average daily census, occupancy rates, and other measures of utilization by facility and county for the 12-month period | \$35 | \$45 |
| H-3 | Beds, discharges, patient days, and percent of occupancy for each inpatient service by facility and county for the 12 month period | \$35 | \$45 |
| H-4 | Obstetrical services, bassinets, live births, and fetal deaths by facility and county for the 12 month period | \$25 | \$35 |
| H-5 | Inpatient psychiatric and substance abuse services by facility and county for the 12 month period | \$15 | \$25 |
| H-6 | Hospitals listed by county with address, type ownership, services provided, and licensed beds period (Excludes VA, military, and state-owned facilities) | \$15 | \$25 |
| H-7 | Patient days, expenditures per patient day, admissions, average length of stay, expenditures per admission, number of licensed beds, and occupancy rates | \$45 | \$55 |
| H-8 | Statewide selected trend data (24 measures) | \$15 | \$25 |
| H-9 | Discharges by principal source of payment by facility and county for the 12 month period | \$25 | \$35 |
| H-10 | Special services and equipment including open heart surgery, cardiac catheterizations, megavoltage therapy, and CAT scanners | \$15 | \$25 |
| H-12 | Patient days by principle source of payment by facility and county for the 12 month period | \$25 | \$35 |
| H-13 | Discharge Trends by Principle Source of Payment | \$15 | \$25 |
| H-14 | Statewide trends of beds assigned and percent of occupancy by inpatient service | \$15 | \$25 |
| H-15 | Licensed beds, average daily census, occupancy rates, and average length of stay by hospital | \$15 | \$25 |
| H-16 | Total Inpatient and Outpatient Revenues | \$35 | \$45 |
| H-17 | Inpatient/ Outpatient/Cyto Rooms, Cases, Hours | \$35 | \$45 |
| H-18 | All Hospitals, Patient Days, Beds, Type Ownership | \$10 | \$20 |
| H-20 | Lithotripsy | \$35 | \$45 |

Customized reports are available upon request. Contact us for instructions and prices.

Info@shpda.state.al.us



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|--------------|--|--------------------|------------------|
| SSE-1 | Heart catheterization procedures including PTCAs and permanent pacemaker implants reported for the 12 month period | \$20 | \$30 |
| SSE-2 | Mobile and fixed-base magnetic resonance imaging by facility and county for the 12 month period | \$25 | \$35 |
| | Complete Set of Reports | \$375 CD ROM | Not Available |
| | Complete Data Base on CD in Access Format | \$450 | |

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