



**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-2	Emergency Room Type, Rooms, and Visits	\$15	\$25
H-3 H-3.2	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 H-5.2	Inpatient psychiatric (H-5) and substance abuse (H-5.2) 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 (Trend Report)	\$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	Specialized Surgery Information	\$25	\$35
H-11	General Surgery Information	\$25	\$35
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 (Trend Report)	\$15	\$25
H-14 H-14.2	Statewide trends of beds assigned and percent of occupancy by inpatient service – General Services (H-14) and Specialty Services (H-14.2)	\$15	\$25
H-15	Licensed beds, average daily census, occupancy rates, and average length of stay by hospital	\$15	\$25
H-16	Total Hospital Expenses and Revenues	\$35	\$45
H-17	Procedure Rooms, Cases, and Procedures	\$35	\$45

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

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H-18	All Hospitals, Patient Days, Beds, Type Ownership	\$10	\$20
H-19	Diagnostic Equipment	\$20	\$30
H-20	Therapeutic Services	\$20	\$30
H-21	Pathology Services	\$10	\$20
H-22 Inpatient	Inpatient heart catheterization procedures including PTCAs and permanent pacemaker implants reported for the 12 month period for facilities with CON-Authorized Cath Labs	\$45	\$55
H-22 Outpatient	Outpatient heart catheterization procedures including PTCAs and permanent pacemaker implants reported for the 12 month period for facilities with CON-Authorized Cath Labs		
H-22 No Cath Lab	Heart catheterization procedures including PTCAs and permanent pacemaker implants reported for the 12 month period for facilities without CON-Authorized Cath Labs		
	Complete Set of Reports	\$425 CD ROM	Not Available
	Complete Data Base on CD in Access Format	\$525	

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