Appendix C

Definitions of Hospitals in OTA Analyses of 1987 American Hospital Association Survey Data

Community hospitals included in the OTA analyses are defined as all non-Federal¹, generally short stay (less than 30 days), nonspecialty hospitals responding to the American Hospital Association (AHA) 1987 annual survey of U.S. hospitals. (Community hospitals with long-term care units having patient stays longer than 30 days are included). This definition differs slightly from AHA's definition of community hospitals, which also includes non-Federal, short-stay specialty hospitals.

Federally designated sole community hospitals (SCHs) and rural referral centers (RRCs) are those identified as existing in 1987 or later, according to lists provided by the Health Care Financing Administration (HCFA) that were matched with the list of community hospitals in the OTA analyses. The OTA analyses do not include every designated SCH and RRC, as in some cases hospital names of lists supplied by HCFA do not correspond to the names of hospitals available from the AHA data file. This may be due to name changes as a result of reorganization, buyouts, transfers of ownership, or other factors. The lists

Table C-I—Data on the Number of Sole Community Hospitals (SCHs) and Rural Referral Centers (RRCs), 1987

	SCHs	RRCs
Number on HCFA list	. 367	229
Number identified in AHA data*313		217
Difference (%)	54(14.7%)	12 (5.2%)

^aOffice of Technology Assessment analyses are based on these figures. SOURCE: Office of Technology Assessment, 1990.

may also include hospitals that have closed. The data on slippage are presented in table C-1.

The 277 community hospitals included in the OTA analyses that are defined as frontier are those located in counties with population densities with 6 or fewer persons per square mile. The list of 387 frontier counties was tabulated from 1985-86 county population estimates based on the 1980 census and was supplied by the National Association of Counties in Washington, DC.