

to Pittsburgh. New York City is third at 5.5, 3.3, and 1.6 beds per 1,000. The number of staffed beds needed based on current inpatient usage is 3.8. The estimated number needed per 1,000 in a fully managed care market is 1.9. The salient points of the region, as published by the Hospital Council of Western Pennsylvania for the first half of Fiscal Year 1996 (July 1995 to June 1996) (FY96):

<u>Category</u>	<u>Key Point(s)</u>
o Inflationary Expenses:	Planned budget increases were 1.6%
o Adjusted Cost per Case:	\$6,149 for the first half of FY96; average gross inpatient charge is \$13,626, up 4.6%
o Admissions:	Decreased by 4.8%
o Inpatient Days:	Decreased by 10.3%, with an average length of stay (ALOS) at 5.4 days, down 5.7%
o Full - Time Equivalents: or 3.1% (FTE)	An average of 67,196, representing a 2,144 decrease
o Adjusted FTE/Occupied Bed:	5.3 FTE/bed
o Staffed Beds:	13,587, representing a 2.0% loss
o Occupancy Rates:	57.8%, but this varies considerably depending on the hospital
o Outpatient and Emergency Visits:	Decreased by 0.3% and 6.5% respectively
o Surgical Procedures:	Inpatient procedures at 81,490, a decrease of 4.0% Outpatient procedures at 124,969, and increase of 0.1%
o Unaudited Net Operating and Total Revenue Margins:	Net Margin: 0.19% loss Average Total Margin: 2.52%

There were only small differences between Allegheny County and City of Pittsburgh hospitals in net operating and total revenue margins. Both showed a 1.0% or less net operating loss. Total revenue was 2.14%, and 2.30% respectively. Urban hospitals showed a net operating loss of 0.13%, with a total revenue of 2.65%. Rural hospitals had a net operating loss of 0.69%, with a total revenue margin of 1.49%. The total revenue margin may be interpreted as under performing investments.