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State of Iowa
1948

IOWA HOSPITAL PLAN

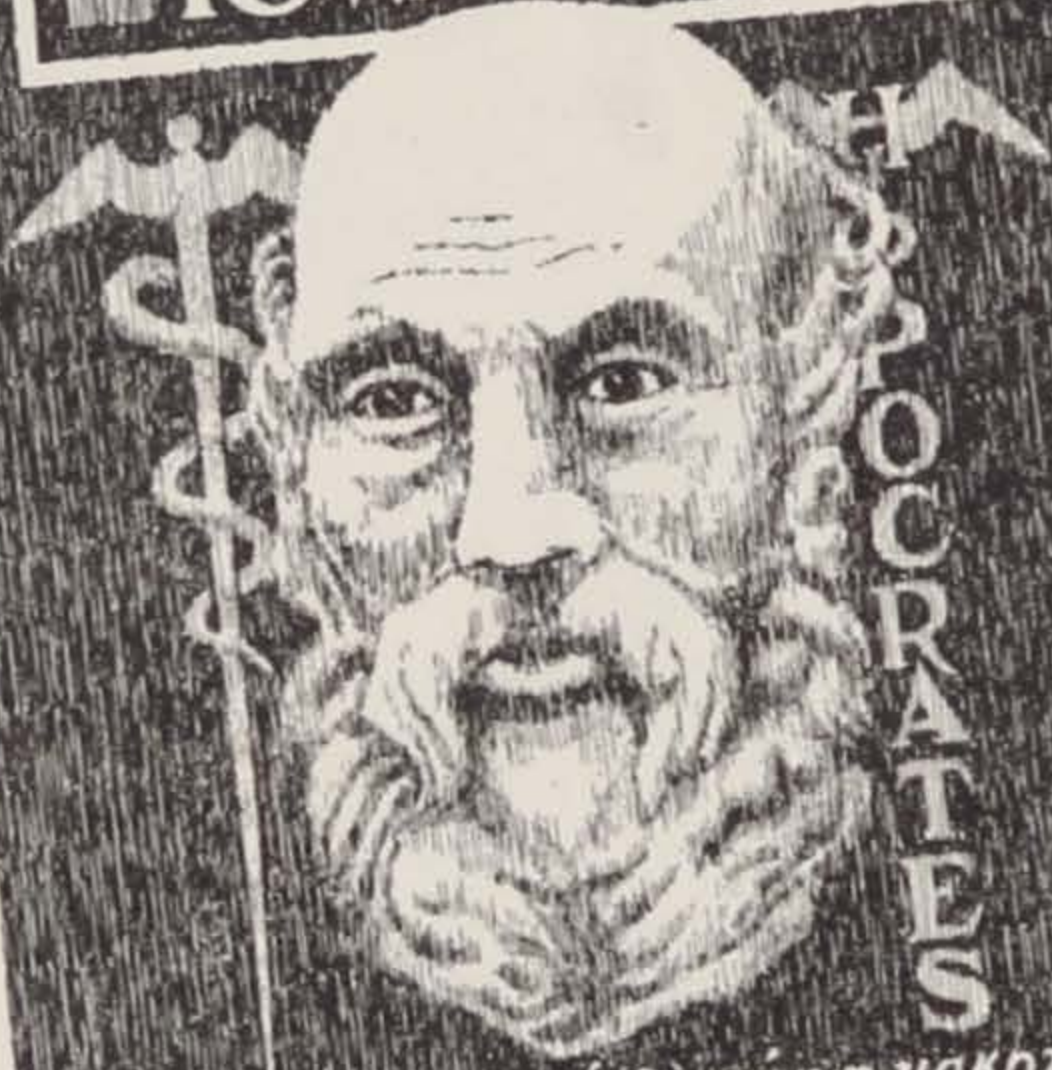


IOWA STATE DEPARTMENT OF HEALTH

Published by
THE STATE OF IOWA
Des Moines

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IOWA HOSPITAL PLAN

STATE DEPARTMENT OF HEALTH

DES MOINES, IOWA



Revised July 1

1948

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State Department of Health

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DES MOINES (19), IOWA

DIVISION OF
HOSPITAL SERVICES
ROBERT C. HANLON, M.S., *Director*

July 1, 1948

Leonard A. Scheele, M. D., Surgeon General
United States Public Health Service
Washington, D. C.

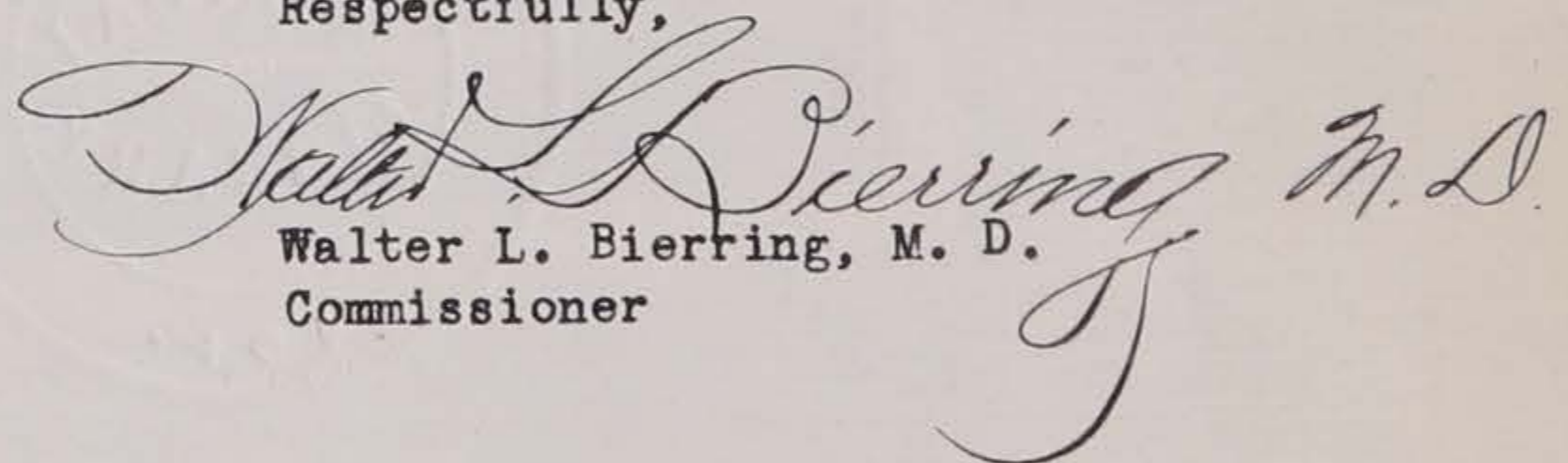
Sir:

There is submitted herewith the first annual revision of the Iowa State Plan for Hospital Construction, in accordance with Public Law 725.

This plan has been considered and accepted by the State Hospital Advisory Council on December 12, 1947, and submitted to a public hearing held in Des Moines on December 29, 1947. This revision was presented to and approved by the State Hospital Advisory Council on June 29, 1948.

It is agreed that this plan will be further revised periodically as changing conditions warrant.

Respectfully,


Walter L. Bierring, M. D.
Commissioner

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STATE OF IOWA

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OFFICES

1027 Des Moines Street
(one block north of Capitol Building)
Des Moines

Sept

Iowa St Dept. Health

Sept 10, 1948

INTRODUCTION

In accordance with the Hospital Survey and Construction Act, Public Law 725, 79th Congress, a state wide inventory of existing hospital and public health facilities has been completed. This information is presented in the Report of Hospital and Public Health Resources in Iowa, Iowa State Department of Health. Included in the Report is statistical data on the hospital and public health facilities and services, professional personnel and related resources. Also included is a proposed system of coordinated hospitals and public health facilities.

Herewith is presented the first annual revision of the Iowa Hospital Plan based upon the inventory and survey data. The format and content are in accordance with the Federal regulations promulgated by the United States Public Health Service.

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DEFINITIONS

1. Hospitals. Hospitals are "Public Health Centers and general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, out-patient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but not institutions furnishing primarily domiciliary care. The term 'hospital', except as applied generally to include public health centers, shall be restricted to institutions providing community service for in-patient medical or surgical care of the sick or injured. This includes obstetrics. It shall exclude Federal hospitals and institutions found to constitute a public hazard."

2. General Hospital and Community Clinic. A general hospital is "Any hospital for in-patient medical or surgical care of acute illness or injury and for obstetrics, of which not more than 50% of the total patient days during the year are customarily assignable to the following categories of cases: Chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, and tuberculosis." Facilities with a capacity of less than 35 beds are defined as community clinics.

3. Allied Special Hospitals. Cardiac, eye-ear-nose-throat, isolation, maternity, children's orthopedic, and skin and cancer, as well as other hospitals providing similar specialized types of care commonly given in general hospitals. The term excludes mental, tuberculosis, and chronic disease hospitals.

4. Psychopathic Hospital. A psychopathic hospital is "A type of mental hospital where patients may receive intensive treatment and where only a minimum of continued treatment facilities will be afforded."

5. Tuberculosis Hospital. A tuberculosis hospital is "A hospital for the diagnosis and treatment of tuberculosis, excluding preventoria."

6. Chronic Disease Hospital. A chronic disease hospital is "A hospital, the primary purpose of which is medical treatment of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in the state. The term includes such convalescent homes as meet the foregoing qualifications. It excludes tuberculosis and mental hospitals, nursing homes, and also institutions, the primary purpose of which is domiciliary care."

7. Public Health Center. A public health center is "A publicly owned facility utilized by a local health unit for the provision of public health services, including related facilities, such as laboratories, clinics, and administrative offices operated in connection with public health centers."

8. Public Health Services. Public health services are "Services provided through organized community effort in the endeavor to prevent disease, prolong life, and maintain a high degree of physical and mental efficiency. In addition to the services which the community already provides as a matter of practice, the term shall include such additional services as the community from time to time may deem it desirable to provide."

9. Area. An area is "A logical hospital service area, taking into account such factors as population distribution, natural geographic boundaries, transportation and trade patterns, all parts of which are

reasonably accessible to existing or proposed hospital facilities and which has been designated by the State Department of Health as a base, intermediate, or rural area."

10. Base Area. A base area is "Any area which is so designated by the State Agency and has the following characteristics: (1) Irrespective of the population of the area, it shall contain a teaching hospital of a medical school; this hospital must be suitable for use as a base hospital in a coordinated hospital system within the State; or (2) the area has a total population of at least 100,000 and contains or will contain on completion of the hospital construction program under the State Plan at least one general hospital which has a complement of 200 or more beds for general use. This hospital must furnish internships and residencies in two or more specialties and must be suitable for use as a base hospital in a coordinated hospital system within the State."

11. Intermediate area. An intermediate area is "Any area so designated by the State Department of Health which: (1) Has a total population of at least 25,000 and (2) contains, or will contain on completion of the hospital construction program under the State Plan at least one general hospital which has a complement of 100 or more beds and which would be suitable for use as a district hospital in a coordinated hospital system within the State."

12. Rural Area. A rural area is "Any area so designated by the State Department of Health which constitutes a unit, no part of which has been included in a base or intermediate area."

14. Coordinated Hospital System. A coordinated hospital system is "An interrelated network of general hospitals throughout the state in

which one or more base hospitals provide district hospitals and the latter in turn provide rural and other small hospitals with such services relative to diagnosis, treatment, medical research and teaching as cannot be provided by the smaller hospitals individually."

15. Population. The state population used in this Plan is 2,539,075 and does not exceed the latest estimated civilian population made available by the Department of Commerce. The population density in Iowa is 45.3 persons per square mile.

A. DESIGNATION OF STATE AGENCY

1. Give the name of the State Agency which is responsible for administering the State Plan.

IOWA STATE DEPARTMENT OF HEALTH

2. Has the organization of the State Agency been changed since the existing State Plan was approved?

YES NO

(If "yes", attach a chart (identify as Exhibit 1) which shows the organization of the State Agency and the relationship of the unit which is immediately responsible for administering the State Plan to the other units of the State Agency.)

B. AUTHORITY OF THE STATE AGENCY

Has any change been made in the authority of the State Agency to carry out the provisions of the State Plan?

YES NO

(If "yes", attach a copy (identify as Exhibit 2) of the legislation or Governor's order which accomplished the change.)

C. DESIGNATION OF STATE ADVISORY COUNCIL

Has any change been made in the membership of the State Advisory Council?

YES NO

(If "yes", attach a statement (identify as Exhibit 3) showing the names, present positions, and interests or professions represented by each new member and the names of the members replaced.)

D. DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM

Attach new Forms PHS-5(HF); PHS-7(HF); PHS-10(HF); PHS-11(HF); and PHS-12(HF), (identify as Exhibit 4) to replace the existing forms included in the State Plan. If separate facilities are planned for separate population groups in the State, Form PHS-8(HF) shall be resubmitted, if any changes have occurred which require supplementation or revision. Maps submitted with the initial plan shall be revised and resubmitted if changes have occurred. As a minimum, consider the factors described in the instructions on the reverse side.

E. RELATIVE NEED DETERMINATIONS

Submit a new Form PHS-13(HF) to replace the form approved in the existing State Plan. (Identify as Exhibit 5). As a minimum, take into consideration the factors described in the instructions on the reverse side.

F. METHODS OF ADMINISTRATION

Do the methods of administration included in the approved State Plan reflect accurately the current or projected method of administering the State Plan?

YES NO

(If "no", attach revised or additional pages (identify as Exhibit 6) to be included in the State Plan.)

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

STATE PLAN

NOTE: - Submit the original and one copy of this form to the appropriate U. S. Public Health Service District Office. One complete set of the material called for below shall be attached to each of the two copies. Label the attached material as Exhibit A, B, C, etc. as described below. See Title 2, Chapter 3, Part 2 of the Grants-in-Aid Manual for instructions on completing this form and otherwise developing the State Plan

1. DESIGNATION OF STATE AGENCY (See Section .3 of the instructions)

A. The name of the State Agency designated as the sole agency to administer or supervise the administration of the State Plan is:

STATE DEPARTMENT OF HEALTH

B. The name of the organizational unit within the State Agency which is authorized to immediately direct the administration of the State Plan is:

DIVISION OF HOSPITAL SERVICES

C. Attached is one (1) copy of an organization chart which shows the relationship of the organizational unit named in "B" above to the State Agency as a whole. This chart is labeled Exhibit A.

2. AUTHORITY OF STATE AGENCY (See Section .4 of the instructions)

A. Attached is the material described in Section .4B of the instructions. This material is labeled Exhibit B.

3. DESIGNATION OF STATE ADVISORY COUNCIL (See Section .5 of the instructions)

Check one

A. The State Advisory Council has been appointed, and a list of the members is attached which shows their present positions and the interest or profession each represents. (See instructions regarding identification of members of working executive committees, if any). This list is labeled Exhibit C.

B. The State Advisory Council has not been appointed. A State Advisory Council will be appointed prior to the submission of individual construction projects, and it will include members representing the groups or interests required by the Act. The council will be appointed on or before

(fill in date)

4. DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM (See Section .6 and Exhibit 1 of the instructions)

A. Forms PHS-5(HF); PHS-7(HF); PHS-8(HF) or the optional statement; PHS-10(HF); PHS-11(HF); and PHS-12(HF) and the maps and other material requested in Exhibit 1 of the instructions are attached. These forms and material are labeled Exhibit D.

5. RELATIVE NEED DETERMINATIONS (See Section .7 of instructions)

A. Form PHS-13(HF) and the other material called for in Section .7D of the instructions are attached, and are labeled Exhibit E.

6. METHODS OF ADMINISTRATION (See Section .8 of the instructions)

A. Statements are attached which cover as a minimum each method of administration described in Section .8C to .8I inclusive of the instructions. Each method of administration is described under the same heading used in the instructions. These statements are identified as Exhibit F.

7. MINIMUM STANDARDS FOR MAINTENANCE AND OPERATION OF HOSPITALS WHICH RECEIVE FEDERAL AID UNDER THE HOSPITAL SURVEY AND CONSTRUCTION ACT (See Section .9 of the instructions)

A. One copy of the minimum standards which the State Agency has adopted are attached and are labeled Exhibit C.

8. FAIR HEARING (See Section .10 of the instructions)

A. One copy of the Rules and Regulations governing the fair hearing procedure which the State Agency has adopted are attached and are labeled Exhibit H.

9. SUBMISSION OF REPORTS AND ACCESSIBILITY OF RECORDS (See Section .11 of the instructions)

A. The State Agency hereby agrees to make such reports in such form and containing such information as the Surgeon General may from time to time reasonably require, and to give the Surgeon General or his representatives, upon demand, access to the records upon which such information is based.

10. REVISION OF HOSPITAL CONSTRUCTION (See Section .12 of the instructions)

A. The State Agency hereby agrees that it will from time to time as is necessary, but at least annually, review the over-all hospital construction program. The State Agency further agrees that it will on or before May 15 of each year submit to the Surgeon General a report which contains such revision of the over-all hospital construction program as the State Agency considers necessary.

I hereby certify that the above statements and attached statements, charts, maps, and tables are true and correct to the best of my knowledge and belief, and are an accurate presentation of the State Plan adopted by the State Agency.

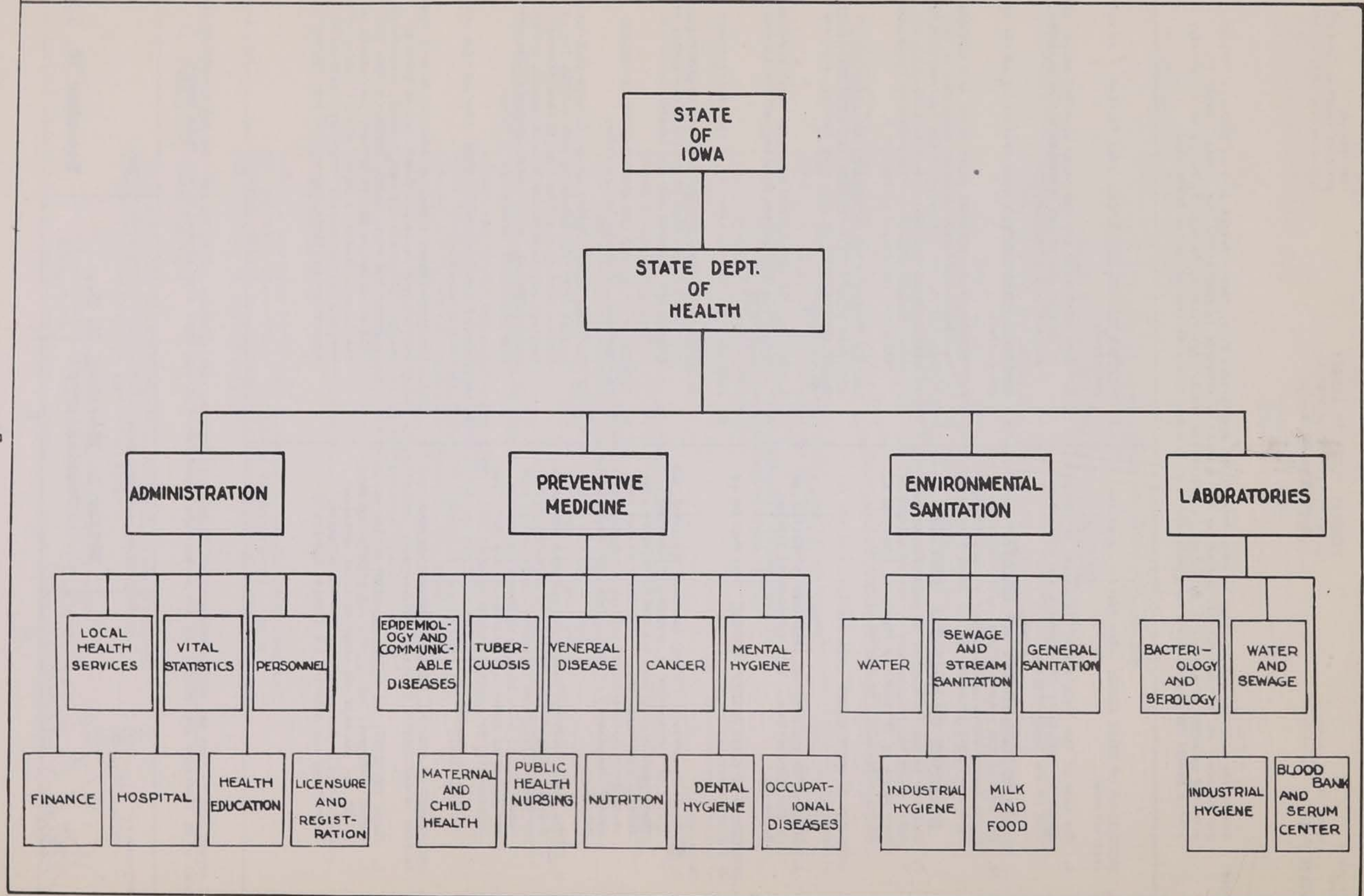
Signature

Typed name and title

Walter L. Bierring, M. D.,
Commissioner

Date

December 10, 1947



AUTHORITY *

House File 314, designating the State Department of Health as the sole agency to administer this Plan, and House File 465, requiring the licensure of hospitals, were passed by the 52nd General Assembly of Iowa and approved by Governor Robert D. Blue.

House File 314 became Chapter 90, approved on April 17, 1947, and House File 465 became Chapter 91, approved on April 22, 1947 of the Laws of the 52nd General Assembly of Iowa. Copies of these laws are included in the Report on Hospital and Public Health Resources.

* Certified copies of laws are included in the official copies for the U.S.P.H.S.

IOWA
HOSPITAL ADVISORY COUNCIL

Appointments - Governor Robert D. Blue, September 16, 1947

	Term Years
<u>Representing Hospital Administration</u>	
Iowa Hospital Association	
Gerhard Hartman, Ph. D., H. A., State University Hospital, Iowa City	4
Harold K. Wright, Supt., Methodist Hospital, Sioux City	2
Sister Mary Edmunda, R. N., Supt., St. Joseph Mercy Hospital, Dubuque	1
Miss Esther Squire, R. N., Supt., Washington County Hospital, Washington	2
Iowa Osteopathic Hospital Association	
David H. Grau, D. O., President, Iowa Osteopathic Hospital Association, Muscatine	1
<u>Representing Field of Health</u>	
Con R. Harken, M. D., Physician and Surgeon, Osceola	4
Charles A. Nicoll, M. D., Physician and Surgeon, Panora	1
Anna C. Carlson, R. N., Nursing, Ida Grove	3
<u>Representing Civic and Hospital Consumer Interests</u>	
Mrs. Mary Woodward, Iowa Federation of Womens Clubs, Whittemore	2
Mrs. Cora Abraham, American Legion Auxiliary and Farm Women, Mt. Pleasant	3
Thomas W. Purcell, Editor, Hampton Chronicle, Hampton	3
X. T. Prentis, Merchant, former Representative of Iowa Legislature, Mt. Ayr	4

DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM

General Hospitals.

Considering the present existing hospital facilities, the hospital needs as determined by the survey, the need for a coordinated hospital system and in accord with the Federal Act, the state was divided into base, intermediate and rural general hospital service areas as shown on the following service area map. The several factors used in delineating these areas were discussed in detail in the Report on Hospitals and Public Health Resources. The map includes the locations of present or proposed general hospitals, the boundaries and population and the identification of each area. The area hospital centers are also identified.

The development of the proposed hospital regions was discussed in detail in the above mentioned report and the map showing the proposed hospital regions follows. The map includes the region boundaries, the location of regional and area centers, the identification of the regions and the proposed relationship between hospitals.

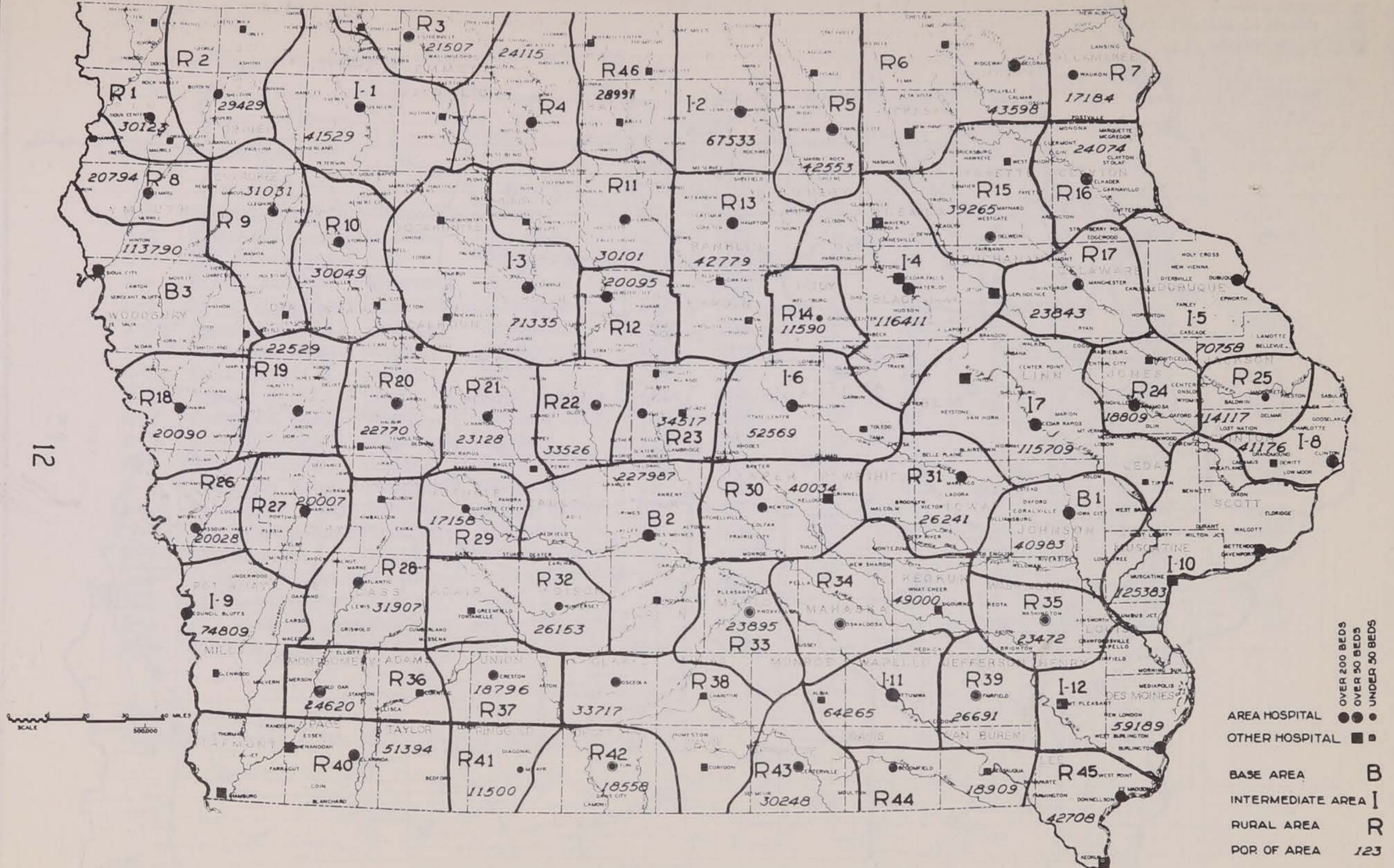
ACCEPTABLE AND NON-ACCEPTABLE HOSPITAL REPORT

The general and allied special hospitals in the state are included in the tabulation presented on Form PHS-5. Federal hospitals, institutions furnishing primarily domiciliary care or which do not provide community service are not included.

It will be noted that the hospital beds are divided into two groups, acceptable and non-acceptable. This separation was made on the basis of fire resistive construction. The data on whether the building is consid-

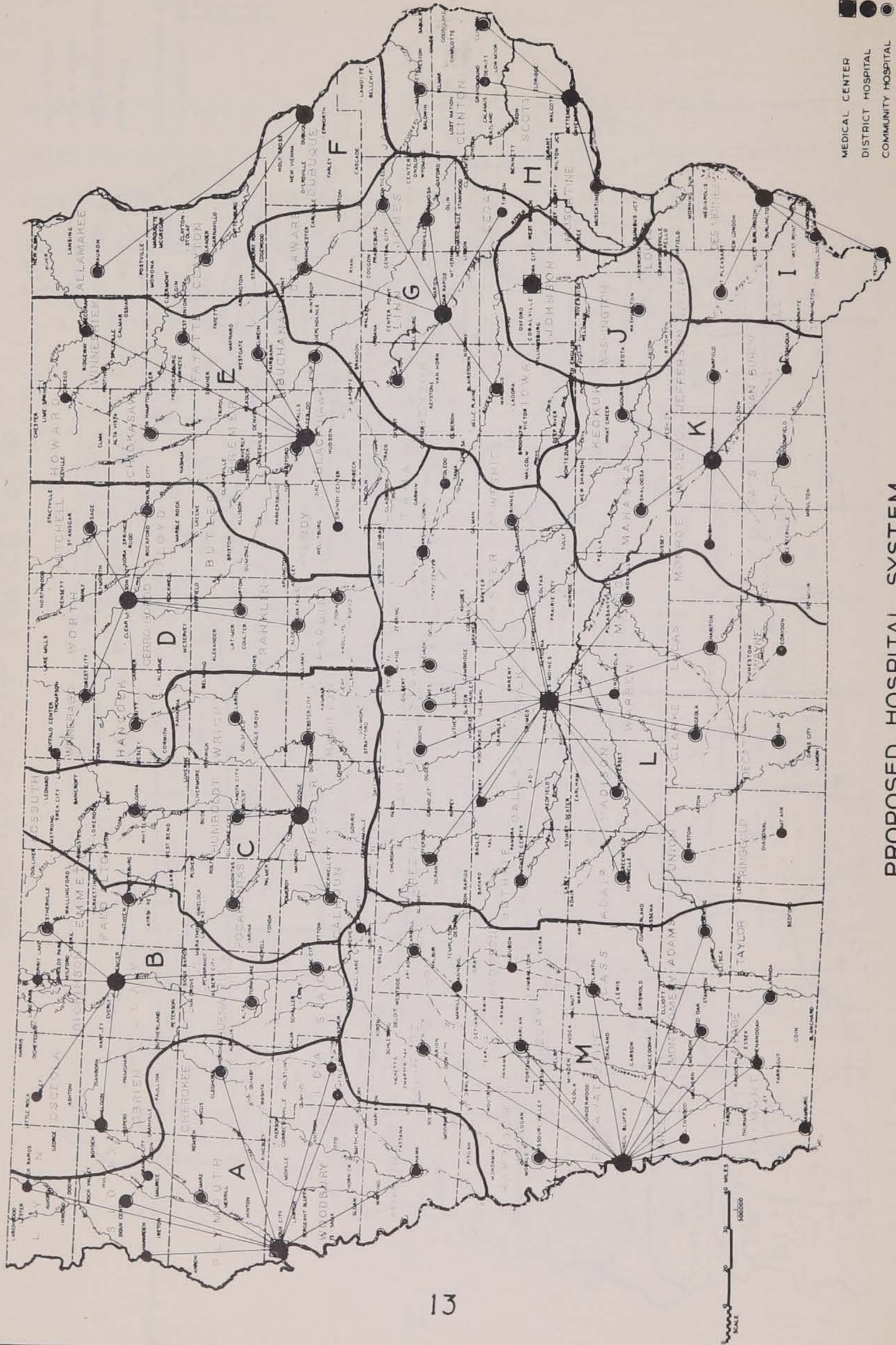
ered fire resistant were secured from the survey and by separate questionnaire and further checked by the records of the Iowa Insurance Service Bureau. This information was further substantiated by field visits, conference with designing architects, hospital administration, the State Fire Marshall's office and other informed parties.

IOWA



PROPOSED HOSPITAL SERVICE AREAS
GENERAL HOSPITALS

IOWA



- MEDICAL CENTER
- DISTRICT HOSPITAL
- COMMUNITY HOSPITAL
- COMMUNITY CLINIC

PROPOSED HOSPITAL SYSTEM
REGIONAL HOSPITAL MAP

FIG. 19

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 1 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "A" Sioux City

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-8	Sacred Heart	Plymouth	LeMars	CH	GEN	40	0	16	116	16940	2729
R-8	Hawarden County	Sioux	Hawarden	CITY	GEN	14	0	6	60	3080	492+
R-9	Ida Grove Hosp.	Ida	Ida Grove	CITY	GEN	0	18	6	82	5419	519
R-9	Sioux Valley	Cherokee	Cherokee	NPA	GEN	35	0	12	71	9125	1864
R-9	Bates Hospital	Cherokee	Aurealia	IND	GEN	0	8	3*	--	----	----
R-18	Onawa Hospital	Monona	Onawa	IND	GEN	0	22	5	52	4199	323
R-1	Grossman Hosp.	Sioux	Orange City	IND	GEN	10	5	5	64	3507	556
R-1	Hull Hospital	Sioux	Hull	CORP	GEN	0	15	5	59	3255	574
R-1	Vander Wilt	Lyon	Rock Rapids	IND	GEN	0	17	5	72	4500	450+
R-1	Doornick Hosp.	Sioux	Orange City	IND	GEN	0	14	5	48	2477	318
B-3	Akron Hospital	Plymouth	Akron	IND	GEN	0	14	3	47	2389	394
B-3	Battle Creek	Ida	Battle Creek	IND	GEN	18	0	8	47	3065	267
B-3	Lutheran Hosp.	Woodbury	Sioux City	CH	GEN	60	21	15	129	38210	3426
B-3	Methodist Hosp.	Woodbury	Sioux City	CH	GEN	110	0	15	101	40806	4493
B-3	St. Joseph Mercy	Woodbury	Sioux City	CH	GEN	170	80	44	98	89887	9747
B-3	St. Vincents	Woodbury	Sioux City	CH	GEN	122	0	17	118	52692	7472
B-3	Sioux City Osteo	Woodbury	Sioux City	NPA	GEN	25	0	6	57	5205	717
B-3	Crittenton Home	Woodbury	Sioux City	NPA	MAT	0	33	40	73	8765	101
B-3	St. Monicas Home	Woodbury	Sioux City	CH	MAT	35	0	12	47	5997	60
B-3	Woodbury Co. Isol	Woodbury	Sioux City	CO	ISOL	0	25	--	--	----	----
†1946 operation data											
*Emergency only 6 mo. 1947 opened January 1, 1948											
REGIONAL TOTAL						639	272	228	xxx	xxxxx	xxxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 2 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "B" Spencer

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-2	Ward Hospital	O'Brien	Pringhar	IND	GEN	0	10	4	50	1816	306
R-2	Good Samaritan	O'Brien	Sheldon	CH	GEN	16	0	8	68	3999	670
R-2	Osceola Hosp.	Osceola	Sibley	IND	GEN	0	35	2	43	5433	1096
R-3	Spirit Lake	Dickinson	Spirit Lake	PART	GEN	0	22	6	98	7869	1187
R-3	Holy Family	Emmett	Estherville	CH	GEN	55	0	12	79	15951	2227
R-10	Sac City Hosp.	Sac	Sac City	IND	GEN	0	6	—	42	912	112
R-10	Loring Hospital	Sac	Sac City	IND	GEN	0	11	5	42	1692	228
R-10	Alta Community	Buena Vista	Alta	NPA	GEN	0	13	5	40	2197	257
R-10	Porath Hosp.	Buena Vista	Storm Lake	IND	GEN	11	0	8	144	5775	719
I-1	Hand Hospital	O'Brien	Hartley	IND	GEN	0	14	5	46	2303	395*
I-1	Emmetsburg Hosp.	Palo Alto	Emmetsburg	NPA	GEN	0	24	9	95	8348	1422
I-1	Spencer Municipal	Clay	Spencer	CITY	GEN	26	0	12	92	8737	1670
R-3	Park View Clinic	Emmett	Estherville	IND	GEN	11	0	4	54	2172	220
*395 days of operation											
REGIONAL TOTAL						119	135	80	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.
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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 3 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "C" Ft. Dodge

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-4	St. Joseph Mercy	Kossuth	Algona	CH	GEN	39	0	11	---	---	---
R-4	Algona Hospital	Kossuth	Algona	IND	GEN	0	29	12	57	6201	7404
R-4	General Hospital	Kossuth	Algona	PART	GEN	0	9	—	52	1697	305
R-11	Clarion Hospital	Wright	Clarion	PART	GEN	0	18	10	53	3479	497
R-11	Steele Memorial	Wright	Belmond	PART	GEN	0	12	7	84	3699	618
R-12	Hamilton County	Hamilton	Webster City	CO	GEN	28	0	11	136	13870	1896
I-3	St. Joseph Mercy	Webster	Ft. Dodge	CH	GEN	90	0	25	117	38386	4441
I-3	Lutheran Hosp.	Webster	Ft. Dodge	CH	GEN	111 +	75 0	25	110	44528	5044**
R-4	McCreery Hosp.	Kossuth	Whittemore	IND	GEN-EMO	0	3	1	44	486	7
REGIONAL TOTAL						343	71	102	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

*1948 Project Construction Schedule.

/1946 Operation Data.

**75 Bed Addition under Construction -- Not used in operation occupancy.

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NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.
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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 4 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION NDN Mason City

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-5	Nissen Hospital	Mitchell	Osage	IND	GEN	0	12	7	---	---	800
R-5	Savre Hospital	Mitchell	Osage	IND	GEN	0	6	3	26	560	91
R-5	Cedar Valley	Floyd	Charles City	CITY	GEN	57	0	20	95	19754	2690
R-13	Eldora Memorial	Hardin	Eldora	CITY	GEN	24	0	8	73	6393	820
R-13	Ellsworth Munic.	Hardin	Iowa Falls	CITY	GEN	33	0	12	59	7493	1084
R-13	Lutheran Hosp.	Franklin	Hampton	CH	GEN	59	0	13	50	10728	1557
I-2	Park Hospital	Cerro G.	Mason City	PART	GEN	56	0	12	81	16617	1858
I-2	St. Joseph Mercy	Cerro G.	Mason City	CH	GEN	154	0	54	100	56143	7429
I-2	North Ia. Gen.	Cerro G.	Mason City	IND	GEN	0	7	7	58	1496	157
I-2	Rockwell General	Cerro G.	Rockwell	IND	GEN	0	12	4	*	---	---
I-2	Isolation Hosp.	Cerro G.	Mason City	CITY-CO	ISOL	0	25	---	1	107	17
R-46	Forest City Mun.	Winebago	Forest City	CITY	GEN	19**	0	8	89	4558	664
R-46	Dolmage Hosp.	Winebago	Buffalo Center	IND	GEN	14	0	9	---	---	---
REGIONAL TOTAL						416	62	157	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

* 6 no. operation -- Data incomplete.
** 14 beds designed capacity -- 5 beds under construction.

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.
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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 5 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "E" Waterloo

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-15	Mercy Hospital	Fayette	Oelwein	CH	GEN	25	0	15	150	13744	2001
R-15	West Union Co.	Fayette	West Union	CITY	GEN	0	15	2	--	----	466
R-6	St. Joseph Mercy	Howard	Cresco	CH	GEN	0	26	8	67	6403	1143
R-6	Decorah Hospital	Winneshiek	Decorah	NPA	GEN	52	0	10	97	18411	1568
R-6	Hastings Comm'ty	Howard	Elma	PART	GEN	0	6	3	48	1050	110
R-6	St. Joseph Mercy	Chickasaw	New Hampton	CH	GEN	52	0	12	64	12247	15347
I-4	Peoples Hospital	Buchanan	Independence	NPA	GEN	35	0	10	86	11050	1290
I-4	St. Joseph Hosp.	Bremer	Waverly	CH	GEN	0	50	10	53	9735	1130
I-4	Allen Memorial	Blackhawk	Waterloo	NPA	GEN	101	0	25	144	36734	4190*
I-4	Presbyterian Hosp	Blackhawk	Waterloo	NPA	GEN	0	41	10	116	17378	2157
I-4	St. Francis	Blackhawk	Waterloo	CH	GEN	124	0	26	82	36907	4692
I-4	Sartori Memorial	Blackhawk	Cedar Rapids	CITY	GEN	35	0	10	80	10217	1507
1946 Operation Data *75 Design Capacity -- 36 Beds under Construction											
REGIONAL TOTAL						424	136	141	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 6 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION W^F Dubuque

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-7	Veterans Memorial	Allamakee	Waukon	CITY	GEN	22	0	8	---	---	---
R-7	Postville Comm.	Allamakee	Postville	CITY	GEN	0	18	6	112	7350	565*
R-7	Waukon General	Allamakee	Waukon	CITY	GEN	0	12	9	79	3065	275/
R-16	McGregor Comm.	Clayton	McGregor	NPA	GEN	0	12	3	---	---	100#
R-16	Palmer Hospital	Clayton	Guttenburg	IND	MAT	0	6	-	---	214	43
I-5	Finley Hospital	Dubuque	Dubuque	NPA	GEN	28	56	24	118	36165	3721
I-5	St. Joseph Mercy	Dubuque	Dubuque	CH	GEN	350	58	35	38	57387	5836x
I-5	Bellevue Memorial	Jackson	Bellevue	NPA	GEN	0	20	6	46	3332	295
REGIONAL TOTAL						400	182	91	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

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* 1948 Project Construction Schedule.
/ 1946 Operation Data.
Operation since Jan. 1, 1948 -- Data incomplete.
x New Addition recently opened. Data incomplete.

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 7 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "G" Cedar Rapids

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
I-7	Virginia Gay	Benton	Vinton	CITY	GEN	0	26	8	85	8105	875
I-7	Mercy Hospital	Linn	Cedar Rapids	CH	GEN	103	55	32	96	55279	7148
I-7	St. Luke's	Linn	Cedar Rapids	CH	GEN	88	82	29	100	61761	7540
R-17	Delaware Co.Mem.	Delaware	Manchester	CO	GEN	35	0	10	---	---	---
R-17	Willard General	Delaware	Manchester	IND	GEN	8	17	--	43	3907	577
R-24	John McDonald	Jones	Monticello	NPA	GEN	35	0	10	58	7428	1092
R-24	Mercy Hospital	Jones	Anamosa	CH	GEN	0	23	9	104	8769	1020
R-31	Corn Belt Hosp.	Benton	Belle Plaine	IND	GEN	0	7	4	76	1935	320
R-31	Watts Hospital	Iowa	Marengo	IND	GEN	0	24	6	34	2992	4247
R-31	Miller Hospital	Iowa	Williamsburg	IND	GEN	0	8	--	51	1490	281
REGIONAL TOTAL						269	242	108	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

* 1948 Project Construction Schedule.
/ 1946 Operation Data.

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 8 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "H" Davenport

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-25	Jackson Co. Pub.	Jackson	Maquoketa	CO	GEN	38	0	10	—	—	—*
R-25	City Memorial	Jackson	Maquoketa	IND	GEN	0	18	6	83	1350**	71
I-10	Bellevue Hosp.	Muscatine	Muscatine	NPA	GEN	17	31	10	85	14965	2578
I-10	Hershey Hosp.	Muscatine	Muscatine	NPA	GEN	0	50	14	90	16339	1851
I-8	Jane Lamb Hosp.	Clinton	Clinton	NPA	GEN	45	56	15	75	24747	3427
I-8	St. Joseph Mercy	Clinton	Clinton	CH	GEN	55	40	7	102	35583	2750
I-10	Mercy Hospital	Scott	Davenport	CH	GEN	158	67	56	93	76602	7958
I-10	St. Luke's	Scott	Davenport	CH	GEN	90	0	22	106	34701	3550
I-10	Isolation Hosp.	Scott	Davenport	CITY	CONTAG	26	0	0	23	2237	290
I-10	Grau Hospital	Muscatine	Muscatine	IND	GEN	0	7	3	77	1958	225
REGIONAL TOTAL						429	269	143	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

* 1948 Project Construction Schedule.
**90 days Operation.

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 9 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION WI Burlington

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
I-12	Henry Co. Mem.	Henry	Mt. Pleasant	CO	GEN	30	0	8	115	12634	1486
I-12	Burlington Prot.	Des Moines	Burlington	NPA	GEN	78	27	20	101	38794	3632
I-12	Mercy Hospital	Des Moines	Burlington	CH	GEN	100	0	25	98	35975	3867
I-12	St. Francis	Des Moines	Burlington	CH	GEN	40	10	15	98	17827	1715
R-45	Sacred Heart	Lee	Ft. Madison	CH	GEN	61	4	20	96	22736	2505
R-45	Graham Hospital	Lee	Keokuk	NPA	GEN	65	0	15	99	23546	2873
R-45	St. Joseph	Lee	Keokuk	CH	GEN	72	64	21	76	37878	3905
REGIONAL TOTAL						446	105	124	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 10 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION njm
Iowa City

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-35	Washington County	Washington	Washington	CO	GEN	54	0	13	66	13057	1594
B-1	Mercy Hospital	Johnson	Iowa City	CH	GEN	150*	0	24	137	49848	4705
B-1	Univ. of Iowa	Johnson	Iowa City	ST	GEN	900	0	54	71	234268	16205
* 50 Beds under Construction											
REGIONAL TOTAL						1104	0	91	xxx	xxxxx	xxxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxxx

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 11 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "K"
Ottumwa

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-39	Jefferson Co.	Jefferson	Fairfield	CO	GEN	46	*	11	117	11158	1285 *
R-43	St. Joseph Mercy	Appanoose	Centerville	CH	GEN	46	0	12	97	16313	2059
R-34	Mahaska County	Mahaska	Oskaloosa	CO	GEN	77	0	25	79	22211	2657
R-34	Sigourney Hosp.	Keokuk	Sigourney	IND	GEN	0	20	3	43	3205	351
R-34	Montezuma Hosp.	Poweshiek	Montezuma	IND	GEN	0	9	4	55	1820	58 /
R-34	Mercy Hospital	Mahaska	Oskaloosa	PART	GEN	28	7	7	77	9866	1023
I-11	Ottumwa General	Wapello	Ottumwa	NPA	GEN	0	56	12	91	18649	2445
I-11	St. Joseph Mercy	Wapello	Ottumwa	CH	GEN	100	0	20	106	38699	4864
I-11	Smith Hospital	Monroe	Albia	IND	GEN	0	26	5	30	2892	445
R-44	Davis Co. Mem.	Davis	Bloomfield	CO	GEN	34	0	12	---	---	---
R-44	VanBuren Co. Mem.	VanBuren	Keosauqua	CO	MAT. & EMERG.	20	0	7	---	---	---
*	1948 Project Construction Schedule										* Operation Data figured on 26 Existing Non-Acceptable Beds
/	1946 Operation Data										
REGIONAL TOTAL						351	118	118	xxx	xxxxx	xxxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxxx

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 12 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "L"
Des Moines

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-23	Mary Greeley	Story	Ames	CITY	GEN	75	0	20	96	26316	3188
R-22	Boone County	Boone	Boone	CO	GEN	39	31	19	72	18333	2794
R-21	Greene County	Greene	Jefferson	CO	GEN	36	0	10	92	12104	2622
R-21	Kings Daughters	Dallas	Perry	NPA	GEN	0	36	6	26	3350	1151
R-42	Decatur County	Decatur	Leon	CO	GEN	22	0	5	113	9046	1194
R-38	Yocum Hospital	Lucas	Chariton	IND	GEN	21	0	7	71	5475	710 /
R-38	Harken Hospital	Clarke	Osceola	IND	GEN	0	26	6	77	7270	635
R-38	Osceola Hospital	Clarke	Osceola	IND	GEN	0	30	7	—	Inc.	1409
R-38	Corydon Hospital	Wayne	Corydon	IND	GEN	0	17	5	47	2915	261
R-37	Greater Community	Union	Creston	CO	GEN	31	23	14	—	—	2701
R-33	Collins Memorial	Marion	Knoxville	IND	GEN	30	0	6	72	7853	1367
R-33	Community Hosp.	Marion	Pleasantville	IND	GEN	0	10	1	39	1443	129
R-33	Pleasantville "	Marion	Pleasantville	IND	GEN	0	11	2	57	2295	82
R-30	Colfax Sana.	Jasper	Colfax	IND	GEN	0	20	1	50	3650	291
R-30	Skiff Memorial	Jasper	Newton	CITY	GEN	40	0	10	88	12815	1507
R-30	Community Hosp.	Poweshiek	Grinnell	NPA	GEN	41	0	13	94	14056	1374
R-30	St. Francis "	Poweshiek	Grinnell	CH	GEN	35	0	10	75	9648	1238
I-6	Evangelical Deac.	Marshall	Marshalltown	CH	GEN	150	0	20	85	46997	4034
I-6	St. Thomas Mercy	Marshall	Marshalltown	CH	GEN	28	22	15	150	27304	2148
B-2	Clinic Hospital	Dallas	Dexter	PART	GEN	0	16	6	75	4380	462 /
B-2	Broadlawns Hosp.	Polk	Des Moines	CO	GEN	147	**	24	86	45991	4715
B-2	Broadlawns Hosp.	Polk	Des Moines	CO	ISOL	0	36	—	25 *	1619	188
B-2	Iowa Lutheran	Polk	Des Moines	CH	GEN	125	10	20	109	53483	7713
B-2	Iowa Methodist	Polk	Des Moines	CH	GEN	205	49	57	141	130251	12030
						plus 32*					
B-2	Mercy Hospital	Polk	Des Moines	CH	GEN	75	92	30	110	66954	8044
* Six months operation Dept. ceased July 31, 1947										REG TOTAL	XXXXX
** 24 bed, -frame-building ceased-											
/ 1946 Operation Data											
STATE TOTAL										XXX	XXXXX

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* 32 Bed Addition Just Completed

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 13 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "L"
Des Moines

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
B-2	Wilden Hospital	Polk	Des Moines	CORP	GEN	35	22	10	66	13755	1764
B-2	Still College	Polk	Des Moines	CORP	GEN	99	0	—	37	13229	2058
B-2	DesMoines Genl.	Polk	Des Moines	CORP	GEN	0	40	10	89	12968	1748
R-32	Adair Hospital	Adair	Adair	IND	GEN	0	7	6	69	2278	112 /
I-6	Woods Hospital	Marshall	State Center	IND	GEN	0	5	—	59	1085	—
B-2	Booth Memorial	Polk	Des Moines	NPA	MATY	14	36	—	68	12432	130
B-2	Indianola Hosp.	Warren	Indianola	IND	GEN	0	10	—	—	—	278 *
R-32	Adair Co. Mem.	Adair	Greenfield	CO	MATY & EMERG.	23	0	8	—	—	—**
R-32	Madison Co. Mem.	Madison	Winterset	CO	GEN	39	0	8	—	—	—**
REGIONAL TOTAL						1342	549	356	xxx	xxxxx	xxxxxx
STATE TOTAL									xxx	xxxxx	xxxxxx

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/ 1946 Operation Data
* Incomplete Data
** 1948 Project Construction Schedule

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 14 OF 14
2. DATE July 1, 1948
3. STATE Iowa
4. REGION "M" Council Bluffs

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE GENERAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
R-40	Clarinda Mun.	Page	Clarinda	CITY	GEN	52	0	13	80	15236	1990
R-40	Hand Memorial	Page	Shenandoah	NPA	GEN	38	0	7	73	10135	1432
R-36	Murphy Memorial	Montgomery	Red Oak	CITY	GEN	26	0	12	91	8697	1238
R-36	Cooper Hospital	Montgomery	Villisca	IND	GEN	0	7	5	45	1141	173
R-40	Hamburg Hospital	Fremont	Hamburg	IND	GEN	0	25	10	79	7217	*
R-20	St. Anthony's	Carroll	Carroll	CH	GEN	108	0	32	114	44875	4157
R-20	Manning General	Carroll	Manning	IND	GEN	16	0	6	57	3315	355
R-20	McCrary Hospital	Calhoun	Lake City	IND	GEN	0	15	7	70	3836	422
R-20	McVay Hospital	Calhoun	Lake City	PART	GEN	12	2	5	77	3940	645
I-9	Jennie Edmundson	Potta.	Coun. Bluffs	NPA	GEN	66	70	20	79	39108	4139
I-9	Mercy Hospital	Potta.	Coun. Bluffs	CH	GEN	39	108	21	87	46426	4441
							39**				
R-28	Atlantic Hosp.	Cass	Atlantic	NPA	GEN	50	0	19	70	12910	2040
R-19	Denison Hospital	Crawford	Denison	IND	GEN	0	21	7	76	5829	1099
* No Data											
**39 Bed Addition Under Construction											
REGIONAL TOTAL						407	287	164	xxx	xxxxx	xxxxxxx
STATE TOTAL						6,689	2,430	1,903	xxx	xxxxx	xxxxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.
**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

DETERMINATION OF GENERAL BED NEED
AND NUMBER OF FACILITIES

To determine the general bed needs and the number of facilities an extensive survey of the state was made. The survey included information on the existing hospitals and related facilities, population distribution, road systems, trade area patterns, financial resources, geographical factors, community patterns, industrialization, etc.

Following a careful study, together with the evaluation of the many factors involved, the present hospital facilities, together with needed facilities, were arranged into hospital service areas, as shown on Hospital Service Areas Map. The intergration of these facilities and services into a desirable coordinated hospital system is shown on the Hospital System Map.

From the survey schedule definite information was obtained regarding the present hospitals and their use. This information includes the acceptable and total number of beds, the per cent of occupancy and the average daily census as shown in Form 5.

The state average bed-birth, bed-death ratio of 3.4 beds per 1000 population as developed in the Report on Hospital and Public Health Resources in Iowa was used to determine the occupied bed need of the several hospital service areas. When the occupied bed need based on the population and bed ratio indicated a bed need between 0. and 74 occupied beds, 0.5 of the need was allocated to the area, between 75 and 149 - 0.6, between 150 and 224 - 0.7, between 225 and 300 - 0.8, and all over 300 - 1.0. The remaining

occupied beds not allocated by the above criterion were allocated to the regional and base areas. The area occupied bed needs were converted to a total bed need for each facility by use of the following formula, $4 \sqrt{ADC} + ADC$ low level occupancy (under 100 beds) and $3 \sqrt{ADC} + ADC$ high level occupancy (over 100 beds).

The bed birth-death ratio is not applicable in computing the occupied bed needs in certain areas particularly the larger cities because these areas now receive large number of hospital patients from population outside their immediate areas. In fact, in many instances hospital centers now have occupied beds in excess of the number which would be indicated by applying the bed birth-death ratio to their respective areas. In these areas the present average daily census of the existing facilities were used as an indication of their need, and converted to total beds needed, by use of the formula, $4 \sqrt{ADC} + ADC$ for the smaller hospital and $3 \sqrt{ADC} + ADC$ for the hospital over 100 beds. This recognizes the crowded conditions in the present hospitals and expands them to a normal occupancy.

The needs were further adjusted as indicated by local conditions such as financial resources, industrialization, location of hospital, with respect to state lines or the proximity of other hospitals, etc.

The University Hospitals, State University of Iowa, Iowa City, Iowa, provides state-wide comprehensive hospital and medical care for the indigent, clinical pay and private patients in cooperation with College of Medicine, Dentistry, Pharmacy, School of Nursing and Hospital Administration.

The University Hospitals admit patients from all sections of the state. As provided by law the county quota of patients is based on population and

eliminates the possibility of an inequitable distribution of hospital service to the indigent. The plan provides that the University Hospitals shall treat during the fiscal year a number of committed indigent patients from each county which shall bear the same relation to the total number of committed indigent patients admitted during the year from all counties as the population of such county shall bear to the total population of the state, according to the last preceding official census.

Recognizing this state-wide service to the entire population the total bed needs of each area was reduced by its proportionate share of the University of Iowa Hospital service as beds. This proportionate share was determined on the basis of the pattern of admission of indigent patients during the period July 1, 1946 to June 30, 1947. This pattern of the use of the University Hospitals over the entire state is believed to be quite representative of the total admissions to this hospital.

The occupied beds remaining after allocating 0.5, 0.6, 0.7 and 0.8 to each area, were practically balanced by the needs in the larger areas. It will be noted that the two base areas, Sioux City and Des Moines each have 48 beds allocated to the area and not assigned to a particular hospital. This represents one-half of a pool of 96 beds which remains unassigned when the needs of the state are computed in accordance with the Public Health Service Regulations. This addition of 96 beds was made here to facilitate the development of Form PHS-7 where the state and area ratios must be used to determine the total bed needs.

GENERAL BED DISTRIBUTION REPORT

1. PAGE 1 OF 5
2. DATE July 1, 1948
3. STATE Iowa

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (8)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CR. STATE POOL (Col. 9 minus Col. 10) (11)			
Region "A"										
R-1	30,123	136	75	10	126	65	61	26	101	91
R-8	20,794	94	52	54	40	0	40	26	80	26
R-9	31,031	140	78	35	105	43	62	23	101	66
R-18	20,090	90	50	0	90	50	40	2	52	52
B-3	113,790	512	512	540	0	0	0	235	775	235
Region "B"										
R-2	29,429	132	74	16	116	58	58	21	95	79
R-3	21,507	97	54	66	31	0	31	47	113	47
R-10	30,049	135	75	11	124	64	60	26	101	90
I-1	41,529	187	166	26	161	140	21	0	166	140
Region "C"										
R-4	24,115	109	60	39	70	21	49	8	68	29
R-11	30,101	135	75	0	135	75	60	20	95	95
R-12	20,095	90	50	28	62	22	40	3	53	25
I-3	71,335	321	285	276	45	9	36	93	378	102
*-----										
TOTALS										

NOTE: - *If report requires more than one sheet, enter total on LAST SHEET ONLY and cut off bottom of other sheet on this line.

GENERAL BED DISTRIBUTION REPORT

1. PAGE 2 OF 5
2. DATE July 1, 1948
3. STATE Iowa

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (8)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CR. STATE POOL (Col. 9 minus Col. 10) (11)			
Region "D"										
R-5	42,553	191	106	57	134	49	85	29	135	78
R-13	42,779	193	107	116	77	0	77	25	141	25
R-46	28,997	130	72	33	97	39	58	22	94	61
I-2	67,533	304	270	210	94	60	34	0	270	60
Region "E"										
R-6	43,598	196	109	104	92	5	87	36	145	41
R-14	11,590	52	29	0	52	29	23	0	29	29
I-4	116,411	524	466	295	229	171	58	65	531	236
R-15	39,265	177	98	25	152	73	79	7	105	80
Region "F"										
R-7	17,184	77	43	22	55	21	34	1	44	22
R-16	24,074	108	60	0	108	60	48	0	60	60
I-5	70,758	318	283	378	0	0	0	85	463	85
Region "G"										
R17	23,843	107	60	43	64	17	47	12	72	29
R-24	18,809	85	47	35	50	12	38	28	75	40
R-31	26,241	118	66	0	118	66	52	16	82	82
I-7	115,709	521	463	191	330	272	58	54	517	326
*-----										
TOTALS										

NOTE: - *If report requires more than one sheet, enter total on LAST SHEET ONLY and cut off bottom of other sheet on this line.

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FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-R299
EXPIRATION DATE SEPT. 30, 1948

GENERAL BED DISTRIBUTION REPORT

1. PAGE 3 OF 5
2. DATE July 1, 1948
3. STATE Idaho

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (8)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CH. STATE POOL (Col. 9 minus Col. 10) (11)			
Region "H"										
R-25	14,117	64	35	38	26	0	26	0	38	0
I-8	41,176	185	165	100	85	65	20	100	265	165
I-10	125,383	564	502	291	273	211	62	63	565	274
Region "I"										
R-45	42,708	192	107	198	0	0	0	112	310	112
I-12	59,189	266	237	248	18	0	18	91	339	91
Region "J"										
R-35	23,472	106	59	54	52	5	47	5	64	10
B-1	40,983	184	184	1,050	0	0	0	0	1,050	0
Region "K"										
R-34	49,000	221	123	105	116	18	98	34	157	52
R-39	26,691	120	67	46	74	21	53	5	72	26
R-44	18,909	85	47	54	31	0	31	10	64	10
R-43	30,248	136	76	46	90	30	60	6	82	36
I-11	64,265	289	257	100	189	157	32	3	260	160
TOTALS										

NOTE: - *If report requires more than one sheet, enter total on LAST SHEET ONLY and cut off bottom of other sheet on this line.

GENERAL BED DISTRIBUTION REPORT

1. PAGE 4 OF 5
2. DATE July 1948
3. STATE Iowa

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

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AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (8)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CR. STATE POOL (Col. 9 minus Col. 10) (11)			
Region "L"										
R-21	23,128	104	58	36	68	22	46	18	76	40
R-22	33,526	151	84	39	112	45	67	5	89	50
R-23	34,517	155	86	75	80	11	69	47	133	58
R-30	40,034	180	100	116	64	0	64	51	167	51
R-32	26,153	118	65	62	56	3	53	22	87	25
R-29	17,158	77	43	0	77	43	34	7	50	50
R-33	23,895	108	60	30	78	30	48	19	79	49
R-37	18,796	85	47	31	54	16	38	13	60	29
R-41	11,500	52	29	0	52	29	23	6	35	35
R-38	33,717	152	84	21	131	63	68	21	105	84
R-42	18,558	84	46	22	62	24	38	3	49	27
I-6	52,569	237	210	178	59	32	27	94	304	126
B-2	227,987	1,026	1,026	732	294	294	0	92	1,118	386
*-----										
TOTALS										

NOTE: - *If report requires more than one sheet, enter total on LAST SHEET ONLY and cut off bottom of other sheet on this line.

GENERAL BED DISTRIBUTION REPORT

1. PAGE 5 OF 5
2. DATE July 1, 1948
3. STATE Iowa

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (8)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)			
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	GR. STATE POOL (Col. 9 minus Col. 10) (11)						
Region "M"													
R-28	31,907	144	80	50	94	30	64	15	95	45			
R-36	24,620	111	62	26	85	36	49	20	82	56			
R-40	51,394	231	128	90	141	38	103	38	166	76			
R-19	22,529	101	56	0	101	56	45	0	56	56			
R-27	20,007	90	50	0	90	50	40	0	50	50			
R-26	20,028	90	50	0	90	50	40	0	50	50			
I-9	74,809	337	299	105	232	194	38	0	299	194			
R-20	22,770	102	57	136	0	0	0	27	163	27			
* The beds needed in the areas were reduced by their proportionate share of the 900 beds in the State University Hospital at Iowa City as determined by present use. (See Table I). As a result of reducing the area bed need, it is necessary to reduce the pool beds used to satisfy the need by 900 beds. The adjustment appears as a minus 900 in Column (9), and will consequently reflect as a minus 900 in Column (11).													
					-900								
TOTALS					11,426	8,464	6,689	4,831*	2,994	1,837*	1,837	11,520	4,831

NOTE: - *If report requires more than one sheet, enter total on LAST SHEET ONLY and cut off bottom of other sheet on this line.

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NON-DISCRIMINATION STATEMENT

No application for general, tuberculosis, mental or chronic disease hospital will be approved under this Plan unless the applicant includes therein the following statement:

"The applicant hereby assures the State Department of Health that no person in the area will be denied admission as a patient to the facility on account of race, creed or color."

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 1 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION A-Sioux City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region A - Sioux City				
R-1	<u>10</u>	<u>91</u>	<u>101</u>	<u>3</u>
Sioux Center	0	56	56	1
Orange City	10	0	10	1
Rock Rapids	0	35	35	1
R-8	<u>54</u>	<u>26</u>	<u>80</u>	<u>2</u>
LeMars	40	26	66	1
Hawarden	14	0	14	1
R-9	<u>35</u>	<u>66</u>	<u>101</u>	<u>2</u>
Ida Grove	0	35	35	1
Cherokee	35	31	66	1
R-18	<u>0</u>	<u>52</u>	<u>52</u>	<u>1</u>
Onawa	0	52	52	1
B-3	<u>540</u>	<u>235</u>	<u>775</u>	<u>7</u>
Battle Creek	18	0	18	1
Sioux City (Not Assigned)		48	48	0
Lutheran	60	59	119	1
Methodist	110	14	124	1
St. Joseph	170	88	258	1
St. Vincent	122	26	148	1
St. Monica's Home	35	0	35	1
Sioux Valley Osteopathic	25	0	25	1
Sub-totals C	639	470	1109	15
* - - - - -				
TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 2 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION B-Spencer

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region B - Spencer				
R-2	<u>16</u>	<u>79</u>	<u>95</u>	<u>2</u>
Sheldon	16	44	60	1
Sibley	0	35	35	1
R-3	<u>66</u>	<u>47</u>	<u>113</u>	<u>3</u>
Spirit Lake	0	35	35	1
Estherville	55	12	67	1
Estherville	11	0	11	1
R-10	<u>11</u>	<u>90</u>	<u>101</u>	<u>3</u>
Storm Lake	11	0	11	1
Sac City	0	35	35	1
Storm Lake	0	55	55	1
I-1	<u>26</u>	<u>140</u>	<u>166</u>	<u>2</u>
Spencer	26	100	126	1
Emmetsburg	0	40	40	1
Sub-totals C	119	356	475	10
* - - - - -				
TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 3 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION C-Fort Dodge

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region C - Fort Dodge				
R-4	<u>39</u>	<u>29</u>	<u>68</u>	<u>1</u>
Algona	39	29	68	1
R-11	<u>0</u>	<u>95</u>	<u>95</u>	<u>2</u>
Clarion	0	59	59	1
Humboldt	0	36	36	1
R-12	<u>28</u>	<u>25</u>	<u>53</u>	<u>1</u>
Webster City	28	25	53	1
I-3	<u>276</u>	<u>102</u>	<u>378</u>	<u>4</u>
Rockwell City	0	35	35	1
Pocahontas	0	35	35	1
Fort Dodge	90	32	122	1
St. Joseph	186	0	186	1
Lutheran				
Sub-totals C	<u>343</u>	<u>251</u>	<u>594</u>	<u>8</u>
TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-R301
EXPIRATION DATE SEPT. 30, 1948

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON
USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT
CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 4 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION D-Mason City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region D - Mason City				
R-5	<u>57</u>	<u>78</u>	<u>135</u>	<u>2</u>
Osage	0	35	35	1
Charles City	57	43	100	1
R-13	<u>116</u>	<u>25</u>	<u>141</u>	<u>3</u>
Eldora	<u>24</u>	<u>21</u>	<u>45</u>	<u>1</u>
Iowa Falls	33	4	37	1
Hampton	59	0	59	1
I-2	<u>210</u>	<u>60</u>	<u>270</u>	<u>2</u>
Mason City				
Park	56	30	86	1
St. Joseph	154	30	184	1
R-46	<u>33</u>	<u>61</u>	<u>94</u>	<u>3</u>
Forest City	19	21	40	1
Buffalo Center	14	0	14	1
Britt	0	40	40	1
Sub-totals	416	224	640	10

TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 5 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION E-Waterloo

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region E - Waterloo				
R-6	<u>104</u>	<u>41</u>	<u>145</u>	<u>3</u>
Cresco	0	35	35	1
Decorah	52	6	58	1
New Hampton	52	0	52	1
R-15	<u>25</u>	<u>80</u>	<u>105</u>	<u>2</u>
Oelwein	25	45	70	1
West Union	0	35	35	1
R-14	<u>0</u>	<u>29</u>	<u>29</u>	<u>1</u>
Grundy Center	0	29	29	1
I-4	<u>295</u>	<u>236</u>	<u>531</u>	<u>6</u>
Cedar Falls	35	35	70	1
Independence	35	11	46	1
Waverly	0	56	56	1
Waterloo				
Allen Memorial	101	19	120	1
Presbyterian	0	89	89	1
St. Francis	124	26	150	1
Sub-totals C	<u>424</u>	<u>386</u>	<u>810</u>	<u>12</u>
*-----				
TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-R301
EXPIRATION DATE SEPT. 30, 1948

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON
USE OF THIS FORM

1. PAGE 6 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION F-Dubuque

ATTACH TO THIS FORM THE STATEMENT
CALLED FOR IN THE INSTRUCTIONS.

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region F - Dubuque				
R-7	<u>22</u>	<u>22</u>	<u>44</u>	<u>1</u>
Waukon	22	22	44	1
R-16	<u>0</u>	<u>60</u>	<u>60</u>	<u>1</u>
Elkader	0	60	60	1
I-5	<u>378</u>	<u>85</u>	<u>463</u>	<u>2</u>
Dubuque				
Finley	28	85	113	1
St. Joseph Mercy	350	0	350	1
Sub-Totals C	400	167	567	4

TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 7 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION G-Cedar Rapids

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region G - Cedar Rapids				
R-17	<u>43</u>	<u>29</u>	<u>72</u>	<u>2</u>
Manchester				
Delaware County Memorial	35	29	64	1
Willard	8	0	8	1
R-24	<u>35</u>	<u>40</u>	<u>75</u>	<u>2</u>
Monticello	35	0	35	1
Anamosa	0	40	40	1
R-31	<u>0</u>	<u>82</u>	<u>82</u>	<u>1</u>
Marengo	0	82	82	1
I-7	<u>191</u>	<u>326</u>	<u>517</u>	<u>4</u>
Vinton	0	50	50	1
Tipton	0	35	35	1
Cedar Rapids				
Mercy	103	113	216	1
St. Lukes	88	128	216	1
Sub-totals C	269	477	746	9

TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

GENERAL HOSPITALS SUMMARY

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ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 8 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION H-Davenport

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region H - Davenport				
R-25	<u>38</u>	<u>0</u>	<u>38</u>	<u>1</u>
Maquoketa	38	0	38	1
I-8	<u>100</u>	<u>165</u>	<u>265</u>	<u>3</u>
DeWitt	0	35	35	1
Clinton				
Jane Lamb	45	55	100	1
St. Joseph	55	75	130	1
I-10	<u>291</u>	<u>274</u>	<u>565</u>	<u>5</u>
Muscatine	0	133	133	1
Bellevue	17	0	17	1
Davenport				
Mercy	158	91	249	1
St. Luke	90	50	140	1
Isolation	26	0	26	1
Sub-totals C	429	439	868	9

TOTAL				

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GENERAL HOSPITALS SUMMARY

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ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 9 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION I-Burlington

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region I - Burlington				
R-45	<u>198</u>	<u>112</u>	<u>310</u>	<u>3</u>
Fort Madison Sacred Heart	61	26	87	1
Keokuk				
Graham	65	22	87	1
St. Joseph	72	64	136	1
I-12	<u>248</u>	<u>91</u>	<u>339</u>	<u>4</u>
Mt. Pleasant	<u>30</u>	<u>16</u>	<u>46</u>	<u>1</u>
Burlington				
Protestant	78	41	119	1
Mercy	100	7	107	1
St. Francis	40	27	67	1
Sub-totals C	<u>446</u>	<u>203</u>	<u>649</u>	<u>7</u>

TOTAL				

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GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 10 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION J-Iowa City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region J - Iowa City				
R-35	<u>54</u>	<u>10</u>	<u>64</u>	<u>1</u>
Washington	54	10	64	1
B-1	<u>1050</u>	<u>0</u>	<u>1050</u>	<u>2</u>
Iowa City (Not Assigned)				
Mercy	150	0	150	1
University of Iowa	900	0	900	1
Sub-totals C	<u>1104</u>	<u>10</u>	<u>1114</u>	<u>3</u>
TOTAL				

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GENERAL HOSPITALS SUMMARY

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ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 11 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION K-Ottumwa

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region K - Ottumwa				
R-39	<u>46</u>	<u>26</u>	<u>72</u>	<u>1</u>
Fairfield	46	26	72	1
R-43	<u>46</u>	<u>36</u>	<u>82</u>	<u>1</u>
Centerville	46	36	82	1
R-34	<u>105</u>	<u>52</u>	<u>157</u>	<u>3</u>
Oskaloosa				
Mahaska County	77	17	94	1
Mercy	28	0	28	1
Sigourney	0	35	35	1
R-44	<u>54</u>	<u>10</u>	<u>64</u>	<u>2</u>
Bloomfield	34	10	44	1
Keosauqua	20	0	20	1
I-11	<u>100</u>	<u>160</u>	<u>260</u>	<u>3</u>
Albia	0	20	20	1
Ottumwa				
Ottumwa General	0	110	110	1
St. Joseph	100	30	130	1
Sub-totals C	<u>351</u>	<u>284</u>	<u>635</u>	<u>10</u>
TOTAL				

NOTE: -*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 12 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION L-Des Moines

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region L - Des Moines				
R-23	<u>75</u>	<u>58</u>	<u>133</u>	<u>3</u>
Ames	75	0	75	1
Nevada	0	38	38	1
Story City	0	20	20	1
R-22	<u>39</u>	<u>50</u>	<u>89</u>	<u>1</u>
Boone	39	50	89	1
R-21	<u>36</u>	<u>40</u>	<u>76</u>	<u>2</u>
Jefferson	36	18	<u>54</u>	1
Perry	0	22	<u>22</u>	1
R-42	<u>22</u>	<u>27</u>	<u>49</u>	<u>1</u>
Leon	22	27	49	1
R-38	<u>21</u>	<u>84</u>	<u>105</u>	<u>3</u>
Yocum	21	0	21	1
Osceola	0	50	50	1
Corydon	0	34	34	1
R-37	<u>31</u>	<u>29</u>	<u>60</u>	<u>1</u>
Creston	31	29	60	1
R-41	<u>0</u>	<u>35</u>	<u>35</u>	<u>1</u>
Mt. Ayr	0	35	35	1
R-33	<u>30</u>	<u>49</u>	<u>79</u>	<u>2</u>
Knoxville	0	49	49	1
Collins	30	0	30	1
* - - - - -				
TOTAL				

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GENERAL HOSPITALS SUMMARY

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ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 13 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION L-Des Moines

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region L - Des Moines (Continued)				
R-30	<u>116</u>	<u>51</u>	<u>167</u>	<u>3</u>
Newton	40	45	85	1
Grinnell				
St. Francis	35	0	35	1
Community	41	6	47	1
I-6	<u>178</u>	<u>126</u>	<u>304</u>	<u>3</u>
Marshalltown				
Evangelical Deaconess	150	10	160	1
St. Thomas Mercy	28	81	109	1
Toledo	0	35	35	1
R-29	<u>0</u>	<u>50</u>	<u>50</u>	<u>1</u>
Guthrie Center	0	50	50	1
R-32	<u>62</u>	<u>25</u>	<u>87</u>	<u>2</u>
Winterset	39	8	47	1
Greenfield	23	17	40	1
B-2	<u>732</u>	<u>386</u>	<u>1118</u>	<u>9</u>
Indianola	0	25	25	1
Des Moines (Not Assigned)		48	48	0
Broadlawns	147	15	162	1
Lutheran	125	47	172	1
Methodist	237	60	297	1
Mercy	75	116	191	1
* - - - - -				
TOTAL				

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GENERAL HOSPITALS SUMMARY

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1. PAGE 14 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION L-Des Moines

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region L - Des Moines (Continued)				
Wilden	35	16	51	1
Des Moines General	0	59	59	1
Still College	99	0	99	1
Booth Memorial	14	0	14	1
TOTAL	1342	1010	2352	32

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GENERAL HOSPITALS SUMMARY

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ATTACH TO THIS FORM THE STATEMENT CALLED FOR IN THE INSTRUCTIONS.

1. PAGE 15 OF 15
2. DATE 7-1-48
3. STATE Iowa
4. REGION M-Council Bluffs

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
Region M - Council Bluffs				
R-26	<u>0</u>	<u>50</u>	<u>50</u>	<u>1</u>
Missouri Valley	0	50	50	1
R-40	<u>90</u>	<u>76</u>	<u>166</u>	<u>3</u>
Clarinda	52	18	70	1
Shenandoah	38	18	56	1
Hamburg	0	40	40	1
R-36	<u>26</u>	<u>56</u>	<u>82</u>	<u>2</u>
Red Oak	26	15	41	1
Corning	0	41	41	1
R-20	<u>136</u>	<u>27</u>	<u>163</u>	<u>3</u>
Carroll	108	27	135	1
Manning	16	0	16	1
Lake City	12	0	12	1
R-27	<u>0</u>	<u>50</u>	<u>50</u>	<u>1</u>
Harlan	0	50	50	1
R-28	<u>50</u>	<u>45</u>	<u>95</u>	<u>2</u>
Atlantic	50	20	70	1
Audubon	0	25	25	1
R-19	<u>0</u>	<u>56</u>	<u>56</u>	<u>1</u>
Denison	0	56	56	1
I-9	<u>105</u>	<u>194</u>	<u>299</u>	<u>3</u>
Glenwood	0	20	20	1
Council Bluffs				
Mercy	39	117	156	1
Jennie Edmundson	66	57	123	1
* - - - - -	<u>407</u>	<u>454</u>	<u>961</u>	<u>16</u>
TOTAL	6689	4831	11,520	145

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Special Hospitals

Since the special hospitals, such as mental, tuberculosis, chronic disease, and others generally serve very large areas consisting of several communities, it was deemed desirable that they be considered on a state wide basis. No attempt was made to definitely locate the needed units in these fields, and these projects will be considered on their individual merit.

In keeping with the coordinated system, economical operation, and the present trends in hospital practice, it was considered desirable that many of these special services be constructed as units of general hospitals.

The greatest need in the care of the mentally ill appears to be the lack of psychiatric units for diagnosis and intensive treatment. It is believed that these units will function to the best advantage if connected with large general hospitals.

In view of the low death rate from tuberculosis and the present control program in Iowa, the existing hospital facilities are considered fairly adequate. The distribution of tuberculosis hospital beds throughout the state is not sufficiently uniform to provide the most satisfactory service. Therefore, a total of not more than fifty (50) beds for tuberculosis units, connected with large general hospitals, are proposed.

At the present time, patients with chronic diseases are cared for in most of the general hospitals and nursing homes throughout the state. The establishment of units for chronic disease patients in connection with large general hospitals, appears more practical at this time, than the construction of special hospitals for chronic diseases only. Due to the lack of sufficient specific information regarding the extent of the

problem, these chronic disease units in connection with large general hospitals are proposed on a state wide basis for teaching, diagnostic and treatment purposes and will be considered on their individual merits.

Public Health Centers.

The definite need for adequate public health facilities in each state is recognized in the Federal Act as a part of the coordinated hospital system.

In addition to providing hospital and medical care for those who are ill, considerable effort and funds should be expended in improving and protecting the health of the people.

Health Centers are buildings furnishing office space for the local health officer and other personnel, laboratories and other facilities required to carry on a proper public health program. The Health Center building must be publicly owned.

In order to provide adequate local public health service to all people of the state, the State Department of Health has proposed the establishment of 27 county or multi-county health departments, and a Public Health Center is recommended for each of these departments, as shown on map following Form PHS-12.

The one acceptable Public Health Center at Burlington, Iowa is indicated by the letters EPHC. All others are proposed Public Health Centers. These facilities were discussed in detail in the Report on Hospital and Public Health Resources.

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 1 OF 1
2. DATE July 1, 1948
3. STATE Iowa
4. REGION Statewide

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE TUBERCULOSIS HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
	Pine Knoll	Scott	Davenport	CO	TB	70	19		54	17702	57
	Oakdale	Johnson	Iowa City	ST	TB	324	100		92	142472	298
	Sunnycrest	Dubuque	Dubuque	CO	TB	70	0		74	18952	69
	Broadlawns	Polk	Des Moines	CO	TB	87	0		81	25725	107
	Woodbury Co.	Woodbury	Sioux City	CO	TB	25	0		56	5120	+
	Sunnyslope	Wapello	Ottumwa	CO	TB	96*	—		82	5965	23*
	*76 Beds under construction +1946 Operation Data.										
REGIONAL TOTAL									xxx	xxxxx	xxxxxxx
STATE TOTAL						672	119		xxx	xxxxx	xxxxxxx

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

**Cut off bottom of all sheets EXCEPT LAST SHEET on which will appear the totals for the State.

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 1 OF 1
2. DATE July 1, 1948
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE MENTAL HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF	
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)
	Cherokee	Cherokee	Cherokee	ST	N & M	1200	0		139	610648	1657
	Independence	Buchanan	Independence	ST	N & M	350	934			647510	422*
	Clarinda	Page	Clarinda	ST	N & M	1170	0			577065*	361
	Mt. Pleasant	Henry	Mt. Pleasant	ST	N & M	104	1454		95	539352	253
	St. Bernard's	Pott.	Coun. Bluffs	CH	N & M	15	165		99	65116	678
	St. Elizabeth's	Scott	Davenport	CH	N & M	50	50				
	St. John's	Scott	Davenport	CH	N & M	40	16				
	St. Joseph's	Dubuque	Dubuque	CH	N & M	0	230		99	83844	665
	The Retreat	Polk	Des Moines	IND	N & M	0	50		96	17507	254
	Clearview	Scott	Davenport	IND	N & M	65			102	24142	41
	Psychopathic	Johnson	Iowa City	ST	N & M	60	0		70	15352	366
	Forest Park	Scott	Davenport	IND	N & M	59	74			**	233
	*1946 Operation Data										
REGIONAL TOTAL									xxx	xxxxx	xxxxxxx
STATE TOTAL						3113	2973		xxx	xxxxx	xxxxxxx

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ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 1 OF 1
2. DATE July 1, 1948
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE CHRONIC HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA (6)	NAME OF FACILITY (7)	LOCATION		OWNER- SHIP OR CONTROL (10)	MEDICAL TYPE (11)	BED CAPACITY		NUMBER OF BASSINETS (14)	% OCCUPANCY (15)	NUMBER OF		
		COUNTY (8)	CITY OR TOWN (9)			ACCEPTABLE (12)	NON- ACCEPTABLE (13)			PATIENT DAYS (16)	PATIENTS ADMITTED (17)	
		<p>As noted in the Survey there are some 383 nursing and convalescent homes apparently providing domicillary care for mostly chronic patients in 2683 beds. Few of these homes are known to be of fire resistant construction, making them nearly all non-acceptable. The Department is now inspecting and licensing these homes under a new state law and will have more complete information in the near future.</p>										
REGIONAL TOTAL									xxx	xxxxx	xxxxxx	
STATE TOTAL									xxx	xxxxx	xxxxxx	

NOTE: - *If region report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.
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TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

1. PAGE 1 OF 3
2. DATE July 1, 1948
3. STATE Iowa
4. AREA Statewide

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS
ON USE OF THIS FORM

DESCRIPTION OF Chronic FACILITIES
Tuberculosis, Mental, Chronic Disease

5. POPULATION 2,539,075	6. ANNUAL AVERAGE NO. OF T. B. DEATHS IN STATE 1940 - 1944 INCL.	7. TOTAL BEDS ALLOWED BY STATE RATIO 5078
8. TOTAL EXISTING ACCEPTABLE BEDS 0	9. NET ADDITIONAL BEDS NEEDED (Item 7 minus Item 8) 5078	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY (a)	IDENTIFICATION OF FACILITY (Attach Additional Sheets if Necessary) (b)	NET ADDITIONAL NUMBER OF BEDS (c)
Sioux City	Teaching Center	30
Des Moines	Teaching Center	40
Dubuque	Regional Center	25
Davenport	Regional Center	20
Cedar Rapids	Regional Center	20
Council Bluffs	Regional Center	20
Iowa City	Teaching Center	50
Ottumwa	Regional Center	20
Waterloo	Regional Center	20
Clinton	Regional Center	20
Marshalltown	Regional Center	20
Spencer	Regional Center	20
Fort Dodge	Regional Center	20
Mason City	Regional Center	20
Burlington	Regional Center	20
(d) TOTAL ADDITIONAL NUMBER OF BEDS		385

11. COMMENTS (Attach Additional Sheets if Required)

The above facilities are the very minimum number of beds that should be provided in the general hospitals of base and regional areas, and would in all probability be adequate to care for patients with chronic disease only during the acute state of their illness. No attempt has been made to determine the location nor size of chronic disease facilities, and further study is indicated.

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS
ON USE OF THIS FORM

1. PAGE 2 OF 3
2. DATE July 1, 1948
3. STATE Iowa
4. AREA Statewide

DESCRIPTION OF Tuberculosis FACILITIES
Tuberculosis, Mental, Chronic Disease

5. POPULATION 2,539,075	6. ANNUAL AVERAGE NO. OF T. B. DEATHS IN STATE 1940 - 1944 INCL. 392	7. TOTAL BEDS ALLOWED BY STATE RATIO 980
8. TOTAL EXISTING ACCEPTABLE BEDS 672	9. NET ADDITIONAL BEDS NEEDED (Item 7 minus Item 8) 308	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY (a)	IDENTIFICATION OF FACILITY (Attach Additional Sheets if Necessary) (b)	NET ADDITIONAL NUMBER OF BEDS (c)
State-wide	State-wide Any facilities needed should be determined by further study in view of present favorable tuberculosis care situation.	50

(d) TOTAL ADDITIONAL NUMBER OF BEDS 50

11. COMMENTS (Attach Additional Sheets if Required)

In view of the present favorable tuberculosis care situation in Iowa, no attempt has been made to determine the location or extent of possible additions in tuberculosis beds.

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS
ON USE OF THIS FORM

1. PAGE 3 OF 3
2. DATE July 1, 1948
3. STATE Iowa
4. AREA State-wide

DESCRIPTION OF Mental FACILITIES
Tuberculosis, Mental, Chronic Disease

5. POPULATION 2,539,075	6. ANNUAL AVERAGE NO. OF T. B. DEATHS IN STATE 1940 - 1944 INCL.	7. TOTAL BEDS ALLOWED BY STATE RATIO 12,695
8. TOTAL EXISTING ACCEPTABLE BEDS 3113	9. NET ADDITIONAL BEDS NEEDED (Item 7 minus Item 8) 9582	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY (a)	IDENTIFICATION OF FACILITY (Attach Additional Sheets if Necessary) (b)	NET ADDITIONAL NUMBER OF BEDS (c)
Des Moines	1 psychopathic unit addition to a General Hospital	50
Sioux City	1 psychopathic unit addition to a General Hospital	30
State-wide	Base and regional areas.	35

(d) TOTAL ADDITIONAL NUMBER OF BEDS **115**

11. COMMENTS (Attach Additional Sheets if Required)

Development of diagnostic units for mental illness was deemed of greatest urgency in the state program for this category. Therefore, only diagnostic units will be considered at the beginning of the program. Further study is required to determine the location and type of facilities needed as well as the number of additional beds needed.

PUBLIC HEALTH CENTERS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 1 OF 7
2. DATE July 1, 1948
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 85

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P. H. C. (8)	AUXIL. (9)	P. H. C. (10)	AUXIL. (11)	
SPENCER							
Clay County	17,762	Multi-County Health Department No. 1	0	0	1	0	
Dickinson County	12,185						
Lyon County	15,374						
O'Brien County	19,293						
Osceola County	10,607						
Sioux County	27,209						
ALGONA							
Emmet County	13,406	Multi-County Health Department No. 2	0	0	1	0	
Humboldt County	13,459						
Kossuth County	26,630						
Pale Alto County	16,170						
Pocahontas County	16,266						
MASON CITY							
Cerro Gordo County	43,845	Multi-County Health Department No. 3	0	0	1	0	
Franklin County	16,379						
Hancock County	15,402						
Winnebago County	13,972						
Worth County	11,449						
Wright County	20,038						
* - - - - -							
STATE TOTAL							

NOTE: - *Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

PUBLIC HEALTH CENTERS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 2 OF 7
2. DATE July 1, 1948
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO **85**

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C. (8)	AUXIL. (9)	P.H.C. (10)	AUXIL. (11)	
HAMPTON							
Bremer County	17,932	Multi-County Health Department No. 4	0	0	1	0	
Butler County	17,986						
Chickasaw County	15,227						
Floyd County	20,169						
Howard County	13,531						
Mitchell County	14,121						
POSTVILLE							
Allamakee County	17,184	Multi-County Health Department No. 5	0	0	1	0	
Clayton County	24,334						
Fayette County	29,151						
Winneshiek County	22,693						
DUBUQUE							
Dubuque County	63,768	Co. Health Dept. No. 6	0	0	1	0	
MANCHESTER							
Benton County	22,879	Multi-County Health Department No. 7	0	0	1	0	
Buchanan County	20,991						
Delaware County	18,487						
Jones County	19,950						
* - - - - -							
STATE TOTAL							

NOTE: - *Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

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PUBLIC HEALTH CENTERS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 3 OF 7
2. DATE July 1, 1948
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO **85**

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P. H. C. (8)	AUXIL. (9)	P. H. C. (10)	AUXIL. (11)	
WATERLOO Blackhawk County	79,946	Co. Health Dept. No. 8	0	0	1	0	
MARSHALLTOWN Grundy County Hardin County Marshall County Tama County	13,518 22,530 35,406 22,428	Multi-County Health Department No. 9	0	0	1	0	
FORT DODGE Calhoun County Greene County Hamilton County Webster County	17,584 16,599 19,922 41,521	Multi-County Health Department No. 10	0	0	1	0	
CHEROKKE Buena Vista County Cherokee County Ida County Plymouth County Sac County	19,838 19,258 11,047 23,502 17,639	Multi-County Health Department No. 11	0	0	1	0	

STATE TOTAL							

NOTE: -*Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-P303
EXPIRATION DATE SEPT. 30, 1948

PUBLIC HEALTH CENTERS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 4 OF 7
2. DATE July 1, 1948
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO **85**

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P. H. C. (8)	AUXIL. (9)	P. H. C. (10)	AUXIL. (11)	
<u>SIOUX CITY</u> Woodbury County	103,627	Co. Health Dept. No. 12	0	0	1	0	
<u>DENISON</u> Audubon County	11,790	Multi-County Health Department No. 13	0	0	1	0	
Carroll County	22,770						
Crawford County	20,538						
Harrison County	22,767						
Monona County	18,238						
Shelby County	16,720						
<u>BOONE</u> Boone County	29,782	Multi-County Health Department No. 14	0	0	1	0	
Dallas County	24,649						
Guthrie County	17,210						
Story County	33,434						
<u>DES MOINES</u> Polk County	196,642	Co. Health Dept. No. 15	0	0	1	0	
<u>NEWTON</u> Jasper County	31,496	Multi-County Health Department No. 16	0	0	1	0	
Mahaska County	26,485						
Marion County	27,019						
Poweshiek County	18,758						
STATE TOTAL							

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PUBLIC HEALTH CENTERS REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 5 OF 7
2. DATE July 1, 1948
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 85

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P. H. C. (8)	AUXIL. (9)	P. H. C. (10)	AUXIL. (11)	
<u>IOWA CITY</u> Cedar County Johnson County Iowa County	16,884 33,191 17,016	Multi-County Health Department No. 17	0	0	1	0	
<u>CEDAR RAPIDS</u> Linn County	89,142	Co. Health Dept. No. 18	0	0	1	0	
<u>CLINTON</u> Clinton County Jackson County	44,722 19,181	Multi-County Health Department No. 19	0	0	1	0	
<u>DAVENPORT</u> Scott County	84,748	Co. Health Dept. No. 20	0	0	1	0	
<u>WASHINGTON</u> Keokuk County Louisa County Muscatine County Washington County	18,406 11,384 31,296 20,055	Multi-County Health Department No. 21	0	0	1	0	

STATE TOTAL							

NOTE: - *Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

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FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-7309
EXPIRATION DATE SEPT. 30, 1948

PUBLIC HEALTH CENTERS REPORT

NOTE:- SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
Attach to this form a brief explanation of the factors considered in
distributing Public Health Centers.

1. PAGE 6 OF 7
2. DATE July 1, 1948
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO **85**

65

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P. H. C. (8)	AUXIL. (9)	P. H. C. (10)	AUXIL. (11)	
BURLINGTON							
Des Moines County	36,804	Multi-County Health Department No. 22	1	0	0	0	
Henry County	17,994						
Lee County	41,074						
OTTUMWA							
Davis County	11,136	Multi-County Health Department No. 23	0	0	1	0	
Jefferson County	15,762						
Monroe County	14,553						
Van Buren County	12,053						
Wapello County	44,280						
CHARITON							
Appanoose County	24,245	Multi-County Health Department No. 24	0	0	1	0	
Clarke County	10,233						
Decatur County	14,012						
Lucas County	14,571						
Warren County	17,695						
Wayne County	13,308						
* - - - - -							
STATE TOTAL							

NOTE: - *Cut off bottom of all sheets on this line EXCEPT LAST SHEET on which will appear the totals for the State.

PUBLIC HEALTH CENTERS REPORT

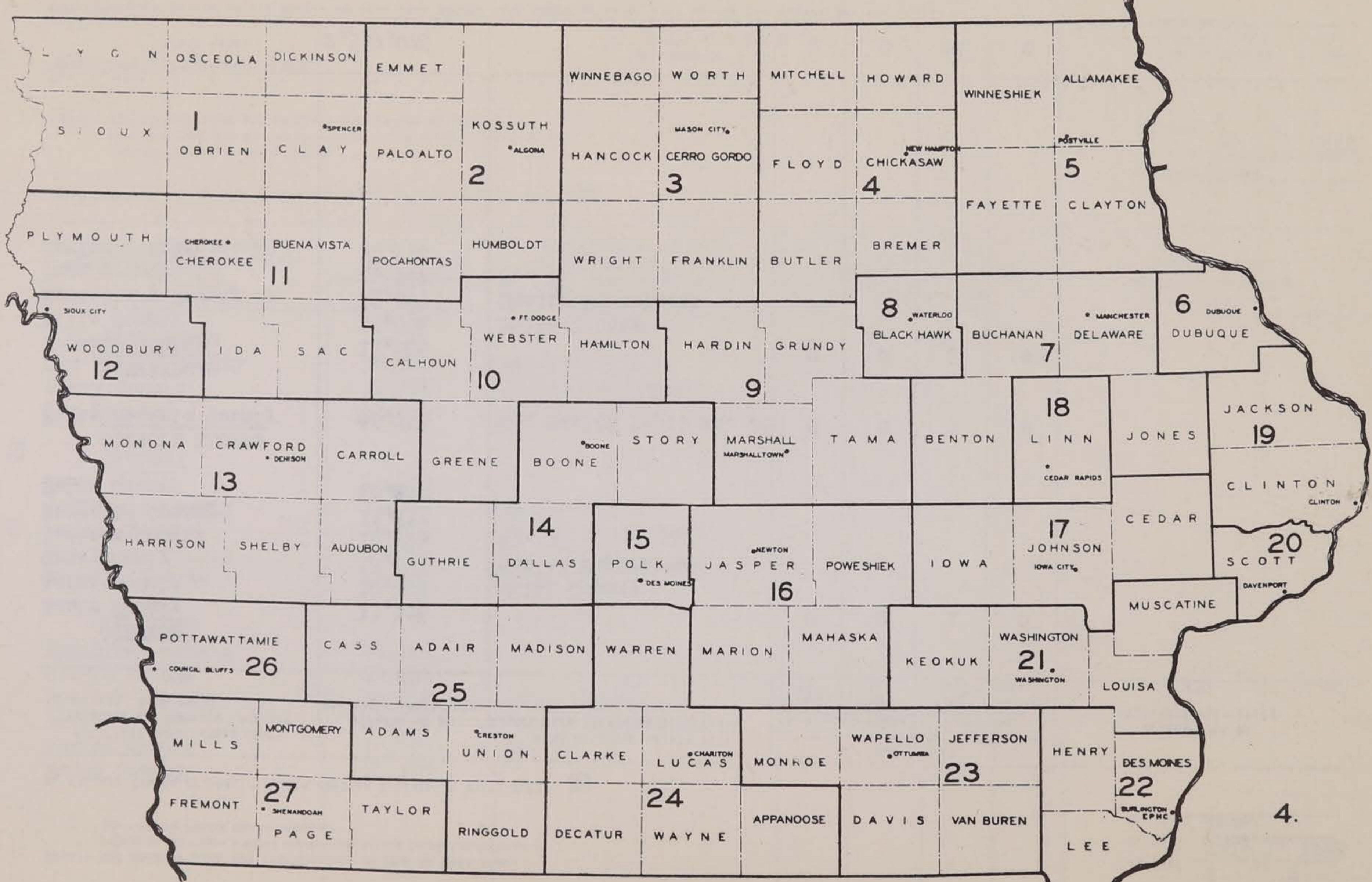
NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM.
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distributing Public Health Centers.

1. PAGE 7 OF 7
2. DATE July 1, 1948
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO **85**

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE (5)	POPULATION OF POLITICAL SUBDIVISION (6)	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION (Shown in Col. 5) (7)	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES (12)
			EXISTING ACCEPTABLE		PROGRAMMED		
			P. H. C. (8)	AUXIL. (9)	P. H. C. (10)	AUXIL. (11)	
CRESTON Adair County Adams County Cass County Madison County Ringgold County Union County	13,196 10,156 18,647 14,525 11,137 16,280	Multi-County Health Department No. 25	0	0	1	0	
COUNCIL BLUFFS Pottawattamie County	66,756	Co. Health Dept. No. 26	0	0	1	0	
SHENANDOAH Fremont County Mills County Montgomery County Page County Taylor County	14,645 15,064 15,697 24,887 14,258	Multi-County Health Department No. 27	0	0	1	0	
-----			-----				
STATE TOTAL	2,539,075		1	0	26	0	

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PROPOSED HEALTH CENTERS
 IOWA STATE DEPARTMENT OF HEALTH

EXISTING PUBLIC HEALTH CENTER EPHC
 ALL OTHERS — PROPOSED

DETERMINATION OF RELATIVE NEED

In compliance with provisions of the Federal Act, a construction schedule of projects to meet the entire needs of the state, regardless of availability of funds for all these needs, was developed.

RELATIVE NEED OF GENERAL HOSPITALS - PRIORITIES

Since funds actually available or in prospect in the immediate future will not meet all the needs, a system of priorities must be established so that projects would receive Federal Aid in relative order of needs.

The various projects proposed are rated on a hospital service area basis rather than as individual projects.

The per cent of need met or ratio of the present acceptable beds to the computed number of beds needed was obtained by dividing the computed need into the number of acceptable beds. All the hospital areas were then ranked in order of per cent of need met as shown on Form PHS-13.

Rural and Income Factors

It will be noted that 10 areas have no acceptable beds and thus, on the basis of per cent of need met, are all in the same relative position.

The regulations require that low income areas and rural areas be given preference.

In order to establish priorities for those areas with no acceptable beds, a formula was devised by which priorities could be based upon both family income and per cent of rural population, those having the lowest income per family and highest per cent of rural population receiving preference.

Priority of Projects in One Area

The rural and income factor will be used to determine the priority of projects in one area if applicable. In allotting additional beds to several hospitals in one community the present occupancy rates of these hospitals will be used to determine priority of the individual projects.

This formula admittedly gives greater weight to the income factor.

Below is an example of how this formula was applied to Area R-41:

<u>*Farm population in Iowa</u>	=	6857	x	100	=	59.56
<u>*Total population in Area</u>		11500				
<u>**Average family income for Iowa</u>	=	3466	x	100	=	179.21
<u>**Average family income for Area</u>		1934				
Factor used in rating areas shown on Form PHS-13						<u>238.77</u>

*Rural farm population U. S. Census 1940
 **Data from May, 1946, Sales Management, reporting 1945 incomes.

This factor then was used to rank this group of the hospital areas in order of the most rural and lowest family income.

The list of general hospital areas was further divided into four groups as shown below:

Group 1	0%	9.9%	need met
Group 2	10%	44.9%	" "
Group 3	45%	59.9%	" "
Group 4	60%	100.0%	" "

The hospital areas within the above groups are shown in Form PHS-13.

Priorities of Hospital Categories.

So far only general hospitals have been considered. The Federal Act requires that special facilities in several categories be given consideration and that a balance between the different categories or types of facilities be maintained.

Therefore it is necessary to establish priorities of categories based upon relative needs.

Following is the listing of categories in the order of greatest relative need:

Group A - The greatest need is for general hospitals in some areas of the state. Therefore, those areas with acceptable hospital beds meeting less than 10% of the needs are given the highest priority.

Group B - To encourage a wide preventive program, health centers and auxiliary facilities, shall be considered in the second classification. These units may be constructed in connection with hospitals or as separate projects. Up to ten per cent of the total Federal funds available in any one year may be allotted to health centers. These projects will not be considered until after offering the funds to Group A. The ten per cent limit is not accumulative nor set aside for each year.

Group C - In recognition of the need for psychiatric units designed primarily for diagnosis and intensive treatment and as training centers, these units are designated as the third group. These facilities must be programmed in connection with base, regional, or large general hospital or in close proximity thereto with a coordinated program for operation and medical care. Not more than ten per cent of the available Federal funds will be allotted to this group in any one year. These projects will not be considered until after the funds are offered to Group A and B, and further priority for any of the special projects in Groups B, C and D shall only apply to that portion of the project comprising the special service. No applicant can combine more than one priority in any single application in any year's project construction schedule.

Group D - In recognition of the need for chronic disease unit designated primarily for diagnosis and treatment and as training centers these units are designated as the fourth group. These facilities must be programmed in connection with base, regional, or large general hospitals or in close proximity thereto with a coordinated program for operation and medical care. Not more than 10 per cent of the Federal funds available will be allocated to this group in any one year. These projects will not be considered until after the funds are offered to Groups A, B and C and further priority for any of the special projects in Groups B, C and D shall only apply to that portion of the project comprising the special service. No applicant can combine more than one priority in any single application in any year's project construction schedule.

Group E - The general hospital areas having existing acceptable beds meeting 10 per cent to 44.9 per cent of computed relative need are designated as the fifth group.

Group F - The general hospital areas having existing acceptable beds meeting 45 per cent to 59.9 per cent of computed relative need are designated as the sixth group.

Group G - The general hospital areas having existing acceptable beds meeting 60 per cent to 100 per cent of computed relative need are designated as the seventh group.

Group H - The lowest relative need is designated for tuberculosis hospitals and additional units will be programmed up to a total of only 50 beds in connection with general hospitals.

In an effort to improve the present non acceptable facilities as well as enlarge those facilities it will be the policy of the Department that

additions to existing non acceptable facilities will not be approved except when the non acceptable facilities are not essential to the operation of the hospital as a whole, and its destruction or loss will not endanger life or render inoperative the whole unit.

The various areas and types of units are listed in their order in Form PHS-13, Relative Need Report.

This listing of the hospital areas and types of facilities constitutes the normal order of priority rating to be followed in approving the construction of all projects.

RELATIVE NEED REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

- a. General Hospitals
- b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for Public Health Centers.

1. PAGE 1 OF 2

2. DATE July 1, 1948

3. STATE Iowa

4. CATEGORY General

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
A	R-41	0 238.77	<p>D - Chronic Disease treatment facilities built separately from general hospitals, or built in connection with general hospitals are programmed on a state wide basis in the base or regional hospitals, have priority D and are limited to 10% of the total funds available in any one year. The 10% limit is not accumulative and the priority shall apply only to the chronic disease treatment facilities.</p>		
A	R-29	0 219.99			
A	R-26	0 203.37			
A	R-18	0 197.37			
A	R-19	0 190.44			
A	R-14	0 183.17			
A	R-16	0 181.95			
A	R-31	0 174.02			
A	R-11	0 173.40			
A	R-27	0 166.96			
A	R-1	9.90	E	I-1	15.66
B-10%	<u>Health Centers</u>		E	R-2	16.84
<p>Programmed on a state wide basis and have priority of B and are limited to 10% of total funds available in one year.</p>			E	R-38	20.00
<p><u>C - Psychiatric Units</u></p> <p>Programmed on a state wide basis and have priority C and are limited to 10% of the total funds available in any one year. The 10% limit is not accumulated. The priority shall apply only to the psychiatric unit.</p>			E	R-15	23.81
			E	R-36	31.70
			E	R-9	34.65
			E	R-46	35.10
			E	I-9	35.12
			E	I-7	36.94
			E	I-8	37.74
			E	R-33	37.97

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-R304
EXPIRATION DATE SEPT. 30, 1948

RELATIVE NEED REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

- a. General Hospitals
- b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for Public Health Centers.

1. PAGE 2 OF 2

2. DATE July 1, 1948

3. STATE Iowa

4. CATEGORY General

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
E	I-11	38.46	G	R-39	63.89
E	R-5	42.22	G	B-2	65.47
E	R-22	43.82	G	R-34	66.88
E	R-42	44.89	G	R-8	67.50
F	R-24	46.66	G	R-30	69.46
F	R-21	47.37	G	B-3	69.68
F	R-7	50.00	G	R-32	71.26
F	I-10	51.50	G	R-6	71.72
F	R-37	51.66	G	I-3	73.01
F	R-28	52.63	G	I-12	73.16
F	R-12	52.83	G	I-2	77.78
F	R-40	54.22	G	I-5	81.64
F	I-4	55.55	G	R-13	82.27
F	R-43	56.10	G	R-20	83.43
F	R-23	56.39	G	R-35	84.375
F	R-4	57.35	G	R-44	84.375
F	R-3	58.41	G	R-25	100.00
F	I-6	58.55	G	B-1	100.00
F	R-17	59.72	H - Tuberculosis Hospitals built separately from general hospitals.		
G	R-45	63.87			

RELATIVE NEED REPORT

1. PAGE 1 OF 2
2. DATE July 1, 1948
3. STATE Iowa
4. CATEGORY General

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

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- b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

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PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
A	R-41	0 238.77	<p>D - Chronic Disease treatment facilities built separately from general hospitals, or built in connection with general hospitals are programmed on a state wide basis in the base or regional hospitals, have priority D and are limited to 10% of the total funds available in any one year. The 10% limit is not accumulative and the priority shall apply only to the chronic disease treatment facilities.</p>		
A	R-29	0 219.99			
A	R-26	0 203.37			
A	R-18	0 197.37			
A	R-19	0 190.44			
A	R-14	0 183.17			
A	R-16	0 181.95			
A	R-31	0 174.02			
A	R-11	0 173.40			
A	R-27	0 166.96			
A	R-1	9.90	E	I-1	15.66
B-10%	<u>Health Centers</u>		E	R-2	16.84
<p>Programmed on a state wide basis and have priority of B and are limited to 10% of total funds available in one year.</p>			E	R-38	20.00
<p><u>C - Psychiatric Units</u></p> <p>Programmed on a state wide basis and have priority C and are limited to 10% of the total funds available in any one year. The 10% limit is not accumulated. The priority shall apply only to the psychiatric unit.</p>			E	R-15	23.81
			E	R-36	31.70
			E	R-9	34.65
			E	R-46	35.10
			E	I-9	35.12
			E	I-7	36.94
			E	I-8	37.74
			E	R-33	37.97

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 25, D. C.

FORM APPROVED
BUREAU OF BUDGET NO. 68-R304
EXPIRATION DATE SEPT. 30, 1948

RELATIVE NEED REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

This form must be submitted for:

- a. General Hospitals
- b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for Public Health Centers.

1. PAGE 2 OF 2

2. DATE July 1, 1948

3. STATE Iowa

4. CATEGORY General

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
E	I-11	38.46	G	R-39	63.89
E	R-5	42.22	G	B-2	65.47
E	R-22	43.82	G	R-34	66.88
E	R-42	44.89	G	R-8	67.50
F	R-24	46.66	G	R-30	69.46
F	R-21	47.37	G	B-3	69.68
F	R-7	50.00	G	R-32	71.26
F	I-10	51.50	G	R-6	71.72
F	R-37	51.66	G	I-3	73.01
F	R-28	52.63	G	I-12	73.16
F	R-12	52.83	G	I-2	77.78
F	R-40	54.22	G	I-5	81.64
F	I-4	55.55	G	R-13	82.27
F	R-43	56.10	G	R-20	83.43
F	R-23	56.39	G	R-35	84.375
F	R-4	57.35	G	R-44	84.375
F	R-3	58.41	G	R-25	100.00
F	I-6	58.55	G	B-1	100.00
F	R-17	59.72	H - Tuberculosis Hospitals built separately from general hospitals.		
G	R-45	63.87			

Changes in Construction Schedule.

When part one of a project application is approved by the District office U.S.P.H.S. in any area, the per cent of need met in such area shall immediately be adjusted by adding to the existing acceptable beds the number of beds in the project and recomputing the per cent of need met. This new rating shall then be used to determine the priority of the area in the normal construction schedule developed each year.

Exhibit F

METHODS OF ADMINISTRATION

Publication of the State Plan.

1. A general description of the proposed State Plan was publicized in the Des Moines Sunday Register on December 21, 1947 and a public hearing on the Plan was held on December 29, 1947 in the State House at Des Moines, Iowa.
2. After approval of the State Plan by the Public Health Service, the Iowa State Department of Health will take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the state. In addition, societies, organizations and associations will be urged to cooperate in bringing the essential portions and provisions of the State Plan to the attention of interested and affected parties, persons, organizations and associations.
3. One approved copy of the State Plan will be available at all times in the offices of the Iowa State Department of Health, Des Moines, Iowa, for public examination.

Project Construction Schedule.

After approval of the State Plan by the Public Health Service, the Department will develop a Project Construction Schedule, which will list the projects for which construction can be commenced immediately. The Schedule will be developed by soliciting applications from sponsoring agencies in areas of the greatest unfilled need and in the order of the area priorities as shown in the over-all construction program. The number of projects included on the Project Construction Schedule will depend upon the amount of the Federal allotment to the state.

Factors Determining Project Construction Schedule.

Projects will be selected for the Project Construction Schedule after consideration of the following factors:

- (1) The priority of the project as determined in accordance with the principles outlined in this Plan for determination of relative need.
- (2) The intent of sponsoring agencies to begin construction within a reasonable length of time.
- (3) The ability of the sponsoring agency to meet the financial requirements for construction, maintenance and operation of the proposed facility.
- (4) The maintenance of an appropriate balance in the construction of the various types of facilities. This balance of facilities need not be reflected in each Project Construction Schedule.
- (5) The sponsoring agency shall assure the Department that no person in the area will be denied admission as a patient to the facility on account of race, creed or color.

The Project Construction Schedule will be submitted to the Public Health Service District Office no sooner than three months after approval of the Revised State Plan. This three month period is provided to enable higher priority projects to develop construction interest and furnish the essential financial and other assurances.

PROJECT APPLICATIONS

If a project is in the highest priority group, Part I of the Project Construction Application, which is prescribed by the Public Health Service, may be approved and forwarded prior to approval of the Project Construction Schedule. If the project is not in the highest priority group, Part I of the Project Construction Application will be submitted with the Schedule.

Applications for Federal assistance under Public Law 725 will be submitted on the project Construction Application which is prescribed by the Public Health Service.

To facilitate proper functioning of the Plan the Department will notify the higher priority communities or applicants of their opportunity under this program. All high priority areas will be given 30 days to give written notice of their intent to take advantage of such opportunity and to submit evidence of their ability to do so. Such evidence shall include:

(1) Name or organization sponsoring project with a complete list of officers and board members.

(2) Statement of funds available and plans to procure additional funds if required.

(3) Statement that there will be no discrimination between patients because of race, creed or color.

(4) Name of architect or engineer if already retained.

(5) A short description of the project including the type and size of a facility proposed, the population planned for, and other descriptive data outlining the desires of the applicant.

a. Upon receipt of the preliminary intent information, the Department will forward the proper Project Construction Application forms to the local officials and to their architect or engineer, if known.

After submission of this preliminary information, the sponsoring agency will be given an additional 60 days to complete all necessary steps and submit Part I of Project Construction Application.

In the event the higher priority areas do not respond within the initial 90 day period with sufficient projects to exhaust the available Federal funds, then the Department will proceed to the next lower priority groups promptly upon expiration of the time limit.

b. If a project is removed from the Project Construction Schedule by the Department, the Schedule will be revised to include the next highest priority project which meets the requirements for inclusion.

c. If construction contracts have not been let (made) and actual work begun within 9 months of the date of submitting the preliminary intent application, the project approval may be cancelled and funds so allotted be made available for other projects.

Failure to satisfactorily complete Part III of the Project Construction Application within 90 days after the approval of the project will be sufficient cause for the dropping of the project from the current priority period of one year.

d. Since the early estimates of total project cost may be used in approving projects, the sponsoring agency shall make diligent effort to secure reasonably accurate estimates.

The Department shall review preliminary cost estimates and may return such estimates to the sponsor for further consideration.

Standards of Construction and Equipment.

Construction and equipping of projects assisted under this program shall comply with the general standards of construction and equipment as outlined in Appendix A of the Regulations amended under Public Law 725.

Copies of such standards are available for inspection at the State Department of Health.

Inspection and Certification by the State Department of Health.

When a request for payment of an installment is made at the prescribed time the Department shall make an inspection of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project applications. In addition, the Department may make such additional inspections as the State Department of Health deems necessary. Reports of each inspection will be retained in the files of the Department. Before a certification for payment is made the inspection shall show that:

- a. The amounts claimed covers payment only for work performed, materials and equipment delivered, and services rendered;
- b. Such work, materials, equipment and service are necessary for the carrying out of the project as approved;
- c. The costs of work, material, equipment and service are allowable costs that may be participated in by the Federal government;
- d. Work in place has been performed satisfactorily, is in accordance with the approved plans and specifications, and has a value on which the claim for payment is based.

Certification for Payments.

a. Requests for payments under the construction contracts shall be submitted by applicants to the Department at the times prescribed by Section 10.78 (a) of the Regulations, as follows:

(1) "The first installment when not less than 25 per cent of the work of construction of the buildings has been completed

(2) "The second installment when the mechanical work has been substantially roughed in, and

(3) "The third installment when work under the construction contract is completed and final inspection made.

"Requests for payment of the Federal share of other allowable costs such as architect's fee, inspection cost, and cost of equipment shall be included in requests for payments made at one or more of the stages indicated above.

"All costs that have not been determined at the time the third payment for work performed under the construction contract is requested shall form the basis of a request for final payment of the Federal share of the cost of the entire project.

"Consideration will be given to the payment of an additional installment prior to payment of the final installment provided the Department finds there are unusual circumstances which may unduly delay submission of the claim for payment of the final installment."

b. Federal funds shall be deposited with the Iowa State Treasurer in the Hospital Construction Fund in accordance with the state law, Chapter 90, Laws of the 52nd Iowa General Assembly.

c. The state will promptly remit or credit all payments of Federal funds received by the state for payment to applicants for approved construction projects.

Accounting System and Records, Construction Allotments.

The Department shall be responsible for establishing and maintaining accounts and fiscal controls of all Federal funds allotted for construction projects. The fiscal records shall be so designed as to show at any given time the Federal funds allotted, encumbered and unencumbered balances.

The Department will comply with the provisions of Section 10.79 of the Regulations by maintaining the necessary accounting records and controls, and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

The Department agrees that it will retain on file all documents coming into its possession which relate to any expenditure under Public Law 725. In addition, the State Department of Health will require steps as are necessary and possible to assure that applicants (1) retain all relevant and supporting documents, and (2) establish suitable property inventory records covering all equipment of more than nominal value.

The Department further agrees that it will require a statement from the applicant agreeing that it will;

(1) retain the accounting records, control any documents described in the above for a period of at least one year beyond its participation in the program.

(2) take such steps as are necessary and possible to assure that applicants retain the fiscal records, controls and documents described in the above for a period of at least two years after the final payment of Federal funds.

Exhibit G

Minimum Standards for Maintenance and Operation

The Department has adopted in accordance with Section .9 B.5 of the Grants in Aid Manual 23-2 and Chapter 91, Acts of 52nd General Assembly of Iowa the attached regulations which prescribe minimum standards of maintenance and operation for all hospitals aided under the Hospital survey and Construction Act. See Exhibit G following Plan. (Published separately)

Exhibit H

Fair Hearing and Appeal Procedure
for Construction Applicants

The Department will provide an opportunity for a fair and public hearing to any applicant who has requested Federal aid in hospital construction and which appeals for a hearing to clear any misunderstanding or dissatisfaction with any action or ruling by the State Department of Health. The applicant shall be entitled to a hearing on any one of the following:

1. Denial of opportunity to make application,
2. Rejection or disapproval of application, and
3. Refusal to reconsider application.

Appeals from any action or decision of the State Department of Health must be made by the applicant in writing within 15 days from date of adverse decision or action by the Department.

The appellant will be notified in writing of the time and place of the hearing, as determined by the State Department of Health.

The appellant may, if so desiring, be represented by friends or counsel, or both, and shall have full opportunity to examine all records pertaining

to the subject, question witnesses, and present any evidence pertinent to the discussion.

The hearings will be presided over by the Commissioner of Health or his representative.

The decision shall be based on evidence presented at the hearing and shall be made in writing within 30 days of date of said hearing. A stenographic record of the hearings shall be made and transcriptions of such records will be available upon request and payment of cost of transcribing.

Annual Revisions of the Over-All Hospital Construction Program

The Department hereby agrees that it will from time to time as is necessary, but at least annually, review the over-all hospital construction program. The State Department of Health further agrees that it will on or before May 15th of each year submit to the Surgeon General a report which contains such revision of the over-all hospital construction program as the Department considers necessary.

Personnel Standards

All personnel employed in administering the State Plan will be appointed under and subject to the merit system maintained by the Iowa Merit System Council in compliance with the Act, Section 623 (a) (6). The Iowa Merit System Council will furnish the Public Health Service with such data and information as is necessary to determine compliance with the Act and Regulations.

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Iowa Hospital Plan

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