STATEWIDE HOSPITAL DATA AGGREGATE SERVICE UTILIZATION AND FTES FISCAL YEARS 2014 - 2016

LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016	Change FY15-FY16	% Change FY15-FY16	Change FY14-FY16	% Change FY14-FY16
A.	CT Scans (A)	1						
1	Inpatient Scans	214,554	220,810	220,476	-334	0%	5,922	3%
2	Outpatient Scans (Excluding ED Scans)	234,747	225,765	227,071	1,306	1%	-7,676	-3%
3	Emergency Department Scans	231,842	243,409	263,525	· · · · · · · · · · · · · · · · · · ·	8%	31,683	14%
4	Other Non-Hospital Providers' Scans (A)	12,013	11,719	12,116		3%	103	1%
· ·	Total CT Scans	693,156	701,703	723,188		3%	30,032	4%
В.	MRI Scans (A)	7						
1	Inpatient Scans	42,293	43,788	43,031	-757	-2%	738	2%
2	Outpatient Scans (Excluding ED Scans)	163,242	165,996	168,574		2%	5,332	3%
3	Emergency Department Scans	6,842	7,468	7,292		-2%	450	7%
4	Other Non-Hospital Providers' Scans (A)	33,444	32,206	32,203		0%	-1,241	-4%
· ·	Total MRI Scans	245,821	249,458	251,100		1%	5,279	2%
C.	PET Scans (A)	7						
1	Inpatient Scans	175	217	175	-42	-19%	0	0%
2	Outpatient Scans (Excluding ED Scans)	3,041	3,569	3,651	82	2%	610	20%
3	Emergency Department Scans	3,041	3,309	3,031		-100%	-3	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	-	0%	0	0%
- 4	Total PET Scans	3,219	3,787	3,826		1%	607	19%
				-,		- 70		1070
D.	PET/CT Scans (A)	7						
1	Inpatient Scans	486	425	444	19	4%	-42	-9%
		10,923	10,489		736	7%		3%
	TOutballent Scans (Excluding ED Scans)	10.323	10.4091	11.225	1 30	170	302	370
2	Outpatient Scans (Excluding ED Scans) Emergency Department Scans	,	10,469	11,225 10			302 5	
	Emergency Department Scans	5		10	6	150%	5 5 64	100%
2		,	4		6 145		5	
2 3 4	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	785 12,199	704 11,622	10 849 12,528	6 145 906	150% 21% 8%	5 64 329	100% 8%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho	785 12,199	704 11,622	10 849 12,528	6 145 906	150% 21% 8%	5 64 329	100% 8%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures	5 785 12,199 Spital must obtain th	4 704 11,622 re fiscal year volun	10 849 12,528 ne of each of thes	6 145 906 se types of scans from	150% 21% 8% In the primary provid	5 64 329 er of the scans.	100% 8% 3%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures	5 785 12,199 Spital must obtain th	4 704 11,622 re fiscal year volun 8,664	10 849 12,528 ne of each of thes 7,936	6 145 906 e types of scans from -728	150% 21% 8% m the primary provid -8%	5 64 329 er of the scans.	100% 8% 3% 88%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures	5 785 12,199 Spital must obtain th 7,364 231,590	4 704 11,622 re fiscal year volun 8,664 217,145	10 849 12,528 ne of each of thes 7,936 222,799	6 145 906 e types of scans from -728 5,654	150% 21% 8% m the primary provid -8% 3%	5 64 329 er of the scans. 572 -8,791	100% 8% 3% 88 -4%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures	5 785 12,199 Spital must obtain th	4 704 11,622 re fiscal year volun 8,664	10 849 12,528 ne of each of thes 7,936	6 145 906 e types of scans from -728 5,654	150% 21% 8% m the primary provid -8%	5 64 329 er of the scans.	100% 8% 3% 88%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures	5 785 12,199 Spital must obtain th 7,364 231,590 238,954	4 704 11,622 e fiscal year volun 8,664 217,145 225,809	10 849 12,528 ne of each of thes 7,936 222,799 230,735	6 145 906 se types of scans from -728 5,654 4,926	150% 21% 8% m the primary provid -8% 3% 2%	5 64 329 er of the scans. 572 -8,791 -8,219	100% 8% 3% 88 8% -4% -3%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures	7,364 231,590 238,954	4 704 11,622 e fiscal year volun 8,664 217,145 225,809	10 849 12,528 ne of each of thes 7,936 222,799 230,735	6 145 906 se types of scans from -728 5,654 4,926	150% 21% 8% m the primary provid -8% 3% 2%	5 64 329 er of the scans. 572 -8,791 -8,219	100% 8% 3% 8% -4% -3%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures	7,364 231,590 238,954	4 704 11,622 e fiscal year volun 8,664 217,145 225,809 11,297 10,427	10 849 12,528 ne of each of thes 222,799 230,735 11,106 10,121	6 145 906 se types of scans from -728 5,654 4,926 -191 -306	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -3%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805	8% -4% -3%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures	7,364 231,590 238,954	4 704 11,622 e fiscal year volun 8,664 217,145 225,809	10 849 12,528 ne of each of thes 7,936 222,799 230,735	6 145 906 se types of scans from -728 5,654 4,926	150% 21% 8% m the primary provid -8% 3% 2%	5 64 329 er of the scans. 572 -8,791 -8,219	100% 8% 3% 8% -4% -3%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Catheterization Procedures Cardiac Catheterization Procedures Cardiac Cardiac Catheterization Procedures	7,364 231,590 238,954 10,304 9,316 19,620	4 704 11,622 e fiscal year volum 8,664 217,145 225,809 11,297 10,427 21,724	10 849 12,528 The of each of thes 7,936 222,799 230,735 11,106 10,121 21,227	-728 5,654 4,926 -191 -306 -497	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -2%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607	8% 8% 8% -4% -3% 8% 9% 8%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures	7,364 231,590 238,954 10,304 9,316 19,620	4 704 11,622 e fiscal year volum 8,664 217,145 225,809 11,297 10,427 21,724	10 849 12,528 The of each of thes 7,936 222,799 230,735 11,106 10,121 21,227	-728 -5,654 -191 -306 -497	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -3% -2%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607	100% 8% 3% 8% -4% -3% 8% 9% 8%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures	7,364 231,590 238,954 10,304 9,316 19,620	4 704 11,622 e fiscal year volum 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571	6 145 906 se types of scans from -728 5,654 4,926 -191 -306 -497	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -11% -15%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607	8% -4% -3% -23% -32%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures	7,364 231,590 238,954 10,304 9,316 19,620	4 704 11,622 e fiscal year volum 8,664 217,145 225,809 11,297 10,427 21,724	10 849 12,528 The of each of thes 7,936 222,799 230,735 11,106 10,121 21,227	6 145 906 se types of scans from -728 5,654 4,926 -191 -306 -497	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -3% -2%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607	100% 8% 3% 8% -4% -3% 8% 9% 8%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures	7,364 231,590 238,954 10,304 9,316 19,620	4 704 11,622 e fiscal year volum 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571	6 145 906 se types of scans from -728 5,654 4,926 -191 -306 -497	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -11% -15%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607	8% -4% -3% -23% -32%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures	5 785 12,199 spital must obtain th 7,364 231,590 238,954 10,304 9,316 19,620 3,271 3,784 7,055	4 704 11,622 e fiscal year volun 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025 5,879	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571 5,101	6 145 906 se types of scans from -728 5,654 4,926 -191 -306 -497 -324 -454 -778	150% 21% 8% 8% m the primary provid8% 3% 2%2%3%2%11%15%13%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607	8% -4% -3% 8% -23% -28%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Outpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies	7,364 231,590 238,954 10,304 9,316 19,620	4 704 11,622 e fiscal year volum 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571	6 145 906 906 se types of scans from -728 5,654 4,926 -191 -306 -497 -324 -454 -778	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -11% -15%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607 -741 -1,213 -1,954	8% -4% -3% -23% -23% -32%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Total Linear Accelerator Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies	5 785 12,199 spital must obtain th 7,364 231,590 238,954 10,304 9,316 19,620 3,271 3,784 7,055	4 704 11,622 e fiscal year volun 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025 5,879	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571 5,101	-728 -728 -749 -749 -324 -454 -778 -143 -594	150% 21% 8% 8% m the primary provid8% 3% 2%2%3%2%11%15%13%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607 -741 -1,213 -1,954	8% -4% -3% 8% -23% -28% -22%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Outpatient Studies Total Electrophysiology Studies	5 785 12,199 spital must obtain th 7,364 231,590 238,954 10,304 9,316 19,620 3,271 3,784 7,055	4 704 11,622 e fiscal year volun 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025 5,879 2,905 4,080	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571 5,101 3,048 4,674	6 145 906 145 906 se types of scans from -728 5,654 4,926 -191 -306 -497 -324 -454 -778 143 594	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -3% -11% -15% -13% 5% 15%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607 -741 -1,213 -1,954 541 1,362	100% 8% 3% -4% -3% -23% -28% -28% 41%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures Surgical Procedures	5 785 12,199 spital must obtain the 7,364 231,590 238,954 10,304 9,316 19,620 3,271 3,784 7,055 2,507 3,312 5,819	4 704 11,622 e fiscal year volun 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025 5,879 2,905 4,080 6,985	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571 5,101 3,048 4,674 7,722	6 145 906 145 906 145 906 145 145 145 145 145 145 145 145 145 145	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -3% -11% -15% -13% 5% 15% 11%	5 64 329 er of the scans. 572 -8,791 -8,219 805 1,607 -741 -1,213 -1,954 541 1,362 1,903	100% 8% 3% 88% -4% -3% 8% 9% 8% -23% -28% -28% 41% 33%
2 3 4 (A) If the H	Emergency Department Scans Other Non-Hospital Providers' Scans (A) Total PET/CT Scans ospital is not the primary provider of these scans, at the hospital site, the Ho Linear Accelerator Procedures Inpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Inpatient Procedures Outpatient Procedures Outpatient Procedures Cardiac Catheterization Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Outpatient Studies Total Electrophysiology Studies	5 785 12,199 spital must obtain th 7,364 231,590 238,954 10,304 9,316 19,620 3,271 3,784 7,055	4 704 11,622 e fiscal year volun 8,664 217,145 225,809 11,297 10,427 21,724 2,854 3,025 5,879 2,905 4,080	10 849 12,528 ne of each of thes 7,936 222,799 230,735 11,106 10,121 21,227 2,530 2,571 5,101 3,048 4,674	6 145 906 145 906 145 906 145 145 145 145 145 145 145 145 145 145	150% 21% 8% 8% m the primary provid -8% 3% 2% -2% -3% -11% -15% -13% 5% 15%	5 64 329 er of the scans. 572 -8,791 -8,219 802 805 1,607 -741 -1,213 -1,954 541 1,362	8% -4% -3% 8% -23% -28% -22% 41%

STATEWIDE HOSPITAL DATA AGGREGATE SERVICE UTILIZATION AND FTES FISCAL YEARS 2014 - 2016

LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016	Change FY15-FY16	% Change FY15-FY16	Change FY14-FY16	% Change FY14-FY16
J.	Endoscopy Procedures							
1	Inpatient Endoscopy Procedures	19,263	17,657	17,444	-213	-1%	-1,819	-9%
2	Outpatient Endoscopy Procedures	115,507	117,777	121,115		3%	5,608	5%
	Total Endoscopy Procedures	134,770	135,434	138,559		2%	3,789	3%
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K.	Hospital Emergency Room Visits							
1	ER Visits: Treated and Admitted	260,379	260,075	255,315	-4,760	-2%	-5,064	-2%
2	ER Visits: Treated and Discharged	1,419,975	1,424,486	1,429,990	5,504	0%	10,015	1%
	Total Emergency Room Visits	1,680,354	1,684,561	1,685,305	744	0%	4,951	0%
		_						
L.	Hospital Clinic Visits							
1	Substance Abuse Treatment Clinic Visits	36,503	37,071	32,989		-11%	-3,514	-10%
2	Dental Clinic Visits	65,650	68,220	63,749		-7%	-1,901	-3%
3	Psychiatric Clinic Visits	403,102	396,692	392,213	-4,479	-1%	-10,889	-3%
4	Medical Clinic Visits							
5	Medical Clinic Visits - Pediatric Clinic	66,873	52,866	46,745		-12%	-20,128	-30%
6	Medical Clinic Visits - Urgent Care Clinic	149,956	132,705	106,050		-20%	-43,906	-29%
7	Medical Clinic Visits - Family Practice Clinic	85,801	87,277	92,240	4,963	6%	6,439	8%
8	Medical Clinic Visits - Other Medical Clinic	152,326	164,236	161,884	-2,352	-1%	9,558	6%
9	Specialty Clinic Visits							
10	Specialty Clinic Visits - Cardiac Clinic	69,055	72,941	80,022		10%	10,967	16%
11	Specialty Clinic Visits - Chronic Pain Clinic	9,342	8,721	10,077	1,356	16%	735	8%
12	Specialty Clinic Visits - OB-GYN Clinic	41,777	41,770	34,224		-18%	-7,553	-18%
13	Specialty Clinic Visits - Other Specialty Clinic	478,057	521,973	592,306		13%	114,249	24%
	Total Hospital Clinic Visits	1,558,442	1,584,472	1,612,499	28,027	2%	54,057	3%
	Other Heavital Output and Visite	_						
М.	Other Hospital Outpatient Visits	4 000 050	4 00 4 000	4 400 040	44040	40/	400.000	400/
1	Rehabilitation (PT/OT/ST)	1,006,050	1,094,332	1,108,942		1%	102,892	10%
2	Cardiac Rehabilitation	113,360	122,597	130,043		6%	16,683	15%
3	Chemotherapy	173,145	194,932	206,207	11,275	6%	33,062	19%
4	Gastroenterology	99,196	100,448	102,759		2%	3,563	4%
5	Other Outpatient Visits Total Other Hospital Outpatient Visits	3,413,737	3,538,687	3,545,501	6,814	0%	131,764	4% 6%
	Total Other Hospital Outpatient visits	4,805,488	5,050,996	5,093,452	42,456	1%	287,964	6%
	Total Hospital Outpatient Visits	6,363,930	6,635,468	6,705,951	70,483	1%	342,021	5%
N.	Hospital Full Time Equivalent Employees							
1	Total Nursing FTEs	17,573.7	17,936.2	17,276.4	-659.8	-4%	-297.3	-2%
2	Total Physician FTEs	1,411.2	1,460.5	1,448.2		-1%	37.0	3%
3	Total Non-Nursing & Non-Physician FTEs	33,877.0	32,561.3	32,889.8		1%	-987.2	-3%
	Total Hospital FTE Employees	52,861.9	51,958.0	51,614.4	-343.6	-1%	-1,247.5	-2%

Source: CT Department of Public Health, Office of Health Care Access, Hospital Reporting System, HRS Report 450 (as reported by hospitals to OHCA). Note, that in certain cases, hospitals reported significantly different amounts between fiscal years for some statistics due to changes occuring as the result of the installation of new billing systems in the past fiscal year.