

Coordinating Council in its preparation or review of the State health plan under section 1524(c)(2) of the Act. On the basis of that review, and consistent with Statewide health needs and the need to coordinate Health Systems Plans as determined by the Statewide Health Coordinating Council, the adjustment may be made part of the State health plan. The Statewide Health Coordinating Council shall report its comments on and disposition of the proposed adjustments to the Secretary under section 1524(c)(1) of the Act.

SUBPART B—NATIONAL HEALTH PLANNING GOALS
(Reserved)

**SUBPART C—STANDARDS RESPECTING
THE APPROPRIATE SUPPLY, DISTRIBUTION,
AND ORGANIZATION OF HEALTH RESOURCES**

§121.201—General Hospitals—Bed Supply

(a) *Standard.* There should be less than four non-Federal, short-stay hospital beds for each 1,000 persons in a health service area except under extraordinary circumstances. For purposes of this section, short-stay hospital beds include all non-Federal short-stay hospital beds (including general medical/surgical, children's, obstetric, psychiatric, and other short-stay specialized beds). Conditions which may justify adjustments to this ratio for a health service area include:

(1) *Age:* Individuals 65 years of age and older have a higher hospital utilization rate—up to four times that of the general population—than any other age group. Bed-population ratios for health service areas in which the percentage of elderly people is significantly higher (more than 12% of the population) than the national average may be planned at a higher ratio, based on analyses by the HSA.

(2) *Seasonal population fluctuations:* Large seasonal variations in hospital utilization may justify higher ratios. Plans should reflect vacation and recreation patterns as well as the needs of migrant workers and other factors causing unusual seasonal variations.

(3) *Rural areas:* Hospital care should be accessible within a reasonable period of time. For example, in rural areas in which a majority of the residents would otherwise be more than 30 minutes travel time from a hospital, the HSA may determine, based on analyses, that a bed-population ratio of greater than 4.0 per 1,000 persons may be justified.

(4) *Urban areas:* Large numbers of beds in one part of a Standard Metropolitan Statistical Area (SMSA) may be compensated for by fewer beds in other parts of the SMSA. Health service areas which include a part of an SMSA may plan for bed-population ratios higher than 4.0 per 1,000 persons reflecting existing patterns if there is a joint plan among all HSAs serving the SMSA which provides for less than 4.0 beds per 1,000 persons in the SMSA as a whole.

Health Planning In The United States Issues In Guideline Development

David Kirk



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Table of Contents Health Planning In The United States Issues In Guideline Development

1. Understanding the eBook Health Planning In The United States Issues In Guideline Development
 - The Rise of Digital Reading Health Planning In The United States Issues In Guideline Development
 - Advantages of eBooks Over Traditional Books
2. Identifying Health Planning In The United States Issues In Guideline Development
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Health Planning In The United States Issues In Guideline Development
 - User-Friendly Interface
4. Exploring eBook Recommendations from Health Planning In The United States Issues In Guideline Development
 - Personalized Recommendations
 - Health Planning In The United States Issues In Guideline Development User Reviews and Ratings
 - Health Planning In The United States Issues In Guideline Development and Bestseller Lists
5. Accessing Health Planning In The United States Issues In Guideline Development Free and Paid eBooks
 - Health Planning In The United States Issues In Guideline Development Public Domain eBooks
 - Health Planning In The United States Issues In Guideline Development eBook Subscription Services

- Health Planning In The United States Issues In Guideline Development Budget-Friendly Options
- 6. Navigating Health Planning In The United States Issues In Guideline Development eBook Formats
 - ePub, PDF, MOBI, and More
 - Health Planning In The United States Issues In Guideline Development Compatibility with Devices
 - Health Planning In The United States Issues In Guideline Development Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Health Planning In The United States Issues In Guideline Development
 - Highlighting and Note-Taking Health Planning In The United States Issues In Guideline Development
 - Interactive Elements Health Planning In The United States Issues In Guideline Development
- 8. Staying Engaged with Health Planning In The United States Issues In Guideline Development
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Health Planning In The United States Issues In Guideline Development
- 9. Balancing eBooks and Physical Books Health Planning In The United States Issues In Guideline Development
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Health Planning In The United States Issues In Guideline Development
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Health Planning In The United States Issues In Guideline Development
 - Setting Reading Goals Health Planning In The United States Issues In Guideline Development
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Health Planning In The United States Issues In Guideline Development
 - Fact-Checking eBook Content of Health Planning In The United States Issues In Guideline Development
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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