

Chartbook Section 8A

Health Care Providers and Service Availability: Hospitals

Section 8A: Health Care Providers and Service Availability: Hospitals

- Hospital capacity, services offered, and system affiliation
- Utilization of hospital services
- Hospital financial trends, capital expenditures, and community benefit

This slide deck is part of Minnesota's Health Care Markets Chartbook, an annual review of key metrics in health care access, coverage, market competition and health care costs ([MN Statutes, Section 144.70; https://www.revisor.mn.gov/statutes/cite/144.70](https://www.revisor.mn.gov/statutes/cite/144.70)).

This section focuses exclusively on acute care hospitals in Minnesota.

Due to Hospital Annual Report revisions, data may not match previously published numbers.

An accessible summary of the charts and graphs contained in this deck is available on the [MDH website \(https://www.health.state.mn.us/data/economics/chartbook/summaries/section8Asummaries.html\)](https://www.health.state.mn.us/data/economics/chartbook/summaries/section8Asummaries.html). Direct links are listed on each page. Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Hospital Capacity, Services, and System Affiliation

Hospital Capacity in Minnesota, 2023

Number of Hospitals¹	Available Beds²	Available Beds Per 1,000 Population	Occupancy Rate Based on Available Beds	Licensed Beds³	Occupancy Rate Based on Licensed Beds
125	11,193	2.0	61.2%	15,819	43.3%

¹ In 2022, St. Joseph's Hospital in St. Paul closed, and Regina Hospital in Hastings Minnesota combined its hospital license with United Hospital (also in St. Paul).

² Available beds is defined as the number of acute care beds that are immediately available for use or could be brought online within a short period of time.

³ Licensed beds is defined as the number of beds licensed by the Department of Health, under Minnesota Statutes, sections 144.50 to 144.58.

Sources: 2022 American Community Survey 5-year Estimates and MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Regional Hospital Capacity in Minnesota, 2023

	Number of Hospitals ¹	Available Beds ²	Available Beds Per 1,000 Population	Occupancy Rate Based on Available Beds	Licensed Beds ³	Occupancy Rate Based on Licensed Beds
Central	18	997	1.4	50.8%	1,354	37.4%
Metro	22	5,792	1.8	76.6%	8,265	53.7%
Northeast	17	1,120	3.4	49.8%	1,377	40.5%
Northwest	12	301	1.8	27.4%	410	20.1%
South Central	14	463	1.6	39.1%	735	24.7%
Southeast	10	1,662	4.0	56.7%	2,528	37.3%
Southwest	23	535	2.4	13.9%	674	11.1%
West Central	9	323	1.9	21.9%	476	14.9%
Total	125	11,193	2.1	61.2%	15,819	43.3%

¹In 2022, St. Joseph's Hospital in St. Paul closed, and Regina Hospital in Hastings Minnesota combined its hospital license with United Hospital (also in St. Paul).

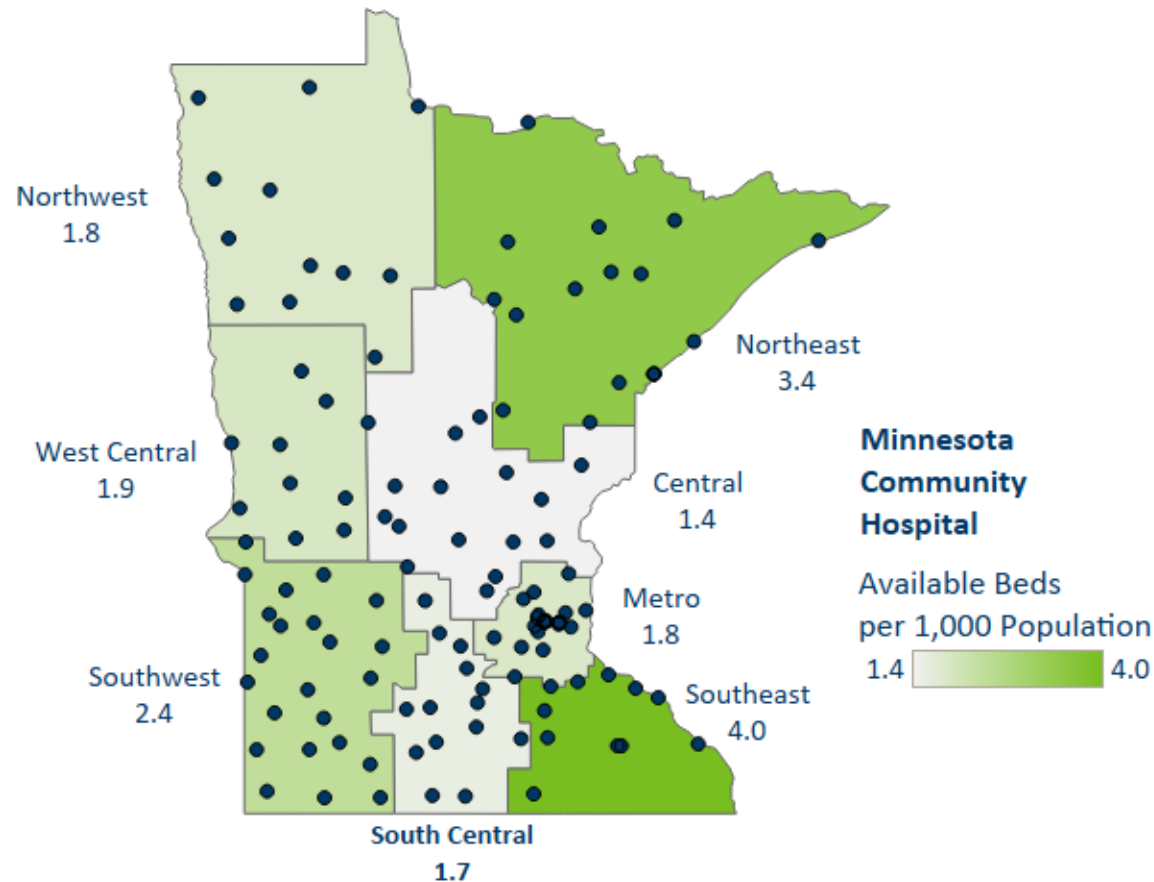
²Available beds is defined as the number of acute care beds that are immediately available for use or could be brought online within a short period of time.

³Licensed beds is defined as the number of beds licensed by the Department of Health, under Minnesota Statutes, sections 144.50 to 144.58.

Regions are defined from the State Community Health Services Advisory Committee (<http://www.health.state.mn.us/schsac/>).

Sources: 2022 American Community Survey 5-year Estimates and MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Available Minnesota Hospital Beds per 1,000 Population by SCHSAC Region, 2023



Regions are defined from the State Community Health Services Advisory Committee (<http://www.health.state.mn.us/schsac/>).

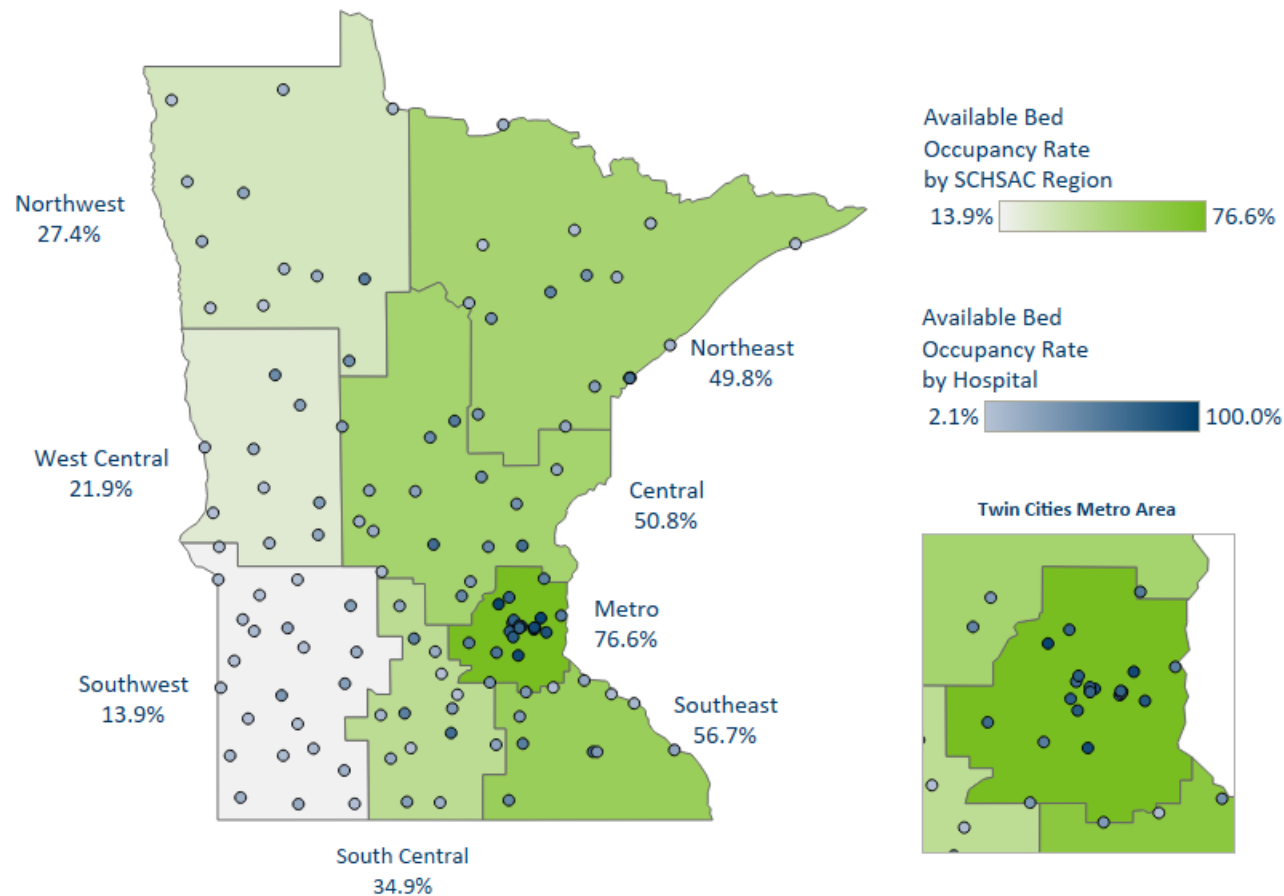
Sources: 2022 American Community Survey 5-year Estimates and MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of image](#)

Distribution of Minnesota's Hospitals by Size and Region, 2023

Number of Hospitals by Available Beds in 2023						
	Under 25 Beds	25-49 Beds	50-99 Beds	100-199 Beds	200 or More Beds	Total (%)
Central	6	9	1	1	1	18 (14.4%)
Metro	2	1	5	4	10	22 (17.6%)
Northeast	8	5	1	1	2	17 (13.6%)
Northwest	6	5	0	1	0	12 (9.6%)
South Central	5	8	0	1	0	14 (11.2%)
Southeast	3	4	2	0	1	10 (8.0%)
Southwest	13	9	1	0	0	23 (18.4%)
West Central	4	3	2	0	0	9 (7.2%)
Statewide (%)	47 37.6%	44 35.2%	12 9.6%	8 6.4%	14 11.2%	125 100%

Available Minnesota Hospital Bed Occupancy Rate by Region and Hospital, 2023



Shade of the blue dots indicate the occupancy rate of individual hospitals. Shade of the green regions indicate the overall occupancy rate of all hospitals in that region.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of image](#)

Services Available in Minnesota Hospitals, 2023

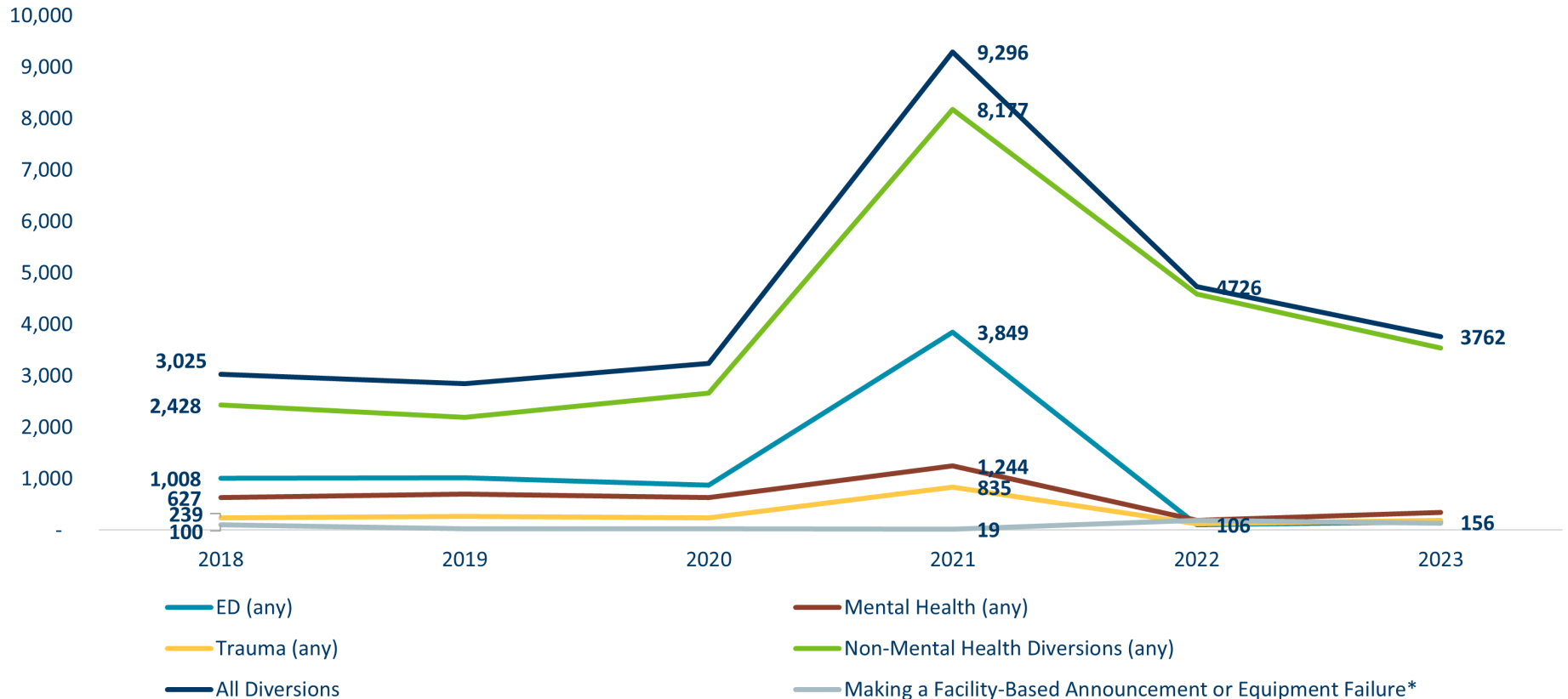
	Number of Hospitals with Services Available ¹	Number of Hospitals with Services Not Available
Surgery		
Inpatient Surgery	113	12
Outpatient Surgery	121	4
Open-Heart Surgery Services	16	109
Organ Transplant Services	5	120
Mental Health/Chemical Dependency Services		
Outpatient Psychiatric Services	68	57
Detoxification Services	23	102
Diagnostic Radiology		
Computer Tomography (CT) Scanning Services	125	0
Magnetic Resonance Imaging (MRI) Services	122	3
Positron Emission Tomography (PET) Services	6	119
Single Photon Emission Computerized Tomography (SPECT) Services	60	65
Other Services		
Renal Dialysis Services	32	93
Cardiac Catheterization Services	23	102

¹Services are considered “available” when they are provided on site by hospital staff, on site through contracted services, or off site through a shared services agreement.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Trends in Minnesota Hospital Ambulance Diversions, 2018-2023

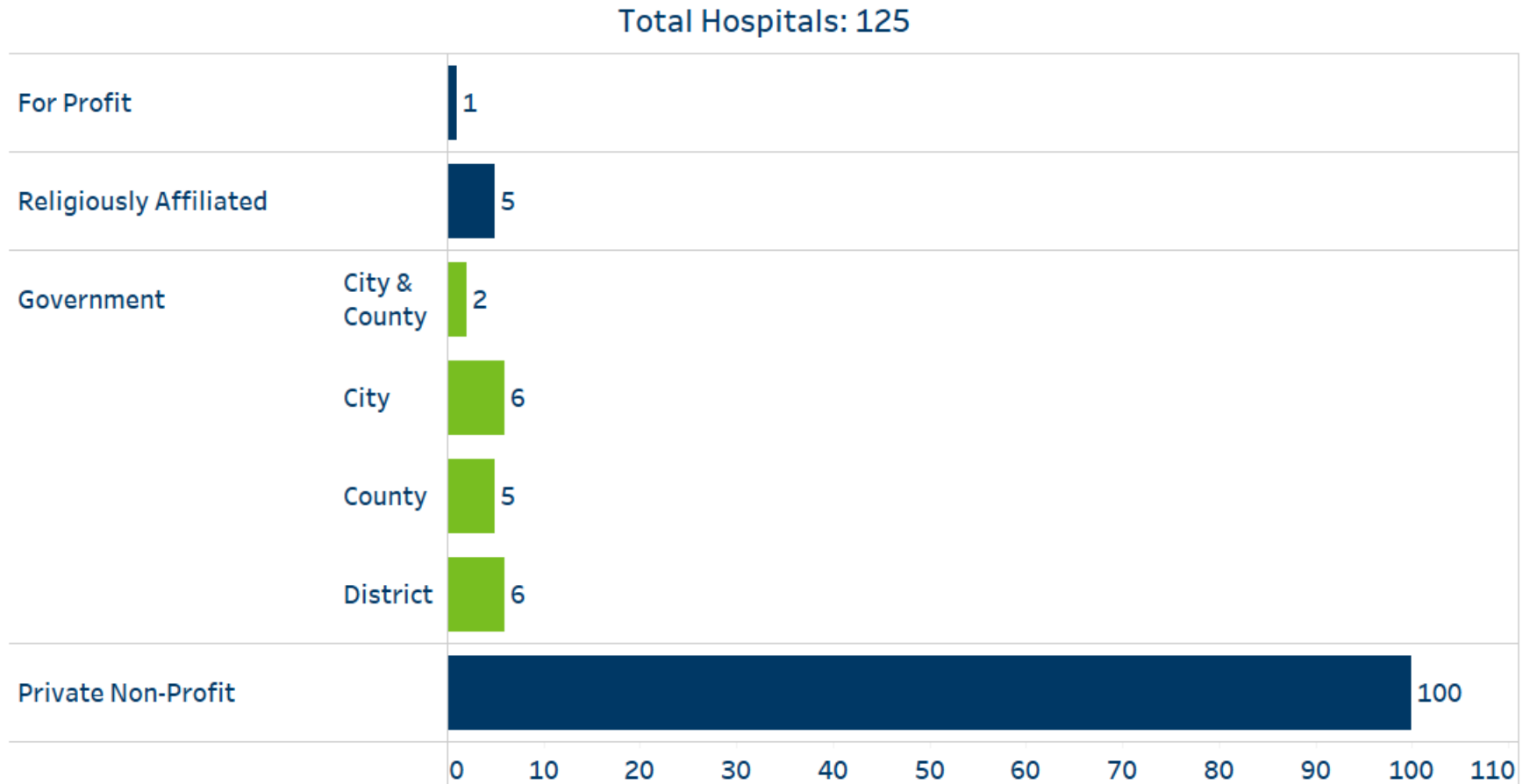
Minnesota Hospital Diversions 2018-2023



*Making a Facility-Based Announcement is an alternative to diversion that hospitals can use to indicate they are unable to receive certain categories of patients without going on diversion. There can also be diversion due to equipment failure. These are not included in closure numbers. Source: MDH Health Economics Program analysis of MN Trac Data, Nov. 2024. Ambulances may be diverted for multiple reasons. Additional information is available on the MDH MN Trac website (<https://www.health.state.mn.us/communities/ep/coalitions/mntrac.html>).

[Summary of image](#)

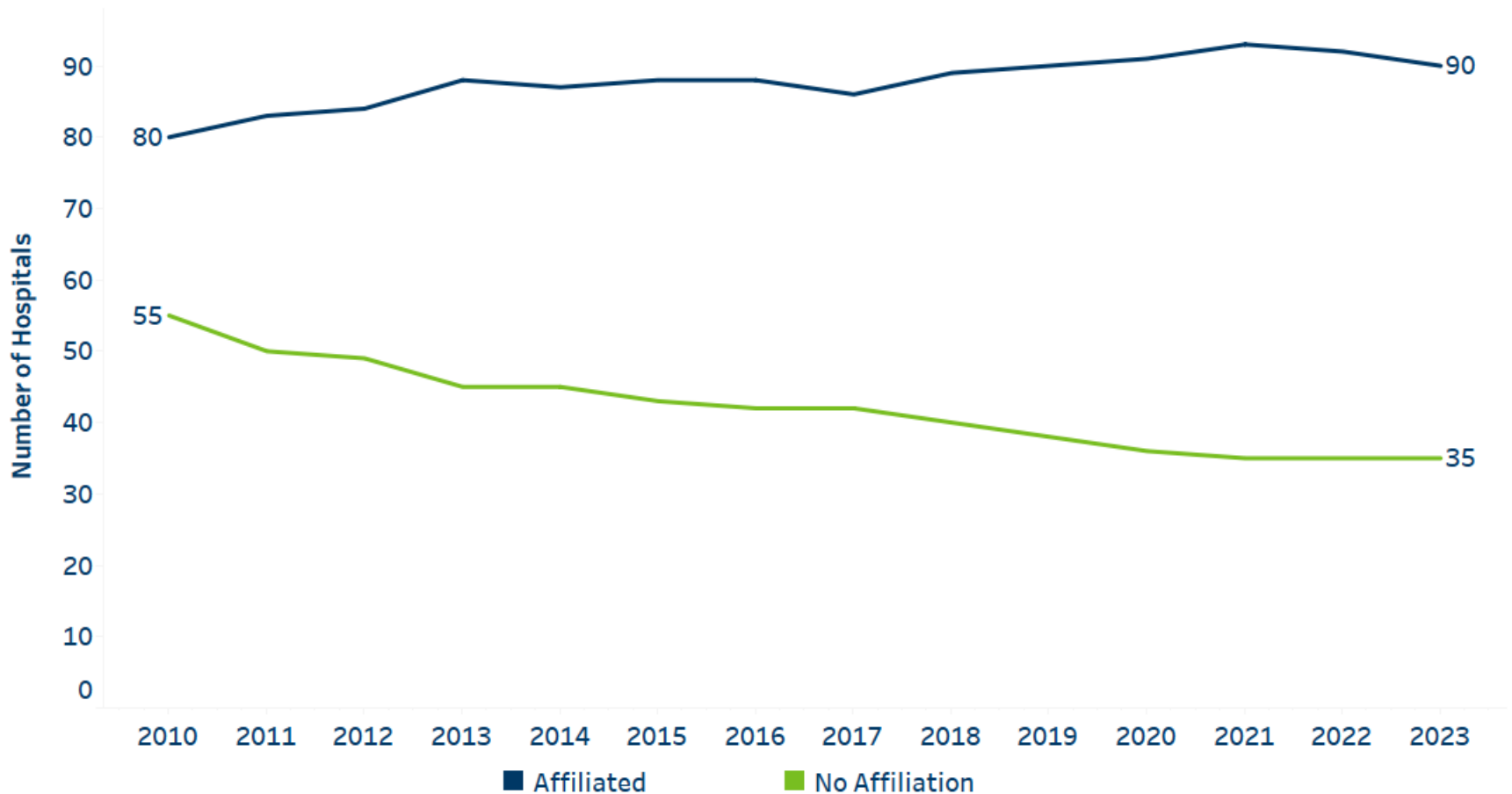
Ownership of Minnesota Hospitals, 2023



Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of graph](#)

Minnesota Hospitals Affiliated with a Health Care System, 2010-2023



Note: Affiliation can include hospitals being owned, leased, or managed by an entity.
Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.
[Summary of graph](#)

Minnesota Hospital Systems, 2023

	Owned	Managed	Leased	Total	Available Beds
Sanford Health	7	6	2	15	389
Essentia Health	12	0	1	13	845
M Health Fairview	10	0	0	10	1,751
Mayo Clinic	10	0	0	10	1,726
Allina Health System	9	0	0	9	1,853
CentraCare Health System	5	1	3	9	665
Avera Health	3	1	0	4	105
Catholic Health Initiatives	4	0	0	4	90
HealthPartners, Inc.	4	0	0	4	662
Park Nicollet Health Services	2	1	0	3	411
Ridgeview Medical Center	3	0	0	3	145
North Memorial Health Care	2	0	0	2	458
St. Luke's Hospital, Duluth	1	1	0	2	268
Other ¹	4	0	0	4	417
Total	74²	10	6	90²	9,785
Unaffiliated Hospitals				35	1,379

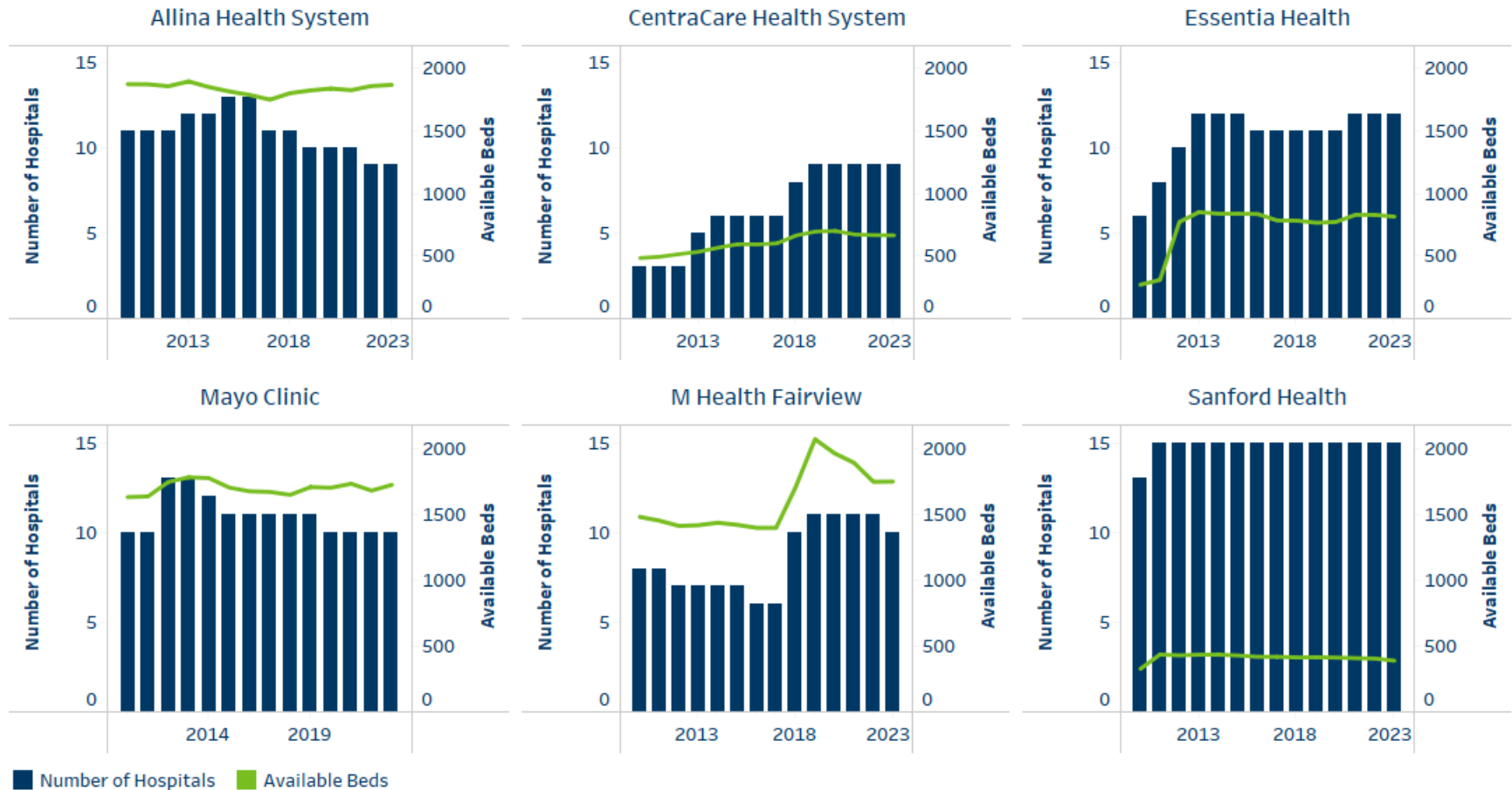
¹Systems with only one hospital each, including: Lake Region Healthcare - Fergus Falls, Children's Hospitals and Clinics, Ascension Health, and Select Medical Corporation.

²Co-owned hospitals with multiple affiliations are counted under each affiliation and available beds are divided across systems equally.

Health care systems are ordered by total number of hospitals in descending order.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Available Minnesota Hospital Beds by Health System Affiliation, 2010-2023



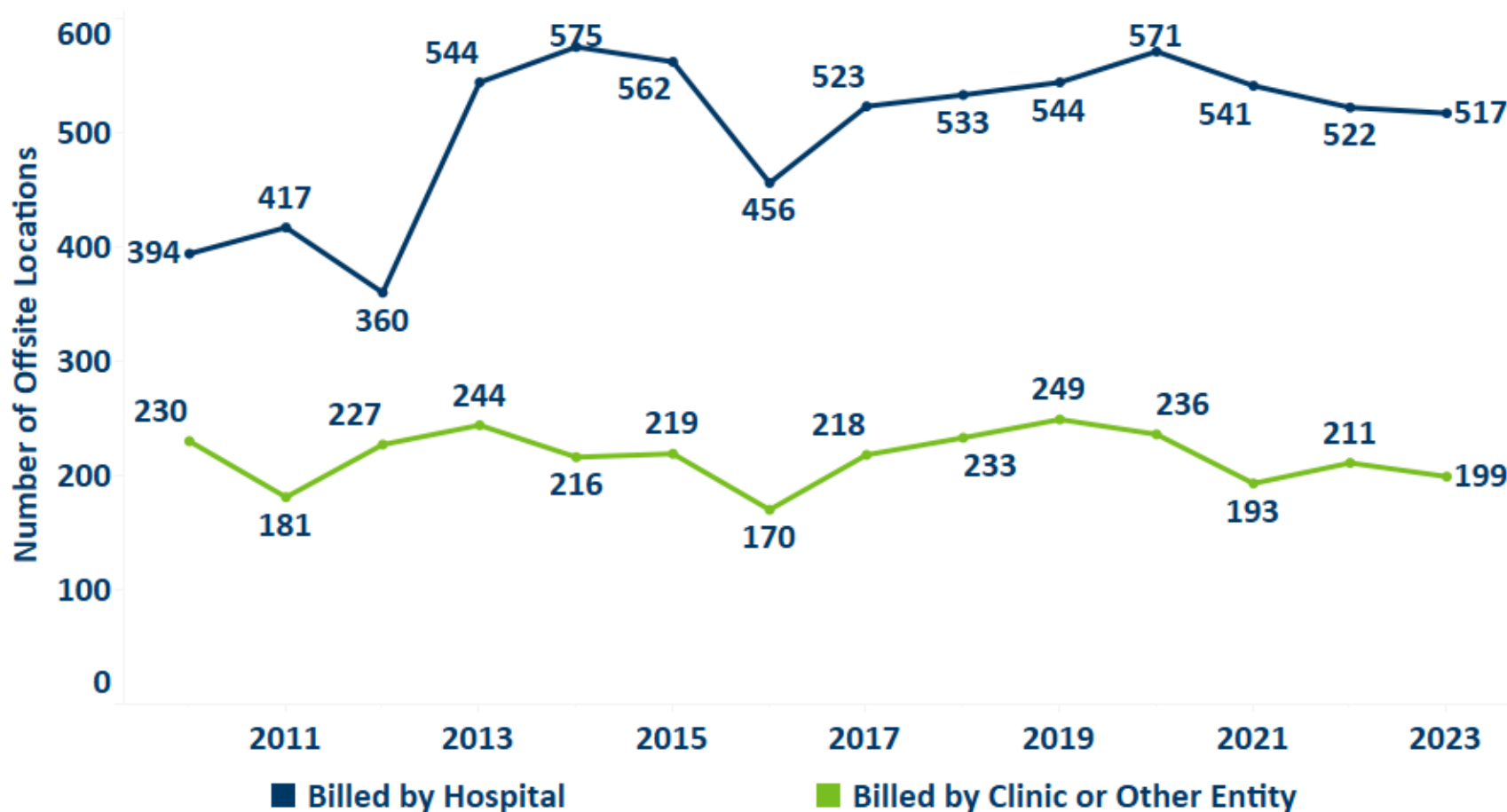
Only includes systems with five or more hospitals in 2023.

Note: Co-owned hospitals with multiple affiliations are counted under each affiliation and available beds are divided across systems equally.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of graph](#)

Minnesota Hospital Offsite Clinics, 2010-2023

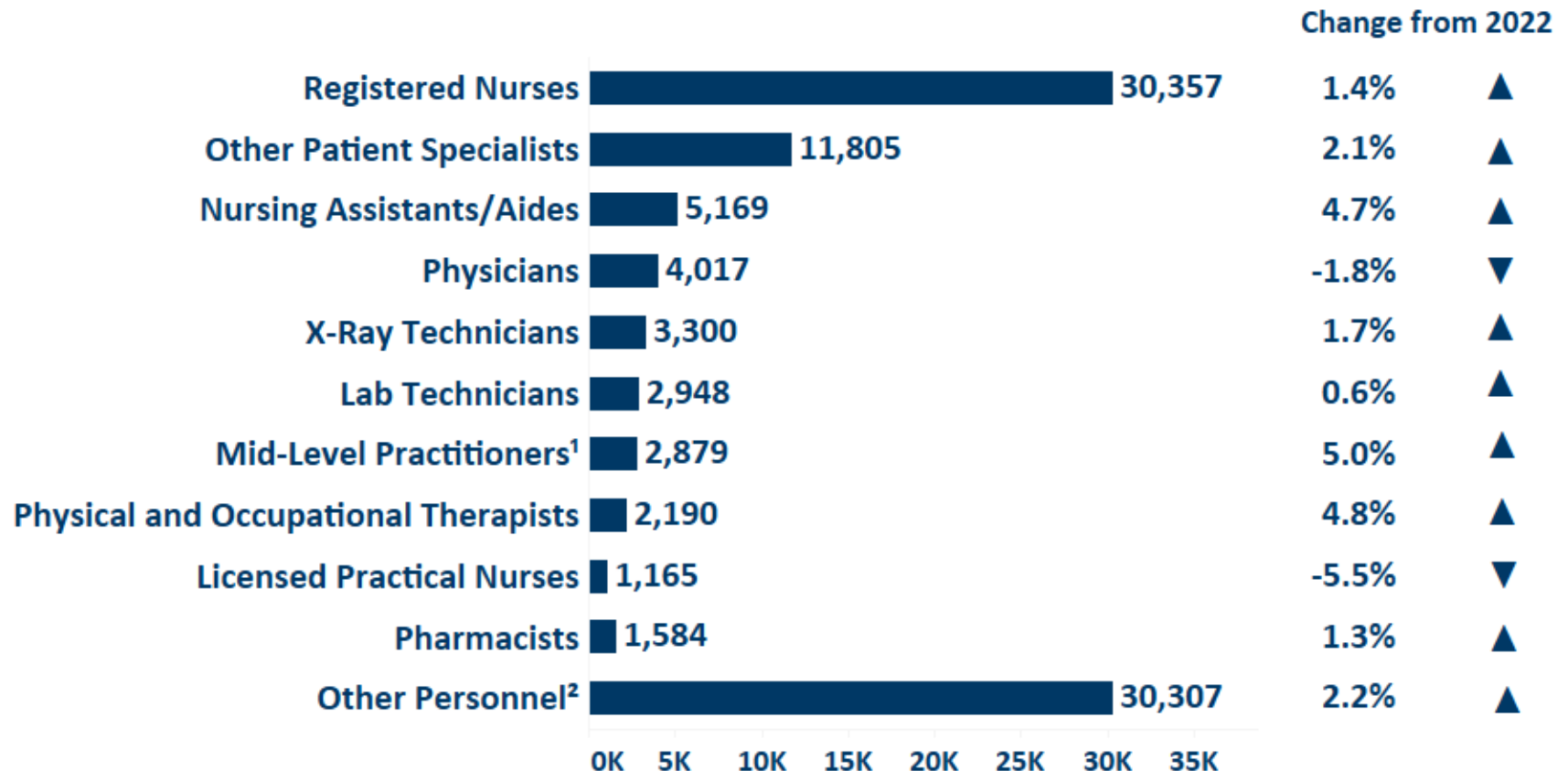


Note: Locations are considered hospital outpatient clinics if they are billed under the hospital's Medicare and Medicaid provider number; revenue from these clinics is included in hospital revenue.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of image](#)

Composition of Minnesota's Hospital Workforce, 2023



¹ Mid-level practitioners includes nurse anesthetists, nurse practitioners, and physician assistants.

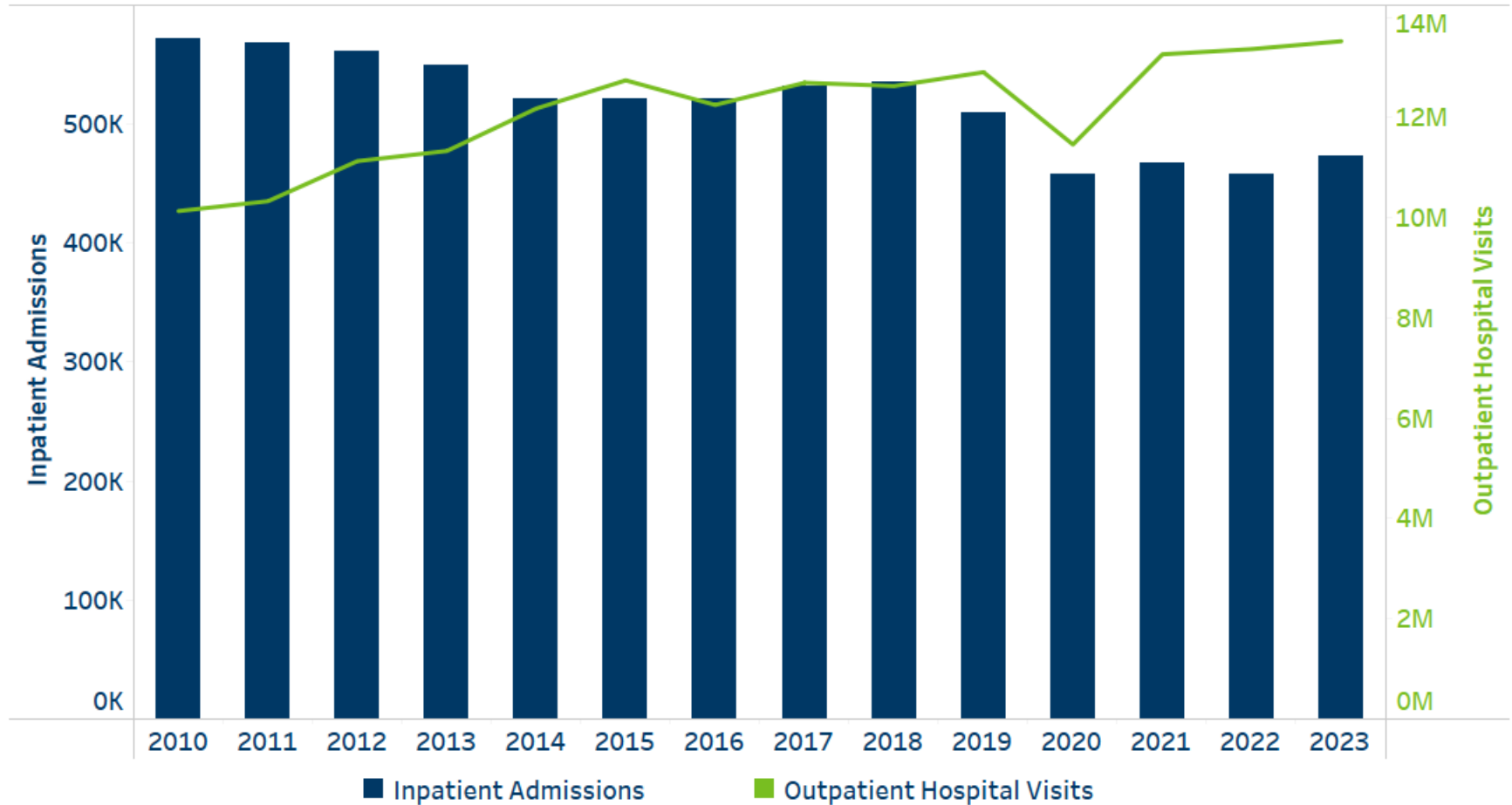
² Other Personnel includes non-patient facing positions such as hospital administrative staff, dietary staff, housekeeping, etc.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024. and a small number of contract staff values for a single hospital's previous year (2022) were used due to errors.

[Summary of graph](#)

Utilization of Hospital Services

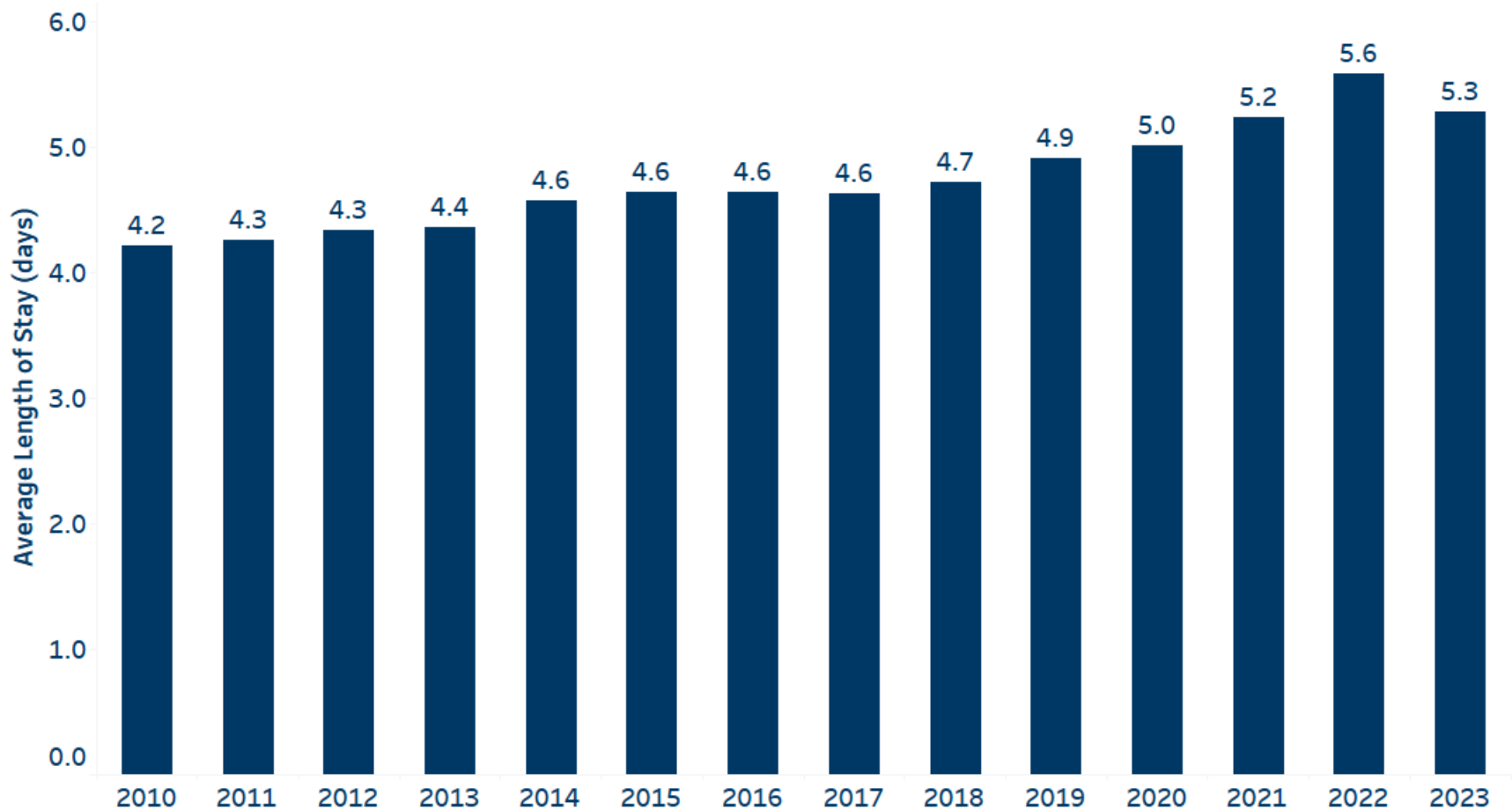
Minnesota Hospital Outpatient Visits and Inpatient Admissions, 2010-2023



Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of graph](#)

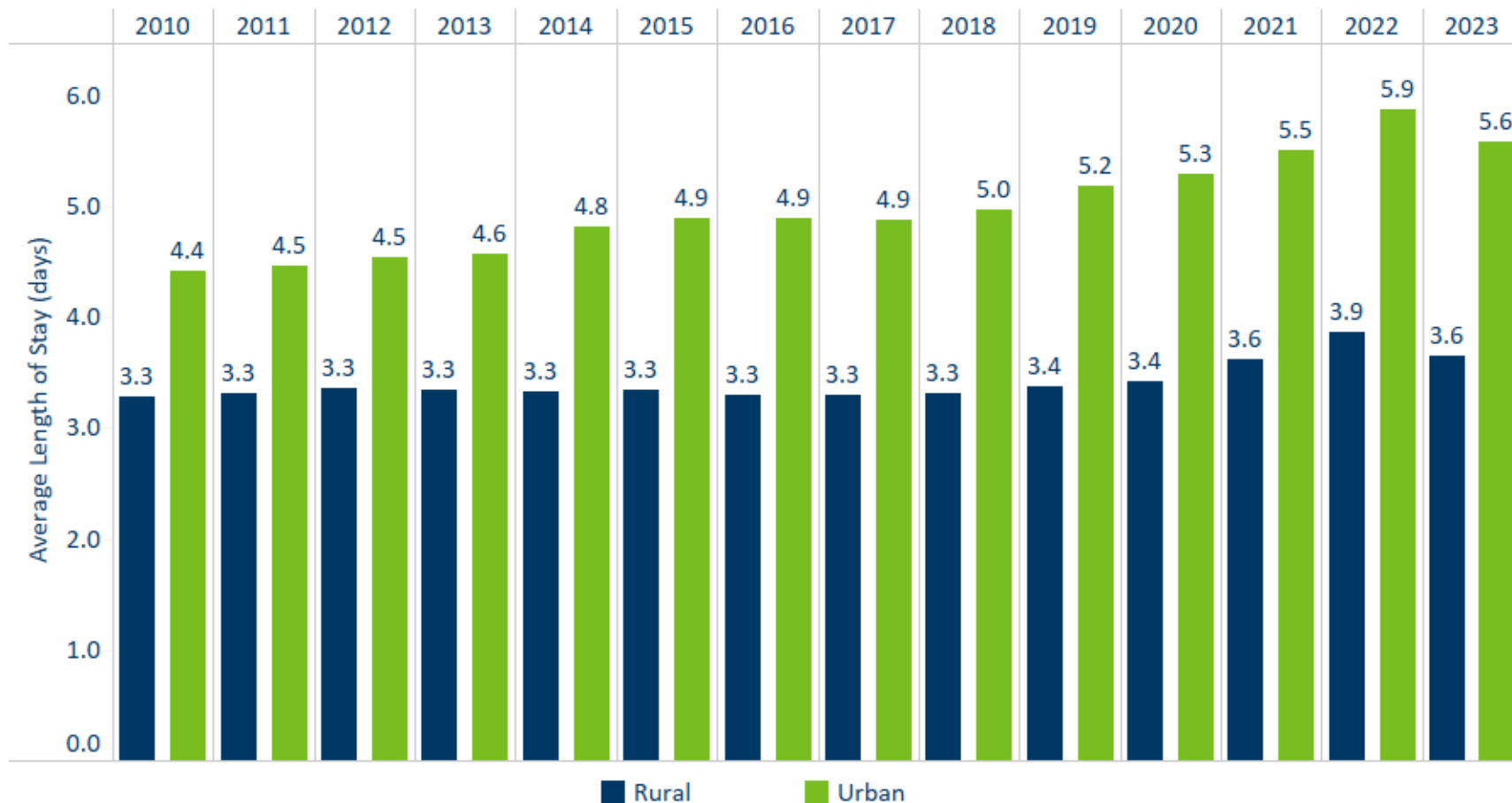
Average Length of Stay in Minnesota Hospitals, 2010-2023



Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of graph](#)

Average Length of Stay: Rural and Urban Minnesota Hospitals, 2010-2023



Hospital rural/urban classification is based on hospital location in relation to [Rural-Urban Commuting Areas](#). Isolated rural, small rural town, and large rural city are combined under the “Rural” category.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

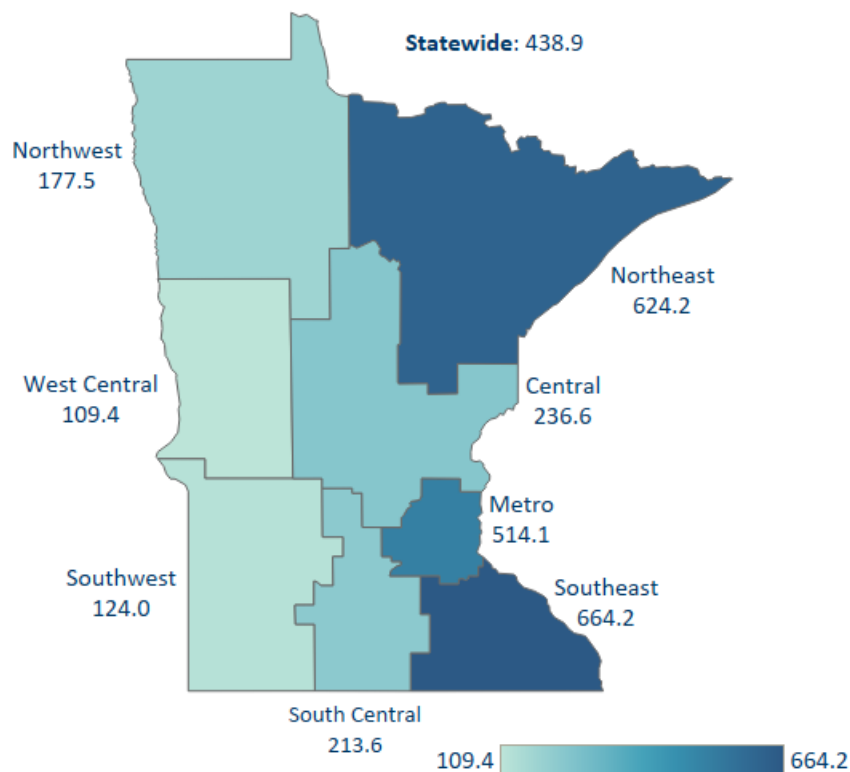
[Summary of graph](#)

Minnesota Hospital Utilization by Region, 2023

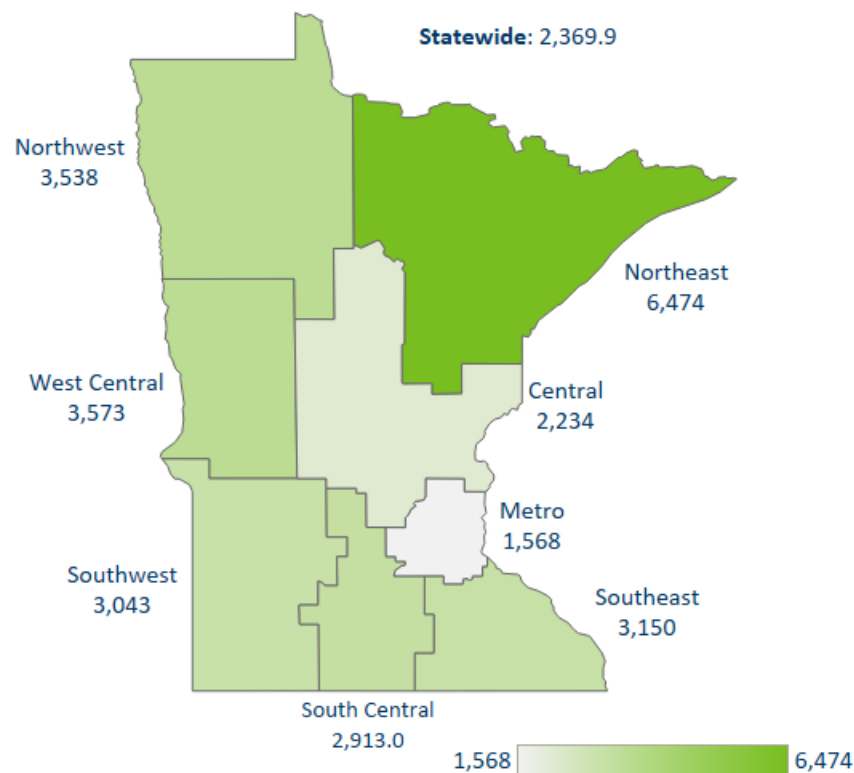
	Inpatient Admissions	Inpatient Days	Average Length of Stay (days)	Outpatient Visits
Central	43,047	184,683	4.3	1,743,774
Metro	290,037	1,618,475	5.6	4,936,913
Northeast	37,061	203,470	5.5	2,110,594
Northwest	7,936	30,072	3.8	599,606
South Central	15,925	66,135	4.1	962,862
Southeast	57,370	343,863	5.6	1,630,750
Southwest	8,837	27,207	3.1	667,720
West Central	8,385	25,867	3.1	845,157
Statewide	468,598	2,499,772	5.3	13,497,376

Total Inpatient Days and Outpatient Visits by Region, 2023

**Total Inpatient Hospital Days in SCHSAC
Regions per 1,000 Population, 2023**



**Total Outpatient Hospital Visits in SCHSAC
Regions per 1,000 Population, 2023**



Note: Total Inpatient Hospital Days and Total Outpatient Hospital Visits are based on the location of the hospital, rather than the location of the patient. Geographic regions are defined by the MDH State Community Health Services Advisory Committee (SCHSAC).

Source: 2022 American Community Survey 5-year Estimates and MDH Health Economics Program analysis of hospital annual reports from 2023, Nov. 2024.

[Summary of image](#)

Distribution of Rural & Urban Hospital Admissions by Type of Service, 2023

	Rural Percent of Admissions ¹	Urban Percent of Admissions ¹	Statewide Percent of Admissions ¹
Medical & surgical care	41.8%	36.1%	36.8%
Cardiac care	8.8%	13.3%	12.7%
Obstetric care	16.8%	11.8%	12.5%
Orthopedic care	9.5%	8.9%	9.0%
Neurology care	3.1%	7.5%	6.9%
Neonatal care	6.3%	6.5%	6.5%
Mental health (psychiatric) care	5.6%	4.6%	4.7%
Chemical dependency care	1.4%	2.1%	2.0%
Rehabilitation care	0.0%	0.1%	0.1%
Other acute care	6.8%	9.0%	8.7%
Total acute care	100.0%	100.0%	100.0%

¹Total Acute Care Admissions do not include inpatient transfers to different services during a hospital stay. Columns may not total 100% due to rounding.

Hospital rural/urban classification is based on hospital location in relation to [Rural-Urban Commuting Areas](#). Isolated rural, small rural town, and large rural city are combined under the “Rural” category.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Distribution of Rural & Urban Inpatient Days by Type of Service, 2023

	Rural Percent of Inpatient Days ¹	Urban Percent of Inpatient Days ¹	Statewide Percent of Inpatient Days ¹
Medical & surgical care	44.4%	37.5%	38.2%
Cardiac care	8.5%	12.5%	12.1%
Mental health (psychiatric) care	12.0%	9.8%	10.0%
Neurology care	4.2%	8.9%	8.4%
Orthopedic care	8.9%	7.8%	7.9%
Neonatal care (excluding births)	3.7%	6.9%	6.6%
Obstetric care	9.5%	5.5%	5.9%
Chemical dependency care	2.2%	1.8%	1.8%
Rehabilitation	0.0%	0.3%	0.3%
Other acute care	6.5%	9.0%	8.8%
Total acute care	100.0%	100.0%	100.0%

¹Total Acute Care Inpatient Days do not include inpatient transfers to different services during a hospital stay. Columns may not total 100% due to rounding.

Hospital rural/urban classification is based on hospital location in relation to [Rural-Urban Commuting Areas](#). Isolated rural, small rural town, and large rural city are combined under the “Rural” category.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

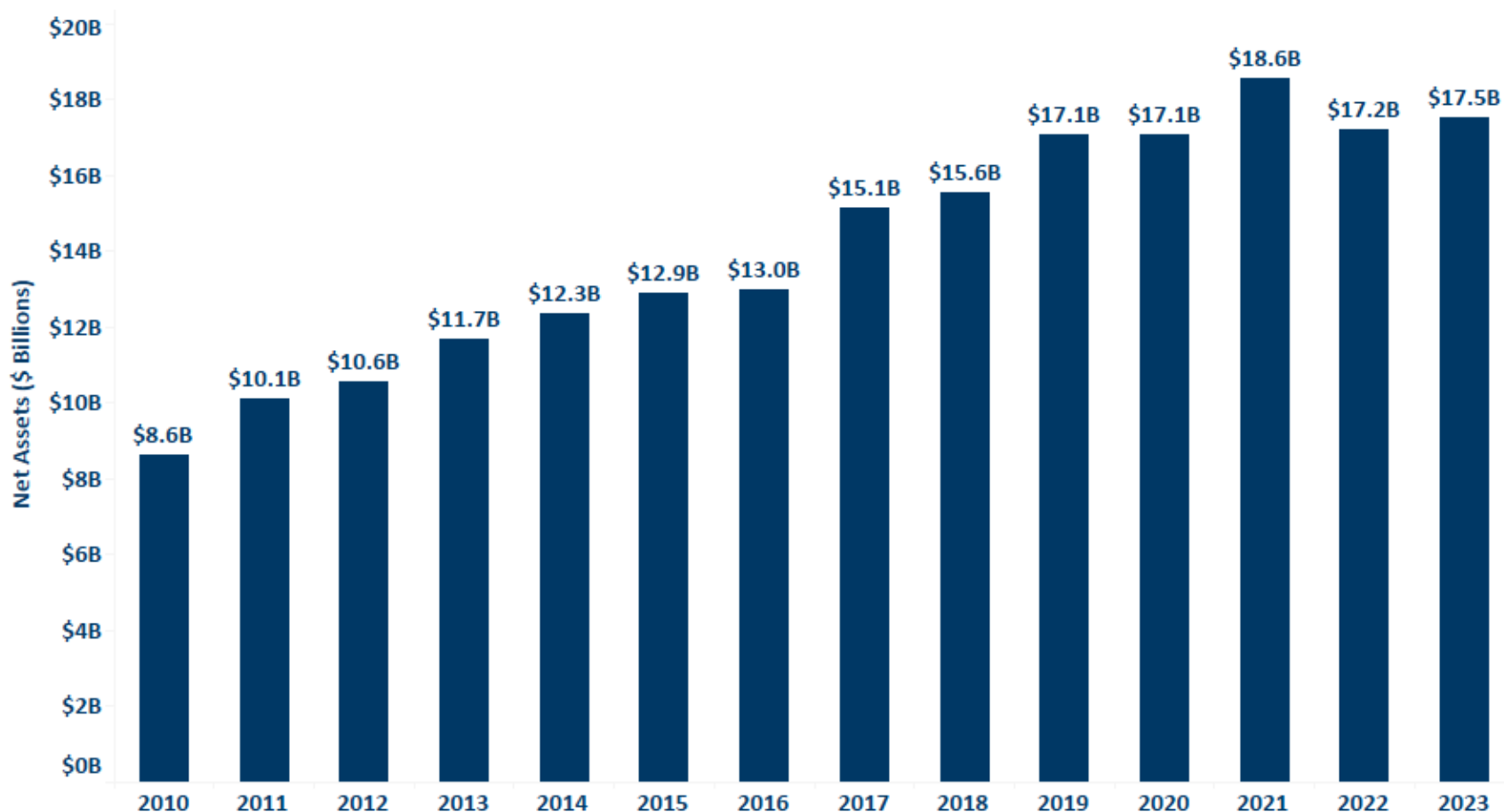
Trend in Outpatient Service Utilization at Minnesota Hospitals, 2010-2023

Year	Outpatient Surgeries (Thousands)	Outpatient Surgeries per 1,000 in Population	ED visits (Thousands)	ED visits per 1,000 in Population
2010	419	79.9	1,693	322.9
2011	415	78.6	1,748	331.2
2012	422	79.5	1,816	341.8
2013	429	80.3	1,833	342.8
2014	392	72.8	1,823	338.5
2015	407	75.1	1,919	354.1
2016	397	72.8	1,918	351.9
2017	409	74.6	1,918	349.2
2018	423	76.5	1,952	353.1
2019	416	74.8	1,967	353.5
2020	348	62.2	1,669	298.0
2021	424	74.7	1,837	323.9
2022	423	74.3	1,948	342.0
2023	465	81.6	2,036	357.5

Sources: 2010-2022 American Community Survey 5-year estimates and MDH Health Economics Program analysis of hospital annual reports, Sept. 2023.

Hospital Financial Trends

Net Assets of Minnesota Hospitals

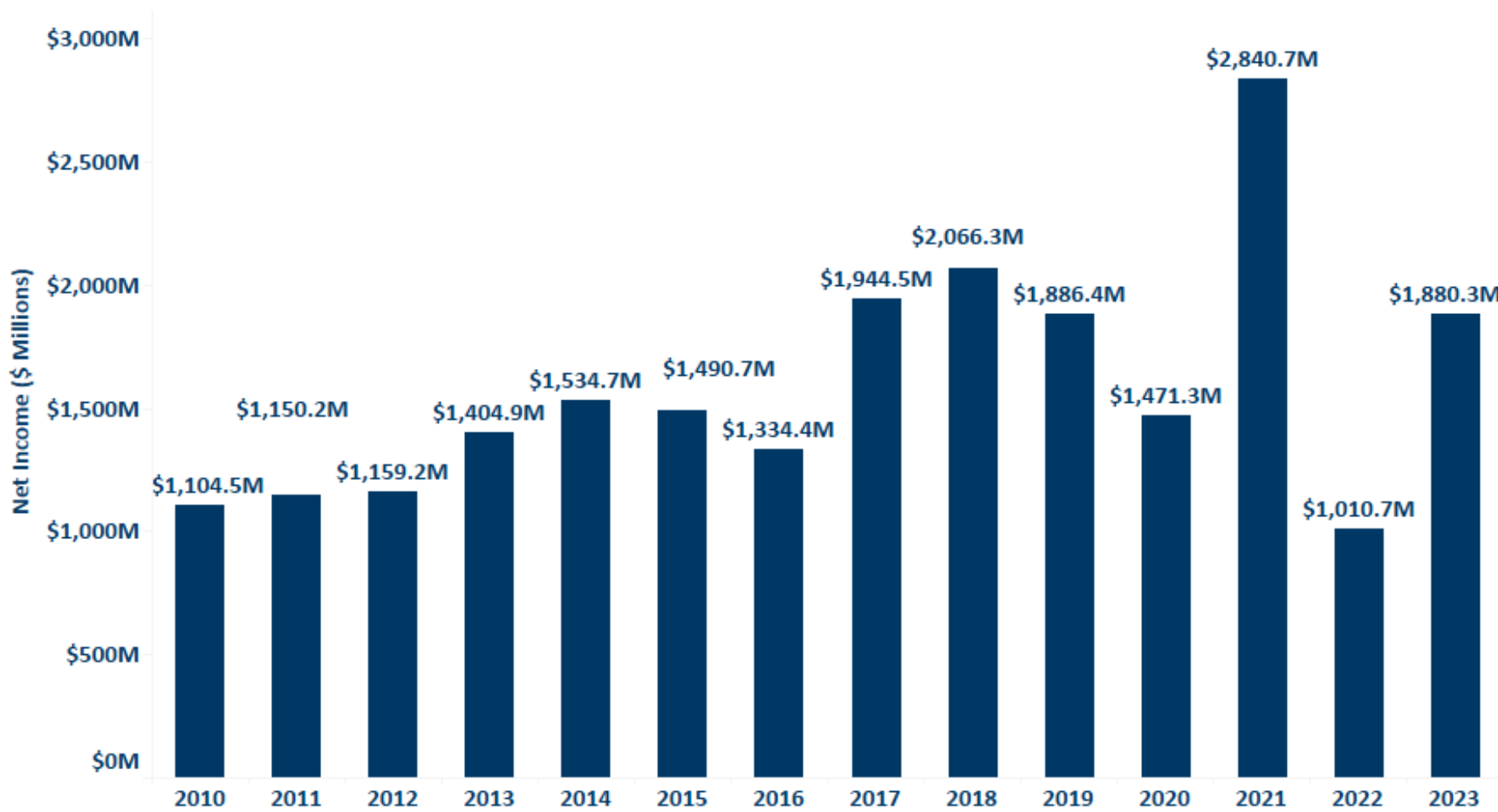


Net assets is an accounting term defining the total assets minus the total liabilities and describes the hospital's financial position.

Source: MDH Health Economics Program analysis of hospital annual reports, Dec. 2024.

[Summary of graph](#)

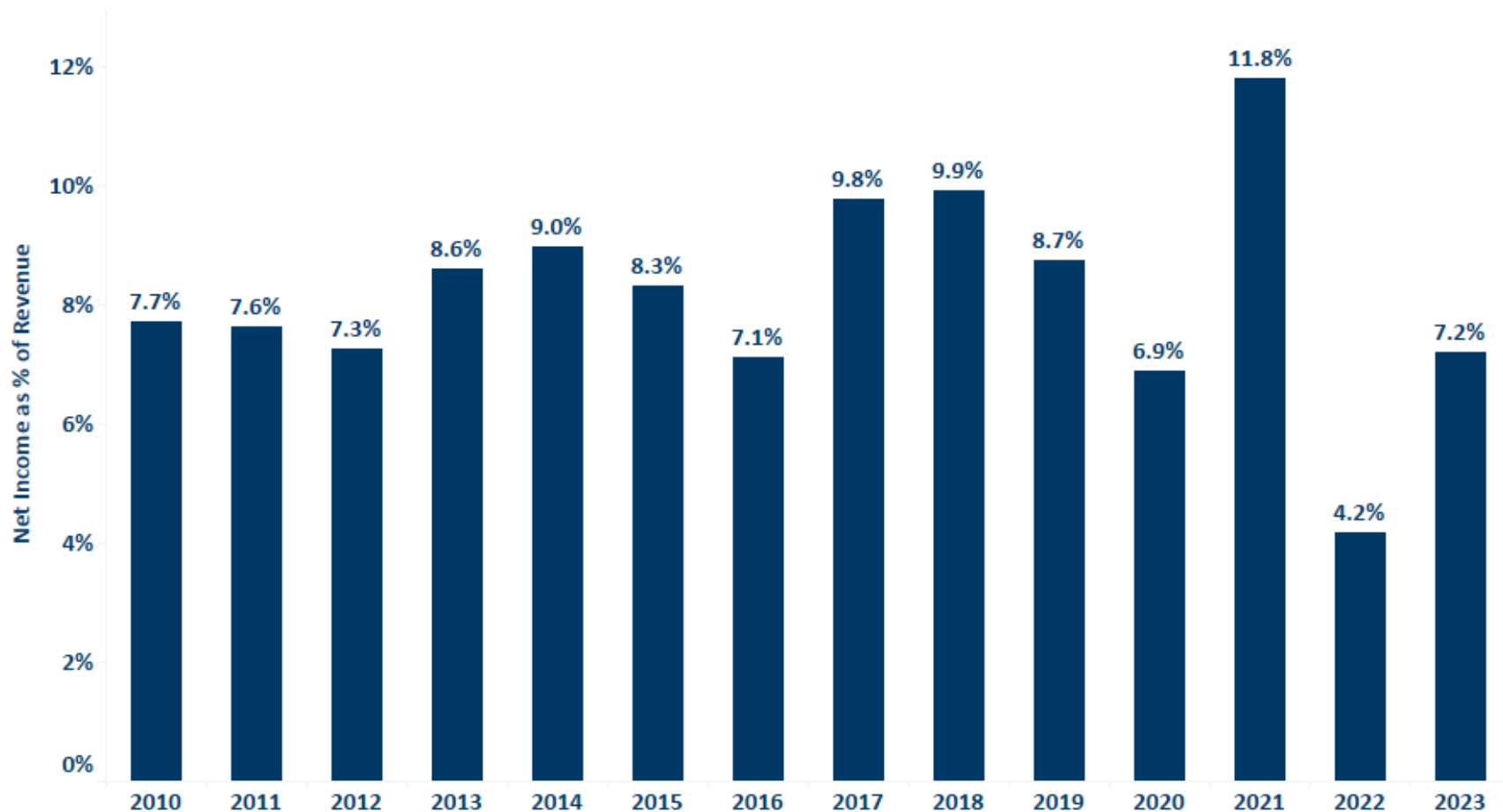
Net Income of Minnesota Hospitals



Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of graph](#)

Minnesota Hospitals' Net Income as a Percent of Revenue



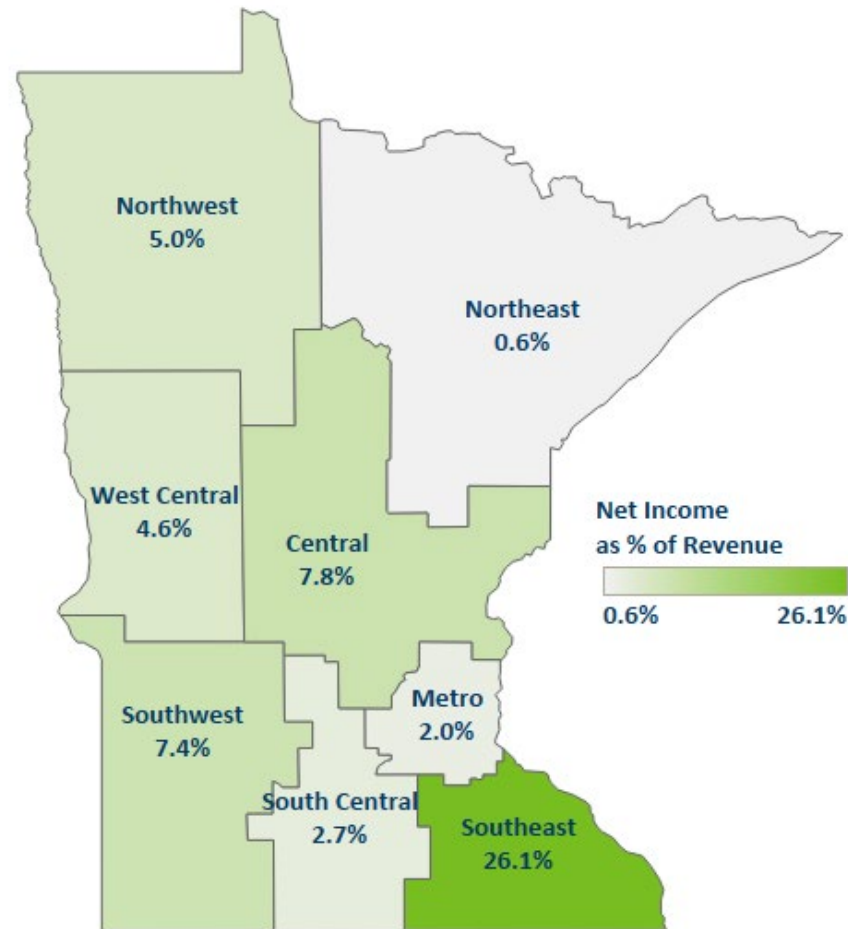
Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of graph](#)

Minnesota Hospital Financial Indicators by Region, 2023

	Net Income (\$ Millions)	Net Income as a percent of Revenue
Central	\$196.1	7.8%
Metro	\$270.3	2.0%
Northeast	\$14.5	0.6%
Northwest	\$31.8	5.0%
South Central	\$29.1	2.7%
Southeast	\$1,253.0	26.1%
Southwest	\$53.7	7.4%
West Central	\$31.8	4.6%
Statewide	\$1,880.3	7.2%

Minnesota Hospital Net Income as a Percent of Revenue by Region, 2023



Minnesota Hospital Financial Indicators by Hospital Size and Type, 2023

Number of Available Beds	Net Income (\$ Millions)	Net Income as a percent of Revenue
Under 25 Beds	\$142.0	11.0%
25 to 49 Beds	\$140.4	4.3%
50 to 99 Beds	\$76.9	3.5%
100 to 199 Beds	\$58.1	2.0%
200 Beds or More	\$1,462.8	8.9%
Type of Hospital		
Critical Access Hospital (CAH) ¹	\$240.5	8.1%
Other Hospitals	\$1,639.7	7.1%
All Hospitals	\$1,880.3	7.2%

¹A critical access hospital (CAH) is a federal designation for a rural hospital that meets certain criteria.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Sources of Patient Revenue for Minnesota Hospitals, 2022 to 2023

	Rural Facilities		Urban Facilities		Facilities Statewide	
	2022	2023	2022	2023	2022	2023
Medicare	41.6%	42.2%	31.5%	32.2%	33.6%	34.2%
State Public Programs¹	11.9%	11.9%	14.9%	15.1%	14.3%	14.4%
Private Insurance	40.0%	39.9%	49.2%	48.9%	47.3%	47.1%
Self-Pay	2.8%	2.5%	2.4%	2.5%	2.5%	2.5%
Other Payers	3.8%	3.4%	2.0%	1.4%	2.4%	1.8%
Hospital Patient Revenue, All Payers	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹Includes Medical Assistance and MinnesotaCare.

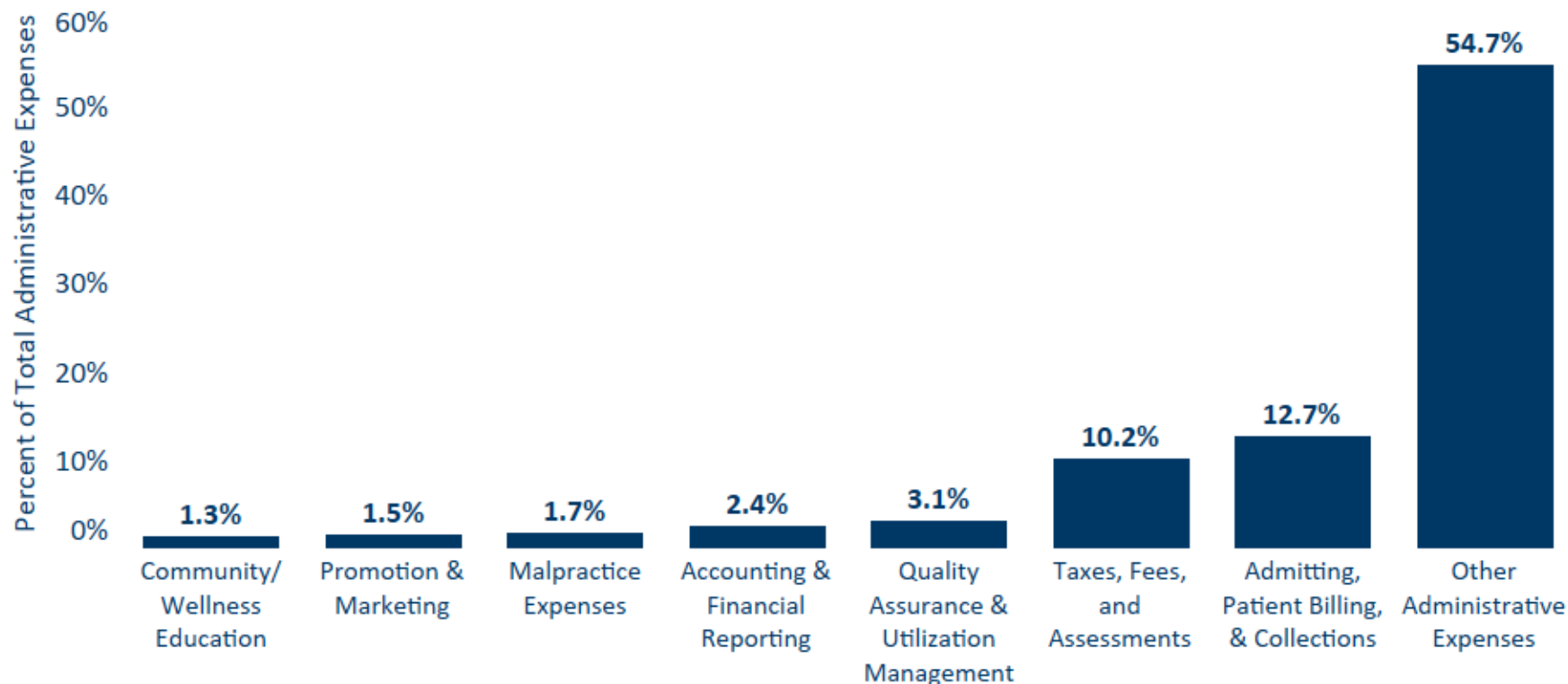
Percent shown is a percent of Hospital Patient revenue.

Hospital rural/urban classification is based on hospital location in relation to [Rural-Urban Commuting Areas](#). Isolated rural, small rural town, and large rural city are combined under the “Rural” category.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Administrative Expenses, 2023

Total Hospital Administrative Expenses: \$3.62 Billion



Capital Expenditure Commitments by Minnesota Hospitals, 2021-2023

	2021	2022	2023
Total number of capital expenditure commitments reported	77	92	76
Number of Minnesota hospitals reporting major capital expenditure commitment	32	36	38
Value of major capital expenditure commitments reported (Millions)	\$599.8	\$1,856.9	\$331.0

Major spending commitments that are reportable under 62J.17 include expenditures in excess of \$1 million.
A small portion of capital expenditure data may belong to earlier reporting periods.
Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Minnesota Hospital Capital Expenditure Commitments by Type, 2021, 2022 and 2023

	2021 Commitments (\$ Millions)	2022 Commitments (\$ Millions)	2023 Commitments (\$ Millions)	Percent of Total Commitments, 2021, 2022 and 2023
Building and space	\$490.3	\$1,661.5	\$211.8	84.8%
Medical equipment	\$69.8	\$114.2	\$102.5	10.3%
Other	\$39.8	\$81.2	\$16.7	4.9%
All Major Capital Expenditure Commitments	\$599.8	\$1,856.9	\$331.0	100%

Minnesota Hospital Capital Expenditure Commitment by Category, 2021-2023

	2021 Commitments (\$ Millions)	2022 Commitments (\$ Millions)	2023 Commitments (\$ Millions)	Percent of Total Commitments, 2021-2023
Cardiac Care	\$16.0	\$33.8	\$4.8	2.0%
Diagnostic Imaging	\$33.3	\$35.6	\$49.4	4.2%
Emergency Care	\$0.0	\$11.5	\$35.2	1.7%
General Infrastructure	\$222.7	\$238.0	\$95.6	20.0%
Intensive Care (ICU or NICU)	\$2.5	\$15.3	\$1.5	0.7%
Mental Health	\$4.3	\$31.1	\$0.6	1.3%
Obstetrics	\$0.0	\$0.0	\$0.6	0.0%
Orthopedics	\$15.7	\$57.4	\$0.6	2.6%
Radiation Therapy	\$209.1	\$11.4	\$26.6	8.9%
Rehabilitation	\$0.0	\$3.2	\$0.0	0.1%
Surgery	\$53.3	\$124.1	\$18.1	7.0%
Other Patient Care Services	\$43.1	\$1,295.6	\$98.2	51.5%
All Major Capital Projects	\$599.8	\$1,856.9	\$331.0	100%

Major spending commitments that are reportable under 62J.17 include expenditures in excess of \$1 million.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Community Benefit Provided by Minnesota Hospitals, 2023

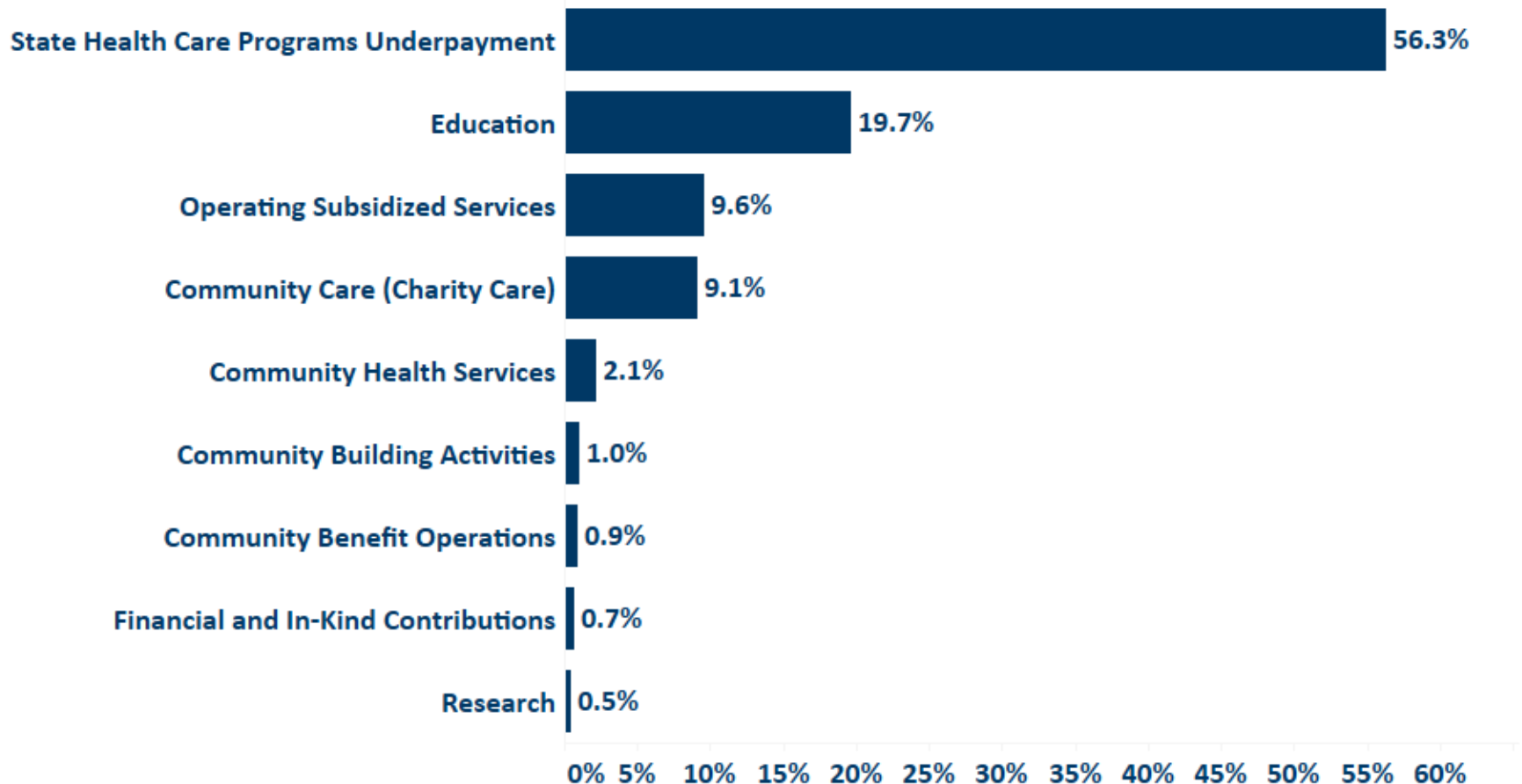
	Community Benefit ¹ (\$ Millions)	Percent of Total Operating Expenses
Direct Patient Care or Unreimbursed Services	\$1,425.0	5.9%
State Health Care Programs Underpayment	\$1,039.5	4.3%
Operating Subsidized Services	\$177.6	0.7%
Community Care	\$168.2	0.7%
Community Health Services	\$39.7	0.2%
Research & Education	\$373.3	1.5%
Education	\$364.0	1.5%
Research	\$9.3	0.0%
Community Activities	\$35.2	0.1%
Community Benefit Operation	\$16.9	0.1%
Community Building Activities	\$18.3	0.1%
Financial and In-Kind Contributions	\$13.5	0.1%
Total	\$1,847.0	7.6%

¹Community benefit refers to the contributions hospitals make outside of reimbursed patient care to the communities, for the definitions of categories see: [MDH, Health Economics Program, "Hospital Community Benefit Spending in Minnesota, 2016 to 2019" March 2022 \[PDF\]](https://www.health.state.mn.us/data/economics/docs/hospcmtbenefitrpt.pdf)
<https://www.health.state.mn.us/data/economics/docs/hospcmtbenefitrpt.pdf>

Types of community benefit are grouped and ordered by benefit amount (\$) in descending order.

Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

Distribution of Minnesota Hospitals' Community Benefit, 2023



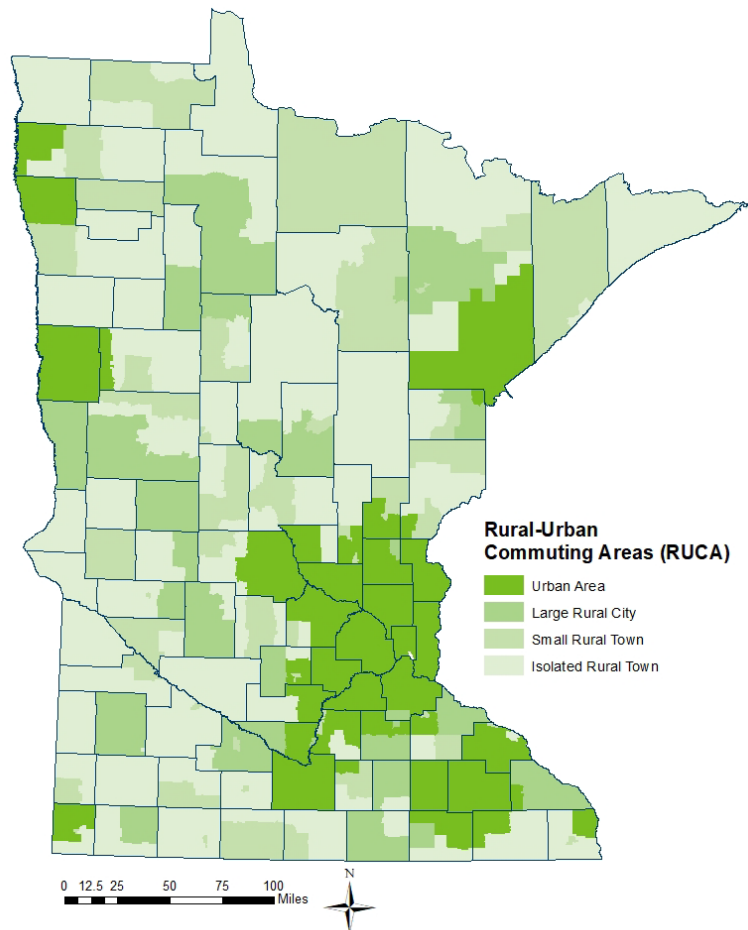
Community benefit refers to the contributions hospitals make outside of reimbursed patient care to the communities, for the definitions of categories see: [MDH, Health Economics Program, "Hospital Community Benefit Spending in Minnesota, 2016 to 2019" March 2022 \[PDF\]](https://www.health.state.mn.us/data/economics/docs/hospcmtbenefitrpt.pdf)

<https://www.health.state.mn.us/data/economics/docs/hospcmtbenefitrpt.pdf>

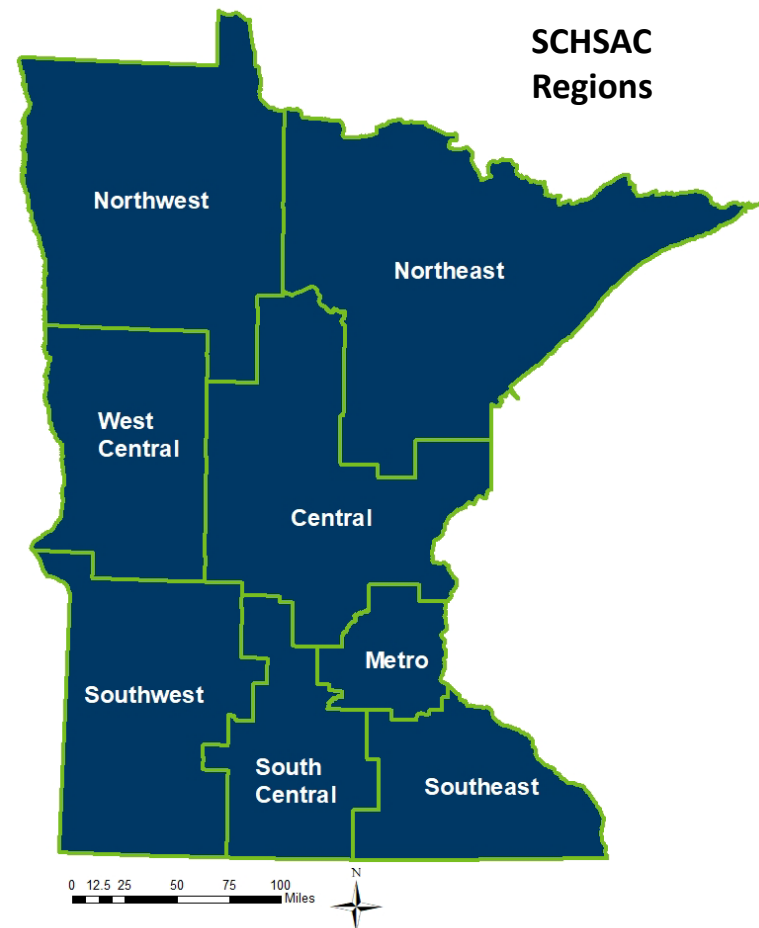
Source: MDH Health Economics Program analysis of hospital annual reports, Nov. 2024.

[Summary of graph](#)

Rural-Urban Commuting Areas (RUCA) & State Community Health Services Advisory Committee Regions (SCHSAC)



Rural and urban areas are identified using the Rural-Urban Commuting Areas (RUCA). For more information on RUCA, visit: www.health.state.mn.us/data/workforce/method.html#ruca
[Summary of graph](#)



Minnesota counties are grouped into State Community Health Services Advisory Committee (SCHSAC) Regions for state and local public health cooperation. For more information on SCHSAC, visit: www.health.state.mn.us/schsac/

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page
(www.health.state.mn.us/healtheconomics)
- Publications
(<https://heppublications.web.health.state.mn.us/>)
- Health Care Market Statistics (Chartbook Updates)
(www.health.state.mn.us/data/economics/chartbook/index.html)

A summary of the charts and graphs contained within is provided at [Chartbook Summaries – Section 8A](https://www.health.state.mn.us/data/economics/chartbook/summaries/section8Asummaries.html) (<https://www.health.state.mn.us/data/economics/chartbook/summaries/section8Asummaries.html>). Direct links are listed on each page. Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us if additional assistance is needed for accessing this information.