



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* DEKALB MEMORIAL HOSPITAL, INC.

*Provider #:* 15-0045

*City:* Auburn

*County:* DeKalb

*Year:* 2010

#### LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

*State Licensure:*  Acute License  LTC Certification

*Private Accreditation:*  JCAHO  HFAP

*CMS Specialized Hosp:*  CAH  TLC  Rehab

*DRG Exempt:*  Psych  Rehab  Swing Bed

Number of Total Hospital Full Time Equivalents 362.83

### II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	6	492	1027	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	31	1027	3475	\$0
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	10	457	938	\$0
Obstetrics	10	467	1096	\$0
Pediatric	0	0	0	\$0
Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0
Extended Care	0	0	0	\$0
Observation Beds				

	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	57	2443	6536	NA

### III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

### IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	111	HIV	8
Neoplasms	1424	Endocrine	8674
Diseases of Blood	886	Mental Disorders	727
Nervous	1720	Circulatory	5777
Respiratory	3440	Digestive Diseases	2739
Genitourinary	4045	Pregnancy	1284
Skin	1119	Musculoskeletal	7580
Congenital	86	Perinatal	126
All Injuries	5074		
Other/Known	8413	Total Encounters	53233

Total ED Visits	ED Injury Visits	ED Injury Admissions
15809	4159	1580

### Comments

