



ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

I. Hospital Information

Hospital Name: METHODIST HOSPITALS INC. (GARY)

Provider #: 150002

City: Gary

County: Lake

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 2007

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 | 45 | 386 | 8271 | \$12,643,436 |
| ICU Neonatal | 14 | 38 | 2422 | \$4,111,872 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 356 | 13612 | 70898 | \$53,626,248 |
| Neonatal Intermediate | 21 | 258 | 2290 | \$3,091,652 |
| Normal Newborn | 40 | 1107 | 2786 | \$1,330,258 |
| Obstetrics | 48 | 1619 | 4513 | \$6,007,052 |
| Pediatric | 20 | 363 | 1140 | \$1,716,982 |
| Psychiatric | 36 | 794 | 4007 | \$3,064,114 |
| Rehabilitation | 39 | 885 | 10894 | \$6,575,088 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Bed Program | NA | 0 | 0 | \$0 |
| Extended Care | 15 | 32 | 0 | \$81,034 |
| Observation Beds | | | | |

| | | | | |
|--------------------|-----|-------|--------|-----|
| | 0 | 0 | 0 | \$0 |
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 634 | 19094 | 107221 | 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 | 0 | HIV | 0 |
| Neoplasms | 0 | Endocrine | 0 |
| Diseases of Blood | 0 | Mental Disorders | 0 |
| Nervous | 0 | Circulatory | 0 |
| Respiratory | 0 | Digestive Diseases | 0 |
| Genitourinary | 0 | Pregnancy | 0 |
| Skin | 0 | Musculoskeletal | 0 |
| Congenital | 0 | Perinatal | 0 |
| All Injuries | 0 | | |
| Other/Known | 0 | Total Encounters | 0 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 56449 | 0 | 14397 |

Comments

