



ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

I. Hospital Information

Hospital Name: ST. CATHERINE HOSPITAL, INC.

Provider #: 15-0008

City: East Chicago

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 0

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	10	222	2719	\$0
ICU Medical/Surgical	42	1891	9097	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	63	3728	14557	\$0
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	9	680	1385	\$0
Obstetrics	10	672	1727	\$0
Pediatric	8	195	492	\$0
Psychiatric	23	818	5329	\$0
Rehabilitation	25	706	7798	\$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	190	8912	43104	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	1965	HIV	573
Neoplasms	1311	Endocrine	7656
Diseases of Blood	1853	Mental Disorders	4264
Nervous	3253	Circulatory	6857
Respiratory	6619	Digestive Diseases	4120
Genitourinary	5620	Pregnancy	2959
Skin	2180	Musculoskeletal	7347
Congenital	106	Perinatal	57
All Injuries	7156		
Other/Known	27064	Total Encounters	90960

Total ED Visits	ED Injury Visits	ED Injury Admissions
25363	0	0

Comments

