



ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

I. Hospital Information

Hospital Name: ST. JOSEPH REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

Provider #: 150076

City: Plymouth

County: Marshall

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 259

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	7	292	1524	\$3,573,321
ICU Neonatal	0	72	176	\$271,126
ICU Pediatric	0	0	0	\$0
Medical/Surgical	30	1657	5143	\$6,213,521
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	8	421	872	\$2,374,852
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	45	2442	7715	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	705	HIV	0
Neoplasms	5205	Endocrine	8060
Diseases of Blood	2101	Mental Disorders	1374
Nervous	1710	Circulatory	6038
Respiratory	3442	Digestive Diseases	2254
Genitourinary	4517	Pregnancy	1185
Skin	1401	Musculoskeletal	5197
Congenital	81	Perinatal	148
All Injuries	4670		
Other/Known	33087	Total Encounters	81175

Total ED Visits	ED Injury Visits	ED Injury Admissions
68279	14016	1447

Comments

