



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* SULLIVAN COUNTY COMMUNITY HOSPITAL

*Provider #:* 151327

*City:* SULLIVAN

*County:* SULLIVAN

*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 209.2

### 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	4	81	314	\$594,300
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	18	836	2289	\$2,627,612
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	3	109	252	\$272,722
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	151	694	\$171,249
Extended Care	0	0	0	\$0
Observation Beds				

	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	1177	3549	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
8513	4213	670

### Comments

