



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* CLARK MEMORIAL HOSPITAL

*Provider #:* 15009

*City:* Jeffersonville

*County:* Clark

*Year:* 2011

#### 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 1358

### 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         | 34                    | 0                    | 0                      | \$9,934,542          |
| ICU Neonatal                 | 0                     | 0                    | 0                      | \$0                  |
| ICU Pediatric                | 0                     | 0                    | 0                      | \$0                  |
| Medical/Surgical             | 118                   | 0                    | 0                      | \$27,665,812         |
| Neonatal Intermediate        | 0                     | 0                    | 0                      | \$0                  |
| Normal Newborn               | 17                    | 0                    | 0                      | \$1,346,612          |
| Obstetrics                   | 0                     | 0                    | 0                      | \$0                  |
| Pediatric                    | 0                     | 0                    | 0                      | \$0                  |
| Psychiatric                  | 20                    | 0                    | 0                      | \$1,952,876          |
| 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        | 189 | 0 | 0 | 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    | 438                  | HIV                   | 24                   |
| Neoplasms             | 2745                 | Endocrine             | 4740                 |
| Diseases of Blood     | 1280                 | Mental Disorders      | 1271                 |
| Nervous               | 2078                 | Circulatory           | 4311                 |
| Respiratory           | 1848                 | Digestive Diseases    | 2510                 |
| Genitourinary         | 6074                 | Pregnancy             | 2823                 |
| Skin                  | 976                  | Musculoskeletal       | 8766                 |
| Congenital            | 123                  | Perinatal             | 558                  |
| All Injuries          | 1821                 |                       |                      |
| Other/Known           | 16575                | Total Encounters      | 58961                |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 42546           | 7729             | 167                  |

### Comments

Revenue presented above is routine charges by unit and does not include ancillary charges. Additionally the amount is adjusted based on the cost report filing. These revenue amounts tie to Worksheet C.