



ISDH Hospital Service Report
State Form 49476 (R /7-02)
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT FRANKFORT HOSPITAL

Provider #: 151316

City: Frankfort

County: Clinton

Year: 2014

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

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 124.01

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	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	20	531	1974	\$10,665,962
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	5	228	521	\$2,505,556
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	78	965	\$378,351
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	837	3460	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	486	HIV	0
Neoplasms	700	Endocrine	2319
Diseases of Blood	347	Mental Disorders	518
Nervous	931	Circulatory	1942
Respiratory	1313	Digestive Diseases	1303
Genitourinary	1821	Pregnancy	988
Skin	715	Musculoskeletal	2183
Congenital	22	Perinatal	69
All Injuries	2993		
Other/Known	16699	Total Encounters	35349

Total ED Visits	ED Injury Visits	ED Injury Admissions
11255	3117	116

Comments

