



ISDH HOSPITAL SERVICE REPORT STATE FORM 49476 (R /7-02) IC 16-21-6

I. Hospital Information

Hospital Name	FACNAME	Provider #	PROVNUMB
City	CITY	County	COUNTY
Year	YEAR		
Person Completing Report	PERCOMP	E-Mail	EMAIL

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (type "Y" to all that apply)							
State Licensure	Acute License	ACUTELIC	LTC Certification	LTCLICEN			
Private Accreditation	JCAHO	JCAHO	HFAP	AOA			
CMS Specialized Hosp	CAH	CAH	LTC	LTC	Rehab	NA	
DRG Exempt	Psych	PSYCH	Rehab	REHAB	Swing Bed	SWING	
Number of Total Hospital Full Time Equivalents				FTECOUNT			

II. Hospital Service Utilization

HOSPITAL SERVICE DESCRIPTION	NUMBER OF SET-UP BEDS	NUMBER OF DISCHARGES	NUMBER OF PATIENT DAYS	ANNUAL TOTAL CHARGES
Burn Care	BURNBED	BURNDISC	BURNDAY	BURNCHRG
Cardiac Intensive	CCUBED	CCUDISC	CCUDAY	CCUCHRG
ICU Medical/Surgical	ICUMSBED	ICUMSDISC	ICUMDAY	ICUMSCHRG
ICU Neonatal	ICUNBED	ICUNDISC	ICUNDAY	ICUNCHRG
ICU Pediatric	ICUPBED	ICUPDISC	ICUPDAY	ICUPCHRG
Medical/Surgical	MSBED	MSDISC	MSDAY	MSCHRG
Neonatal Intermediate	NEOIBED	NEOIDISC	NEOIDAY	NEOICHRG
Obstetrics	OBBED	OBDISC	OBDAY	OBCHRG
Pediatric	PEDBED	PEDDISC	PEDDAY	PEDCHRG
Psychiatric	PYSCHBED	PYSCHDISC	PYSCHDAY	PYSCHCHRG
Rehabilitation	REHABBED	REHABDISC	REHABDAY	REHABCHRG
Substance Abuse	SABED	SADISC	SADAY	SACHRG
Swing Bed Program	NA	SWINGDISC	SWINGDAY	SWINGCHRG
Extended Care	ECBED	ECDISC	ECDAY	ECCHRG
Observation Beds	OBSVBED	OBSVDISC	OBSVDAY	OBSVCHRG
All Other Services	OTHERBED	OTHERDISC	OTHERDAY	NA
Total Acute	TABEDS	TADISC	TADAY	NA

Normal Newborn	NNEWBEDS	NNEWDISC	NNEWDAY	NNEWCHRG
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ISDH Hospital Service Report Continued

III. Nursing Facility Utilization

	NUMBER OF LICENSED BEDS	NUMBER OF DISCHARGES	NUMBER OF PATIENT DAYS
Nursing Facility	NFBED	NFDISC	NFCHRG

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	INFECT	HIV	HIV
Neoplasms	NEOPLASM	Endocrine	ENDOCRINE
Diseases of Blood	BLOOD	Mental Disorders	MENTAL
Nervous	NERVOUS	Circulatory	CIRCULATOR
Respiratory	RESPIRAT	Digestive Diseases	DIGESTIVE
Genitourinary	URINARY	Pregnancy	PREGNANCY
Skin	SKIN	Musculoskeletal	MUSCLE
Congenital	CONGENTIAL	Perinatal	PERINTAL
All Injuries	ALL_INJUR		
Other / Unknown	OTHERDX	Total Encounters	TOTALENC

TOTAL ED VISITS	ED INJURY VISITS	ED INJURY ADMISSIONS
EDVISITS	EDINJURY	EDADMIT

COMMENTS

COMMENTS
