



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

*Provider #:* 15-0167

*City:* Fort Wayne

*County:* Allen

*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 94

### 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	36	1751	4549	\$6,087,275
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
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	36	1751	4549	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	3	HIV	0
Neoplasms	13	Endocrine	2
Diseases of Blood	0	Mental Disorders	0
Nervous	109	Circulatory	2
Respiratory	0	Digestive Diseases	0
Genitourinary	2	Pregnancy	0
Skin	15	Musculoskeletal	1194
Congenital	18	Perinatal	0
All Injuries	519		
Other/Known	171	Total Encounters	2048

Total ED Visits	ED Injury Visits	ED Injury Admissions
0	0	0

### Comments

