

Status: Finalized

I. Hospital Information

Hospital Name: UNION HOSPITAL (CLINTON)

Provider #: 15-1326
City: Clinton
County: Vermillion
Year: 2022

Person Completing the Report: Tammie Brown

Email Address: fatsb@uhhg.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ✓ Acute License ☐ LTC Certification

Private Accreditation: □JCAHO ✓HFAP

Hosp: CAH \cup ILC \cup Renab

DRG Exempt: □Psych □Rehab ✓Swing Bed Number of Total Hospital Full Time Equivalents 113.18

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 | 21 | 722 | 1961 | \$6,086,144 |
| 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 | 31 | 150 | \$214,590 |
| Extended Care | 0 | 0 | 0 | \$0 |
| Observation Beds | 0 | 0 | 0 | \$0 |
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 21 | 753 | 2111 | 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 |

V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

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|---|----------------------|--|----------------------|
| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
| Certain infectious and parasitic diseases | 183 | HIV | 0 |
| Neoplasms | 450 | Endocrine, nutritional and metabolic diseases | 1795 |
| Diseases of blood and blood- forming organs and certain disorders involving the immune mechanism | 174 | Mental, Behavioral and Neurodevelopmental disorders | 221 |
| Diseases of the nervous system | 279 | Diseases of the circulatory system | 2086 |
| Diseases of the eye and adnexa | 92 | Diseases of the ear and mastoid process | 212 |
| Diseases of the respiratory system | 2195 | Diseases of the digestive Diseases | 1281 |
| Diseases of the genitourinary system | 1376 | Pregnancy, childbirth and the puerperium | 154 |
| Diseases of the skin and subcutaneous tissue | 424 | Diseases of the musculoskeletal system and connective tissue | 2859 |
| Congenital malformations, deformations and chromosomal abnormalities | 31 | Certain conditions originating in the perinatal period | 28 |
| Injury, poisoning and certain other consequences of external causes | 2421 | | |
| Other/Known | 9229 | Total Encounters | 25490 |
| | | | |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 10265 | 2170 | 11 |

Comments