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

Status: Finalized

## I. Hospital Information

Hospital Name: PERRY COUNTY MEMORIAL HOSPITAL

Provider #: 151322

City: Tell City

County: Perry

Year: 2024

Person Completing the Report: Megann Hanks

Email Address: megann.hanks@pcmhospital.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 270.6

## 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 | 25 | 663 | 2718 | $6,112,253 |
| 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 | 197 | 2100 | $8,111,152 |
| Extended Care | 0 | 0 | 0 | $0 |

| | | | | |
|---|---|---|---|---|
| Observation Beds | 0 | 0 | 0 | $0 |
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 25 | 860 | 4818 | 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

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|---|---|---|---|
| Certain infectious and parasitic diseases | 195 | HIV | 2 |
| Neoplasms | 649 | Endocrine, nutritional and metabolic diseases | 9730 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 1552 | Mental, Behavioral and Neurodevelopmental disorders | 1756 |
| Diseases of the nervous system | 1165 | Diseases of the circulatory system | 6230 |
| Diseases of the eye and adnexa | 80 | Diseases of the ear and mastoid process | 438 |
| Diseases of the respiratory system | 1019 | Diseases of the digestive Diseases | 675 |
| Diseases of the genitourinary system | 2748 | Pregnancy, childbirth and the puerperium | 24 |

| | | | |
|---|---|---|---|
| Diseases of the skin and subcutaneous tissue | 2148 | Diseases of the musculoskeletal system and connective tissue | 5638 |
| Congenital malformations, deformations and chromosomal abnormalities | 108 | Certain conditions originating in the perinatal period | 14 |
| Injury, poisoning and certain other consequences of external causes | 1803 | | |
| Other/Known | 8809 | Total Encounters | 44783 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|---|---|---|
| 9050 | 0 | 0 |

Comments