

Status: Finalized

I. Hospital Information

| Hospital Name: FRANCISCAN ST. FRANCIS HEALTH (CARMEL) |
|---|
| Provider #: 15-0182 |
| City: Carmel |
| County: Hamilton |
| Year: 2014 |
| Person Completing the Report: Kelley Foster |
| Email Address: kelley.foster@franciscanalliance.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 0 |

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 | 6 | 193 | 285 | \$410,201 |
| 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 | 6 | 193 | 285 | 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 | 5 | HIV | 0 |
| Neoplasms | 232 | Endocrine | 190 |
| Diseases of Blood | 192 | Mental Disorders | 1 |
| Nervous | 41 | Circulatory | 172 |
| Respiratory | 24 | Digestive Diseases | 45 |
| Genitourinary | 47 | Pregnancy | 5 |
| Skin | 7 | Musculoskeletal | 996 |
| Congenital | 0 | Perinatal | 0 |
| All Injuries | 262 | | |
| Other/Known | 181 | Total Encounters | 2400 |

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

Comments