

Status: Finalized

I. Hospital Information

| • | |
|--------------------------------|--|
| Hospital Name: | IST. FRANCIS HEALTH (MOORESVILLE) |
| Provider #: | 15-0057 |
| City: | Mooresville |
| County: | Morgan |
| Year: | 2014 |
| Person Completing the Report: | Kelley Foster |
| Email Address: | kelley.foster@franciscanalliance.org |
| LICENSURE, ACCREDITATI | ON, OR DESIGNATED UNITS (check all that apply) |
| State Licensure: ☑ Acut | te License LTC Certification |
| Private Accreditation: JCA | HO ☑HFAP |
| CMS Specialized Hosp: ☐ CAF | I □TLC □Rehab |
| DRG Exempt: □Psyc | h 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 | 10 | 139 | 970 | \$2,122,447 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 72 | 2520 | 7136 | \$10,324,024 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 0 | 0 | \$0 |
| Obstetrics | 16 | 282 | 639 | \$1,752,599 |
| 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 | 98 | 2941 | 8745 | 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 | 847 | HIV | 0 |
| Neoplasms | 2946 | Endocrine | 6055 |
| Diseases of Blood | 1336 | Mental Disorders | 842 |
| Nervous | 2156 | Circulatory | 9862 |
| Respiratory | 3604 | Digestive Diseases | 2586 |
| Genitourinary | 4071 | Pregnancy | 1444 |
| Skin | 1505 | Musculoskeletal | 13512 |
| Congenital | 81 | Perinatal | 124 |
| All Injuries | 6901 | | |
| Other/Known | 14607 | Total Encounters | 72479 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions | |
|-----------------|------------------|----------------------|--|
| 27733 | 6163 | 63 | |

Comments