

Status: Finalized

I. Hospital Information

| Hospital Name: | GREENE | COUNTY | GENERAL | HOSPITAL |
|-------------------|--------|--------|---------|----------|
| maine. | | | | |

Provider #: 15-1317

City: Linton

County: Greene

Year: 2014

Person Completing the Report: April Settles

Email Address: april.settles@mygcgh.org

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

State Licensure: ✓ Acute License ☐ LTC Certification

Private Accreditation: ✓ JCAHO ☐ HFAP

CMS Specialized

Hoen: ✓ CAH ☐ TLC ☐ Rehab DRG Exempt: □Psych □Rehab □Swing Bed

Number of Total Hospital Full Time Equivalents 224

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 | 5 | 80 | 291 | \$591,312 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 16 | 593 | 1881 | \$2,291,058 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 75 | 161 | \$196,098 |
| Obstetrics | 3 | 78 | 164 | \$199,752 |
| Pediatric | 1 | 0 | 0 | \$0 |
| | | | | |

| Psychiatric | 0 | 0 | 0 | \$0 |
|--------------------|----|------|------|-------------|
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Bed Program | NA | 59 | 399 | \$56,658 |
| Extended Care | 0 | 0 | 0 | \$0 |
| Observation Beds | 0 | 1199 | 1252 | \$1,524,936 |
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 25 | 2084 | 4148 | 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 | 528 | HIV | 1 |
| Neoplasms | 1095 | Endocrine | 6930 |
| Diseases of Blood | 1746 | Mental Disorders | 747 |
| Nervous | 1228 | Circulatory | 7443 |
| Respiratory | 2765 | Digestive Diseases | 1585 |
| Genitourinary | 3390 | Pregnancy | 417 |
| Skin | 1063 | Musculoskeletal | 4365 |
| Congenital | 79 | Perinatal | 60 |
| All Injuries | 3840 | | |
| Other/Known | 9765 | Total Encounters | 47047 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 10187 | 2974 | 90 |

Comments