

Status: Finalized

I. Hospital Information

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL	
Provider #: 150160	
City: Indianapolis	
County: Marion	
Year: 2014	
Person Completing the Report: Leeann Clark	
Email Address: cdilger@orthoindy.com	
LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that appl	y
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 288.22	

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	38	2706	6073	\$281,040,752
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	38	2706	6073	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	7	HIV	0
Neoplasms	270	Endocrine	18
Diseases of Blood	9	Mental Disorders	1
Nervous	1092	Circulatory	25
Respiratory	14	Digestive Diseases	4
Genitourinary	6	Pregnancy	0
Skin	44	Musculoskeletal	17651
Congenital	141	Perinatal	0
All Injuries	4866		
Other/Known	137	Total Encounters	24285

Total ED Visits	Total ED Visits ED Injury Visits	
0	0	0

Comments