

Status: Finalized

#### I. Hospital Information

Name: JOHNSON ME	EMORIAL HOSPITAL		
Provider #:	15-0001		
City:	Franklin		
County:	Johnson		
Year:	2014		
Person Completing the Report:	Micki Spears		
Email Address:	mspears@johnsonmemorial.org		
LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)			
State Licensure: Acut	te 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 559.6

#### 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	14	300	1627	\$7,553,193
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	58	1425	4788	\$37,173,310
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	14	351	707	\$915,817
Obstetrics	14	387	845	\$4,817,384
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	15	117	1447	\$3,934,075
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	115	2580	9414	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	940	HIV	0
Neoplasms	2322	Endocrine	10401
Diseases of Blood	2759	Mental Disorders	1424
Nervous	2288	Circulatory	13668
Respiratory	4404	Digestive Diseases	2540
Genitourinary	6276	Pregnancy	1279
Skin	3211	Musculoskeletal	8057
Congenital	155	Perinatal	169
All Injuries	6816		
Other/Known	32393	Total Encounters	99102

Total ED Visits	ED Injury Visits	ED Injury Admissions
21768	5185	1540

### Comments