

Status: Finalized

# I. Hospital Information

Hospital Name: MEMORIAL H	IOSPITAL (LOGANSPORT)
Provider #:	150072
City:	Logansport
County:	Cass
Year:	2014
Person Completing the Report:	Beth Jump
Email Address:	bjump@logansportmemorial.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: □CAH	I □TLC □Rehab
DRG Exempt: ☐ Psvc	h □ Rehab ▼ Swing Bed

# II. Hospital Service Utilization

Number of Total Hospital Full Time Equivalents 460.73

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	6	289	798	\$1,420,708
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	62	1196	4127	\$7,478,287
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	15	536	1146	\$1,381,882
Obstetrics	15	533	1027	\$1,667,196
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	8	50	\$52,850
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	98	2562	7148	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	836	HIV	5
Neoplasms	1671	Endocrine	9199
Diseases of Blood	1848	Mental Disorders	1339
Nervous	1903	Circulatory	8587
Respiratory	4758	Digestive Diseases	2450
Genitourinary	5016	Pregnancy	1018
Skin	1663	Musculoskeletal	7979
Congenital	121	Perinatal	321
All Injuries	5548		
Other/Known	24254	Total Encounters	78516

Total ED Visits	ED Injury Visits	ED Injury Admissions	
16621	3722	124	

# Comments