

ISDH Hospital Service Report State Form 49476 (R /7-02) IC 16-21-6

Status: Finalized

I. Hospital Information Hospital METHODIST HOSPITALS INC. (GARY) Name: Provider #: 150002 City: Gary County: Lake Year: 2014 Person Completing the Report: Linda Milenkovski Email Address: Imilenkovski@methodisthospitals.org

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

State Licensure: \Box Acute License \Box LTC Certification

Private Accreditation: DICAHO I HFAP

CMS Specialized Hosp: CAH CLC Rehab

DRG Exempt: ☑ Psych ☑ 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	45	380	8385	\$0
ICU Neonatal	14	33	1437	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	349	13869	72783	\$0
Neonatal Intermediate	21	259	2018	\$0
Normal Newborn	40	1271	3090	\$0
Obstetrics	48	1654	4372	\$0
Pediatric	22	168	583	\$0

Psychiatric	34	946	4572	\$0
Rehabilitation	39	786	11263	\$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	612	19366	108503	NA

III. Nursing Facility Utilization

	Number of	Number of	Number of
	Licensed Beds	Discharges	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	0	HIV	0
Neoplasms	0	Endocrine	0
Diseases of Blood	0	Mental Disorders	0
Nervous	0	Circulatory	0
Respiratory	0	Digestive Diseases	0
Genitourinary	0	Pregnancy	0
Skin	0	Musculoskeletal	0
Congenital	0	Perinatal	0
All Injuries	0		
Other/Known	0	Total Encounters	0

Total ED Visits	ED Injury Visits	ED Injury Admissions	
66456	0	16333	

Comments