

Status: Finalized

I. Hospital Information

Hospital Name: ST. JOSEPH REGIONAL ME	EDICAL CENTER (PLYMOUTH CAMPUS)
Provider #: 15-0076	
City: PLYMOUTH	
County: MARSHALL	
Year: 2014	
Person Completing the Report: Tom Jozwiak	
Email Address: jozwiakt@sjrmc	.com
LICENSURE, ACCREDITATION, OR DESI	GNATED UNITS (check all that apply)
State Licensure: ✓ Acute License ☐ L	TC Certification
Private Accreditation: ☑ JCAHO ☐ HFAP	
CMS Specialized Hosp: □CAH □TLC □R	ehab
DRG Exempt: □Psych □Rehab □	Swing Bed
Number of Total Hospital Full Time Equivale	nts 259

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	7	273	1074	\$3,337,734
ICU Neonatal	0	56	119	\$191,685
ICU Pediatric	0	0	0	\$0
Medical/Surgical	30	1091	3292	\$6,101,869
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	8	347	706	\$2,211,437
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	45	1767	5191	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	772	HIV	0
Neoplasms	4969	Endocrine	9162
Diseases of Blood	1951	Mental Disorders	2004
Nervous	2323	Circulatory	7673
Respiratory	3473	Digestive Diseases	2508
Genitourinary	5966	Pregnancy	1090
Skin	1491	Musculoskeletal	5768
Congenital	85	Perinatal	182
All Injuries	4932		
Other/Known	31053	Total Encounters	85402

Total ED Visits	ED Visits ED Injury Visits ED Injury Admissions	
15759	14600	1159

Comments