

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT	ANDERSON REGIONAL HOSPITAL, INC.
Provider #:	15-0088
City:	Anderson
County:	Madison
Year:	2014
Person Completing the Report:	Kathy Zambos
Email Address:	kathy.zambos@stvincent.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: □CAF	I □TLC ☑ Rehab
DRG Exempt: ☐ Psyc	h □ Rehab □ Swing Bed

II. Hospital Service Utilization

Number of Total Hospital Full Time Equivalents 1060

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	21	583	5615	\$19,780
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	87	3859	16397	\$4,432
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	12	495	1136	\$3,902
Obstetrics	10	659	1451	\$8,342
Pediatric	0	0	0	\$0

Psychiatric	17	1034	4548	\$8,312
Rehabilitation	13	252	3192	\$13,995
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	160	6882	32339	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	1473	HIV	0
Neoplasms	6221	Endocrine	14077
Diseases of Blood	3198	Mental Disorders	14040
Nervous	9376	Circulatory	10590
Respiratory	8100	Digestive Diseases	7013
Genitourinary	8715	Pregnancy	2127
Skin	3329	Musculoskeletal	13805
Congenital	223	Perinatal	207
All Injuries	10338		
Other/Known	54730	Total Encounters	167562

Total ED Visits	ED Injury Visits	ED Injury Admissions
41657	8512	384

Comments