

Status: Finalized

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Hospital ST. VINCENT Name:	CLAY HOSPITAL
Provider #:	151309
City:	Brazil
County:	Clay
Year:	2014
Person Completing the Report:	Robyn Ganly
Email Address:	rlganly@stvincent.org
LICENSURE, ACCREDITATI	ON, OR DESIGNATED UNITS (check all that apply)
State Licensure:	te License  LTC Certification
Private Accreditation:  JCA	HO □HFAP
CMS Specialized Hosp: CAH	I □TLC □Rehab
DRG Exempt: □Psyc	h □Rehab ☑ Swing Bed
Number of Total Hospital Full	Time Equivalents 138

## 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	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	25	512	1625	\$1,819,617
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
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	95	851	\$381,959
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	607	2476	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	198	HIV	2
Neoplasms	319	Endocrine	2389
Diseases of Blood	330	Mental Disorders	3914
Nervous	461	Circulatory	2142
Respiratory	802	Digestive Diseases	778
Genitourinary	1190	Pregnancy	144
Skin	441	Musculoskeletal	3283
Congenital	51	Perinatal	49
All Injuries	485		
Other/Known	14711	Total Encounters	31689

Total ED Visits	ED Injury Visits	ED Injury Admissions
9906	3168	183

## Comments