

Status: Finalized

I. Hospital Information

Hospital _{CT}	VINCENT	EIGHEDG	HOCDITAL
Hospital Name: ST.	VINCENI	FISHERS	HUSPITAL

Provider #: 150181

City: Fishers

County: Hamilton

Year: 2014

Person Completing the Report: Stacey Allen

Email Address: smwrigh2@stvincent.org

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

State Licensure: ☑ Acute License ☐ LTC Certification

Private Accreditation: ☑ JCAHO ☐ HFAP

CMS Specialized

alized CAH TLC Rehab

DRG Exempt: □Psych □Rehab □Swing Bed

Number of Total Hospital Full Time Equivalents 204

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	36	584	1359	\$7,803,037
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	10	230	503	\$783,568
Obstetrics	10	267	690	\$6,184,889
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	56	1081	2552	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	247	HIV	1
Neoplasms	509	Endocrine	509
Diseases of Blood	119	Mental Disorders	327
Nervous	1741	Circulatory	667
Respiratory	1711	Digestive Diseases	1884
Genitourinary	1706	Pregnancy	486
Skin	535	Musculoskeletal	4612
Congenital	145	Perinatal	33
All Injuries	4625		
Other/Known	17822	Total Encounters	37679

Total ED Visits	ED Injury Visits	ED Injury Admissions
12863	4150	0

Comments