Status: Finalized

### I. Hospital Information

Hospital Name: HOWARD REGIONAL HEALTH SYSTEM, WEST CAMPUS SPECIALTY HOSPITAL

Provider #: 15-3039

City: Kokomo

County: Howard

Year: 2015

Person Completing the Report: Julie Pena

Email Address: jpena@communityhoward.org

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

State Licensure: ✓ Acute License □ LTC Certification

Private Accreditation: JCAHO HFAP

CMS Specialized  $\square$  CAH  $\square$  TLC  $\square$  Rehab

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 113

### II. Hospital Service Utilization

| Hospital Service<br>Description | Number of Set-<br>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                | 0                         | 0                    | 0                      | \$0                  |
| 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                  | 22                        | 491                  | 5543                   | \$6,148,870          |
| 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        | 22 | 491 | 5543 | NA  |

# III. Nursing Facility Utilization

|                  | Number of Licensed<br>Beds | Number of Discharges | Number of Patient<br>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                    |

# V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories  | Number of Encounters | Diagnostic Categories  | Number of Encounters |
|--|----------------------|--|----------------------|
| Certain infectious and parasitic diseases  | 0                    | HIV  | 0                    |
| Neoplasms  | 0                    | Endocrine, nutritional and metabolic diseases                | 0                    |
| Diseases of blood and<br>blood-forming organs and<br>certain disorders involving<br>the immune mechanism | 0                    | Mental, Behavioral and<br>Neurodevelopmental<br>disorders    | 0                    |
| Diseases of the nervous system   | 0                    | Diseases of the circulatory system                           | 0                    |
| Diseases of the respiratory system   | 0                    | Diseases of the digestive Diseases                           | 0                    |
| Diseases of the genitourinary system   | 0                    | Pregnancy, childbirth and teh puerperium                     | 0                    |
| Diseases of the skin and subcutaneous tissue   | 0                    | Diseases of the musculoskeletal system and connective tissue | 0                    |
|  |                      |  |                      |

| Congenital malfomations,<br>deformations and<br>chromosomal abnormalities | 0     | Certain conditions originating in the perinatal period | 0     |
|---|-------|--|-------|
| Injury, poisoning and certain other consequences of external causes       | 0     |  |       |
| Other/Known   | 30133 | Total Encounters                                       | 30133 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 0               | 0                | 0                    |

# Comments

When report was run for the diagnostics, the result was 1. Not able to report by diagnostics.