

ISDH Hospital Service Report State Form 49476 (R /7-02) IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: MEMORIAL F	IOSPITAL OF SOUTH BEND		
Provider #:	150058		
City:	South Bend		
County:	St. Joseph		
Year:	2018		
Person Completing the Report:	Sally Marker		
Email Address:	smarker@beaconhealthsystem.org		
LICENSURE, ACCREDITATI	ON, OR DESIGNATED UNITS (check all that apply)		
State Licensure: ✓ Acute License ☐ LTC Certification			
Private Accreditation: ICA	НО □НГАР		
CMS Specialized Hosp: □CAF	I □TLC □Rehab		
DRG Exempt: ✓ Psyc	h ☑ Rehab □ Swing Bed		
Number of Total Hospital Full	Γime Equivalents 2406		

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	23	445	6856	\$29,437,190
ICU Neonatal	30	436	9161	\$27,945,865
ICU Pediatric	12	458	1836	\$7,030,100
Medical/Surgical	65	2951	14009	\$30,821,070
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	42	2073	4341	\$4,017,170
Obstetrics	34	3154	7195	\$14,629,200
Pediatric	23	590	2052	\$4,928,065

Psychiatric	64	2550	15789	\$18,709,965
Rehabilitation	20	259	3017	\$7,777,610
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	147	8257	39779	NA
Total Acute	460	21173	104035	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	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	1033	HIV	4
Neoplasms	8757	Endocrine, nutritional and metabolic diseases	2666

Diseases of blood and blood- forming organs and certain disorders involving the immune mechanism	2213	Mental, Behavioral and Neurodevelopmental disorders	4087
Diseases of the nervous system	6630	Diseases of the circulatory system	6673
Diseases of the eye and adnexa	0	Diseases of the ear and mastoid process	0
Diseases of the respiratory system	8018	Diseases of the digestive Diseases	6355
Diseases of the genitourinary system	6950	Pregnancy, childbirth and the puerperium	4464
Diseases of the skin and subcutaneous tissue	2369	Diseases of the musculoskeletal system and connective tissue	19346
Congenital malformations, deformations and chromosomal abnormalities	910	Certain conditions originating in the perinatal period	373
Injury, poisoning and certain other consequences of external causes	13196		
Other/Known	57917	Total Encounters	151961

Total ED Visits	ED Injury Visits	ED Injury Admissions
57739	13483	3189

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