

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

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT SETON SPECIALTY HOSPITAL - INDIANAPOLIS Provider #: 15-2020 City: Indianapolis County: Marion Year: 2019 Person Completing the Report: Bradley Burks Email Address: bkburks@ascension.org LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply) State Licensure: Acute License CLTC Certification Private Accreditation: JCAHO HFAP

Accreditation: CAR O CAR O CHI AF CMS Specialized Hosp: CAH TLC Rehab DRG Exempt: Psych Rehab Swing Bed Number of Total Hospital Full Time Equivalents 169

II. Hospital Service Utilization

| Number of Set-up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|--------------------------|----------------------------|---|---|
| 0 | 0 | 0 | \$0 |
| 0 | 0 | 0 | \$0 |
| 0 | 0 | 0 | \$0 |
| 0 | 0 | 0 | \$0 |
| 0 | 0 | 0 | \$0 |
| 72 | 343 | 13101 | \$90,545,515 |
| | 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 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 | 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 | 72 | 343 | 13101 | NA |

III. Nursing Facility Utilization

| | Number of | Number of | Number of Patient |
|------------------|---------------|------------|-------------------|
| | Licensed Beds | Discharges | 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 blood-forming organs and certain disorders involving the immune mechanism | 0 | Mental, Behavioral and Neurodevelopmental disorders | 0 |
| Diseases of the nervous system | 0 | Diseases of the circulatory system | 0 |
| Diseases of the eye and adnexa | 0 | Diseases of the ear and mastoid process | 0 |
| Diseases of the respiratory system | 0 | Diseases of the digestive Diseases | 0 |
| Diseases of the genitourinary system | 0 | Pregnancy, childbirth and the puerperium | 0 |
| Diseases of the skin and subcutaneous tissue | 0 | Diseases of the musculoskeletal system and connective tissue | 0 |
| Congenital malformations, deformations and chromosomal abnormalities | 0 | Certain conditions originating in the perinatal period | 0 |
| Injury, poisoning and certain other consequences of external causes | 0 | | |
| Other/Known | 0 | Total Encounters | 0 |

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

Comments