Status: Finalized

I. Hospital Information

Hospital Name: HARRISON COUNTY HOSPITAL

Provider #: 151331

City: Corydon

County: Harrison

Year: 2020

Person Completing the Report: Danielle Borchert

Email Address: dborchert@hchin.org

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

State Licensure: ✓ Acute License □LTC Certification

Private Accreditation: ☐ JCAHO ✓ HFAP

DRG Exempt: □ Psych □ Rehab □ Swing Bed

Number of Total Hospital Full Time Equivalents 453.120

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 | 4 | 235 | 419 | \$1,403,314 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 17 | 664 | 2402 | \$9,382,573 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 4 | 364 | 695 | \$1,530,794 |
| Obstetrics | 8 | 360 | 849 | \$3,848,825 |
| 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 | 19 | 225 | \$0 |
| Extended Care | 0 | 0 | 0 | \$0 |

| Observation Beds | 0 | 0 | 0 | \$0 |
|--------------------|----|------|------|-----|
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 33 | 1642 | 4590 | 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

| | Number of | | Number of |
|--|------------|---|------------|
| Diagnostic Categories | Encounters | Diagnostic Categories | Encounters |
| Certain infectious and parasitic diseases | 337 | HIV | 0 |
| Neoplasms | 14 | Endocrine, nutritional and metabolic diseases | 234 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 42 | Mental, Behavioral and Neurodevelopmental disorders | 213 |
| Diseases of the nervous system | 194 | Diseases of the circulatory system | 473 |
| Diseases of the eye and adnexa | 65 | Diseases of the ear and mastoid process | 180 |
| Diseases of the respiratory system | 1313 | Diseases of the digestive Diseases | 759 |
| Diseases of the genitourinary system | 848 | Pregnancy, childbirth and the puerperium | 10 |
| Diseases of the skin and | 411 | Diseases of the | 817 |

| subcutaneous tissue | | musculoskeletal system and connective tissue | |
|--|------|--|-------|
| Congenital malformations, deformations and chromosomal abnormalities | 1 | Certain conditions originating in the perinatal period | 9 |
| Injury, poisoning and certain other consequences of external causes | 3223 | | |
| Other/Known | 2824 | Total Encounters | 11967 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 13681 | 3223 | 97 |

Comments

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