Status: Finalized

I. Hospital Information

Hospital Name: PHYSICIANS MEDICAL CENTER

Provider #: 08-11352-1

City: New Albany

County: Floyd Year: 2020

Person Completing the Report: Dennis Medley

Email Address: dmedley@pmcindiana.com

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

State Licensure: ✓ Acute License □LTC Certification

Private Accreditation: ✓ JCAHO ☐ HFAP

CMS Specialized Hosp:

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 220

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 | 19 | 496 | 817 | \$49,862,695 |
| 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 | 19 | 496 | 817 | 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 | 3696 | Pregnancy | 0 |
| Skin | 0 | Musculoskeletal | 1892 |
| Congenital | 0 | Perinatal | 0 |
| All Injuries | 0 | | |
| Other/Known | 15376 | Total Encounters | 20964 |

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 | 0 | Diseases of the | 0 |

| subcutaneous tissue | | musculoskeletal system and connective tissue | |
|--|---|--|---|
| 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

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