Status: Finalized

## I. Hospital Information

Hospital Name: ST. VINCENT SETON SPECIALTY HOSPITAL - INDIANAPOLIS

Provider #: 15-2020

City: Indianapolis

County: Marion

Year: 2020

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

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

State Licensure: ☐ Acute License ✓ LTC Certification

Private Accreditation: ✓ JCAHO ☐ HFAP

CMS Specialized CAH TLC Rehab

Hosp: CAH The Reliab

DRG Exempt: □ Psych □ Rehab □ Swing Bed

Number of Total Hospital Full Time Equivalents 153

### II. Hospital Service Utilization

| Hospital Service<br>Description | Number of<br>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                | 72                       | 395                  | 13248                  | \$38,080,572         |
| 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 | 395 | 13248 | 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<br>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 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,<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  | 0 | Total Encounters                                       | 0 |

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

# Comments

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