



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* GREENE COUNTY GENERAL HOSPITAL

*Provider #:* 15-1317

*City:* LINTON

*County:* GREENE

*Year:* 2009

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

*State Licensure:*  Acute License  LTC Certification

*Private Accreditation:*  JCAHO  HFAP

*CMS Specialized Hosp:*  CAH  TLC  Rehab

*DRG Exempt:*  Psych  Rehab  Swing Bed

Number of Total Hospital Full Time Equivalents 209

### 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	5	91	275	\$393,250
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	16	759	2579	\$2,127,675
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	117	243	\$200,475
Obstetrics	3	117	240	\$198,000
Pediatric	1	17	28	\$23,100
Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	28	203	\$20,300
Extended Care	0	0	0	\$0
Observation Beds				

	0	439	207	\$170,775
All Other Services	0	0	0	NA
Total Acute	25	1568	3775	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	431	HIV	10
Neoplasms	811	Endocrine	9397
Diseases of Blood	2737	Mental Disorders	799
Nervous	1563	Circulatory	11521
Respiratory	1116	Digestive Diseases	506
Genitourinary	628	Pregnancy	87
Skin	316	Musculoskeletal	887
Congenital	11	Perinatal	8
All Injuries	1819		
Other/Known	2703	Total Encounters	35350

Total ED Visits	ED Injury Visits	ED Injury Admissions
8653	1629	0

### Comments

