



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

Status: Finalized

I. Hospital Information

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

Provider #: 15-0167

City: Fort Wayne

County: Allen

Year: 2013

Person Completing the Report: Gordon Springer

Email Address: gordon.springer@parkview.com

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 116

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	37	2031	5119	\$6,245,180
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	37	2031	5119	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	9	HIV	0
Neoplasms	40	Endocrine	18
Diseases of Blood	3	Mental Disorders	0
Nervous	619	Circulatory	3
Respiratory	1	Digestive Diseases	0
Genitourinary	0	Pregnancy	1
Skin	67	Musculoskeletal	5571
Congenital	36	Perinatal	0
All Injuries	1419		
Other/Known	487	Total Encounters	8274

Total ED Visits	ED Injury Visits	ED Injury Admissions
0	0	0

Comments



