



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

Status: Finalized

I. Hospital Information

Hospital Name: ST. MARY'S MEDICAL CENTER (HOBART)

Provider #:

City:

County:

Year:

Person Completing the Report:

Email Address:

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

II. Hospital Service Utilization

| Hospital Service Description | Number of Set-up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|------------------------------|-----------------------|----------------------|------------------------|----------------------|
| Burn Care                    |                       |                      |                        |                      |
| Cardiac Intensive            |                       |                      |                        |                      |
| ICU Medical/Surgical         |                       |                      |                        |                      |
| ICU Neonatal                 |                       |                      |                        |                      |
| ICU Pediatric                |                       |                      |                        |                      |
| Medical/Surgical             |                       |                      |                        |                      |
| Neonatal Intermediate        |                       |                      |                        |                      |
| Normal Newborn               |                       |                      |                        |                      |
| Obstetrics                   |                       |                      |                        |                      |

|                    |     |       |       |    |
|--------------------|-----|-------|-------|----|
| Pediatric          |     |       |       |    |
| Psychiatric        |     |       |       |    |
| Rehabilitation     |     |       |       |    |
| Substance Abuse    |     |       |       |    |
| Swing Bed Program  | NA  |       |       |    |
| Extended Care      |     |       |       |    |
| Observation Beds   |     |       |       |    |
| All Other Services |     |       |       | NA |
| Total Acute        | 213 | 10975 | 55510 | NA |

### III. Nursing Facility Utilization

|                  | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|-------------------------|----------------------|------------------------|
| Nursing Facility |                         |                      |                        |

### 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    |                      | HIV                   |                      |
| Neoplasms             |                      | Endocrine             |                      |
| Diseases of Blood     |                      | Mental Disorders      |                      |
| Nervous               |                      | Circulatory           |                      |
| Respiratory           |                      | Digestive Diseases    |                      |
| Genitourinary         |                      | Pregnancy             |                      |
| Skin                  |                      | Musculoskeletal       |                      |
| Congenital            |                      | Perinatal             |                      |
| All Injuries          |                      |                       |                      |
| Other/Known           |                      | Total Encounters      | 158191               |

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

Comments