



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

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT CLAY HOSPITAL

Provider #: 151309

City: Brazil

County: Clay

Year: 2015

Person Completing the Report: Robyn Ganly

Email Address: rganly@stvincent.org

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 Equivalentents 136

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	25	488	1704	\$2,166,326
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	85	1049	\$531,052
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	573	2753	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	294	HIV	6
Neoplasms	435	Endocrine	2783
Diseases of Blood	484	Mental Disorders	247
Nervous	756	Circulatory	2655
Respiratory	1852	Digestive Diseases	1173
Genitourinary	1829	Pregnancy	154
Skin	813	Musculoskeletal	4084
Congenital	32	Perinatal	97
All Injuries	3430		
Other/Known	17650	Total Encounters	38774

Total ED Visits	ED Injury Visits	ED Injury Admissions
10678	3254	71

Comments