



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

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT FRANKFORT HOSPITAL

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 Equivalentents

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 | 25 | 894 | 3307 | 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 | 34247 |

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

Comments