



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

Status: Finalized

### I. Hospital Information

Hospital Name: **DUKES MEMORIAL HOSPITAL**

Provider #: 151318

City: Peru

County: Miami

Year: 2016

Person Completing the Report: Shannon Fitzpatrick

Email Address: sfitzpatrick@dukesmemorialhosp.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 0

### 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             | 0                     | 0                    | 0                      | \$0                  |
| 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        | 0 | 0 | 0 | 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    | 397                  | HIV                   | 0                    |
| Neoplasms             | 868                  | Endocrine             | 2920                 |
| Diseases of Blood     | 803                  | Mental Disorders      | 633                  |
| Nervous               | 672                  | Circulatory           | 2443                 |
| Respiratory           | 1883                 | Digestive Diseases    | 1426                 |
| Genitourinary         | 1882                 | Pregnancy             | 538                  |
| Skin                  | 590                  | Musculoskeletal       | 4701                 |
| Congenital            | 51                   | Perinatal             | 58                   |
| All Injuries          | 4335                 |                       |                      |
| Other/Known           | 6399                 | Total Encounters      | 30599                |

### V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories                                                                           | Number of Encounters | Diagnostic Categories                               | Number of Encounters |
|-------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------|----------------------|
| Certain infectious and parasitic diseases                                                       | 0                    | HIV                                                 | 0                    |
| Neoplasms                                                                                       | 0                    | Endocrine, nutritional and metabolic diseases       | 0                    |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 0                    | Mental, Behavioral and Neurodevelopmental disorders | 0                    |
| Diseases of the nervous system                                                                  | 0                    | Diseases of the circulatory system                  | 0                    |
| Diseases of the eye and adnexa                                                                  | 0                    | Diseases of the ear and mastoid process             | 0                    |
| Diseases of the respiratory system                                                              | 0                    | Diseases of the digestive Diseases                  | 0                    |
| Diseases of the genitourinary system                                                            | 0                    | Pregnancy, childbirth and the puerperium            | 0                    |
| Diseases of the skin and                                                                        | 0                    | Diseases of the                                     | 0                    |

|                                                                      |   |                                                        |   |
|----------------------------------------------------------------------|---|--------------------------------------------------------|---|
| subcutaneous tissue                                                  |   | musculoskeletal system and connective tissue           |   |
| Congenital malformations, deformations and chromosomal abnormalities | 0 | Certain conditions originating in the perinatal period | 0 |
| Injury, poisoning and certain other consequences of external causes  | 0 |                                                        |   |
| Other/Known                                                          | 0 | Total Encounters                                       | 0 |

|                 |                  |                      |
|-----------------|------------------|----------------------|
| Total ED Visits | ED Injury Visits | ED Injury Admissions |
| 0               | 0                | 0                    |

Comments