



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

Status: Finalized

I. Hospital Information

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

Provider #: 150160

City: Indianapolis

County: Marion

Year: 2017

Person Completing the Report: Connie Dilger

Email Address: cdilger@orthoindy.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 308.28

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 | 38 | 3031 | 5313 | \$354,967,994 |
| 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 | 38 | 3031 | 5313 | 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 | 0 | HIV | 0 |
| Neoplasms | 0 | Endocrine | 0 |
| Diseases of Blood | 0 | Mental Disorders | 0 |
| Nervous | 0 | Circulatory | 0 |
| Respiratory | 0 | Digestive Diseases | 0 |
| Genitourinary | 0 | Pregnancy | 0 |
| Skin | 0 | Musculoskeletal | 0 |
| Congenital | 0 | Perinatal | 0 |
| All Injuries | 0 | | |
| Other/Known | 0 | Total Encounters | 0 |

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 | 3 | HIV | 0 |
| Neoplasms | 326 | Endocrine, nutritional and metabolic diseases | 11 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 7 | Mental, Behavioral and Neurodevelopmental disorders | 2 |
| Diseases of the nervous system | 1208 | Diseases of the circulatory system | 59 |
| Diseases of the eye and adnexa | 3 | Diseases of the ear and mastoid process | 0 |
| Diseases of the respiratory system | 4 | Diseases of the digestive Diseases | 7 |
| Diseases of the genitourinary system | 6 | Pregnancy, childbirth and the puerperium | 0 |
| Diseases of the skin and | 36 | Diseases of the | 31579 |

| | | | |
|--|-------|--|-------|
| subcutaneous tissue | | musculoskeletal system and connective tissue | |
| Congenital malformations, deformations and chromosomal abnormalities | 83 | Certain conditions originating in the perinatal period | 0 |
| Injury, poisoning and certain other consequences of external causes | 10402 | | |
| Other/Known | 145 | Total Encounters | 43881 |

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

Comments

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