



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

Status: Finalized

I. Hospital Information

Hospital Name: DAVIESS COMMUNITY HOSPITAL

Provider #: 150061

City: Washington

County: Daviess

Year: 2021

Person Completing the Report: Amanda Rodewald

Email Address: arodewald@dchosp.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 Equivalents 470

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         | 5                     | 93                   | 697                    | \$2,620,282          |
| ICU Neonatal                 | 0                     | 0                    | 0                      | \$0                  |
| ICU Pediatric                | 0                     | 0                    | 0                      | \$0                  |

|                       |    |      |      |             |
|-----------------------|----|------|------|-------------|
| Medical/Surgical      | 37 | 1271 | 3208 | \$7,866,981 |
| Neonatal Intermediate | 0  | 0    | 0    | \$0         |
| Normal Newborn        | 0  | 0    | 0    | \$0         |
| Obstetrics            | 0  | 0    | 0    | \$0         |
| Pediatric             | 0  | 0    | 0    | \$0         |
| Psychiatric           | 20 | 236  | 3881 | \$7,149,979 |
| Rehabilitation        | 12 | 107  | 1368 | \$2,160,221 |
| 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           | 74 | 1707 | 9154 | 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   | 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 subcutaneous tissue  | 0                    | Diseases of the musculoskeletal system and connective tissue | 0                    |
| 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 |
| 11516           | 0                | 0                    |

Comments

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