



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* INDIANA ORTHOPAEDIC HOSPITAL

*Provider #:* 150160

*City:* Indianapolis

*County:* Marion

*Year:* 2010

#### 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 253.65

### 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             | 42                    | 2511                 | 7024                   | \$181,700,684        |
| 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        | 42 | 2511 | 7024 | 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    | 3                    | HIV                   | 0                    |
| Neoplasms             | 205                  | Endocrine             | 9                    |
| Diseases of Blood     | 9                    | Mental Disorders      | 1                    |
| Nervous               | 498                  | Circulatory           | 16                   |
| Respiratory           | 4                    | Digestive Diseases    | 3                    |
| Genitourinary         | 1                    | Pregnancy             | 0                    |
| Skin                  | 28                   | Musculoskeletal       | 10541                |
| Congenital            | 41                   | Perinatal             | 0                    |
| All Injuries          | 2728                 |                       |                      |
| Other/Known           | 125                  | Total Encounters      | 14212                |

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

### Comments

