



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* ST. VINCENT FRANKFORT HOSPITAL

*Provider #:* 15-1316

*City:* Frankfort

*County:* Clinton

*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 172

### 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	20	586	2373	\$12,243,422
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	5	234	529	See Med/Surg
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	108	1131	See Med/Surg
Extended Care	0	0	0	\$0

Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	928	4033	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	501	HIV	0
Neoplasms	1080	Endocrine	2810
Diseases of Blood	651	Mental Disorders	476
Nervous	1005	Circulatory	2191
Respiratory	1751	Digestive Diseases	1079
Genitourinary	1608	Pregnancy	885
Skin	726	Musculoskeletal	2684
Congenital	20	Perinatal	57
All Injuries	3077		
Other/Known	13530	Total Encounters	34131

Total ED Visits	ED Injury Visits	ED Injury Admissions
10313	2681	10

### Comments

