



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* DEKALB MEMORIAL HOSPITAL, INC.

*Provider #:* 15-0045

*City:* Auburn

*County:* DeKalb

*Year:* 2011

#### 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 392.00

### 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	6	492	927	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	31	1027	3505	\$0
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	10	457	933	\$0
Obstetrics	10	467	1077	\$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	57	2443	6442	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	129	HIV	7
Neoplasms	1376	Endocrine	8311
Diseases of Blood	870	Mental Disorders	656
Nervous	1784	Circulatory	5212
Respiratory	3367	Digestive Diseases	2694
Genitourinary	3802	Pregnancy	1140
Skin	1248	Musculoskeletal	8138
Congenital	82	Perinatal	171
All Injuries	4867		
Other/Known	8828	Total Encounters	52682

Total ED Visits	ED Injury Visits	ED Injury Admissions
15197	3538	1543

### Comments

