



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

*Hospital Name:* DUPONT HOSPITAL, LLC

*Provider #:* 150150

*City:* Fort Wayne

*County:* Allen

*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 550.39

### 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	10	126	1169	\$3,224,071
ICU Neonatal	29	316	5027	\$16,308,100
ICU Pediatric	0	0	0	\$0
Medical/Surgical	49	2243	6964	\$10,093,827
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	20	2030	4596	\$5,488,594
Obstetrics	40	2300	6186	\$28,170,382
Pediatric	3	85	209	\$272,388
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	151	7100	24151	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	716	HIV	19
Neoplasms	191	Endocrine	3762
Diseases of Blood	939	Mental Disorders	495
Nervous	3070	Circulatory	4496
Respiratory	4603	Digestive Diseases	6838
Genitourinary	5194	Pregnancy	4804
Skin	6117	Musculoskeletal	11707
Congenital	12245	Perinatal	2741
All Injuries	1214		
Other/Known	3499	Total Encounters	72650

Total ED Visits	ED Injury Visits	ED Injury Admissions
21255	0	0

### Comments

