



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

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT FISHERS HOSPITAL

Provider #: 150181

City: Fishers

County: Hamilton

Year: 2013

Person Completing the Report: Stacey Allen

Email Address: smwrigh2@stvincent.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 48

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	36	154	372	\$656,812
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	10	26	55	\$100,870
Obstetrics	10	27	64	\$147,127
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	56	207	491	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	221	HIV	0
Neoplasms	273	Endocrine	352
Diseases of Blood	46	Mental Disorders	143
Nervous	1389	Circulatory	448
Respiratory	1534	Digestive Diseases	1121
Genitourinary	1267	Pregnancy	351
Skin	347	Musculoskeletal	2689
Congenital	64	Perinatal	23
All Injuries	0		
Other/Known	14326	Total Encounters	24594

Total ED Visits	ED Injury Visits	ED Injury Admissions
8725	2854	0

Comments



