



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: 2015

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 Equivalent 206

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	641	1593	\$9,182,548
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	10	245	979	\$2,493,869
Obstetrics	10	384	533	\$7,678,006
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	1270	3105	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	299	HIV	3
Neoplasms	467	Endocrine	564
Diseases of Blood	110	Mental Disorders	360
Nervous	2072	Circulatory	836
Respiratory	1979	Digestive Diseases	1755
Genitourinary	1868	Pregnancy	596
Skin	556	Musculoskeletal	4913
Congenital	150	Perinatal	48
All Injuries	4671		
Other/Known	21819	Total Encounters	43066

Total ED Visits	ED Injury Visits	ED Injury Admissions
14260	4292	131

Comments