



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

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT MERCY HOSPITAL, INC.

Provider #: 151308

City: Elwood

County: Madison

Year: 2015

Person Completing the Report: Sharon Church

Email Address: sfchurch@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 156.87

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 | 25 | 244 | 844 | \$1,502,177 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 0 | 0 | \$0 |
| Obstetrics | 0 | 0 | 0 | \$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 | 31 | 224 | \$137,312 |

| | | | | |
|--------------------|----|-----|------|-----------|
| Extended Care | 0 | 0 | 0 | \$0 |
| Observation Beds | 0 | 0 | 201 | \$235,723 |
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 25 | 275 | 1269 | 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 | 86 | HIV | 1 |
| Neoplasms | 410 | Endocrine | 702 |
| Diseases of Blood | 221 | Mental Disorders | 1091 |
| Nervous | 610 | Circulatory | 825 |
| Respiratory | 574 | Digestive Diseases | 294 |
| Genitourinary | 389 | Pregnancy | 29 |
| Skin | 122 | Musculoskeletal | 1357 |
| Congenital | 27 | Perinatal | 1 |
| All Injuries | 183 | | |
| Other/Known | 4134 | Total Encounters | 11056 |

| | | |
|-----------------|------------------|----------------------|
| Total ED Visits | ED Injury Visits | ED Injury Admissions |
| 3987 | 1073 | 64 |

Comments

Prior year filings for St.Vincent Mercy have been based on calendar year. The above report is for half of Fiscal Year 2015 January 2015 through June 2015. July 2014 through December 2014 was filed on the prior Hospital Service Report. Going forward for Fiscal Year 2016 St.Vincent Mercy Hospital will file the Hospital Service report based on Fiscal Year.