



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

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

Provider #: 151307

City: WILLIAMSPORT

County: WARREN

Year: 2015

Person Completing the Report: Sunday Spong

Email Address: sbspong@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 149.24

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	16	632	2080	\$8,897,710
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	94	572	\$330,672

Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	16	726	2652	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	380	HIV	2
Neoplasms	604	Endocrine	2977
Diseases of Blood	1055	Mental Disorders	382
Nervous	979	Circulatory	3545
Respiratory	1873	Digestive Diseases	1066
Genitourinary	2138	Pregnancy	154
Skin	736	Musculoskeletal	2869
Congenital	18	Perinatal	15
All Injuries	2754		
Other/Known	14708	Total Encounters	36255

Total ED Visits	ED Injury Visits	ED Injury Admissions
10062	2548	76

Comments