



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

Status: Finalized

I. Hospital Information

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

Provider #: 15-0161

City: Carmel

County: Hamilton

Year: 2017

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.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 898

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 | 8 | 351 | 1045 | \$4,834,159 |
| ICU Neonatal | 23 | 0 | 0 | \$0 |
| ICU Pediatric | 6 | 276 | 756 | \$4,495,012 |
| Medical/Surgical | 74 | 6513 | 20030 | \$46,949,454 |
| Neonatal Intermediate | 0 | 321 | 4269 | \$19,921,465 |
| Normal Newborn | 0 | 2278 | 5057 | \$6,630,840 |
| Obstetrics | 40 | 1194 | 2022 | \$3,723,360 |
| Pediatric | 10 | 6230 | 14966 | \$29,920,634 |
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 65 | 379 | \$4,323,316 |
| Swing Bed Program | NA | 0 | 0 | \$0 |
| Extended Care | 0 | 0 | 0 | \$0 |

| | | | | |
|--------------------|-----|-------|-------|--------------|
| Observation Beds | 0 | 1575 | 1804 | \$25,811,747 |
| All Other Services | 0 | 10 | 27 | NA |
| Total Acute | 161 | 18813 | 50355 | 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 | 1597 | HIV | 53 |
| Neoplasms | 5337 | Endocrine | 15843 |
| Diseases of Blood | 3185 | Mental Disorders | 5008 |
| Nervous | 6269 | Circulatory | 13089 |
| Respiratory | 6740 | Digestive Diseases | 10572 |
| Genitourinary | 11800 | Pregnancy | 4632 |
| Skin | 2193 | Musculoskeletal | 15652 |
| Congenital | 1033 | Perinatal | 217 |
| All Injuries | 6005 | | |
| Other/Known | 68078 | Total Encounters | 177303 |

V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|---|----------------------|---|----------------------|
| Certain infectious and parasitic diseases | 0 | HIV | 0 |
| Neoplasms | 0 | Endocrine, nutritional and metabolic diseases | 0 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 0 | Mental, Behavioral and Neurodevelopmental disorders | 0 |
| Diseases of the nervous system | 0 | Diseases of the circulatory system | 0 |
| Diseases of the eye and adnexa | 0 | Diseases of the ear and mastoid process | 0 |
| Diseases of the respiratory system | 0 | Diseases of the digestive Diseases | 0 |
| Diseases of the genitourinary system | 0 | Pregnancy, childbirth and the puerperium | 0 |
| Diseases of the skin and | 0 | Diseases of the | 0 |

| | | | |
|--|---|--|---|
| subcutaneous tissue | | musculoskeletal system and connective tissue | |
| Congenital malformations, deformations and chromosomal abnormalities | 0 | Certain conditions originating in the perinatal period | 0 |
| Injury, poisoning and certain other consequences of external causes | 0 | | |
| Other/Known | 0 | Total Encounters | 0 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 21527 | 3695 | 218 |

Comments

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