

Status: Finalized

### I. Hospital Information

Hospital Name: MAJOR HOSPITAL

Provider #: 150097

City: Shelbyville

County: Shelby

Year: 2024

Person Completing the Report: Rob Kinder

Email Address: rkinder@majorhospital.org

### LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ✓ Acute License ☐ LTC Certification

Private Accreditation: ☐ JCAHO ✓ HFAP

CMS Specialized □ CAH □ TLC □ Rehab

DRG Exempt: □ Psych □ Rehab □ Swing Bed

Number of Total Hospital Full Time Equivalents 883

### II. Hospital Service Utilization

| Hospital Service<br>Description | Number of<br>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                        | 315                  | 1692                   | \$6,886,109          |
| ICU Neonatal                    | 0                        | 0                    | 0                      | \$0                  |
| ICU Pediatric                   | 0                        | 0                    | 0                      | \$0                  |
| Medical/Surgical                | 0                        | 1861                 | 6706                   | \$13,006,558         |
| Neonatal Intermediate           | 0                        | 0                    | 0                      | \$0                  |
| Normal Newborn                  | 0                        | 348                  | 665                    | INC. IN OB           |
| Obstetrics                      | 0                        | 360                  | 770                    | \$4,982,395          |
| Pediatric                       | 0                        | 9                    | 16                     | \$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        | 0 | 2893 | 9849 | NA  |

# III. Nursing Facility Utilization

|                  | Number of Licensed<br>Beds | Number of Discharges | Number of Patient<br>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    | 0                    | HIV                   | 0                    |
| Neoplasms             | 0                    | Endocrine             | 0                    |
| Diseases of Blood     | 0                    | Mental Disorders      | 0                    |
| Nervous               | 0                    | Circulatory           | 0                    |
| Respiratory           | 0                    | Digestive Diseases    | 0                    |
| Genitourinary         | 0                    | Pregnancy             | 0                    |
| Skin                  | 0                    | Musculoskeletal       | 0                    |
| Congenital            | 0                    | Perinatal             | 0                    |
| All Injuries          | 0                    |                       |                      |
| Other/Known           | 0                    | Total Encounters      | 0                    |

### 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   | 94                   | HIV   | 3                    |
| Neoplasms   | 854                  | Endocrine, nutritional and metabolic diseases             | 3765                 |
| Diseases of blood and blood-<br>forming organs and certain<br>disorders involving the<br>immune mechanism | 315                  | Mental, Behavioral and<br>Neurodevelopmental<br>disorders | 351                  |
| Diseases of the nervous system  | 0                    | Diseases of the circulatory system                        | 1243                 |
| Diseases of the eye and adnexa  | 5                    | Diseases of the ear and mastoid process                   | 41                   |
| Diseases of the respiratory system  | 682                  | Diseases of the digestive Diseases                        | 691                  |
| Diseases of the genitourinary system  | 1231                 | Pregnancy, childbirth and the puerperium                  | 192                  |

| Diseases of the skin and subcutaneous tissue                         | 176   | Diseases of the musculoskeletal system and connective tissue | 2321  |
|--|-------|--|-------|
| Congenital malformations, deformations and chromosomal abnormalities | 6     | Certain conditions originating in the perinatal period       | 42    |
| Injury, poisoning and certain other consequences of external causes  | 1345  |  |       |
| Other/Known  | 10265 | Total Encounters   | 23622 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 24406           | 19915            | 4491                 |

### Comments

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