Hospital Profile - C	Y 2012	Commun	ity Memoria	l Hospital			Staur	nton		Page 1	
Ownership, Ma	nagement and	l General Inforn	<u>nation</u>			Patients by	Race		Patients by E	thnicity	
ADMINISTRATOR NAM	ME: Susie C	Campbell			W	hite	99	9.6% Hi	ispanic or Latir	10: 0.0%	
ADMINSTRATOR PHO	ONE 618-63	5-4241			Bla	ack	(0.0% No	ot Hispanic or I	Latino: 99.6%	
OWNERSHIP:	Commu	unity Memorial H	ospital		Ar	nerican Indian	0.0% L		nknown:	0.4%	
OPERATOR:	Commu	unity Memorial H	ospital		As	sian	0.0% -				
MANAGEMENT:		Profit Corporatio	•			Hawaiian/ Pacific		0.0%	IDPH Numbe	-	
CERTIFICATION:		Access Hospital			Ur	Unknown		0.4%	HPA	E-02 3	
FACILITY DESIGNATION ADDRESS		ll Hospital dwell Street	CIT	Y: Staunton				oin County	HSA		
ADDRESS	400 Cai	dwell Street	Facility Utiliza				. Iviacou	on County			
	Authoriz	ed Peak Beds	-	tion Data by	Category	/ of Service	Average	Average	CON	Staffed Bed	
Clinical Service	CON Bed 12/31/20	ls Setup and		Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %	
Medical/Surgical	21	21	4	155	484	94	3.7	1.6	7.5	7.5	
0-14 Years				0	0						
15-44 Years				20	42						
45-64 Years				35	110						
65-74 Years				24	80						
75 Years +				76	252						
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Intensive Care	4	4	1	54	135	0	2.5	0.4	9.2	9.2	
Direct Admission				54	135						
Transfers				0	0						
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Maternity				0	0						
Clean Gynecology				0	0						
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Swing Beds				63	521		8.3	1.4			
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Long-Term Acute Care	9 0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Dedcated Observation	0					0					
Facility Utilization	25			272	1,140	94	4.5	3.4	13.5		
			(Includes ICU L			•					
			<u>Inpatien</u>	ts and Outp	atients S	erved by Payor	r Source				
	Medicare	Medicaid	Other Public	Private Ins	surance	Private Pay		Cha	arity Care	Totals	
Innationto	77.9%	3.7%	0.0%		15.1%	2.6%			0.7%		
Inpatients	212	10	0		41	7			2	272	
	47.6%	15.4%	0.6%		32.4%	3.8%			0.2%		
Outpatients	12542	4054	161		8554	1005			52	26,368	
Financial Year Reporte	<u>d:</u> 7/1/2011	to 6/30/201	12 Inpatier	nt and Outpa	atient Net	Revenue by P	ayor Sou	rce	Charity	Total Charity	
	Medicare	Medicaid	Other Public	Private In:	surance	Private Pay		Totals	Care	Care Expense 69,853	
Inpatient	78.4%	2.0%	0.0%		14.5%	5.0%	1	00.0%	Expense	•	
Revenue (\$)	1,184,155	30,932	0	2	219,114	76,214		10,415	11,127	Total Charity	
Outpatient	46.1%	10.0%	0.0%		37.9%	6.0%		00.0%	· · ·	Care as % of Net Revenue	
Revenue (\$)	5,971,845	1,291,067	0.0 %	4.9	14,885	775,788		53,585	58,726	0.5%	
		-,,				•	•	•	•		
Birthing Data						ery Utilization			Organ Transp		
Number of Live Births				el 1 Patient I	•		0		ney:	0	
Number of Live Births Birthing Rooms:	•			el 2 Patient l el 2+ Patient			0	Hea		0 0	
Labor Rooms:				el 2+ Patient Il Nursery Pa	-		0	Lun Hea	ig: art/Lung:	0	
Delivery Rooms:			0 1012	a rivursery Pa	anornuays		U		ari/Lurig. ncreas:	0	
Labor-Delivery-Recov	erv Rooms:		0	L	aboratory	Studies		Live		0	
Labor-Delivery-Recov	•	Rooms:	-	tient Studies	•		5,341			•	
C-Section Rooms:	. ,			patient Studie			80,341	Tot	ai.	0	
CSections Performed:				lies Performe		Contract	8,699				

Hospital Profile - (CY 2012	Со	mmunit			'			Staunt	on		Page 2	
	_			<u>Surgery</u>	•	ating Roor	n Utili					_	
Surgical Specialty	Operating Rooms				Surgical C				Surgical Hours			per Case	
Cardiovascular	Inpatient Outpa 0	itient Co	ombined 0	Γotal 0	Inpatient 0	Outpatie		Inpatient 0	Outpatient ⁻ 0	lotal Hours 0	Inpatient 0.0	Outpatient 0.0	
Dermatology	0	0	0	0	0			0	0	0	0.0	0.0	
General	0	0	2	2	17	168		44	286	330	2.6	1.7	
	0	0	0	0	5			5	220	225	1.0	1.7	
Gastroenterology Neurology	0	0	0	0	0			0	0	0	0.0	0.0	
OB/Gynecology	0	0	0	0	2			7	11	18	3.5	2.8	
Oral/Maxillofacial	0	0	0	0	0			0	0	0	0.0	0.0	
	0	0	0	0	0			0	124	124	0.0	0.0	
Ophthalmology Orthogodia	0	0	0	0	0	_		0	59	59	0.0	1.3	
Orthopedic	-	-	-	•	-			-					
Otolaryngology	0	0	0	0	0			0	0	0	0.0	0.0	
Plastic Surgery	0	0	0	0	0			0	0	0	0.0	0.0	
Podiatry	0	0	0	0	0			0	21	21	0.0	1.6	
Thoracic	0	0	0	0	0			0	0	0	0.0	0.0	
Urology	0	0	0	0	0	13	3	0	14	14	0.0	1.1	
Totals	0	0	2	2	24	545	;	56	735	791	2.3	1.3	
SURGICAL RECOV	ERY STATIONS		Stage	1 Recover	y Stations		3	Stag	e 2 Recover	y Stations	0		
Dedicated and Non-Dedicated Procedure Room Utilzation													
	Procedure Rooms					Surgical Cases			Surgical Hou	Hours per Case			
Procedure Type	Inpatient	Outpa	tient Comb	ined Tota	I Inpatie	ent Outpa	atient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	0		0	0	0	0	0	0	0.0	0.0	
Laser Eye Procedures		1	0		1	0	50	0	250	250	0.0	5.0	
Pain Management	0	0	1		1	0	57	0	41	41	0.0	0.7	
Cystoscopy	0	0	0		0	0	0	0	0	0	0.0	0.0	
Multipurpose Non-Dedicated Rooms													
	0	0	0		0	0	0	0	0	0	0.0	0.0	
	0	0	0		0	0	0	0	0	0	0.0	0.0	
	0	0	0		0	0	0	0	0	0	0.0	0.0	
<u>En</u>	nergency/Traum	<u>na Care</u>				<u>Cardiac Catheterization Utilization</u>					zation_		
Certified Trauma	Center							otal Cardiac Cath Procedures:					
Level of Trauma Service Level 1				l				gnostic Cath	0				
(Not Answered)								gnostic Cath	0				
	Operating Rooms Dedicated for Trauma Care							rventional C	0				
Number of Traum					_			rventional C	0				
Patients Admitted		0		EP (Catheterizat	0							
Emergency Service Type:					Stand-By			Cardiac Surgery Data					
	Number of Emergency Room Stations							Total Cardiac Surgery Cases:					
Persons Treated								liatric (0 - 14	0				
Patients Admitted	U	,						ılt (15 Years	0				
Total ED Visits (E	mergency+Trau	ma):			4,938								
								репогтеа	of total Card			0	
<u>C</u>		Cardiac Catheterization Labs						<u>Labs</u>					
Total Outpatient Visits					25,939 Tota			Cath Labs (D	0				
Outpatient Visits at the Hospital/ Campus:					25,939			Cath Labs u	0				
Outpatient Visi		0			Dedicated Diagnostic Catheterization Lab Dedicated Interventional Catheterization Labs								
								on Labs	0				
Dedicated EP Catheterization Labs 0													
<u>Diagnostic/Inter</u> Equipme		•			Examina		-4	Radiation	<u>Equipment</u>	_	0	Therapies/ Treatments	
· · · ·		Ow	ned Contr	_		tpt Contra		1.20 1.2			Contract		
General Radiography	y/Fluoroscopy		5	-	42 6,4			Lithotripsy	- In wat	0		0	
Nuclear Medicine			0	1	0	0 47	4	Linear Acc	elerator dad Dad T) 0	0	

Diagnostic/Interventional	Examinations Radiation Equipment								Therapies/
<u>Equipment</u>	Owned Contract		Inpatient	Outpt	Contract	Owne		Contract	Treatments
General Radiography/Fluoroscopy	5	0	142	6,446	0	Lithotripsy	0	0	0
Nuclear Medicine	0	1	0	0	474	Linear Accelerator	0	0	0
Mammography	1	0	0	771	0	Image Guided Rad Therapy	0	0	0
Ultrasound	0	1	0	0	1,279	Intensity Modulated Rad Thrp	0	0	0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	44	1,486	0				
Magnetic Resonance Imaging	0	1	0	0	450				

Source: 2012 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.