Hospital Profile - C	Y 2012	Mason Di	strict Hospi	tal			Hava	na		Page 1
		d General Inform			Patients by Et					
ADMINISTRATOR NAM	_				W	Patients by hite		9.0% H	lispanic or Latino	-
ADMINSTRATOR PHO	NE 309-543	3-8151			Bla	ack		0.2% N	lot Hispanic or L	atino: 100.0%
OWNERSHIP:	Mason	Hospital District			An	nerican Indian		0.0% L	Jnknown:	0.0%
OPERATOR:	Mason	Hospital District			As	ian		0.7% -		
MANAGEMENT:	Hospita	l District			Ha	awaiian/ Pacific		0.0%	IDPH Number	: 1412
CERTIFICATION:		Access Hospital			Ur	nknown		0.0%	HPA	E-01
FACILITY DESIGNATION		ll Hospital							HSA	3
ADDRESS	615 Noi	rth Promenade		Y: Havana	_	COUNTY:	Mason	County		
			Facility Utiliza	tion Data by	<u>/ Category</u>	of Service	_	_		
Clinical Service	Authorize CON Bed 12/31/20	ds Setup and	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	25	20	7	321	855	143	3.1	2.7	10.9	13.7
0-14 Years				4	12					
15-44 Years				37	78					
45-64 Years				67	167					
65-74 Years				48	118					
75 Years +				165	480					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
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				87	577		6.6	1.6		
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	• 0	0	0	0	0	0	0.0	0.0		0.0
Dedcated Observation	0					0	0.0	0.0		
Facility Utilization	25			408	1,432		3.9	4.3	17.3	1
·			(Includes ICU I	Direct Admis	sions Only)				
			Inpatien	ts and Outp	oatients Se	erved by Payor	Source			
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Ch	arity Care	Totals
	75.7%	7.4%	0.0%		13.5%	1.5%			2.0%	
Inpatients	309	30	0		55	6			8	408
	45.2%	15.7%	0.0%		27.3%	10.5%			1.3%	
Outpatients	11313	3936	0		6830	2626			317	25,022
Financial Year Reported	d: 10/1/2011	to 9/30/201	2 Inpatier	nt and Outp	atient Net	Revenue by P	ayor Sou	rce	O	Total Charity
	 Medicare	Medicaid	Other Public	Private In	suranco	Private Pay	-	 Totals	Charity Care	Care Expense
Inpatient	82.1%	3.4%	0.0%	r iivate iii	12.8%	1.7%		100.0%	Expense	329,706
Revenue (\$)									-	Total Charity
	2,359,077	96,487	0		368,195	47,933	2,8	371,692	67,342	Care as % of
Outpatient	45.0%	7.0%	0.0%		41.2%	6.8%		100.0%		Net Revenue
Revenue (\$)	6,652,599	1,039,483	0	6,0	087,975	1,009,727	14,7	89,784	262,364	1.9%
Bi	rthing Data			Newl	born Nurs	ery Utilization			Organ Transpl	antation
Number of Total Births			0 Leve	el 1 Patient		-	0	Kid	dney:	0
Number of Live Births:				el 2 Patient	•		0		art:	0
Birthing Rooms:				el 2+ Patient	•		0		ng:	0
Labor Rooms:			0 Tota	al Nursery Pa	atientdays		0	Не	eart/Lung:	0
Delivery Rooms:			0					Pa	ncreas:	0
Labor-Delivery-Recove			0	_	.aboratory	<u>Studies</u>			er:	0
Labor-Delivery-Recove	ery-Postpartum	Rooms:		tient Studies			4,552	10	tal:	0
C-Section Rooms:				oatient Studi			3,384			
CSections Performed:			0 Stud	dies Perform	ed Under (Jontract	0			

Hospital Profile -	CY 2012	2	Mason Di	strict H	ospital			Hava	na		Page 2
				Surge	ry and Opera	ting Room U	tilization				
Surgical Specialty		Operating	Rooms		Surgica	al Cases	<u>s</u>	Surgical Hou	<u>rs</u>	Hours p	er Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	2	2	4	9	80	21	128	149	2.3	1.6
Gastroenterology	0	0	0	0	11	250	21	423	444	1.9	1.7
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	6	5	14	9	23	2.3	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	14	17	38	37	75	2.7	2.2
Otolaryngology	0	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	0.0
Podiatry	0	0	0	0	0	10	0	17	17	0.0	1.7
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	2	2	4	40	362	94	614	708	2.4	1.7

2 **SURGICAL RECOVERY STATIONS** Stage 1 Recovery Stations 3 Stage 2 Recovery Stations

<u>Dedicated and Non-Dedicated Procedure Room Utilzation</u>											
		Procedure Rooms			<u>Surgic</u>	al Cases	Surgical Hours			Hours per Case	
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
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

Emergency/Trauma	<u>Care</u>		Cardiac Catheterization Utilization	
Certified Trauma Center		No	Total Cardiac Cath Procedures:	0
Level of Trauma Service	Level 1	Level 2	Diagnostic Catheterizations (0-14)	0
	(Not Answered)	Not Answered	Diagnostic Catheterizations (15+)	0
Operating Rooms Dedicated for Train	ıma Care	0	Interventional Catheterizations (0-14):	0
Number of Trauma Visits:		0	Interventional Catheterization (15+)	0
Patients Admitted from Trauma		0	EP Catheterizations (15+)	0
Emergency Service Type:		Basic	Cardiac Surgery Data	
Number of Emergency Room Station	ns	6	Total Cardiac Surgery Cases:	0
Persons Treated by Emergency Ser	vices:	0	Pediatric (0 - 14 Years):	0
Patients Admitted from Emergency:		0	Adult (15 Years and Older):	0
Total ED Visits (Emergency+Trauma	a):	0	Coronary Artery Bypass Grafts (CABGs)	
			performed of total Cardiac Cases :	0
Outpatient Service	<u>Data</u>		Cardiac Catheterization Labs	
Total Outpatient Visits		24,705	Total Cath Labs (Dedicated+Nondedicated labs):	0
Outpatient Visits at the Hospital/	Campus:	24,705	Cath Labs used for Angiography procedures	0
Outpatient Visits Offsite/off camp	us	0	Dedicated Diagnostic Catheterization Lab	0
			Dedicated Interventional Catheterization Labs	0
			Dedicated EP Catheterization Labs	0

Diagnostic/Interventional			Exa	minatio	<u>ns</u>	Radiation Equipment	Therapies/		
<u>Equipment</u>	Owned Contract		Inpatient	Outpt Contract		Own		Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	2	0	171	4,728	0	Lithotripsy	0	0	0
Nuclear Medicine	1	0	9	264	0	Linear Accelerator	0	0	0
Mammography	1	0	0	759	0	Image Guided Rad Therapy	0	0	0
Ultrasound	1	0	64	608	0	Intensity Modulated Rad Thr	p 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	68	1,600	0				
Magnetic Resonance Imaging	0	1	0	0	304				