Hospital Profile - C	Y 2012	Massac M	1emorial Ho	snital			Metro	polis		Page 1	
Ownership, Ma				орна		Patients by		ропо	Patients by Et		
ADMINISTRATOR NAM	_		White					0.0% H	ispanic or Latino		
ADMINSTRATOR PHO		•				Black			ot Hispanic or La		
OWNERSHIP:	Massac	Memorial Hospit	al			nerican Indian			nknown:	4.0%	
OPERATOR:		Memorial Hospit					0.0%				
MANAGEMENT:	Hospital					Hawaiian/ Pacific		0.0%	IDPH Number:	: 1420 F-06	
CERTIFICATION:	Critical Access Hospit					known		4.0%	HPA		
FACILITY DESIGNATION	ON: General	Hospital .							HSA	5	
ADDRESS	28 Chick	Street	CIT	Y: Metropol	lis	COUNTY:	Massac	County			
			Facility Utiliza	tion Data by	/ Category	of Service					
Clinical Service	Authorize CON Beds 12/31/2012	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	25	25	1.004	3.699	301	4.0	11.0	43.8	43.8	
0-14 Years				18	35						
15-44 Years				131	334						
45-64 Years				208	574						
65-74 Years				187	679						
75 Years +				460	2,077						
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	J	•	· ·	0	0	-	5.5	3.3	3.0	2.0	
Transfers				0	0						
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Maternity	U	U	O	0	0	U	0.0	0.0	0.0	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				0	0		0.0	0.0			
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	0.0	
Dedcated Observation	0					0					
Facility Utilization	25			1,004	3,699	301	4.0	11.0	43.8		
			(Includes ICU			<u></u>					
				nts and Outp	oatients Se	erved by Payor	Source				
	Medicare Medicaid		Other Public Private Ins		•		Charity Care			Totals	
Inpatients	72.7%	10.4%	0.0%		10.5%	6.4%			0.1%		
	730	104	0		105 64				1	1 1,004	
Outpatients	31.0%	39.1%	0.0%		7.9%	21.8%			0.2%		
	10922	13758	0		2776 7685				56	35,197	
Financial Year Reported	<u>d:</u> 4/1/2011	to 3/31/201	2 <u>Inpatie</u>	nt and Outpa	atient Net	Revenue by P	ayor Sou	<u>rce</u>		Total Charity	
	Medicare	Medicaid	Other Public	Private In:	surance	Private Pay		Totals	Care	Care Expense 399,465	
Inpatient	73.4%	2.7%	0.0%		18.0%	6.0%	1	00.0%	Expense	399,403	
Revenue (\$)	3,360,616	121,699	0	;	822,476	272,984		77,775	/ n xyx	Total Charity	
		•						-		Care as % of Net Revenue	
Outpatient Revenue (\$)	44.4%	9.6%	0.0%		37.9%	8.0%		00.0%			
Revenue (\$)	7,652,779 1,652,696		0	6,5	6,537,405 1,386,173		17,229,053		323,567	1.8%	
Birthing Data				<u>Newl</u>	orn Nurs	ery Utilization			Organ Transpl	antation	
Number of Total Births	3:		0 Lev	el 1 Patient l	Days		0	Kid	ney:	0	
Number of Live Births:				el 2 Patient l			0	Heart:		0	
Birthing Rooms:				el 2+ Patient	•		0	Lur	•	0	
Labor Rooms:				al Nursery Pa	atientdays		0		art/Lung:	0	
Delivery Rooms:	_		0	_	-1	Otracil:			ncreas:	0	
Labor-Delivery-Recove	-		0		aboratory	<u>Studies</u>	40 /=-	Live		0	
Labor-Delivery-Recove	ery-Postpartum	Rooms:	•	atient Studies			16,155	Tot	al:	0	
C-Section Rooms: CSections Performed:				patient Studio dies Performo		Contract	53,821 0				
- CSections Ferrorined:			U Stu	aigo Egilüilli	ea onder (Julilaul	U				

Magnetic Resonance Imaging

Hospital Profile -	CY 2012	Massa	Memo	rial Hos	pital			Metropol	is		Page 2	
-			<u>Sı</u>	urgery and	Operatir	ng Room Ut	tilization					
Surgical Specialty	<u>Operat</u>	Operating Rooms		Surgical Ca			Su	rgical Hours		<u>Hours</u>	Hours per Case	
	Inpatient Outpatie	ent Combin	ed Tota	l Inp	atient C	Outpatient	Inpatient	Outpatient Total	al Hours	Inpatient	Outpatient	
Cardiovascular	0 ()	0	0	0	0	0	0	0.0	0.0	
Dermatology	0 (0	0	0	0	0	0	0.0	0.0	
General	_	2 (2	0	487	0	365	365	0.0	0.7	
Gastroenterology) (0	0	0	0	0	0	0.0	0.0	
Neurology) (0	0	0	0	0	0	0.0	0.0	
OB/Gynecology	0 (0	0	0	0	0	0	0.0	0.0	
Oral/Maxillofacial) (0	0	0	0	0	0	0.0	0.0	
Ophthalmology	0 (0	0	0	0	0	0	0.0	0.0	
Orthopedic	0 (0	0	0	0	0	0	0.0	0.0	
Otolaryngology	0 (0	0	0	0	0	0	0.0	0.0	
Plastic Surgery	0 (0	0	0	0	0	0	0.0	0.0	
Podiatry	0 (0	0	0	0	0	0	0.0	0.0	
Thoracic	0 (0	0	0	0	0	0	0.0	0.0	
Urology	0 () ()	0	0	0	0	0	0	0.0	0.0	
Totals	0 2	2 ()	2	0	487	0	365	365	0.0	0.7	
SURGICAL RECOV	ERY STATIONS	S	tage 1 Re	ecovery Sta	ations	12	Stag	e 2 Recovery S	tations	0		
											_	
	ı	<u>De</u> Procedure		anu NON-L		<u>l Procedure</u> cal Cases	Room Utilza	tion Surgical Hours		Hours	per Case	
Procedure Type	Inpatient (l Total	Inpatient	Outpatier	_	Outpatient To	ntal Hours		-	
Gastrointestinal	0	1	0	1	0	490	•	123	123	0.0	0.3	
Laser Eye Procedures		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	
Cystoscopy	0	1	0	1	0	71		36	36	0.0	0.5	
-,,					N D	adiaatad D						
	0	0		iuitipurpos 0		edicated Ro	-	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> </u>			•						0.0	
	mergency/Trauma	Care						liac Catheteriz	ation Util	<u>ization</u>	_	
Certified Trauma	No Level 1 Level 2				Tota	0						
Level of Trauma					D	0						
Operating Rooms	(Not Answered) Not Answered 0				D	0 0						
Number of Traum	illa Cale	0 0				Interventional Catheterizations (0-14): Interventional Catheterization (15+)						
Patients Admitted				0		0						
				Comprehen	-	_	P Catheterizat	Cardiac Surge	m. Data		ŭ	
Emergency Servi Number of Emerg	ne		omprenen	6	Tota	0						
Persons Treated		9,546			P	0						
Patients Admitted			-	219		0						
Total ED Visits (E	a):	9,546				Adult (15 Years and Older): Coronary Artery Bypass Grafts (CABGs)						
(. 3,	,		-,				of total Cardiac			0	
<u>(</u>	Outpatient Service	Data						Cardiac Cathe	eterizatio	n Labs		
Total Outpatient	•	_		35.	35,197 Total Cath Labs (Dedicated+Nondedicated						0	
Outpatient Vis	Campus:		26,		. 510	Cath Labs used for Angiography procedures						
	its Offsite/off camp			-	649		Dedicated Diagnostic Catheterization Lab					
•						Dedicated Ir	terventional Ca	theterizat		0		
							Dedicated E	P Catheterization	on Labs		0	
Diagnostic/Inter			·	Ex	aminatio	ns	Radiation	Equipment			Therapies/	
<u>Equipme</u>	<u>ent</u>	Owned C	ontract	Inpatient	Outpt	Contract			Owned	Contract	<u>Treatments</u>	
General Radiograph	y/Fluoroscopy	2	0	750	7,373	0	Lithotripsy			0 0	0	
Nuclear Medicine		0	1	0	0	295	Linear Acc	elerator		0 0	0	
Mammography		1	0	0	658	0	Image G	uided Rad Ther	ару	0 0	0	
Ultrasound		1	0	198	1,275	0	Intensity	Modulated Rad	Thrp	0 0	0	
Angiography		0	0					Brachytherapy		0 0	0	
Diagnostic Angiog	graphy			0	0	0	Proton Bea			0 0	0	
Interventional Ang				0	0	0	Gamma Kr	ife		0 0	0	
Positron Emission T		0	0	0	0	0	Cyber knife	•		0 0	0	
Computerized Axial	Tomography (CAT)	1	0	266	3,574	0						
Magnetic Resonance	e Imaging	1	0	88	928	0						

1

0

88

928

0