Hospital Profile - C	Y 2012	Shelby M	emorial Hos	spital			Shell	oyville		Page 1
Hospital Profile - CY 2012 Shelby Memorial Hospital  Ownership, Management and General Information						Patients by	Patients by Et			
ADMINISTRATOR NAM	_		W	White			ispanic or Latino			
ADMINSTRATOR PHO	•				Bla	Black			ot Hispanic or La	
OWNERSHIP:	Shelby I	Memorial Hospita	al Association		An	American Indian		0.0% U	nknown:	0.0%
OPERATOR:	Shelby I	Memorial Hospita	Asian			0.0% -				
MANAGEMENT:	Not for I	Profit Corporation	n (Not Church-R		Ha	Hawaiian/ Pacific		0.0%	IDPH Number	2154
CERTIFICATION:	(Not An	,			Ur	Unknown		0.0%	HPA	D-04
FACILITY DESIGNATION		Hospital		N Obseller		COLINEY	Ob alle	0	HSA	4
ADDRESS	200 500	th Cedar Street		Y: Shelbyvi		COUNTY:	Shelby	County		
	A 41. a		Facility Utiliza	tion Data by	<u>/ Category</u>	of Service	A	A	001	Ctaffe d David
Clinical Service	Authorize CON Bed 12/31/201	s 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	30	30	16	764	2,555	362	3.8	8.0	26.6	26.6
0-14 Years				3	6					
15-44 Years				124	333					
45-64 Years				105	364					
65-74 Years 75 Years +				136 396	407 1,445					
Pediatric	0	0	0	0	1,443	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				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	30			764	2,555	362	3.8	8.0	26.6	
•			(Includes ICU I	Direct Admis	sions Only	•)				
			Inpatien	ts and Outp	oatients S	erved by Payor	Source			
	Medicare	Medicaid	Other Public	Private In	urance Private Pay		(		arity Care	Totals
	76.0%	14.9%	0.0%		6.8%	0.1%			2.1%	
Inpatients	581	114	0		52	1			16	764
	49.3%	14.1%	0.0%		25.6%	9.8%			1.2%	
Outpatients	13570	3891	0		7031	2696			328	27,516
Financial Year Reported	d: 9/1/2011	to 8/31/201	2 Inpatier	nt and Outp	atient Net	Revenue by P	ayor Sou	rce		Total Charity
	 Medicare	Medicaid	Other Public	Private In	surance	Private Pay	-	— Totals	Charity (	Care Expense
Inpatient	83.6%	8.0%	0.0%	r iivate iii	6.3%	2.0%		100.0%	Expense	473,483
Revenue ( \$)									-	Total Charity
	3,287,307	316,412	0		247,927	80,134		931,780	100,969	Care as % of
Outpatient	48.0%	15.5%	0.0%		29.5%	7.0%		100.0%		Net Revenue
Revenue (\$)	4,265,657	1,375,158	0	2,6	624,834	626,622	8,8	92,271	364,494	3.7%
Birthing Data			Newborn Nursery Utilization						Organ Transpl	antation_
Number of Total Births	S:		0 Leve	el 1 Patient	Days	-	0	Kid	lney:	0
Number of Live Births:	:		0 Leve	el 2 Patient	Days		0	He	art:	0
Birthing Rooms:				el 2+ Patient	•		0	Lur	•	0
Labor Rooms:				al Nursery Pa	atientdays		0		art/Lung:	0
Delivery Rooms:	_		0		ala a ::= *	C4d'			ncreas:	0
Labor-Delivery-Recove		D	0	_	.aboratory	Studies	40.015	Liv	er:	0
Labor-Delivery-Recove C-Section Rooms:	ery-Postpartum	Kooms:	•	itient Studies			19,342	Tot	al:	0
C-Section Rooms: CSections Performed:				oatient Studi dies Perform		Contract	91,915 0			
Socialis i ellollilea.			o oluc	1 01101111	Sa Shaer (	Jonnadi	U			

Hospital Profile - 0	CY 2012	Shell	y Memo	orial Ho	spital			Shelby	yville		Page 2	
			5	Surgery a	nd Opera	ing Room L	<u>Jtilization</u>					
Surgical Specialty		ating Roor			<u>Surgica</u>		2	Surgical Hours	_		per Case	
0 11 1	Inpatient Outpat				Inpatient	Outpatient	Inpatient	Outpatient		•	Outpatient	
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0	
Dermatology General	0 0	0	0 1	0 1	0	0 58	0	0 232	0 232	0.0	0.0 4.0	
	0	0	0	0	0	0	0	0	232	0.0 0.0	0.0	
Gastroenterology Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0	
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0	
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0	
Ophthalmology	0	0	0	0	0	69	0	103	103	0.0	1.5	
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0	
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	0	0	0	0	0.0	0.0	
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	
Olology	-											
Totals	0	0	1	1	0	127	0	335	335	0.0	2.6	
SURGICAL RECOV	ERY STATIONS		Stage 1 F	Recovery	Stations	1	St	age 2 Recove	ry Stations	0		
			Dedicated	d and No			<u>re Room Util</u>		ıre	Uarra	nor Casa	
Procedure Type	Innationt		re Rooms nt Combine	nd Total	<u>Surg</u> Inpatien	gical Cases	ent Inpatier	Surgical Ho	<u>urs</u> Total Hour		per Case Outpatient	
	•	•			•	•	•	•		•		
Gastrointestinal Laser Eye Procedures	0	0 0	1 0	1				0 358 0 0	358 0	0.0	2.0 0.0	
Pain Management	0	0	0	0			-	0 0	0	0.0	0.0	
Cystoscopy	0	0	0	0				0 0	0	0.0	0.0	
Субіозбору	· ·	Ü	_	•		Dedicated F	-	0	Ŭ	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	
En	nergency/Trauma	a Care					Ca	ardiac Cathete	erization Uti	lization		
Certified Trauma					No	Tot	al Cardiac C	0				
Level of Trauma Service		L	Level 1 Level 2				Diagnostic Catheterizations (0-14)					
		(Not A	(Not Answered) Not A					Diagnostic Catheterizations (15+)				
Operating Rooms Dedicated for Trauma			)		0		Interventional	0				
Number of Trauma Visits:					0	I	Interventional	0				
Patients Admitted	from Trauma				0	I	EP Catheteriz	0				
Emergency Service	се Туре:				Basic			Cardiac Su	ırgery Data			
Number of Emerg	ons			3	Tot	Total Cardiac Surgery Cases:						
Persons Treated I	ervices:			5,668		Pediatric (0 - 14 Years):						
Patients Admitted				372		Adult (15 Yea	0					
Total ED Visits (E	mergency+Traum	na):			5,668	(	Coronary Art					
							регтогт	ed of total Car	diac Cases :		0	
<u>0</u>	utpatient Servic	e Data						Cardiac Ca	atheterization	on Labs		
Total Outpatient V		•			al Cath Labs	<b>0</b> 0						
Outpatient Visi			27,188			Cath Labs used for Angiography procedures						
Outpatient Visits Offsite/off campus				0			Dedicated	0				
								Interventional EP Catheteriz		tion Labs	0 0	
Diagnostic/Interv	/entional				Examinat	ion <u>s</u>	Radiati	on Equipmen	t		Therapies/	
Equipme		Owne	d Contrac	t Inpatie	ent Outp	t Contract				d Contract	Treatments	
General Radiography	//Fluoroscopy	2		568	_		Lithotrips	sy .		0 0	0	
Nuclear Medicine		1	0	15	1 51	0 0	Linear A	ccelerator		0 0	0	
Mammography		1	0		0 84	-	Image	Guided Rad T	herapy	0 0	0	
Ultrasound		1	0	192	2 1,43	2 0	Intens	ty Modulated	Rad Thrp	0 0	0	
Angiography		0	0				-	e Brachythera	ру	0 0	0	
Diagnostic Angiography						0 0		eam Therapy		0 0	0	
Interventional Angiography						0 0	Gamma			0 0	0	
Positron Emission Tomography (PET)						0 0	Cyber kr	ife		0 0	0	
Computerized Axial 7				17	-							
Magnetic Resonance	ımagıng	0	1	(	0	0 232						