Hospital Profile - C			h's Hospit	al			Highl	and		Page 1	
Ownership, Ma	_		ation_			Patients by			Patients by Et	•	
ADMINISTRATOR NAM	007					hite	98.8%		lispanic or Latino		
ADMINSTRATOR PHO	NE 618-651-	2531			Bla	ack	().3% N	lot Hispanic or La		
OWNERSHIP:	St. Josep	h's Hospital of	the Hospital Si	sters of t	An	nerican Indian	(0.0% U	0.5%		
OPERATOR:	St. Josep	h's Hospital of	the Hospital Si	sters of t	As	ian	().2% -			
MANAGEMENT:	Church-F	Related			Ha	awaiian/ Pacific	(0.0%	IDPH Number:	2543	
CERTIFICATION:	Critical A	ccess Hospital			Ur	nknown	().7%	HPA	F-01	
FACILITY DESIGNATION		•							HSA	11	
ADDRESS	1515 Mai			「Y: Highland			: Madiso	n County			
	A 41- a !		Facility Utiliza	tion Data by	Category	of Service	A	A	CON	Otaffa d Dad	
Clinical Service	Authorized 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	18	17	764	2,740	259	3.9	8.2		45.6	
0-14 Years	20	10	.,	1	2,740	200	0.0	0.2	02.0	40.0	
15-44 Years				68	161						
45-64 Years				166	591						
65-74 Years				140	500						
75 Years +				389	1,487						
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
ntensive Care	0	2	2	28	45	0	1.6	0.1	0.0	6.2	
Direct Admission				20	30						
Transfers				8	15						
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Maternity	U	U	U	0	0	U	0.0	0.0	0.0	0.0	
Clean Gynecology				0	0						
, 6,											
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
ong Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Swing Beds				209	1,526		7.3	4.2			
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				1011	0	- 4.0	40.5	50.4		
Facility Utilization	25		(1001) 100	993	4,311		4.6	12.5	50.1		
			(Includes ICU			? erved by Payo	r Source				
	Medicare Medicaid				surance Private Pay				arity Care	Totals	
	71.5%	3.4%	Other Public 0.1%		22.7%	0.9%			1.4%		
Inpatients	710	34	1		225	9			14	993	
	40.5%	9.6%	1.5%		43.0%	4.2%			1.3%		
Outpatients	14056	3320	511		14914	1460			454	34,715	
Financial Year Reported	<u>d:</u> 7/1/2011 i	to 6/30/201	2 Inpatie	nt and Outpa	atient Net	Revenue by P	ayor Soul	<u>ce</u>	Oh avitu	Total Charity	
•		Medicaid	Other Public	Private In	suranca	Private Pay	-	Totals	Charity Care	Care Expense	
Inpatient	78.7%	0.7%		r mate m.		•		00.0%	Expense	563,877	
Revenue (\$)			0.0%		19.0%	1.6%			-	Total Charity	
	5,694,110	52,388	0	1,3	377,874	115,127	7,2	39,498		Care as % of	
Outpatient	31.6%	3.7%	1.3%		57.3%	6.1%	1	00.0%		Net Revenue	
Revenue (\$)	5,001,852	580,379	207,217	9,0	59,778	966,656	15,8°	15,882	409,500	2.4%	
<u>Bi</u>	rthing Data			Newk	orn Nurs	ery Utilization			Organ Transpl	antation	
Number of Total Births	s:		0 Lev	el 1 Patient	Days	_	0	Kic	dney:	0	
Number of Live Births:				el 2 Patient	•		0		art:	0	
Birthing Rooms:				el 2+ Patient	•		0	Lui		0	
Labor Rooms:				al Nursery Pa	-		0		art/Lung:	0	
Delivery Rooms:			0	•	•			Pa	ncreas:	0	
Labor-Delivery-Recove	ery Rooms:		0	<u>L</u>	aboratory	Studies Studies		Liv	er:	0	
Labor-Delivery-Recove		Rooms:	0 Inpa	atient Studies	;		26,725	To	tal:	0	
C-Section Rooms:				patient Studie			107,118	. 0		J	
CSections Performed:			0 Stu	dies Perform	ed Under (Contract	3,877				

		='						9			- 3	
				Surge	ry and Opera	ting Room U	<u>tilization</u>					
Surgical Specialty		<u>Operating</u>	Rooms		<u>Surgica</u>	al Cases	Surgical Hours			Hours p	Hours per 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	0	2	2	87	175	197	260	457	2.3	1.5	
Gastroenterology	0	0	2	2	87	582	162	622	784	1.9	1.1	
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0	
OB/Gynecology	0	0	0	0	0	3	0	4	4	0.0	1.3	
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0	
Ophthalmology	0	0	0	0	0	102	0	109	109	0.0	1.1	
Orthopedic	0	0	0	0	86	146	196	217	413	2.3	1.5	
Otolaryngology	0	0	0	0	0	36	0	45	45	0.0	1.3	
Plastic Surgery	0	0	0	0	0	51	0	63	63	0.0	1.2	
Podiatry	0	0	0	0	0	18	0	22	22	0.0	1.2	
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0	
Urology	0	0	1	1	9	50	17	54	71	1.9	1.1	
Totals	0	0	5	5	269	1163	572	1396	1968	2.1	1.2	
SURGICAL RECO	VERY STA	TIONS	Stag	e 1 Recov	ery Stations	3	Sta	age 2 Recove	ery Stations	12		

		<u></u>	edicated a	nd Non	-Dedicated	Procedure R	oom Utilza	<u>tion</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 Tra	uma 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 Statio	ns	4	Total Cardiac Surgery Cases:	0
Persons Treated by Emergency Ser	vices:	6,297	Pediatric (0 - 14 Years):	0
Patients Admitted from Emergency:		366	Adult (15 Years and Older):	0
Total ED Visits (Emergency+Trauma	a):	6,297	Coronary Artery Bypass Grafts (CABGs)	
			performed of total Cardiac Cases :	0
Outpatient Service	<u>Data</u>		Cardiac Catheterization Labs	
Total Outpatient Visits		46,034	Total Cath Labs (Dedicated+Nondedicated labs):	0
Outpatient Visits at the Hospital/	Campus:	46,034	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	<u>aminatio</u>	<u>ns</u>	Radiation Equipment	Therapies/		
<u>Equipment</u>	Owned Contract		Inpatient	Outpt Contract		Owned		Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	1	0	2,222	17,906	0	Lithotripsy	C	0	0
Nuclear Medicine	1	0	127	1,201	0	Linear Accelerator	C	0	0
Mammography	1	0	0	3,425	0	Image Guided Rad Therapy		0	0
Ultrasound	1	0	227	1,726	0	Intensity Modulated Rad Th	rp C	0	0
Angiography	0	0				High Dose Brachytherapy	C	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	C	0	0
Interventional Angiography			0	0	0	Gamma Knife	C	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	C	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0				
Magnetic Resonance Imaging	0	1	29	842	0				