Hospital Profile - C	CY 2012	St. Mary'	s Hospital	Streator						
Ownership, Ma	anagement and	d General Inforr	<u>nation</u>			Patients by	Race		Patients by E	thnicity
ADMINISTRATOR NA	ME: John Fl	anders			White		97.6%		ispanic or Latin	0: 3.5%
ADMINSTRATOR PHO	ONE 815-67	3-4500			Bla	Black		.2% N	ot Hispanic or I	_atino: 96.0%
OWNERSHIP:		al Sisters Service	es. Inc.		American Indian		0.7%		nknown:	0.5%
OPERATOR:		al Sisters Service						0.0% —		
MANAGEMENT:	•	-Related	3, 110.	Hawaijan/ Pacific					IDPH Numbe	r: 2659
CERTIFICATION:		nswered)				Unknown		).5%	HPA	C-02
FACILITY DESIGNATI		al Hospital			011	UTIKITUWIT			HSA	2
ADDRESS		ring Street	CIT	Y: Streator		COUNTY:		County	ПОA	2
710071200					Cataman		Labano	County		
Facility Utilization Data by Category of Service Authorized Peak Beds Average CON										Staffed Bed
	CON Bed				Inpatient	Observation	Length	Daily	Occupancy	Occupancy
Clinical Service	12/31/20	12 Staffed	Census	Admissions	Days	Days	of Stay	Census	Rate %	Rate %
Medical/Surgical	79	50	22	1,327	5,088	874	4.5	16.3	20.7	32.7
0-14 Years				0	0					
15-44 Years				133	378					
45-64 Years				325	1,144					
65-74 Years				263	1,054					
75 Years +				606	2,512					
Pediatric	3	3	3	22	37 0		1.7 0.1		3.4	3.4
	-	-			-					
Intensive Care	8	8	7	318	1,033	163	3.8	3.3	41.0	41.0
Direct Admission				318	1,033					
Transfers				0	0					
Obstetric/Gynecology	, 7	7	7	239	628	124	3.1	2.1	29.4	29.4
Maternity	•			172	430		0.1	2.1	20.1	20.1
Clean Gynecology				67	198					
		0	0			0	0.0	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 Car	<b>e</b> 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	0	0	0	Ū	Ū	0	0.0	0.0	0.0	0.0
Facility Utilization	97			1,906	6,786	-	4.2	21.8	22.4	
Facility Othization	51						4.2	21.0	22.4	
			(Includes ICU I			, ,	•			
			Inpatien	its and Outp	atients Se	erved by Payo	r Source			
	Medicare	Medicaid	Other Public	Private Ins	surance	Private Pay		Cha	arity Care	Totals
	58.6%	11.2%	0.1%		17.3%	1.0%			11.9%	
Inpatients	1116	214	2		329	19			226	1,906
	34.8%	15.4%	0.3%		38.4%	7.9%			3.1%	
Outpatients	19748	8746	193		21769	4483			1743	56,682
									1743	
<u>Financial Year Reporte</u>	<u>ed:</u> 7/1/2011	to 6/30/20	12 Inpatiei	nt and Outpa	atient Net	Revenue by P	ayor Sour	<u>ce</u>	Charity	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private In:	surance	Private Pay		Totals	Care	2,369,093
Inpatient	69.9%	10.6%	0.1%		18.9%	0.5%	1	00.0%	Expense	2,303,033
Revenue ( \$)	12,638,412	1,915,079	9,758	с.	416,064	98,437		77,750	565,791	Total Charity
				5,4	-	•				Care as % of
Outpatient	24.0%	7.3%	1.0%		62.4%	5.3%	1	00.0%		Net Revenue
Revenue ( \$)	8,083,248	2,474,631	320,649	21,0	52,361	1,789,872	33,72	20,761	1,803,302	4.6%
P	irthing Data			Now		ony Utilization			Organ Transn	lantation
	irthing Data		470			ery Utilization			Organ Transp	
Number of Total Birth				el 1 Patient			411		ney:	0
Number of Live Births	3:			el 2 Patient	•		0	Hea		0
Birthing Rooms:				el 2+ Patient	•		0	Lur	-	0
Labor Rooms:				al Nursery Pa	atientdays		411		art/Lung:	0
Delivery Rooms:			0						ncreas:	0
Labor-Delivery-Recov	very Rooms:		4	<u>L</u>	aboratory	Studies		Live	er:	0
Labor-Delivery-Recov	very-Postpartum	n Rooms:	0 Inpa	atient Studies	5		35,982	Tot	al:	0
C-Section Rooms:				patient Studi			101,531			-
CSections Performed	l:		47 Stud	dies Perform	ed Under (	Contract	13,609			

Hospital Profile - C	Y 2012	St. M	ary's Hos	•				Streato	r		Page 2	
				irgery an	-	n <mark>g Room Ut</mark> i						
Surgical Specialty		ating Roon			Surgical			Irgical Hours	Hours per Case			
	npatient Outpa				•	Outpatient	•	Outpatient T			Outpatient	
Cardiovascular	0	0		0	11	14	14	17	31	1.3	1.2	
Dermatology	0	0		0	23	260	26	231	257	1.1	0.9	
General	0	0	-	5	64	200	101	210	311	1.6	1.1	
Gastroenterology	0	0	-	0	106	722	155	513	668	1.5	0.7	
Neurology	0	0	-	0	1	31	1	27	28	1.0	0.9	
OB/Gynecology	0	0	-	1	75	95	97	85	182	1.3	0.9	
Oral/Maxillofacial	0	0		0	0	0	0	0	0	0.0	0.0	
Ophthalmology	0	0	-	0	0	343	0	236	236	0.0	0.7	
Orthopedic	0	0	-	0	149	530	552	647	1199	3.7	1.2	
Otolaryngology	0	0	-	0	0	2	0	2	2	0.0	1.0	
Plastic Surgery	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	
Thoracic	0	0	-	0	9	1	9	2	11	1.0	2.0	
Urology	0	0	0	0	22	202	29	197	226	1.3	1.0	
Totals	0	0	6	6	460	2400	984	2167	3151	2.1	0.9	
SURGICAL RECOVER	RY STATIONS		Stage 1 Re	ecovery S	stations	4	Stag	ge 2 Recovery	Stations	12		
		-	Dedicated	and Non	-Dedicated	d Procedure	Room Utilza	<u>ition</u>				
		Procedur	e Rooms		<u>Surgi</u>	<u>cal Cases</u>	1	Surgical Hour	<u>s</u>	Hours	per Case	
Procedure Type	Inpatient	Outpatien	t Combined	Total	Inpatient	Outpatien	t Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	2	2	92	697	108	491	599	1.2	0.7	
aser Eye Procedures	0	0	1	1	1	94	1	24	25	1.0	0.3	
Pain Management	0	0	1	1	0	218	0	57	57	0.0	0.3	
Cystoscopy	0	0	1	1	17	89	19	98	117	1.1	1.1	
						edicated Ro						
Orthopedics	0	0	1	1	1	48	1	92	93	1.0	1.9	
	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	
	ergency/Traum	na Care						diac Catheter	ization Utiliz	ation		
Certified Trauma Center							otal Cardiac Cath Procedures: Diagnostic Catheterizations (0-14)					
Level of Trauma Se		evel 1	Level 2			0						
	•	(Not Answered) Not Answered			Dia		0					
Operating Rooms Dedicated for Trauma Care			;		0	Int		0 0				
Number of Trauma Visits: Patients Admitted from Trauma					0		Interventional Catheterization (15+) EP Catheterizations (15+)					
					0	EF	Catheteriza	Cardiac Sur			0	
Emergency Service Type:					Basic							
Number of Emergency Room Stations					8	Total	0					
Persons Treated by Emergency Services:					1,018	Pe		0				
Patients Admitted from Emergency: Total ED Visits (Emergency+Trauma):					1,394	Ac		0				
Total ED VISIts (Em	iergency+i raur	na):		11	1,018			y Bypass Graf I of total Cardi			0	
Ou	tpatient Servic	ce Data						Cardiac Cat		Labs	0	
Total Outpatient Vis	-			56	6,682	Total	Cath Lahs ([	Dedicated+Nor			0	
Outpatient Visits			5,663	rota	0							
Outpatient Visits			11,019			0						
		1			,			iagnostic Catl			0	
							Dedicated E	P Catheteriza	tion Labs		0	
Diagnostic/Interve				E	Examinatio	ons	Radiation	n Equipment			<u>Therapies</u>	
Equipment [Figure 1]	t	Owned	l Contract	Inpatier	nt Outpt	Contract			Owned	Contract	Treatment	
General Radiography/H	Fluoroscopy	8	0	2,891	10,663	0	Lithotripsy		0	1	40	
Nuclear Medicine		1	0	78	1,282	0	Linear Acc		0	0	(	
Mammography		1	0	0	3,472		Image G	uided Rad Th	erapy 0	0	(	
Ultrasound		5	0	999	5,710		-	Modulated Ra		-	(	
Angiography		1	0	200	2,0	÷	,	Brachytherap	•	-	(	
Diagnostic Angiogra	ohv		č	16	61	0	0	am Therapy	, 0 0	-	(	
Interventional Angio				1	40		Gamma Kr		0	-	(	
Positron Emission Tor	• • •	) 0	1	0	67	0	Cyber knife		0	-	(	
Computerized Axial To	• • • • •		0	819	3 665		,		0	-	0	

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

3,665

1,178

Computerized Axial Tomography (CAT)

Magnetic Resonance Imaging