Hospital Profile - CY	2012	LaRabida	Children's	Hospital			Chica	ao		Page 1
Ownership, Management and General Information						_				hnicity
ADMINISTRATOR NAME	_		W	hite		2.8% Hi	spanic or Latino	-		
ADMINSTRATOR PHONE	773-36	3-6700			Bla	ack	84		t Hispanic or La	
OWNERSHIP:	La Rab	La Rabida Children's Hospital				nerican Indian	C		nknown:	1.7%
OPERATOR:	La Rab	ida Children's Hos	As	ian	C).1% -				
MANAGEMENT:		Not for Profit Corporation (Not Church-R				awaiian/ Pacific	C	0.0%	IDPH Number:	3012
CERTIFICATION:	,	nswered)			Ur	nknown	12	2.2%	HPA	A-03
FACILITY DESIGNATION		n's Speciality Care	•	W Objective		COUNTY		0 1. (6	HSA	6
ADDRESS	6501 S.	Promontory Drive					Suburban Cook		inicago)	
	Authoriz	_	acility Utiliza	tion Data by	Category of Service		Average CON			Staffed Bed
Clinical Service	CON Bed 12/31/20	ds Setup and	Peak Census	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years 75 Years +				0 0	0					
Pediatric	49	27	27	719	7,451	135	10.6	20.8	42.4	77.0
-										
Intensive Care Direct Admission	0	0	0	0 <i>0</i>	0	0	0.0	0.0	0.0	0.0
Direct Admission Transfers				0	0					
	-									
Obstetric/Gynecology	0	0	0	0 <i>0</i>	0 <i>0</i>	0	0.0	0.0	0.0	0.0
Maternity 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	49			719	7,451	135	10.6	20.8	42.4	
•		(Includes ICU [Direct Admis	sions Only)				
		,	Inpatien	ts and Outp	atients So	erved by Payor	Source			
Λ	/ledicare	Medicaid (Other Public Private Ins		surance	urance Private Pay		Cha	rity Care	Totals
	0.0%	90.1%	0.0%		9.3%	0.3%			0.3%	
Inpatients	0	648	0		67	2			2	719
	0.0%	85.7%	0.0%		13.8%	0.4%			0.1%	
Outpatients	10	18840	0		3026	96			20	21,992
Financial Year Reported:	7/1/2011	to 6/30/2012	Inpatier	nt and Outp	atient Net	Revenue by P	ayor Sour	ce	o	Total Charity
-	Medicare		Other Public	Private In		Private Pay		rotals	Charity	Care Expense
Inpatient			Other Public 0.6%	riivate in		0.2%			Expense	12,986
Revenue (\$)	0.0%	94.4%			4.8%			00.0 /6	-	Total Charity
	0	28,951,128	183,238	1,	480,337	55,355		70,058		Care as % of
Outpatient	0.0%	92.2%	0.0%		6.4%	1.4%		00.0%		Net Revenue
Revenue (\$)	0	8,695,689	0	5	598,962	132,451	9,42	27,102	9,371	0.0%
Birthing Data			Newborn Nursery Utilization						Organ Transpl	antation
Number of Total Births:			0 Leve	el 1 Patient			0		ney:	0
Number of Live Births:				el 2 Patient	•		0	Hea	•	0
Birthing Rooms:			0 Leve	el 2+ Patient	Day		0	Lun	g:	0
Labor Rooms:			0 Tota	l Nursery Pa	atientdays		0	Hea	art/Lung:	0
Delivery Rooms:			0					Par	creas:	0
Labor-Delivery-Recovery			0	_	.aboratory	<u>Studies</u>		Live	er:	0
Labor-Delivery-Recovery	-Postpartum	Rooms:		tient Studies			17,893	Tota	al:	0
C-Section Rooms:				oatient Studi		Contract	34,187			
CSections Performed:			0 Stud	lies Perform	ea under (Jontract	4,407			

Hospital Profile - 0	CY 2012	LaRabi	da Chil	dren's	Hospital			Chicag	10		Page 2	
			<u>S</u> ı	ırgery ar	nd Operatii	ng Room Uti	<u>lization</u>					
Surgical Specialty	<u>Opera</u>	ting Rooms			Surgical Cas			rgical Hours		Hours	per Case	
	Inpatient Outpati	ient Combine	ed Tota	l Ir	npatient (Outpatient	Inpatient	Outpatient 1	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 0		0	0	0	0	0	0	0.0	0.0	
Gastroenterology	0	0 0		0	0	0	0	0	0	0.0	0.0	
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	0	0	0	0	0.0	0.0	
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	
Totals	0	0 0		0	0	0	0	0	0	0.0	0.0	
SURGICAL RECOV	ERY STATIONS	S	tage 1 Re	ecovery S	Stations	0	Stag	je 2 Recovery	y Stations	0		
				and Non		l Procedure						
		Procedure I				cal Cases	_	Surgical Hou			per Case	
Procedure Type		Outpatient (Inpatient	Outpatient		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	
Pain Management	0	0 0	0 0	0	0	0	0	0 0	0	0.0	0.0 0.0	
Cystoscopy	U	U	-		_		-	U	U	0.0	0.0	
	0	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	0	0.0	0.0	
En	nergency/Trauma	a Care					Card	diac Cathete	rization Uti	lization		
Certified Trauma	Center				No	Total	Cardiac Cath	n Procedures	•		0	
Level of Trauma Service		Lev	el 1	Le	vel 2			neterizations			0	
		(Not Answ	/ered)	Not Ans	wered		-	neterizations			0	
Operating Rooms	Operating Rooms Dedicated for Traur			na Care 0			Interventional Catheterizations (0-14):					
Number of Traum	Number of Trauma Visits:		0			Int	0					
Patients Admitted	I from Trauma		0			EP	0					
Emergency Service	се Туре:				Basic			Cardiac Sur	rgery Data			
Number of Emerg			0				Total Cardiac Surgery Cases:					
Persons Treated I	by Emergency Se	rvices:				Pe	0					
Patients Admitted		0				Adult (15 Years and Older):						
Total ED Visits (E	mergency+Traum	ıa):			0	Co		/ Bypass Gra)		
_							performed	of total Card			0	
	Outpatient Service	e Data					O 41 + + - =	Cardiac Ca			_	
Total Outpatient \		0			1,136	Total	,	Dedicated+No		,	0	
Outpatient Visi							sed for Angio			0		
Outpatient Visi	ous				Dedicated Diagnostic Catheterization Lab Dedicated Interventional Catheterization Labs					0 0		
								P Catheteriza		IIOII Labs	0	
Diagnostic/Interv	ventional			<u> </u>	Examinatio	<u>ns</u>	Radiation	n Equipment			Therapies/	
<u>Equipment</u>		Owned C	Owned Contract		nt Outpt	Contract			Owned	l Contract	Treatments	
General Radiography	//Fluoroscopy	2	0	445	1,207	0	Lithotripsy			0 0	0	
Nuclear Medicine		0	0	0	0	0	Linear Acc	elerator		0 0	0	
Mammography		0	0	0	0	0	Image G	uided Rad Th	nerapy	0 0	0	
Ultrasound		0	0	0	0	0	_	Modulated R		0 0	0	
Angiography		0	0				High Dose	Brachytherap	ру	0 0	0	
Diagnostic Angiog	raphy			0	0	0	Proton Bea	m Therapy		0 0	0	
Interventional Ang	iography			0	0	0	Gamma Kr	nife		0 0	0	
Positron Emission To	0,,,,	0	0	0	0	0	Cyber knife)		0 0	0	
Computerized Axial 7	Tomography (CAT) 0	0	Λ	0	0						

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

Computerized Axial Tomography (CAT)

Magnetic Resonance Imaging