Hospital Profile - CY 2	012	Crossroa	ds Commur	nity Hospi	tal		Moun	t Verno	n	Page 1
Ownership, Manage	ement and Ge	eneral Inform	<u>nation</u>	<u> </u>		Patients by	Race		Patients by Et	nnicity
ADMINISTRATOR NAME:	Tim Cook				Wł	nite	92		spanic or Latino	: 0.1%
ADMINSTRATOR PHONE	618-241-85	505			Bla	Black		5.9% No	ot Hispanic or La	atino: 99.8%
OWNERSHIP:	National He	ealthcare of N	American Indian			).4% Ur	0.1%			
OPERATOR:	National Healthcare of Mt. Vernon, Inc					ian	C	).1% —		
MANAGEMENT:	For Profit Corporation				Ha	waiian/ Pacific	C	).0%	IDPH Number:	3947
CERTIFICATION:	(Not Answe	ered)			Unknown		0.1%		HPA	F-04
FACILITY DESIGNATION:	General Ho	•							HSA	5
ADDRESS	8 Doctors F	Park Road	CIT	ernon	COUNTY	Jefferso	on County			
			Facility Utiliza	tion Data by	Category	of Service				
Clinical Service	Authorized CON Beds	Peak Beds Setup and	Peak			Observation	Average Length	Average Daily	CON Occupancy	Staffed Bed Occupancy
	12/31/2012	Staffed	Census	Admissions	Days	Days	of Stay	Census	Rate %	Rate %
Medical/Surgical	40	40	40	1,294	3,984	623	3.6	12.6	31.6	31.6
0-14 Years				11	29					
15-44 Years 45-64 Years				186 259	443					
45-64 Years 65-74 Years				358 271	1,075 700					
75 Years +				468	1,737					
	^	^	0		-	0	0.0	0.0	0.0	0.0
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	7	7	7	152	669	0	4.4	1.8	26.2	26.2
Direct Admission				75	285					
Transfers				77	384					
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	47			1,369	4,653	623	3.9	14.5	30.8	
			(Includes ICU I	Direct Admiss	sions Only	)				
			<u>Inpatien</u>	ts and Outp	atients Se	erved by Payo	r Source			
Ме	edicare	Medicaid	Other Public Private In		surance Private Pay		Char		arity Care	Totals
	62.9%	13.1%	0.0%		21.0%	3.0%			0.0%	
Inpatients	861	180	0		287	41			0	1,369
	48.3%	20.7%	0.0%		25.6%	4.8%			0.5%	
Outpatients	14901	6380	0		7896	1492			152	30,821
Financial Year Reported:	1/1/2012 to	12/31/201	2 Inpatier	nt and Outpa	atient Net	Revenue by P	ayor Sour	<u>ce</u>	Charity	Total Charity
Me	edicare	Medicaid	Other Public	Private Ins	surance	Private Pay		Totals	Charity Care	Care Expense
Inpatient	48.9%	14.1%	0.0%	1 11 400 1110	31.4%	5.6%			Expense	364,184
Revenue ( \$)		,479,087	0.0 %	33	301,410	585,574		05,966		Total Charity
			-	0,0				-		Care as % of
Outpatient Revenue ( \$) 4 62	16.4%	<b>0.2%</b>	0.0%	04.4	<b>76.3%</b>	7.1%		<b>00.0%</b>	264 4 9 4	Net Revenue
4,62	29,481	57,230	0	21,4	67,753	1,988,909	28,14	13,373	364,184	0.9%
<u>Birthin</u>	ng Data			Newb	orn Nurse	ery Utilization			Organ Transpla	antation
Number of Total Births:				el 1 Patient I			0	Kid	ney:	0
Number of Live Births:				el 2 Patient I	•		0	Hea		0
Birthing Rooms:				el 2+ Patient	•		0	Lun	0	0
Labor Rooms:				I Nursery Pa	tientdays		0		art/Lung:	0
Delivery Rooms:			0	-	- 1	0			ncreas:	0
Labor-Delivery-Recovery R			0		aboratory	Studies		Live	er:	0
Labor-Delivery-Recovery-P	ostpartum Ro	oms:	•	tient Studies			33,678	Tota	al:	0
C-Section Rooms:				batient Studie		Contract	103,396			
CSections Performed:			0 Stud	lies Performe	eu under (	Johnact	0			

Hospital Profile - C	JT 2012	Cros	Crossroads Community Hospital					Mount Vernon					
o · · o · · ·			-	Surgery a	-	ig Room Uti					•		
Surgical Specialty		rating Room			Surgical (			<u>gical Hours</u>		Bours per Case S Inpatient Outpatien			
Cardiovascular	Inpatient Outpa 0	0	bined Tot 0	ai i 0	npatient C 0	Outpatient 0	•	Outpatient To 0	otal Hours 0	0.0	Outpatient 0.0		
	-	-					0						
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0		
General	0	0	5	5	78	215	266	676	942	3.4	3.1		
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	38	216	148	647	795	3.9	3.0		
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0		
Ophthalmology	0	0	0	0	0	278	0	671	671	0.0	2.4		
Orthopedic	0	0	0	0	210	469	896	1477	2373	4.3	3.1		
Otolaryngology	0	0	0	0	0	205	0	571	571	0.0	2.8		
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0		
Podiatry	0	0	0	0	0	10	0	31	31	0.0	3.1		
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0		
Urology	0	0	0	0	27	223	90	629	719	3.3	2.8		
Totals	0	0	5	5	353	1616	1400	4702	6102	4.0	2.9		
SURGICAL RECOVE	-	-	-	Recovery		8		e 2 Recovery		0			
			0				0	,	Otationio	Ŭ	<u>I</u>		
		Procedu	<u>Dedicated</u> re Rooms	a and Nor		al Cases	<u>Room Utilzat</u> S	<u>ion</u> urgical Hour	s	Hours	per Case		
Procedure Type	Inpatien	t Outpatier		ed Total	Inpatient	Outpatient		Outpatient	_	Inpatient	Outpatient		
Gastrointestinal	0	0	1	1	31	332	83	875	958	2.7	2.6		
aser Eye Procedures	0	0	1	1	0	81	0	76	330 76	0.0	0.9		
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0		
Systoscopy	0	0	1	1	49	185	36	477	513	0.0	2.6		
y310300py	Ū	0	-		-			477	010	0.7	2.0		
	0	0	0	<u>Muntipurp</u> 0	lose Non-Di 0	edicated Ro	<u>oms</u> 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		
Em	-	-	0	Ű	•	Ū	-	-	-		0.0		
Certified Trauma (	<u>ergency/Traun</u>	la Cale			No	Total	Cardiac Cath	iac Catheter		<u>Lation</u>	0		
Level of Trauma S			_evel 1	ا ا	evel 2				D 14)		0		
							Diagnostic Catheterizations (0-14) Diagnostic Catheterizations (15+)						
(Not Answer			,	NOT AIR	0	Int	0 0						
Operating Rooms Dedicated for Trauma Care			e		23	Int	0						
Number of Trauma Visits:					23	EP	0						
Patients Admitted from Trauma				<b>.</b> .	-	LF	0						
Emergency Service Type:				Compreh									
Number of Emergency Room Stations					0	Total	0						
Persons Treated b					9,970	Pe	0						
Patients Admitted			955	Ad	0								
Total ED Visits (Er	mergency+Trau	ma):			9,993	Co	pronary Artery						
								of total Cardi			0		
<u>0</u>	utpatient Servi	<u>ce Data</u>						Cardiac Cat					
Total Outpatient V		3	0,669	Total	0								
Outpatient Visit	ts at the Hospita	I/ Campus:	ampus: 30,669				Cath Labs us	ed for Angio	graphy proce	dures	0		
Outpatient Visit			0		0								
							Dedicated Int			on Labs	0		
							Dedicated EF	P Catheteriza	tion Labs		0		
Diagnostic/Interventional			_		Examination		-			Therapies			
<u>Equipmer</u>			d Contrac	-		Contract				Contract	Treatment		
General Radiography	/Fluoroscopy	5	6 O	1,894	8,831	0	Lithotripsy		C	0	(		
Nuclear Medicine		C	) 1	C	0	361	Linear Acce	lerator	C	0	(		
Mammography		1	0	C	1,902	0	Image Gu	ided Rad Th	erapy 0	0	(		
Ultrasound		2	2 0	411	1,792	2,032	Intensity I	Modulated Ra	ad Thrp 0	0	(		
Angiography		1	0				High Dose E			0	(		
Diagnostic Angiogr	aphy			24	37	0	Proton Bear		, C		(		
Interventional Angi				0		0	Gamma Kni		0		(		
-		.) C		C			Cubar Inita		0		(		
Positron Emission To	поугарну (гст	) (	) 0	U	0	0	Cyber knife		C	0	0		

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

2,417

Computerized Axial Tomography (CAT)

Magnetic Resonance Imaging