Hospital Profile - CY	2012	Saint Cla	re's Hospita	al			Alton			Page 1
Ownership, Mana	gement and G	eneral Inform	nation			Patients by	Race		Patients by E	thnicity
ADMINISTRATOR NAME	E.J. Kuipe	r	White 93.1%				spanic or Latin			
ADMINSTRATOR PHONI	E 618-474-4	690			Bla	ack	Ę		ot Hispanic or I	
OWNERSHIP:		ony's Health (Center			nerican Indian			nknown:	1.3%
OPERATOR:				ian).1% —	intriowiti.	1.070		
		ony's Health (Jenter							
MANAGEMENT:	Church-Re					waiian/ Pacific		0.0%	IDPH Numbe	
CERTIFICATION:	(Not Answ	,			Un	iknown	1	.3%	HPA	F-01
FACILITY DESIGNATION		•						•	HSA	11
ADDRESS	915 East F	915 East Fifth Street CITY: Alton COUNTY: Madison County								
	Facility Utilization Data by Category of Service									
	Authorized CON Beds	Peak Beds	Peak		Innotiont	Observation	Average	Average	CON	Staffed Bed
Clinical Service	12/31/2012	Setup and Staffed	Census	Admissions	Days	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	0	0	0	0	0.0	0.0	0.0	0.0
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	0	0	0	0	0	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	30	26	24	352	5,932	0	16.9	16.3	54.2	62.5
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	28	28	20	326	4,275	0	13.1	11.7	41.8	41.8
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	0					0				
Facility Utilization	58			678	10,207	0	15.1	28.0	48.2	
			(Includes ICU	Direct Admiss	sions Only)				
			Inpatier	nts and Outp	atients Se	erved by Payo	r Source			
1	Vedicare				surance	Private Pay		Cha	Totals	
	75.2%	2.1%	0.1%		20.6%	1.9%		ene	0.0%	roturo
Inpatients	510		0.1%						0.0 %	670
	510	14			140	13				678
Outpatients	50.8%	5.4%	0.3%		40.1%	3.4%			0.0%	
	14224	1513	93		11217	960			0	28,007
<u>Financial Year Reported:</u>	1/1/2012 to	12/31/201	2 Inpatie	nt and Outpa	atient Net	Revenue by F	ayor Sour	ce	Charity	Total Charity
	Medicare	Medicaid	Other Public	Private Ins	surance	Private Pay		Totals	Care	Care Expense
Inpatient						-			Expense	0
Revenue (\$)	0.0%	0.0%	0.0%		100.0%	0.0%	1	00.0%	•	Total Charity
	0	0	0		1	0		1	0	Care as % of
Outpatient	0.0%	0.0%	0.0%		100.0%	0.0%	1	00.0%		Net Revenue
Revenue (\$)	0	0	0		1	0		1	0	0.0%
Dist	ing Data			Novek						lantation
	ning Data					ery Utilization			<u>Organ Transp</u>	
Number of Total Births:				el 1 Patient I			0		ney:	0
Number of Live Births:				el 2 Patient I	•		0	Hea		0
Birthing Rooms:				el 2+ Patient	•		0	Lun	0	0
Labor Rooms:			0 Tota	al Nursery Pa	tientdays		0	Hea	art/Lung:	0
Delivery Rooms:			0					Par	ncreas:	0
Labor-Delivery-Recovery	Rooms:		0	<u>L</u> ;	aboratory	Studies		Live	er:	0
Labor-Delivery-Recovery		ooms:	-	atient Studies			1			•
C-Section Rooms:			•	patient Studie			1	Tota	aı.	0
CSections Performed:				dies Performe		Contract	1			

Magnetic Resonance Imaging

Saint Clare's Hospital

Alton

Hospital Profile - C f	2012	Sam	Clare	з позр	Ital			Alto	n		raye⊿		
				Surgery		-	Utilization						
Surgical Specialty	-	ting Roo				al Cases		Surgical Ho			per Case		
	patient Outpat			otal	Inpatient	•		•	t Total Hour	•	t Outpatient		
Cardiovascular	0	0	0	0	0	0		0 0			0.0		
Dermatology	0	0	0	0	0	0		0 0			0.0		
General	0	0	0	0	0	0		0 0			0.0		
Gastroenterology	0	0	0	0	0	0		0 0			0.0		
Neurology	0	•	0	0	0	0		0 0			0.0		
OB/Gynecology	0	0	0	0	0	0		0 0			0.0		
Oral/Maxillofacial	0	0	0	0	0	0		0 0			0.0		
Ophthalmology	0	0	0	0	0	0		0 0			0.0		
Orthopedic	0	0	0	0	0	0		0 0			0.0		
Otolaryngology	0	0	0	0	0	0		0 0			0.0		
Plastic Surgery	0	0	0	0	0	0		0 0			0.0		
Podiatry	0	0	0	0	0	0		0 0			0.0		
Thoracic	0	0	0	0	0	0		0 0			0.0		
Urology	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		
SURGICAL RECOVER	Y STATIONS		Stage ?	Recover	y Stations		0	Stage 2 Reco	very Stations	0			
			Dedicat	ed and N	on-Dedica	ted Proced	ure Room I	Jtilzation					
		Procedu	ire Room			rgical Case		Surgical H	lours	Hour	s per Case		
Procedure Type	Inpatient	Outpatie	nt Comb	ined Tota	Inpatie	ent Outpa	itient Inpa	tient Outpatie	ent Total Ho	urs Inpatient	Outpatient		
Gastrointestinal	0	0	0		0	0	0	0 0)	0 0.0	0.0		
aser 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		
				Multipu	rpose Nor	n-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		
Emer	gency/Trauma	a Care						Cardiac Cath	eterization l	Itilization			
Certified Trauma Cer				No	г	otal Cardia	Cath Procedu			0			
Level of Trauma Service			Level 1		Level 2 Not Answered		Diagnostic Catheterizations (0-14) Diagnostic Catheterizations (15+)						
		(Not A	nswered	Not A									
Operating Rooms De	edicated for Tra	•			0			nal Catheteriza			0		
Number of Trauma V				0		Interventic	0						
Patients Admitted fro				0		EP Catheterizations (15+)							
Emergency Service	Type:			ç	Stand-By			Cardiac	Surgery Dat	a			
Number of Emergence	ons			0	г	Cardiac Surgery Data Total Cardiac Surgery Cases:							
Persons Treated by I				0		Pediatric (0 - 14 Years):							
Patients Admitted fro				0		Adult (15 Years and Older):							
Total ED Visits (Eme				0		Coronary	Artery Bypass	Grafts (CABC	Gs)				
								ormed of total C			0		
Outr	patient Servic	e Data						Cardiac	Catheteriza	tion Labs			
Total Outpatient Visit					66,199	г	Total Cath Labs (Dedicated+Nondedicated labs):						
Outpatient Visits a	Campus	-					·		,	0 0			
Outpatient Visits (Cath Labs used for Angiography procedures Dedicated Diagnostic Catheterization Lab						
					,			ted Interventio			0		
						Dedica	ted EP Cathete	erization Labs	8	0			
Diagnostic/Interven	tional				<u>Examina</u>	tions	Rad	iation Equipm	ent_		Therapies/		
Equipment		Owne	d Contra	nct Inpat	tient Out	pt Contra	ct		Own	ed Contract	Treatment		
General Radiography/Fl	uoroscopv			-		-) Lithot	ripsy		0 0	0		
Nuclear Medicine	.,,			0	0			r Accelerator		1 0			
Mammography				0	0	-		age Guided Rad	d Therapy	0 0	-		
Ultrasound		(0	0			ensity Modulate		0 0			
Angiography		(-	0	-	-		Dose Brachythe		0 0	-		
Diagnostic Angiograp	hv	,	-	-	0	0 0	-	n Beam Therap		0 0			
Interventional Angiograph	•				0			na Knife	,	0 0			
Positron Emission Tomo		()	0	0	-		r knife		0 0			
Computerized Axial Torr				0		-)	-		- 0	Ŭ		
Magnetic Resonance Im	0, , , ,	·		0	0		י ר						

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

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