

Ownership, Management and General Information

ADMINISTRATOR NAME: Maureen Kahn
ADMINSTRATOR PHONE 217-223-8400 Ext 6807
OWNERSHIP: Blessing Hospital
OPERATOR: Blessing Hospital
MANAGEMENT: Not for Profit Corporation (Not Church-R
CERTIFICATION: (Not Answered)
FACILITY DESIGNATION: General Hospital
ADDRESS Broadway @ 14th Street

Patients by Race

White 92.9%
 Black 5.7%
 American Indian 0.0%
 Asian 0.3%
 Hawaiian/ Pacific 0.0%
 Unknown 1.1%

Patients by Ethnicity

Hispanic or Latino: 0.9%
 Not Hispanic or Latino: 98.0%
 Unknown: 1.1%
 IDPH Number: 4515
 HPA E-05
 HSA 3

CITY: Quincy **COUNTY:** Adams County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed 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				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	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	48	48	1,984	11,674	0	5.9	32.0	0.0	66.6
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
Dedicated Observation	0					0				
Facility Utilization	0			1,984	11,674	0	5.9	32.0	0.0	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	15.2%	36.6%	0.8%	19.6%	12.0%	15.8%	
	302	726	15	389	238	314	1,984
Outpatients	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	0
	0	0	0	0	0	0	

Financial Year Reported: 10/1/2011 to 9/30/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care as % of Net Revenue
Inpatient Revenue (\$)	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0	
	1	0	0	0	0	1	0	
Outpatient Revenue (\$)	#Num!	#Num!	#Num!	#Num!	#Num!	#Error	0	0.0%
	0	0	0	0	0	0	0	

Birthing Data

Number of Total Births: 0
 Number of Live Births: 0
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 CSections Performed: 0

Newborn Nursery Utilization

Level 1 Patient Days 0
 Level 2 Patient Days 0
 Level 2+ Patient Day 0
 Total Nursery Patientdays 0
 Inpatient Studies 2,381
 Outpatient Studies 0
 Studies Performed Under Contract 0

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Laboratory Studies

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			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	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 RECOVERY STATIONS

Stage 1 Recovery Stations

0

Stage 2 Recovery Stations

0

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	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	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1 (Not Answered)
Operating Rooms Dedicated for Trauma Care	Level 2 Not Answered
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Stand-By
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	0
Outpatient Visits at the Hospital/ Campus:	0
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

**Diagnostic/Interventional
Equipment****Examinations****Radiation Equipment****Therapies/
Treatments**

	Owned Contract		Inpatient		Outpt Contract		Owned Contract		
General Radiography/Fluoroscopy	0	0	0	0	0	0	0	0	0
Nuclear Medicine	0	0	0	0	0	0	0	0	0
Mammography	0	0	0	0	0	0	0	0	0
Ultrasound	0	0	0	0	0	0	0	0	0
Angiography	0	0	0	0	0	0	0	0	0
Diagnostic Angiography			0	0	0	0	0	0	0
Interventional Angiography			0	0	0	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	0	0	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0	0	0	0	0
Magnetic Resonance Imaging	0	0	0	0	0	0	0	0	0
Lithotripsy	0	0					0	0	0
Linear Accelerator	0	0					0	0	0
Image Guided Rad Therapy	0	0					0	0	0
Intensity Modulated Rad Thrp	0	0					0	0	0
High Dose Brachytherapy	0	0					0	0	0
Proton Beam Therapy	0	0					0	0	0
Gamma Knife	0	0					0	0	0
Cyber knife	0	0					0	0	0