Hospital Profile - (CY 2012	St. Josep	h Memorial	Hospital			Murp	hysboro)	Page 1
Ownership, Ma		Patients by	•	,		tients by Ethnicity				
ADMINISTRATOR NA			W	hite			ispanic or Latin			
ADMINSTRATOR PHO	ONE 618-684	-3156 x55305	Bla	ack	6	6.6% No	ot Hispanic or L	atino: 99.0%		
OWNERSHIP:	Souther	n Illinois Hospita	An	nerican Indian	0.1%		nknown:	0.4%		
OPERATOR:		n Illinois Hospita			As	sian	().0% —		
MANAGEMENT:		Profit Corporatio				awaiian/ Pacific		0.0%	IDPH Numbe	r: 4614
CERTIFICATION:		Critical Access Hospital				nknown	0.4%		HPA	F-07
FACILITY DESIGNAT	ION: (Not An	swered)							HSA	5
ADDRESS	2 South	Hospital Drive	CITY: Murphysh		ooro COUNTY:		Jacksor	n County		
Facility Utilization Data by Category of Service										
Clinical Service	Authorize CON Bed 12/31/201	s Setup and	Peak	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	25	25	25	716	2,154	1,079	4.5	8.9	35.4	35.4
0-14 Years	20	20	20	5	2,101	1,070	1.0	0.0	00.1	00.1
15-44 Years				88	231					
45-64 Years				207	505					
65-74 Years				129	381					
75 Years +				287	1,028					
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	O	O	Ū	0	0	O	0.0	0.0	0.0	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	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	r e 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	0					0				
Facility Utilization	25			716	2,154	1,079	4.5	8.9	35.4	
•			(Includes ICU I	Direct Admis	sions Only	•				
			,			erved by Payo	r Source			
	Medicare	Medicaid	Other Public	Private In	surance	-		Cha	arity Care	Totals
	67.6%	11.5%	0.4%		12.7%	4.5%			3.4%	
Inpatients	484	82	3		91	32			24	716
										710
Outpatients	39.0% 27973	18.1% 12960	0.4% 257		35.8% 25670	4.9% 3501			2.0% 1407	71,768
							C		1407	Total Charity
Financial Year Report				•		Revenue by P			Charity	Care Expense
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Totals	Care	1,031,351
Inpatient Revenue (\$)	77.1%	4.3%	0.4%		18.3%	0.0%	1	00.0%	Expense	, ,
Revenue (\$)	4,589,189	253,791	20,898	1,	090,948	0	5,9	54,826	99,568	Total Charity Care as % of
Outpatient	30.8%	6.4%	0.3%		62.1%	0.3%	1	00.0%		Net Revenue
Revenue (\$)	13,276,739	2,778,475	145,288	26,7	799,393	141,902		11,797	931,783	2.1%
			•			· · · · · · · · · · · · · · · · · · ·		•	<u> </u>	
<u>Birthing Data</u>				ery Utilization	Organ Transplantation					
Number of Total Birth				el 1 Patient	•		0		ney:	0
Number of Live Births	3:			el 2 Patient	•		0	Hea		0
Birthing Rooms:				el 2+ Patient	•		0	Lun	•	0
Labor Rooms:				l Nursery Pa	atientdays		0		art/Lung:	0
Delivery Rooms:		0	Studies	Pancreas: Liver:			0			
Labor-Delivery-Recov		Pooms:	0 0 Inna	_		Judica	30 000			0
Labor-Delivery-Recov C-Section Rooms:	very-rosiparium	NUUIIIS.		tient Studies patient Studi			39,866 394,058	Tota	al:	0
CSections Performed	i :			lies Perform		Contract	47,149			
			5 Oluc				.,,,,,,,			

Magnetic Resonance Imaging

Hospital Profile - 0	CY 2012	St. Jos	eph Me	emorial I	Hospita	<u> </u>		Murph	ysboro		Page 2	
			<u>Sı</u>	urgery and	d Operati	ng Room U	tilization					
Surgical Specialty	<u>Operati</u>	rating Rooms			Surgical	<u>Cases</u>	<u>Տ</u> ւ	urgical Hours		Hours	per Case	
	Inpatient Outpatie	nt Combir	ed Tota	l In	patient (Outpatient	Inpatient	Outpatient 7	Total Hours	Inpatient	Outpatient	
Cardiovascular	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	
General	0 0			2	13	29	9	32	41	0.7	1.1	
Gastroenterology	0 0		-	0	5	153	2	93	95	0.4	0.6	
Neurology	0 0			0	0	4	0	4	4	0.0	1.0	
OB/Gynecology	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	
Ophthalmology	0 0		-	0	0	0	0	0	0	0.0	0.0	
Orthopedic	0 0		-	0	0	0 1	0	0	0	0.0	0.0	
Otolaryngology			-	0	0	147	0 4	1	1	0.0	1.0	
Plastic Surgery	0 0		-	0	2 0	147	-	185 3	189 3	2.0 0.0	1.3 3.0	
Podiatry				0	0	0	0	0	0	0.0	3.0 0.0	
Thoracic	0 0		-	0	6	-	5	_				
Urology	0 0	'	U	U	б	657	5	466	471	0.8	0.7	
Totals	0 0)	2	2	26	992	20	784	804	8.0	0.8	
SURGICAL RECOV	ERY STATIONS	9	Stage 1 Re	ecovery St	ations	4	Staç	ge 2 Recover	y Stations	0		
		n	adicated	and Non-I	Dodicator	l Procedure	Room Utilza	ntion				
		רסcedure Procedure		and Non-		cal Cases		<u>stion</u> Surgical Hou	rs	Hours	per Case	
Procedure Type	Inpatient C			d Total	Inpatient				Total Hours		Outpatient	
Gastrointestinal	0	0	1	1	39	2665	•	1212	1228	0.4	0.5	
Laser Eye Procedures	0	0	0	0	0	2000		0	0	0.0	0.0	
Pain Management	0	0	1	1	0	780		220	220	0.0	0.3	
Cystoscopy	0	0	0	0	0	C	0	0	0	0.0	0.0	
			IV.	lultinurno	se Non-D	edicated R	ooms					
	0	0	0	0	0	Calcated IX		0	0	0.0	0.0	
	0	0	0	0	0	C		0	0	0.0	0.0	
	0	0	0	0	0	C		0	0	0.0	0.0	
Fn	nergency/Trauma	Care					Car	diac Cathete	rization Uti	lization		
Certified Trauma					No	Tota	Total Cardiac Cath Procedures:					
Level of Trauma Service		Level 1		Lev	Level 2		Diagnostic Catheterizations (0-14)					
		(Not Ans	wered)	Not Answ	vered		iagnostic Cat				0 0	
Operating Rooms	Dedicated for Trau	`	,		0		nterventional C		. ,		0	
Number of Traum	a Visits:				0	Ir	nterventional C	Catheterization	n (15+)		0	
Patients Admitted	from Trauma				0	E	P Catheteriza	tions (15+)			0	
Emergency Service	ce Type:			Е	Basic							
Number of Emerg	ıs			6	Tota	<u>Cardiac Surgery Data</u> Total Cardiac Surgery Cases:						
Persons Treated I	rices:		9,	,097	F	Pediatric (0 - 14 Years):						
Patients Admitted	from Emergency:				207	Α	Adult (15 Years and Older):					
Total ED Visits (E	mergency+Trauma):		9,	,097	C	Coronary Arter			1		
							performed	of total Card	liac Cases :		0	
<u>0</u>	utpatient Service	<u>Data</u>						Cardiac Ca	theterizatio	n Labs		
Total Outpatient V	/isits			71,	768	Tota	al Cath Labs (I	Dedicated+No	ondedicated	labs):	0	
Outpatient Visi	ts at the Hospital/ (Campus:		71,	768		Cath Labs u	ised for Angio	ography prod	edures	0	
Outpatient Visi	ts Offsite/off campu	ıs			0		Dedicated D	Diagnostic Ca	theterization	Lab	0	
								nterventional		ion Labs	0	
							Dedicated E	P Catheteriz	ation Labs		0	
Diagnostic/Interv	ventional_			E	xaminatio	ons	Radiation	n Equipment			Therapies/	
<u>Equipme</u>	<u>nt</u>	Owned	Contract	Inpatien	t Outpt	Contract			Owned	Contract	<u>Treatments</u>	
General Radiography	//Fluoroscopy	7	0	351	9,477	0	Lithotripsy			0 1	160	
Nuclear Medicine		0	0	0	0	0	Linear Acc	elerator		0 0	0	
Mammography		0	0	0	0	0	Image G	Suided Rad TI	herapy	0 0	0	
Ultrasound		3	0	189	1,631	0	Intensity	Modulated R	Rad Thrp	0 0	0	
Angiography		0	0				High Dose	Brachytherap	ру	0 0	0	
Diagnostic Angiog	raphy			0	0	0	Proton Bea	am Therapy		0 0	0	
Interventional Angi	iography			0	0	0	Gamma Kı	nife		0 0	0	
Positron Emission To	0,,,,	0	0	0	0	0	Cyber knife	Э		0 0	0	
Computerized Axial 7	Tomography (CAT)	1	0	213	3,554	0						

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

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