

Ownership, Management and General Information

ADMINISTRATOR NAME: Joseph Sheehy
ADMINSTRATOR PHONE 217-373-1701
OWNERSHIP: Universal Health Services
OPERATOR: The Pavilion Foundation Hospital
MANAGEMENT: Not for Profit Corporation (Not Church-R
CERTIFICATION: (Not Answered)
FACILITY DESIGNATION: Psychiatric Hospital
ADDRESS 809 West Church Street

Patients by Race

White 81.4%
 Black 13.8%
 American Indian 0.0%
 Asian 0.6%
 Hawaiian/ Pacific 0.0%
 Unknown 4.3%

Patients by Ethnicity

Hispanic or Latino: 1.8%
 Not Hispanic or Latino: 94.0%
 Unknown: 4.3%
 IDPH Number: 4689
 HPA D-01
 HSA 4

CITY: Champaign

COUNTY: Champaign 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	69	47	47	1,598	15,429	0	9.7	42.3	61.3	89.9
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	69			1,598	15,429	0	9.7	42.3	61.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	13.6%	46.6%	0.0%	38.4%	0.3%	1.1%	
	218	745	0	613	5	17	1,598
Outpatients	10.8%	31.9%	0.0%	51.7%	4.7%	0.9%	
	60	177	0	287	26	5	555

Financial Year Reported:

1/1/2012 to 12/31/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	17.2%	53.0%	0.0%	29.5%	0.3%	100.0%		304,335
	2,170,542	6,706,596	0	3,735,207	40,000	12,652,345	121,637	
Outpatient Revenue (\$)	11.8%	7.5%	0.0%	69.3%	11.3%	100.0%		Total Charity Care as % of Net Revenue
	211,149	134,717	0	1,240,080	202,500	1,788,446	182,698	2.1%

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 2,260
 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

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
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	6,483
Outpatient Visits at the Hospital/ Campus:	6,483
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	Lithotripsy	0	0	0
Nuclear Medicine	0	0	0	0	0	0	Linear Accelerator	0	0	0
Mammography	0	0	0	0	0	0	Image Guided Rad Therapy	0	0	0
Ultrasound	0	0	0	0	0	0	Intensity Modulated Rad Thrp	0	0	0
Angiography	0	0					High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0	0				
Magnetic Resonance Imaging	0	0	0	0	0	0				