Hospital Profile - C	Y 2012	RML Hea	Ith Provider	s, L.P.			Hinso	lale		Page 1			
<u>Ownership, Ma</u>		General Inform	nation			Patients by	Patients by Et	<u> </u>					
ADMINISTRATOR NAM	<b>/IE:</b> James F	R. Prister			W	nite	75	5.8% Hi	spanic or Latinc	: 7.3%			
ADMINSTRATOR PHO	NE 630-286	-4120			Bla	ack	19	9.3% No	ot Hispanic or Latino: 89				
OWNERSHIP:	Cook Co	ounty			An	nerican Indian	(	0.0% Ui	nknown:	3.1%			
OPERATOR:	RML He	alth Providers L	imited Partners	nip	As	ian	1.9%						
MANAGEMENT:		ot For Profit (spe	. ,		Ha	waiian/ Pacific		0.0%	IDPH Number	4804			
CERTIFICATION:	-	rm Acute Care H	lospital (LTACH	l)	Un	known	3	3.1%	HPA	A-04			
FACILITY DESIGNATION	· ·						<u> </u>		HSA	7			
ADDRESS	5601 50	uth County Line		Y: Hinsdale	,								
		Facility Utilization Data by Category of Service Authorized Peak Beds CON											
<u>Clinical Service</u>	CON Bed	s Setup and	Peak		•	Observation	Average Length	Average Daily	Occupancy	Staffed Bed Occupancy			
	12/31/201		Census	Admissions	Days	Days	of Stay	Census	Rate %	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 45-64 Years				0 0	0 0								
45-04 Years 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	0.0			
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	<b>e</b> 115	87	87	908	26780	0	29.5	73.4	63.8	84.3			
Dedcated Observation	0	0.	0.	20100		0	2010		0010	00			
Facility Utilization	115			908	26,780	0	29.5	73.4	63.8				
	-		(Includes ICU I	Direct Admiss	,	·)		-					
						erved by Payo	<u>Source</u>						
	Medicare					Private Pay	Charity Care			Totals			
	50.2%	14.6%	0.0%		35.0%	0.0%			0.1%				
Inpatients	456	133	0		318	0			1	908			
	#Num!	#Num!	#Num!	ŧ	#Num!	#Num!			#Num!				
Outpatients	0	0	0	0		0			0	0			
Financial Year Reporte	d: 6/1/2011	to 5/31/201	2 Inpatie	nt and Outpa	atient Net	Revenue by P	ayor Sour	rce	Ob a site	Total Charity			
	Medicare	Medicaid	Other Public	Private Ins	surance	Private Pay		— Totals	Charity Care	Care Expense			
Inpatient	49.5%	15.9%	0.0%	i iivate iii.	34.6%	0.0%		00.0%	Expense	19,647			
Revenue ( \$)				47.4						Total Charity			
	24,540,593	7,893,383	0	17,1	157,568	0	49,5	91,544	19,647	Care as % of			
Outpatient	#Num!	#Num!	#Num!		#Num!	#Num!		#Error		Net Revenue			
Revenue ( \$)	0	0	0		0	0		0	0	0.0%			
Bi	rthing Data			Newb	orn Nurse	ery Utilization	Organ Transplantation						
Number of Total Births	8:		0 Lev	el 1 Patient I	Days		0	Kid	ney:	0			
Number of Live Births	:			el 2 Patient I			0	Hea		0			
Birthing Rooms:				el 2+ Patient	•		0	Lun	-	0			
Labor Rooms:				al Nursery Pa	tientdays		0		art/Lung:	0			
Delivery Rooms:			0	_		<b>e</b>			creas:	0			
Labor-Delivery-Recover		_	0		aboratory	Studies	_	Live	er:	0			
Labor-Delivery-Recove	ery-Postpartum	Rooms:	•	atient Studies			56,286	Tota	al:	0			
C-Section Rooms: CSections Performed:				patient Studie dies Performe		Contract	0 56,286						
			5 5100				00,200						

RML Health Providers, L.P.

Hinsdale

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Hospital Profile -		ĸ			lovide	15, L.F.			HINSC	lale			Fage 2	
				<u>Sı</u>	urgery a	nd Opera	ting Room U	<u>tilization</u>						
Surgical Specialty			ing Rooms		<u>Surgica</u>		l Cases	S	Surgical Hou				oer Case	
	Inpatient O	•				Inpatient	Outpatient	Inpatient	Outpatient			•	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 RECOV	ERY STATIC	DNS	Sta	ge 1 Re	ecovery	Stations	0	Sta	age 2 Recove	ery Stations	S	0		
		Dece			and No		ed Procedure	<u>e Room Util</u>						
			edure Ro				gical Cases		Surgical Ho				per Case	
Procedure Type	•	tient Outp				Inpatie	•		•	nt Total Ho			Outpatient	
Gastrointestinal		0 (		0	0		D C				0	0.0	0.0	
Laser Eye Procedures		0 (		0	0		D C				0	0.0	0.0	
Pain Management		0 (		0	0		0 0				0	0.0	0.0	
Cystoscopy		0 (	)	0	0		D C	) (	) 0		0	0.0	0.0	
				M	lultipur	oose Non	-Dedicated R	<u>ooms</u>						
Multi-purpose proced		1 (	)	0		92			6 0	184	46	2.0	0.0	
	(	0 0	)	0	0		) C	) (	) 0		0	0.0	0.0	
	(	0 (	)	0	0		o c	) (	) 0		0	0.0	0.0	
En	nergency/Tr	auma Car						6	rdiao Catha	torization	litilizo	tion		
		auma Car	5						rdiac Cathe		<u>Utiliza</u>		0	
	Certified Trauma Center			No Level 1 Level 2				Total Cardiac Cath Procedures: Diagnostic Catheterizations (0-14)						
Level of Trauma S	Service	() (						0		· ,			0	
On creating a Deceme	Dedicated		ot Answe	rea)	Not An			Diagnostic Ca					0	
Operating Rooms Dedicated for Trauma Care			Care	0				Interventional Catheterizations (0-14):						
Number of Trauma Visits: Patients Admitted from Trauma				0 0				Interventional Catheterization (15+) EP Catheterizations (15+)						
		a				-	E	P Cathetenz	. ,				0	
Emergency Servio					Sta	and-By				urgery Da	<u>ta</u>		0	
Number of Emergency Room Stations						1		Total Cardiac Surgery Cases:						
Persons Treated by Emergency Services:						0		Pediatric (0 - 14 Years):						
Patients Admitted				0		Adult (15 Years and Older): Coronary Artery Bypass Grafts (CABGs)								
Total ED Visits (E	rauma):				0	C								
								performe	ed of total Ca	rdiac Case	<i>;</i> S :		0	
<u>C</u>	Outpatient Se	ervice Dat	<u>a</u>						Cardiac C	Catheteriza	<u>ation L</u>	<u>.abs</u>		
Total Outpatient \	/isits					0	Tota	al Cath Labs	(Dedicated+I	Nondedicat	ted lab	s):	0	
Outpatient Visits at the Hospital/ Campus:						0		Cath Labs	used for Ang	giography p	orocedu	ures	0	
Outpatient Visi	its Offsite/off	campus				0		Dedicated	Diagnostic C	Catheterizat	tion La	ıb	0	
								Dedicated	Interventiona	al Catheteri	ization	Labs	0	
								Dedicated	EP Catheter	ization Lab	s		0	
Diagnostic/Interv	ventional					Examina	tions	<u>Radiati</u>	on Equipme	<u>nt</u>			Therapies/	
<u>Equipme</u>	ent	0	wned Co	ntract	Inpatie	ent Outj	ot Contract			Owr	ned C	Contract	<b>Treatments</b>	
General Radiography	//Fluoroscon		6	0	8,487	-	0 0	Lithotrips	V		0	0	0	
Nuclear Medicine		•	0	1	0,101		0 25	Linear Ac			0	0	0	
Mammography			0	0	(		0 0		Guided Rad	Therapy	0	0	0	
Ultrasound			2	0	815		0 0	0	ty Modulated		0	0	0	
			2	0	013	,	0		-		0	0	0	
Angiography	ranhu		U	U		<b>`</b>	0 0	-	e Brachyther			-	-	
Diagnostic Angiog					(		0 0		eam Therapy		0	0	0	
Interventional Ang			~	~	(		0 0	Gamma I			0	0	0	
Positron Emission To			0	0	)		0 0	Cyber kn	ite		0	0	0	
Computerized Axial		(CAT)	1	0	800		0 0							
Magnetic Resonance	e imaging		0	0	(	J	0 0							

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