

Ownership, Management and General Information

ADMINISTRATOR NAME: Clayton Ciha
ADMINSTRATOR PHONE 847-882-1600 ext 8001
OWNERSHIP: Alexian Brothers Behavioral Health Hospital
OPERATOR: Alexian Brothers Behavioral Health Hospital
MANAGEMENT: Church-Related
CERTIFICATION: (Not Answered)
FACILITY DESIGNATION: Psychiatric Hospital
ADDRESS 1650 Moon Lake Boulevard

Patients by Race

White 71.5%
 Black 2.8%
 American Indian 0.0%
 Asian 1.4%
 Hawaiian/ Pacific 0.0%
 Unknown 24.1%

Patients by Ethnicity

Hispanic or Latino: 4.7%
 Not Hispanic or Latino: 76.5%
 Unknown: 18.8%
 IDPH Number: 5009
 HPA A-07
 HSA 7

CITY: Hoffman Estates **COUNTY:** Suburban Cook 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	141	141	139	6,355	47,671	0	7.5	130.6	92.6	92.6
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	141			6,355	47,671	0	7.5	130.6	92.6	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	23.0%	6.3%	0.6%	68.2%	1.6%	0.2%	
	1464	399	38	4335	104	15	6,355
Outpatients	17.0%	6.1%	0.0%	72.4%	4.4%	0.0%	
	3814	1366	0	16232	993	0	22,405

Financial Year Reported: 7/1/2011 to 6/30/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	38.5%	3.1%	0.0%	56.6%	1.8%	100.0%		613,328
	14,630,666	1,164,891	0	21,517,584	675,023	37,988,164	613,328	
Outpatient Revenue (\$)	7.4%	2.1%	0.4%	81.9%	8.2%	100.0%		
	1,947,083	564,741	111,436	21,558,202	2,155,953	26,337,415	0	1.0%

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
Laboratory Studies
 Inpatient Studies: 0
 Outpatient Studies: 0
 Studies Performed Under Contract: 51,177

Organ Transplantation

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

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	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	142,247
Outpatient Visits at the Hospital/ Campus:	57,348
Outpatient Visits Offsite/off campus	84,899

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