| Hospital Profile - CY | 2012 | Maryville | Academy / S | Scott No | lan Hosp | oital | Des F | Plaines | | Page 1 |
|-------------------------------|----------------------|-------------------|------------------|---------------|-------------------|--|-------------------|-------------------------|---------------------|---------------------|
| Ownership, Mana | agement and | l General Inforn | <u>nation</u> | | | Patients by | Race | | Patients by Et | hnicity |
| ADMINISTRATOR NAME | : Barbara | a Preib-Lannon, I | WI | hite | 4 | 7.2% H | ispanic or Latino | spanic or Latino: 15.5% | | |
| ADMINSTRATOR PHON | E (847) 76 | 68-5877 | | | Bla | ack | 4 | 5.7% N | ot Hispanic or L | atino: 84.5% |
| OWNERSHIP: | Maryvill | e Academy | | | An | nerican Indian | (| 0.0% U | nknown: | 0.0% |
| OPERATOR: | Maryvill | e Academy | | | As | ian | (| o.7% - | | |
| MANAGEMENT: | • | -Related | | | На | waiian/ Pacific | | 0.1% | IDPH Number | : 5090 |
| CERTIFICATION: | | nswered) | | | | known | | 5.4% | HPA | A-07 |
| FACILITY DESIGNATION | • | atric Hospital | | | | | | | HSA | 7 |
| ADDRESS | • | son Lane | CIT | Y: Des Plai | ines | COUNTY: | Suburb | an Cook C | County | |
| | | | Facility Utiliza | tion Data by | v Category | of Service | | | j | |
| | Authorize | | • | tion buta b | | | Average | Average | CON | Staffed Bed |
| Clinical Service | CON Bed 12/31/201 | | Peak Census | Admissions | Inpatient Days | Observation Days | Length of Stay | Daily Census | Occupancy Rate % | 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 |
| | U | U | U | 0 | 0 | U | 0.0 | 0.0 | 0.0 | 0.0 |
| Maternity 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 | 125 | 70 | 66 | 1,178 | 17,870 | 0 | 15.2 | 49.0 | 39.2 | 69.9 |
| 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 |
| Dedcated Observation | 0 | | | | | 0 | | | | |
| Facility Utilization | 125 | | | 1,178 | 17,870 | | 15.2 | 49.0 | 39.2 | |
| | | | (Includes ICU L | | | | | | | |
| | | | | - | | erved by Payor | Source | | | |
| | Medicare | Medicaid | Other Public | Private In | | Private Pay | | Cha | arity Care | Totals |
| Inpatients | 0.0% | 94.8% | 0.0% | | 5.0% | 0.0% | | | 0.2% | |
| inpatients | 0 | 1117 | 0 | | 59 | 0 | | | 2 | 1,178 |
| | #Num! | #Num! | #Num! | | #Num! | #Num! | | | #Num! | |
| Outpatients | 0 | 0 | 0 | | 0 | 0 | | | 0 | 0 |
| Financial Year Reported: | 7/1/2011 | to 6/30/201 | 2 Inpatier | nt and Outp | atient Net | Revenue by P | ayor Sou | rce | | Total Charity |
| | Medicare | Medicaid | Other Public | Private In | surance | Private Pay | | Totals | Care | Care Expense |
| Inpatient | 0.0% | 95.1% | 1.8% | uto III | 3.1% | 0.0% | | 00.0% | Expense | 6,347 |
| Revenue (\$) | | | | | | | | | | Total Charity |
| | 0 | 13,096,218 | 249,807 | | 421,003 | 0 | 13,7 | 67,028 | 6,347 | Care as % of |
| Outpatient | #Num! | #Num! | #Num! | | #Num! | #Num! | | #Error | | Net Revenue |
| Revenue (\$) | 0 | 0 | 0 | | 0 | 0 | | 0 | 0 | 0.0% |
| Rirtl | hing Data | | | Now | horn Nurs | ery Utilization | | | Organ Transpl | antation |
| Number of Total Births: | y Data | | 0 Leve | el 1 Patient | | <u> y </u> | 0 | IZ: ~ | ney: | 0 |
| Number of Live Births: | | | | el 2 Patient | • | | 0 | | art: | 0 |
| | | | - | | • | | _ | | | |
| Birthing Rooms: | | | | el 2+ Patient | • | | 0 | Lur | • | 0 |
| Labor Rooms: | | | | al Nursery Pa | atientdays | | 0 | | art/Lung: | 0 |
| Delivery Rooms: | _ | | 0 | | ala | C4 | | | ncreas: | 0 |
| Labor-Delivery-Recovery | | _ | 0 | _ | _aboratory | <u>stuales</u> | | Liv | er: | 0 |
| Labor-Delivery-Recovery | y-Postpartum | Rooms: | • | tient Studies | | | 0 | Tot | al: | 0 |
| C-Section Rooms: | | | | oatient Studi | | Dambur of | 0 | | | |
| CSections Performed: | | | 0 Stud | dies Perform | iea Under (| Jontract | 6,432 | | | |

Des Plaines

| Surgery and Operating Room Utilization | | | | | | | | | | | |
|--|-------------------------------------|------------|----------|----------------|--------------|------------|---------------|----------------|--------------|-----------|------------|
| Surgical Specialty | Operating Rooms | | | <u>Surgica</u> | al Cases | <u> </u> | Surgical Hour | 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 RECOV | URGICAL RECOVERY STATIONS Stage 1 R | | | e 1 Recov | ery Stations | 0 | Sta | age 2 Recove | ery Stations | 0 | |

| <u>Dedicated and Non-Dedicated Procedure Room Utilzation</u> | | | | | | | | | | | |
|--|-----------|-----------------|------------|----------|------------|---------------|----------------|--------------|-------------------|----------------|------------|
| | | Procedure Rooms | | | | al Cases | Surgical Hours | | | Hours per Case | |
| Procedure Type | 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 |
| | | | <u>M</u> ı | ultipurp | ose Non-De | edicated Room | ms_ | | | | |
| | 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 | | | | | | | Core | liaa Cathata | rination I Itilia | otion | |

| Emergency/Trauma | <u>Care</u> | | Cardiac Catheterization Utilization | |
|--------------------------------------|----------------|--------------|--|---|
| Certified Trauma Center | | No | Total Cardiac Cath Procedures: | 0 |
| Level of Trauma Service | Level 1 | Level 2 | Diagnostic Catheterizations (0-14) | 0 |
| | (Not Answered) | Not Answered | Diagnostic Catheterizations (15+) | 0 |
| Operating Rooms Dedicated for Trau | ıma Care | 0 | Interventional Catheterizations (0-14): | 0 |
| Number of Trauma Visits: | | 0 | Interventional Catheterization (15+) | 0 |
| Patients Admitted from Trauma | | 0 | EP Catheterizations (15+) | 0 |
| Emergency Service Type: | | Stand-By | Cardiac Surgery Data | |
| Number of Emergency Room Station | ns | 0 | Total Cardiac Surgery Cases: | 0 |
| Persons Treated by Emergency Serv | vices: | 0 | Pediatric (0 - 14 Years): | 0 |
| Patients Admitted from Emergency: | | 0 | Adult (15 Years and Older): | 0 |
| Total ED Visits (Emergency+Trauma | ı): | 0 | Coronary Artery Bypass Grafts (CABGs) | |
| | | | performed of total Cardiac Cases : | 0 |
| Outpatient Service | <u>Data</u> | | Cardiac Catheterization Labs | |
| Total Outpatient Visits | | 0 | Total Cath Labs (Dedicated+Nondedicated labs): | 0 |
| Outpatient Visits at the Hospital/ (| Campus: | 0 | Cath Labs used for Angiography procedures | 0 |
| Outpatient Visits Offsite/off campa | us | 0 | Dedicated Diagnostic Catheterization Lab | 0 |
| | | | Dedicated Interventional Catheterization Labs | 0 |
| | | | Dedicated EP Catheterization Labs | 0 |

| Diagnostic/Interventional | | Examinations Radiation Equipment | | | | | | | Therapies/ |
|-------------------------------------|----------------|----------------------------------|-----------|----------------|---|----------------------------|------|----------|-------------------|
| <u>Equipment</u> | Owned Contract | | Inpatient | Outpt Contract | | Owne | | Contract | <u>Treatments</u> |
| General Radiography/Fluoroscopy | 0 | 0 | 0 | 0 | 0 | Lithotripsy | 0 | 0 | 0 |
| Nuclear Medicine | 0 | 0 | 0 | 0 | 0 | Linear Accelerator | C | 0 | 0 |
| Mammography | 0 | 0 | 0 | 0 | 0 | Image Guided Rad Therapy | , O | 0 | 0 |
| Ultrasound | 0 | 0 | 0 | 0 | 0 | Intensity Modulated Rad Th | rp 0 | 0 | 0 |
| Angiography | 0 | 0 | | | | High Dose Brachytherapy | O | 0 | 0 |
| Diagnostic Angiography | | | 0 | 0 | 0 | Proton Beam Therapy | O | 0 | 0 |
| Interventional Angiography | | | 0 | 0 | 0 | Gamma Knife | C | 0 | 0 |
| Positron Emission Tomography (PET) | 0 | 0 | 0 | 0 | 0 | Cyber knife | C | 0 | 0 |
| Computerized Axial Tomography (CAT) | 0 | 0 | 0 | 0 | 0 | | | | |
| Magnetic Resonance Imaging | 0 | 0 | 0 | 0 | 0 | | | | |