Hospital Profile - CY 2012 Van Matre Healthsouth Rehabilitation Hospital Rockford Page 1 Ownership, Management and General Information Patients by Race Patients by Ethnicity **ADMINISTRATOR NAME:** Kenneth Bowman White 88.8% Hispanic or Latino: 1.5% ADMINSTRATOR PHONE 815/381-8548 Not Hispanic or Latino: 98.5% Black 8.8% Van Matre Rehabilitation Center, LLC **OWNERSHIP:** American Indian 0.2% Unknown: 0.0% OPERATOR: HealthSouth Corporation Asian 0.4% For Profit Corporation **IDPH Number:** 5215 MANAGEMENT: Hawaiian/ Pacific 0.0% **HPA CERTIFICATION:** Critical Access Hospital Unknown 1.7% B-01 **FACILITY DESIGNATION:** Rehabilitation Hospital HSA 1 **ADDRESS** 950 South Mulford Road CITY: Rockford COUNTY: Winnebago County Facility Utilization Data by Category of Service Peak Beds Authorized Average Average CON Staffed Bed **CON Beds** Setup and Peak Inpatient Observation Length Daily Occupancy Occupancy **Clinical Service** 12/31/2012 Staffed Admissions Days Census Rate % Rate % Census Davs of Stay Medical/Surgical 0 0 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 65-74 Years 0 0 0 0 75 Years + 0 0 0 0 0 0 0.0 0.0 **Pediatric** 0.0 0.0 Intensive Care 0 0 0 0 0 0 0.0 0.0 0.0 0.0 0 O Direct Admission Transfers 0 0 Obstetric/Gynecology 0 0 0 0 0 0 0.0 0.0 0.0 0.0 0 0 Maternity 0 0 Clean Gynecology 0 0 0 0 0 0 0.0 0.0 0.0 0.0 Neonatal 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 0 0 0 0 0 0 0.0 0.0 0.0 0.0 **Acute Mental Illness** 52 0 Rehabilitation 55 52 1.300 17.232 13.3 47.2 85.8 90.8 0 0 0 **Long-Term Acute Care** 0 0 0 0.0 0.0 0.0 0.0 Dedcated Observation 0 0 **Facility Utilization** 55 1.300 17.232 0 13.3 47.2 85.8 (Includes ICU Direct Admissions Only) **Inpatients and Outpatients Served by Payor Source** Medicare Medicaid Other Public **Charity Care** Private Insurance Private Pav Totals 5.5% 0.0% 0.1% 0.0% 66.2% 28.2% Inpatients 860 n 367 1,300 72 1 n 49.5% 12.7% 0.0% 36.1% 1.7% 0.0% **Outpatients** 3639 934 2650 127 7,350 n O Inpatient and Outpatient Net Revenue by Payor Source **Total Charity** Financial Year Reported: 1/1/2012 to 12/31/2012 Charity Care Expense Medicare Medicaid Other Public Private Insurance Private Pay Care Totals 0 Inpatient Expense 100.0% 71.8% 2.1% 0.0% 26.1% 0.0% Revenue (\$) **Total Charity** 0 0 15.417.451 442.679 5.612.239 6.653 21.479.022 Care as % of Net Revenue Outpatient 34.5% 6.3% 0.0% 56.2% 3.0% 100.0% Revenue (\$) 413,512 75,509 0 0 0.0% 673,675 35,519 1,198,215 **Birthing Data Newborn Nursery Utilization Organ Transplantation** Number of Total Births: 0 Level 1 Patient Days 0 Kidney: 0 Number of Live Births: 0 Level 2 Patient Days 0 Heart: 0 Birthing Rooms: 0 Level 2+ Patient Day 0 Lung: 0 Labor Rooms: 0 Total Nursery Patientdays 0 Heart/Lung: 0 **Delivery Rooms:** 0 Pancreas: 0 **Laboratory Studies** Labor-Delivery-Recovery Rooms: 0 Liver: 0 Labor-Delivery-Recovery-Postpartum Rooms: 0 Inpatient Studies 39,452 0 Total: 0 C-Section Rooms: **Outpatient Studies** 0 **CSections Performed:** 0 Studies Performed Under Contract 39,452

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				Surger	y and Ope	rating R	oom Util	<u>lization</u>				
Surgical Specialty	<u>C</u>	Operating R	ooms		<u>Surgi</u>	cal Case	<u>s</u>	<u>Surg</u>	<u>jical Hours</u>		Hours per Case	
	Inpatient O	utpatient Co	ombined	Total	Inpatien	t Outpa	atient	Inpatient O	utpatient Total H	ours		Outpatient
Cardiovascular	0	0	0	0	C)	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	C)	0	0	0	0	0.0	0.0
General	0	0	0	0	C)	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	C		0	0	0	0	0.0	0.0
Neurology	0	0	0	0	C		0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	C)	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	C)	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	C)	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	C)	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	C)	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	C)	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	C)	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	C)	0	0	0	0	0.0	0.0
Urology	0	0	0	0	C)	0	0	0	0	0.0	0.0
Totals	0	0	0	0	C)	0	0	0	0	0.0	0.0
SURGICAL RECOV					ry Stations		0		2 Recovery Static	_	0	
SUNGICAL RECOV	EKI SIAIIC	JNO	Stage	: I Necove	Ty Stations	1	-	Stage	2 Necovery Static) I IS		
		_						Room Utilzati				_
			edure Roo			urgical C			<u>irgical Hours</u>			per Case
Procedure Type	•	tient Outpa					utpatient		Outpatient Total			
Gastrointestinal		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
Pain Management		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
				Multip	urpose No	n-Dedic	ated Roo	<u>oms</u>				
	(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
Ei	mergency/Tra	auma Care						Cardi	ac Catheterizatio	n Utiliza	ition	
Certified Trauma				No		Total	Cardiac Cath I	Procedures:			0	
Level of Trauma Service			Level 1 Level 2				Diagnostic Catheterizations (0-14)					
		(No	t Answere	d) Not	Answered			-	terizations (15+)			0
Operating Rooms	s Dedicated for	,		,	0				theterizations (0-1	4):		0
Number of Trauma Visits:					0		Inte	erventional Ca	theterization (15+))		0
Patients Admitted from Trauma					0		EP Catheterizations (15+)					0
Emergency Servi	ice Type:				Stand-By			(Cardiac Surgery D	Tata		
Number of Emer	Stations	0 Startu-By				Total Cardiac Surgery Cases:						
						Pediatric (0 - 14 Years):					0 0	
Persons Treated by Emergency Servi Patients Admitted from Emergency:				0			Adult (15 Years and Older):					0
Total ED Visits (E	•			0			•	Bypass Grafts (CA	ABGs)		· ·	
	g,				•		-		f total Cardiac Ca			0
(Outpatient Se	ervice Data	1						Cardiac Catheteri	ization I	ahs	·
_	•	CI VICE Data	_		7.050		Total		dicated+Nondedic			•
•	Total Outpatient Visits Outpatient Visits at the Hospital/ Ca				7,350 7,350			`			,	0 0
Outpatient Vis		•				Cath Labs used for Angiography proc					0	
Outpatient vis	sits Offsite/Off	campus			0			Dedicated Diagnostic Catheterization Lab Dedicated Interventional Catheterization Labs				0
									Catheterization L		Labs	0
Diagnastic/Inter	nventional				Examin	ations		Radiation I				Therenies/
<u>Diagnostic/Inter</u> Equipme		Ou	ned Cont	ract Inn		iations itpt Cor	atract	Naulation		wnod (Contract	Therapies/ Treatments
General Radiograph			nied Cont 2	-	alient Ot 624	11pt Cor 0	111 ac 1	Lithotripsy	U	wnea C	0 Ontract	0
Nuclear Medicine	γ/ι ισυτυσυυρ	y	0	0	0	0	0	Linear Accel	erator	0	0	0
Mammography			0	0	0	0	0		ded Rad Therapy	_	0	0
Ultrasound			0		108	0	108	_	ded Rad Therapy lodulated Rad Thr		0	0
			0	0	100	U	100	•		р 0 0	0	0
Angiography	granby		U	U	0	0	0	High Dose B		0	0	0
Diagnostic Angiog					0 0	0 0	0 0	Proton Beam Gamma Knif		0	0	0
Interventional And		DET\	0	0	0	0	0		5	0	0	0
Positron Emission T	0,,,	,	0	0	0	0	-	Cyber knife		U	U	U
Computerized Axial Magnetic Resonance		(0/1)	0 0	0	0	0	0 0					
wagnede Nesonalic	o magnig		U	U	v	J	U					

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