Hospital Profile - C			e Regional I	Hospital, I	nc.		Greer	nville		Page 1
Ownership, Mar	_		<u>nation</u>			Patients by			Patients by E	-
ADMINISTRATOR NAM						nite			spanic or Latir	
ADMINSTRATOR PHO			9-1			ack			ot Hispanic or	
OWNERSHIP:		le Regional Hos				nerican Indian			nknown:	0.3%
OPERATOR:		le Regional Hos	•		As).2% —	IDDU North	5055
MANAGEMENT: CERTIFICATION:	(Not An	Profit Corporation	n (Not Church-R	(Hawaiian/ Pacific Unknown		0.1% 1.4%		IDPH Numbe	r: 5355 F-02
FACILITY DESIGNATION	•	,						.4 /0	HSA	5
ADDRESS	•	Ithcare Drive	CIT	Y: Greenville	Э	COUNTY:	Bond C	ounty	1107	J
			Facility Utiliza	tion Data by	Category			,		
Olivia al Osmais	Authorize CON Bed					Observation	Average Length	Average Daily	CON Occupancy	Staffed Bed Occupancy
Clinical Service	12/31/201		Census	Admissions	Days	Days	of Stay	Census	Rate %	Rate %
Medical/Surgical	26	26	10	594	1,768	381	3.6	5.9	22.6	22.6
0-14 Years				0	0					
15-44 Years				131	328					
45-64 Years				131	377					
65-74 Years 75 Years +				95 237	288 775					
							4.7	0.4	0.7	
Pediatric	2	2	1	12	20	0	1.7	0.1	2.7	2.7
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	4	4	4	222	490	56	2.5	1.5	37.4	37.4
Maternity				222	490					
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				166	2,495		15.0	6.8	0.0	
Acute Mental Illness	10	10	10	204	1,925	0	9.4	5.3	52.7	52.7
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 42			1,198	6 600	<u>0</u> 437	6.0	19.5	46.5	
Facility Utilization	42		//m.m.lda.a. 10111	•	6,698	_	6.0	19.5	46.5	
			(Includes ICU I				Source			
	Madiaara	Modiosid	Other Public		itients Served by Payor urance Private Pay				with Coro	Totals
	Medicare	Medicaid		Private Ins		•		Cna	arity Care	lotais
Inpatients	56.1%	19.2%	0.0%		17.9%	2.8%			4.0%	
	726	249	0		231	36			52	1,294
Outpatients	39.4%	20.0%	0.0%		36.1%	1.5%			3.0%	
	16158	8219	0	1	14801	596			1248	41,022
Financial Year Reported	<u>1/1/2012</u>	to 12/31/201	2 Inpatie	nt and Outpa	tient Net	Revenue by P	ayor Sour	ce	Charity	Total Charity
	Medicare	Medicaid	Other Public	Private Ins	urance	Private Pay		Totals	Care	Care Expense
Inpatient	48.8%	19.1%	0.0%		20.8%	11.4%	1	00.0%	Expense	721,597
Revenue (\$)				4.0					140,066	Total Charity
-	3,116,727	1,221,069	0	1,3	28,778	726,029	6,3	92,603	142,066	Care as % of
Outpatient	31.6%	14.5%	0.0%		49.0%	4.9%	1	00.0%		Net Revenue
Revenue (\$)	7,331,164	3,347,828	0	11,3	51,527	1,135,949	23,16	66,468	579,531	2.4%
Bir	thing Data			Newb	orn Nurs	ery Utilization			Organ Transp	olantation
Number of Total Births:			207 Leve	el 1 Patient D			382		ney:	0
Number of Live Births:				el 2 Patient D	•		0	Hea	•	0
Birthing Rooms:				el 2+ Patient I	•		0	Lun		0
Labor Rooms:				l Nursery Pat	•		382		art/Lung:	0
Delivery Rooms:			0	•	•				ncreas:	0
Labor-Delivery-Recove	ry Rooms:		0	<u>La</u>	aboratory	<u>Studies</u>		Live	er:	0
Labor-Delivery-Recove	ry-Postpartum	Rooms:		tient Studies			22,077	Tota	al:	0
C-Section Rooms:				oatient Studie		_	86,838	. 34		-
CSections Performed:			50 Stud	dies Performe	ed Under C	Contract	108,351			

Hospital Profile - C	Y 2012	Greenvi	lle Re	gional F	lospital,	Inc.		Greenvi	lle		Page 2
			<u>S</u> ı	ırgery an	d Operatir	ng Room Uti	<u>lization</u>				
Surgical Specialty	<u>Operat</u>			Surgical (<u>Cases</u>	Surgical Hours			<u>Hours</u>	per Case	
	Inpatient Outpation					Outpatient		Outpatient To		•	Outpatient
Cardiovascular	_	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
General	-	0 2		2	67	169	138	362	500	2.1	2.1
Gastroenterology	-	0 1		1	53	777	52	654	706	1.0	0.8
Neurology	_	0 0		0	0	0	0	0	0	0.0	0.0
OB/Gynecology	-	0 0		1	71	151	203	293	496	2.9	1.9
Oral/Maxillofacial	-	0 0		0	0	0	0	0	0	0.0	0.0
Ophthalmology	-	0 0 0 0		0	0	126	0	102	102	0.0	0.8
Orthopedic	•			0	0	61	0	112	112	0.0	1.8
Otolaryngology	-	0 0 0 0		0	0	128	0	96	96 48	0.0	0.8
Plastic Surgery	-	•		0	0	25 19	0	48 38	48	0.0	1.9 2.0
Podiatry	-	•		0	0		0		38	0.0	
Thoracic	_	0 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	1	0 3		4	191	1456	393	1705	2098	2.1	1.2
SURGICAL RECOVE	RY STATIONS	St	age 1 Re	ecovery S	tations	2	Stag	je 2 Recovery	Stations	8	
				and Non-			Room Utilza				
		Procedure F				cal Cases	-	Surgical Hours	_		per Case
Procedure Type	Inpatient	Outpatient C	ombined	d Total	Inpatient	Outpatient	t 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	1	1	0	45	0	42	42	0.0	0.9
Pain Management	0	0	1	1	0	40	0	49	49	0.0	1.2
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
						edicated Ro					
	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
Eme	ergency/Trauma	Care					Card	diac Catheteri	zation Util	<u>ization</u>	
Certified Trauma C					No		Total Cardiac Cath Procedures:				0
Level of Trauma Se	Level of Trauma Service		el 1	Level 2			•	neterizations (0	,		0
		(Not Answ	ered)	Not Ansv			-	neterizations (1			0
Operating Rooms Dedicated for Trauma		uma Care						atheterization	` ,		0
Number of Trauma					0			atheterization	(15+)		0
Patients Admitted from Trauma					0	EF	P Catheteriza	tions (15+)			0
Emergency Service				Star	nd-By			Cardiac Surg	gery Data		
Number of Emerge	-				4		Cardiac Sur				0
Persons Treated by Emergency Services:				9	,150		ediatric (0 - 14	,			0
Patients Admitted f				606		dult (15 Years	,	- (0400-)		0	
Total ED Visits (En	nergency+1raum	a):		9	,150	Co		/ Bypass Graft of total Cardia			
							penomieo				0
	<u>itpatient Service</u>	<u>Data</u>						Cardiac Catl			
Total Outpatient Vis			,022	Total	Cath Labs (I	,	0				
	s at the Hospital/				Cath Labs used for Angiography procedures					0	
Outpatient Visits	s Offsite/off camp				0	Dedicated Diagnostic Catheterization Lab					0
								nterventional C P Catheteriza		ion Labs	0 0
Diagnostic/Interve	entional			F	xaminatio	ns		Equipment			Therapies/
<u>Equipmen</u>		Owned Contract		<u></u>		Contract		. <u> </u>	Owned	Treatments	
General Radiography/	_	2)	1,251	8,083	0	Lithotripsy			0 0	0
Nuclear Medicine	пиотозсору	0	1	1,231	0,003	648	Linear Acc	alarator		0 0	0
Mammography		1	0	34	1,955	046		uided Rad The		0 0	0
Ultrasound		2	0	632	3,127	0	J	Modulated Ra	. ,	0 0	0
		0	0	032	3,127	U	•		•	0 0	0
Angiography Diagnostic Angiogra	nhv	U	U	0	^	^		Brachytherapy am Therapy		0 0	-
Diagnostic Angiogra Interventional Angio				0	0	0 0	Gamma Kr			0 0	0
Positron Emission Ton	•	0	0	0	0	0	Cyber knife			0 0	0
Computerized Avial To	0,,,,		0	756	2 383	0	Cyber Kille	•		0	U

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

2,383

Computerized Axial Tomography (CAT)

Magnetic Resonance Imaging