ORIGINAL

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: The Julia Rackley Perry Memorial Hospital **CITY:** Princeton

REPORTING PERIOD DATES: **From:** Jan 1 2012 **to:** Dec 31, 2012

Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	18	956	1681	Ø	18
Obstetrics	4	115	171	-4	Ø
Pediatrics	Ø	Ø	Ø	Ø	Ø
Intensive Care	3	99	152	Ø	3
Comprehensive Physical Rehabilitation	Ø	Ø	Ø	Ø	Ø
Acute/Chronic Mental Illness	Ø	Ø	Ø	Ø	Ø
Neonatal Intensive Care	Ø	Ø	Ø	Ø	Ø
General Long Term Care	Ø	Ø	Ø	Ø	Ø
Specialized Long Term Care	Ø	Ø	Ø	Ø	Ø
Long Term Acute Care	Ø	Ø	Ø	Ø	Ø
Other ((identify)	Ø	Ø	Ø	Ø	Ø
TOTALS:	25	1170	2004	-4	21

SECTION XI. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

   Answer 1, 2 & 3: We have communicated with all surrounding hospitals and they have all responded indicating that they will be able to handle whatever volume is shifted as a result of the closure of OB Services at Perry Memorial Hospital.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

   Answer: As a municipality, we are not required to report through the Illinois Community Benefits Act.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

   Answer: Please see chart on next page.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

   Answer: Not applicable.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2012**	**2011**	**2010**
Inpatient	33	77	45
Outpatient	870	956	518
Total	903	1,033	563
Charity (cost in dollars)			
Inpatient	80,077	370,070	239,631
Outpatient	305,710	611,494	359,311
Total	385,787	981,564	598,942
MEDICAID			
Medicaid (# of patients)	**2012**	**2011**	**2010**
Inpatient	149	191	227
Outpatient	5,270	5,772	5,954
Total	5,419	5,963	6,181
Medicaid (revenue)			
Inpatient	$ 1,058,401	$ 500,517	$ 349,704
Outpatient	$ 4,547,331	$ 731,048	$ 728,377
Total	$ 5,605,732	$ 1,231,565	$ 1,078,080