

ORIGINAL

08-076

RECEIVED

APPLICATION FOR PERMIT OCT 2 2008

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND APPLICATION (IDEN) **HEALTH FACILITIES PLANNING BOARD**

This section must be completed for all projects.

A. Facility/Project Identification

Facility Name BroMenn Healthcare Hospitals (dba BroMenn Regional Medical Center)  
Street Address 1304 Franklin Avenue City Normal  
County McLean Zip 61761 Health Service Planning Area D-02

B. Applicant Identification (provide for each co-applicant [refer to Part 1130.220] and insert after this page)

Exact Legal Name BroMenn Healthcare Hospitals  
Address 1304 Franklin Avenue, Normal, IL 61761  
Name of Registered Agent Roger S. Hunt, FACHE  
Name of Chief Executive Officer Roger S. Hunt, FACHE Title President & CEO  
CEO Address PO Box 2850, Bloomington, IL 61702-2850 Telephone No. (309) 268-5180

Type of Ownership:

Non-profit Corporation  For-profit Corporation  Limited Liability Company  
 Partnership  Governmental  Sole Proprietorship  Other (specify) \_\_\_\_\_

Corporations and limited liability companies must provide an Illinois certificate of good standing; partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT IDEN-1 AFTER THE LAST PAGE OF THIS SECTION.

C. Primary Contact Person (person who is to receive correspondence or inquiries during the review period)

Name Sonja Reece, FACHE Title Director, Government Affairs & Property Management  
Company Name BroMenn Healthcare System  
Address PO Box 2850, Bloomington, IL 61702-2850 Telephone No. (309) 268-5482  
E-mail Address sreece@bromenn.org Fax Number (309) 888 -0961

**D. Additional Contact Person** (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of applicant)

Name Steven M. Holman, FACHE Title Vice President, Planning & System Services  
Company Name BroMenn Healthcare System  
Address PO Box 2850, Bloomington, IL 61702-2850 Telephone No. (309) 268-5896  
E-mail Address sholman@bromenn.org Fax Number (309) 888-0961

**E. Post Permit Contact Person** (person to whom all correspondence and inquiries pertaining to the project subsequent to permit issuance are to be directed)

Name Sonja Reece, FACHE Title Director, Government Affairs & Property Management  
Company Name BroMenn Healthcare System  
Address PO Box 2850, Bloomington, IL 61702-2850 Telephone No. (309) 268-5482  
E-mail Address sreece@bromenn.org Fax Number (309) 888 -0961

Name Steven M. Holman, FACHE Title Vice President, Planning & System Services  
Company Name BroMenn Healthcare System  
Address PO Box 2850, Bloomington, IL 61702-2850 Telephone No. (309) 268-5896  
E-mail Address sholman@bromenn.org Fax Number (309) 888-0961

**F. Site Ownership** (complete this information for each applicable site and insert after this page)

Exact Legal Name of Person Who Owns Site BroMenn Healthcare Hospitals  
Address of Site Owner 1304 Franklin Avenue, Normal, IL 61761  
Street Address or Legal Description of Site 1304 Franklin Avenue, Normal, IL 61761

**G. Operating Entity/Licensee** (complete this information for each applicable facility and insert After this page)

Exact Legal Name BroMenn Healthcare Hospitals (dba BroMenn Regional Medical Center)  
Address 1304 Franklin Avenue, Normal, IL 61761

Type of Ownership:

Non-profit Corporation  For-profit Corporation  Limited Liability Company  
 Partnership  Governmental  Sole Proprietorship  Other (specify) \_\_\_\_\_

Corporations and limited liability companies must provide an Illinois certificate of good standing; partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.**

**H. Organizational Relationships**

Provide (for each co-applicant) an organization chart containing the name and relationship of any person who is related (related person is defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.**

**I. Status of Previous Certificate of Need Projects**

Provide the project number for any of the applicant's projects that have received permits but are not yet complete (completion is defined in Part 1130.140) and provide the current status of the project. If all projects are complete, indicated.

**J. Flood Plain Requirements (refer to instructions for completion of this application)**

Provide documentation regarding compliance with the Flood Plain requirements of Executive Order #4, 1979.

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-4 AFTER THE LAST PAGE OF THIS SECTION.**

**K. Historic Resources Preservation Act Requirements (refer to instructions for completion of this application)**

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-5 AFTER THE LAST PAGE OF THIS SECTION.**

**L. Project Classification (check those applicable, refer to Part 1110.40 and Part 1120.20.b)**

- |   |  |
|---|--|
| 1. Part 1110 Classification                     | 2. Part 1120 Applicability or Classification: (check one only)                                     |
| <input checked="" type="checkbox"/> Substantive | <input type="checkbox"/> Part 1120 Not Applicable <input type="checkbox"/> Category A Project      |
| <input type="checkbox"/> Non-substantive        | <input type="checkbox"/> DHS or DVA Project <input checked="" type="checkbox"/> Category B Project |

## M. Narrative Description

Provide in the space below a brief narrative description of the project. Explain what is to be done, NOT why it is being done. Include the rationale as to the project's classification as substantive or non-substantive. If the project site does NOT have a street address, include a legal description of the site.

### NARRATIVE

BroMenn Regional Medical Center, located at 1304 Franklin Avenue, Normal, Illinois, is embarking on a multiphase plan to replace older sections of the hospital. This first phase of bed replacement will involve the construction of a three-story, 122,566 Gross Square Footage (GSF) new addition on the west side of the hospital.

The project is classified as substantive, Category "B," because it proposes a modernization of a service at a cost that exceeds \$2,000,000.

The first floor is proposed to house the **Mother-Baby Unit**. BroMenn will be changing to the Labor-Delivery-Recovery-Postpartum (LDRP) style of rooms and by doing so, will be replacing 24 obstetric beds and 7 Labor-Delivery-Recovery rooms with 12 obstetric beds and 18 LDRP rooms. There will be two surgical delivery rooms for cesarean section deliveries, replacing the existing two surgical delivery rooms. There will be a 6-bed respite nursery replacing the current nursery and adding an 8-bed special care nursery with isolation capabilities. Appropriate support spaces will be included.

The second floor is proposed to be the location of the **Critical Care Unit**. It will contain the 12 beds of **Intensive Care**, which would replace the current 12 beds. On the same floor will be the 18 **Step-Down (Medical/Surgical)** beds replacing the current 18 beds where patients typically receive care after they come out of ICU.

The **vacated space** where these units are currently located will be used in the next phase of the campus plan and the specific back-fill use is still being determined. There will be minor work done in the existing facilities (listed as modernization) to accommodate the connections between the two buildings.

The third floor will house the **mechanical equipment** that will be sized and positioned to accommodate the future phases of the bed replacement. The lower-level floor will house electrical control rooms and the remainder will be **enclosed, unfinished space** for the future phase of the campus.

**The clinical space** will total 51,948 GSF. The **non-clinical space** totaling 42,617 GSF will consist of the lobby, education rooms, staff area (offices, toilets, locker rooms, on-call rooms, and meeting rooms), family rooms, elevators, corridors, stairwell, mechanical space, information technology space, connectors, and public circulation. The lower level of 29,318 GSF will be **enclosed and unfinished**, leaving that as unconstructed area for future development.

# BROMENN HEALTHCARE

1304 Franklin Ave., Normal Illinois  
Mailing Address: P.O. Box 2850, Bloomington, Illinois 61702-2850  
Telephone: 309-454-1400 www.bromenn.org

August 4, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

As members of the BroMenn Regional Medical Center Medical Staff, we are writing to encourage you to support the hospital's campus plans, presented to you in a Certificate of Need application.

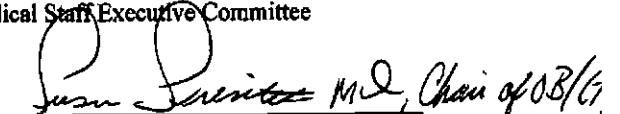
BroMenn has been working for five years on a plan to replace its older buildings and prepare for the future needs of our community. The planning has included participation from dozens of physicians from various specialties, all bringing their vision for the future of medicine to the planning process. Members of the Medical Staff serve on the BroMenn Board of Directors and the Board Committees to carry the message about specific needs to all levels of discussion. The process draws out new ideas and fosters better collaboration among the specialists, all of whom have a shared interest in the future of health care.

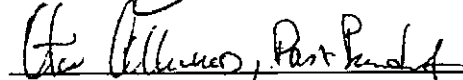
The first phase of the plan will soon be before you. The replacement of the older Mother-Baby unit and Critical Care (ICU and Step-down units) are the most urgent phases of the plan, because of limited space, changes in technology, and the need to accommodate new treatment modalities. Please join us and the rest of our community in supporting this project.

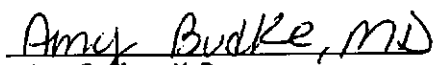
Sincerely,

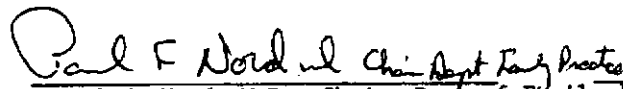
Members of the BroMenn Regional Medical Center Medical Staff Executive Committee

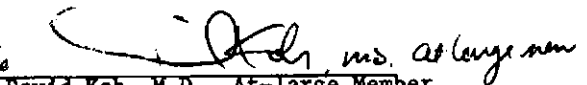
  
Alan Ginsburg, M.D., President

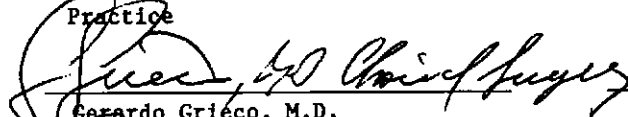
  
Susan Svientek, M.D., Chair, Dept of OB/GYN

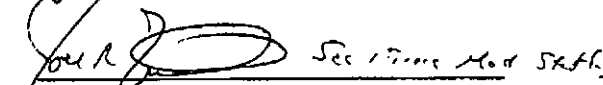
  
Otis Allen, M.D., Past President


  
Amy Budke, M.D.

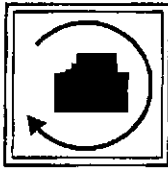
  
Paul F. Nord, M.D., Chair, Dept of Family Practice

  
David Koh, M.D., At-large Member

  
Gerardo Grieco, M.D.

  
Joel Nilles, M.D., Secretary/Treasurer

  
Lawrence V. Gratkins, M.D.



**MCLEAN COUNTY REGIONAL PLANNING COMMISSION**

115 E. WASHINGTON ST. M103 • BLOOMINGTON, IL 61701 • PHONE: 309-828-4331 • FAX: 309-827-4773 • [WWW.MCLEAN.ORG](http://WWW.MCLEAN.ORG)

August 18, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

This letter is coming from a group of community organizations that have formed the Main Street Commission. We are writing to tell you of our support for the BroMenn Regional Medical Center's campus master plan and the proposed addition to the hospital.

We formed this group about three years ago to develop synergy around the revitalization of the Main Street corridor. This is the important thoroughfare that runs seven miles from the north end of Normal to the south end of Bloomington.

The intent of the five founders of this effort was to be assured that this part of the community remained strong and economically vibrant. The founders are the chief executive officers of Illinois State University, Illinois Wesleyan University, BroMenn Healthcare, and the mayors of Normal and Bloomington. All of our organizations are located along this corridor. Together we funded and directed the drafting of the Main Street Plan which was adopted by both municipalities. The implementation of the plan is now under the guidance of the McLean County Regional Planning Commission.

One of the first big projects to come under the Main Street Plan is the proposed new addition to BroMenn Regional Medical Center. This is an organization that has served our community and the surrounding area for over 100 years, providing vital health care. We see this project as precisely what was intended in the Main Street effort.

Bernard Anderson, Chairman • Carl Teichman, Vice Chairman • George Benjamin • Christine Brauer  
Joseph Butcher • Don Fernandes • Mary Jefferson • Mark Klinger • Jay Reece • Shane Rutherford

Mr. Jeffrey S. Mark  
Page 2  
August 18, 2008

BroMenn will be filing a Certificate of Need application for a permit to build this addition. We urge you to support this project and grant BroMenn a permit to keep bringing essential, high quality services to the people of this community.

Respectfully,

*J. L. [Signature]*

Assistant to President, Illinois State University

*Christopher Hood*

*Paul E. Russell*

Executive Director, McLean County Regional Planning Commission

Mayor, Town of Normal

*Richard J. Wilson*

President, Illinois Wesleyan University

*[Signature]*

Director, Facilities Planning & Construction, Illinois State University

*[Signature]*

City Manager, Town of Normal

*[Signature]*

Director, Planning & Code Enforcement, City of Bloomington

*Carl F. [Signature]*

Director, Government & Community Relations, Illinois Wesleyan University

*Stef [Signature]*

Mayor, City of Bloomington

08/08/2008 09:03 FAX 309 438 5319

ISU PRESIDENT OFFICE

001



**ILLINOIS STATE UNIVERSITY**  
*Illinois' first public university*

Office of the President  
421 Hovey Hall  
Campus Box 1000  
Normal, IL 61790-1000  
Phone: (309) 438-5677

August 11, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
Second Floor  
525 West Jefferson Street  
Springfield, Illinois 62761

Dear Mr. Mark:

I am writing to tell you of the important relationship that has evolved between Illinois State University and BroMenn Regional Medical Center. Both institutions are located in Normal, Illinois and have been "neighbors" for over 110 years. In the recent years, the leadership of both organizations has been pursuing a more collaborative relationship. We have worked together to lead the planning for a stronger Main Street corridor and are beginning to see the fruits of that effort.

In 1999 the BroMenn Healthcare System transferred the Mennonite School of Nursing to Illinois State University to grow and develop this excellent nursing college with an 85-year history. The collaboration in nursing continues between Illinois State University and the Mennonite School of Nursing through a joint endowed professorship in Nursing Research which is shared by our two institutions, and the excellent clinical experience that nursing students receive at the BroMenn Regional Medical Center.

Now we are working together to strengthen the neurological research that has been growing in our Department of Biological Sciences through a collaborative program involving BroMenn's neurosurgeons, the Central Illinois Neuroscience Foundation (CINF) and BroMenn's Neurosurgical Residency program affiliated with the Chicago College of Osteopathic Medicine, Midwestern University. One outcome we expect from these efforts is a positive national reputation for these clinicians and researchers who, in turn, will be utilizing and expanding the services and facilities of the BroMenn Regional Medical Center.

You are going to have an opportunity to support this effort by approving the Certificate of Need application for a new addition at BroMenn. The facility will include a new Intensive Care unit and the essential Step-down unit. Based on our view of the neurological service alone, this will bring many more patients to BroMenn from other regions of the country.

We ask that you join Illinois State University in supporting this project.

Sincerely,

*Al Bowman*

Al Bowman  
President

cc: Mr. Roger S. Hunt



**CENTRAL ILLINOIS NEURO HEALTH SCIENCES**

August 4, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

I am a neurosurgeon and member of the BroMenn Regional Medical Center medical staff. BroMenn was the first to offer neurosurgery in our community in 1985, and the program keeps growing.

I am also one of the founders of the Central Illinois Neuroscience Foundation (CINF), which was established in 1996 for the purposes of enhancing neuro healthcare through education and research. CINF also promotes, supports and encourages research in the neurosciences, fortifying a promising future in the maintenance of state-of-the-art quality neurological health care. In conjunction with BroMenn, we pioneered a new stroke protocol.

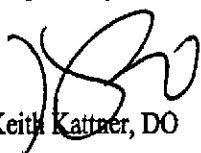
BroMenn Healthcare has been the hub for inpatient research and has been our partner in expanding neurosurgery to the region and beyond. The need for qualified physicians prompted BroMenn and CINF to start a neurosurgery residency program at BroMenn, to assure there will be physicians ready to serve in underserved areas in Illinois and across the country. This program has eight residents and two interns at this time. Coinciding with this educational endeavor, BroMenn Regional Medical Center has worked diligently in providing the appropriate armamentarium to allow for advanced neuroscience healthcare delivery in central Illinois. Examples of this include a comprehensive stroke program, resulting in Joint Commission Stroke Center designation, advanced radiosurgical technology in the acquisition of the CyberKnife, advanced neurosurgical equipment and tools to allow for contemporary and innovative neurosurgical management of diseases, and has provided state of the art diagnostic equipment that is commensurate and necessary for the education of highly qualified neurosurgeons that will enter the workforce over the next few years.

There are four neurosurgeons in our group serving an area that reaches, in terms of our referrals, from LaSalle-Peru to Lincoln and Champaign to Peoria. We just added a fourth neurosurgeon this year to meet a growing demand reflective of a combination of an aging population as well as a desire for patients to seek advanced treatment in this delicate area of medicine. Based on past experience, it is expected that this new surgeon will bring additional admissions resulting in approximately 400-500 added patient days to BroMenn. BroMenn needs to make provisions to accommodate this growing need for services knowing that our new neurosurgeon will make significant in-roads into the neurosurgical requirements that our aging population demands.

It is with all this in mind that I am writing to you to tell you of the importance of the proposed new addition at BroMenn. It is essential that the Intensive Care and Step-down units be relocated to modern, well designed facilities, with ample room and technology for physicians and complex medical teams to orchestrate the management of complicated neurological disease with patients and their families. I urge you to say "Yes" to the Certificate of Need application before you, knowing that you will provide a service to the citizens of central Illinois in need of this care.

I can be reached at 309-662-7500 if you need more information.

Respectfully,



Keith Kattner, DO

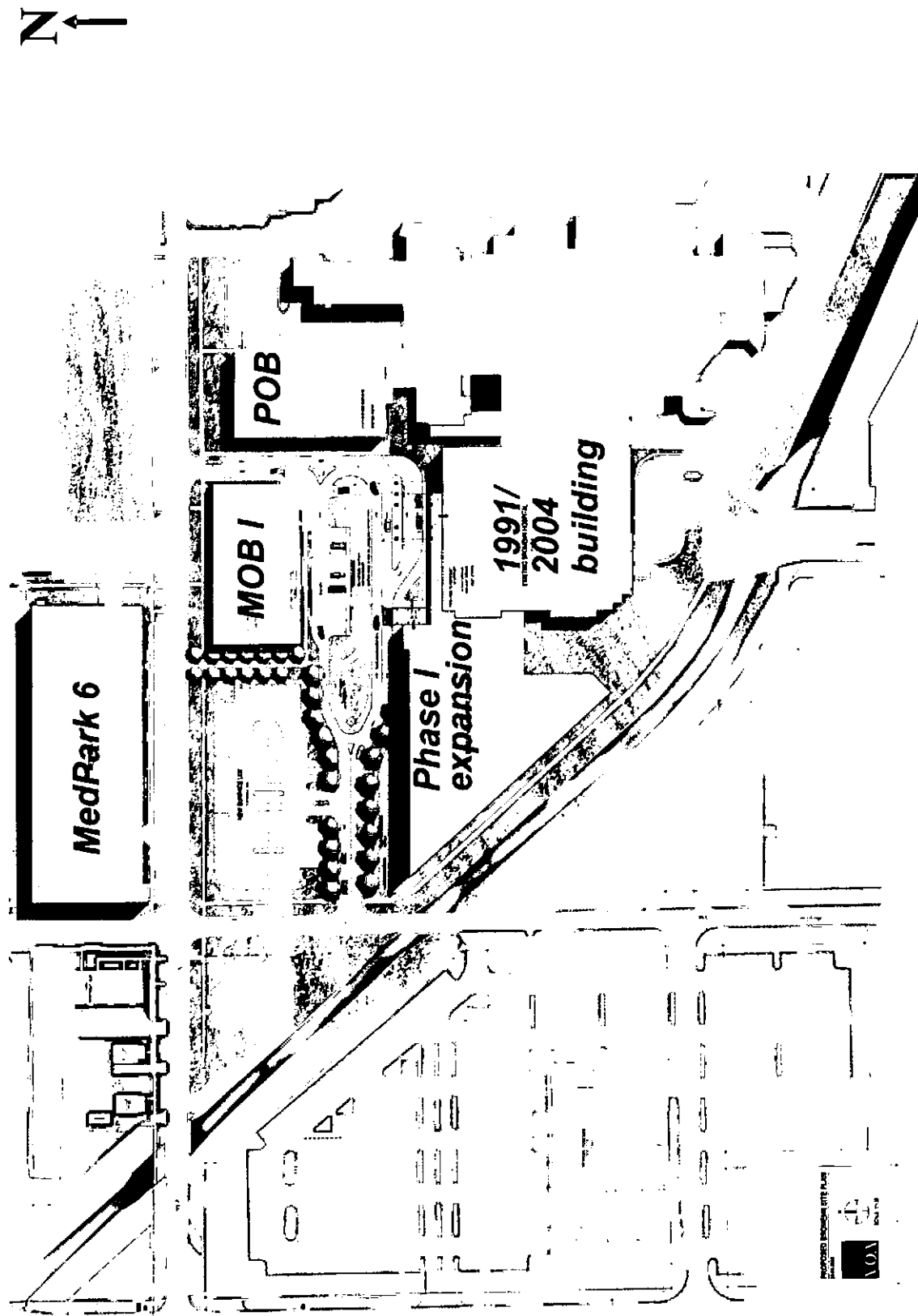
cc: Roger Hunt

# BROMENN REGIONAL MEDICAL CENTER CAMPUS



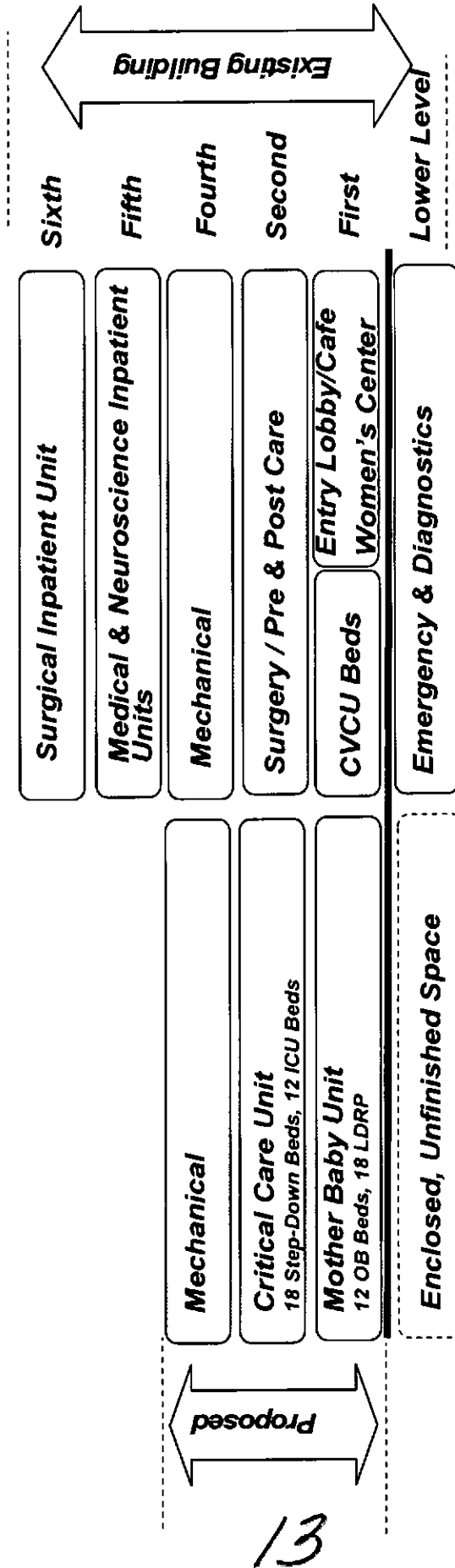
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# BRMC Campus Context



VOA

# Stacking Diagram Location of Inpatient Beds



## N. Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains components that are not related to the provision of health care, complete an additional table for the portions that are solely for health care and insert that table following this page (e.g. separate a nursing home's costs from the components of a retirement community; separate patient care area costs from a hospital project that includes a parking garage). Note, the use and sources of funds must equal.

PROJECT COST AND SOURCES OF FUNDS	Clinical	Non-Clinical	Enclosed, Unfinished	Total
Preplanning Costs	\$ 180,098	\$ 115,804	\$ 44,098	\$ 340,000
Site Survey and Soil Investigation	\$ 80,197	\$ 51,567	\$ 19,637	\$ 151,400
Site Preparation	\$ 945,743	\$ 608,118	\$ 231,570	\$ 1,785,431
Off Site Work	\$ -	\$ -	\$ -	\$ -
New Construction Contracts	\$ 20,185,417	\$ 12,979,333	\$ 4,942,512	\$ 38,107,262
Modernization Contracts*		\$ 331,007	\$ -	\$ 331,007
Contingencies	\$ 1,937,468	\$ 1,245,803	\$ 474,400	\$ 3,657,671
Architectural/Engineering Fees	\$ 1,320,571	\$ 849,135	\$ 323,349	\$ 2,493,055
Consulting and Other Fees	\$ 325,766	\$ 209,469	\$ 79,766	\$ 615,000
Movable or Other Equipment (Not in Construction Contracts)	\$ 3,626,749	\$ 3,220,050	\$ -	\$ 6,846,799
Bond Issuance Expense (project related)	\$ 953,460	\$ 613,080	\$ 233,460	\$ 1,800,000
Net Interest Expense During Construction (project related)	\$ 4,364,728	\$ 2,806,544	\$ 1,068,728	\$ 8,240,000
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 1,532,072	\$ 985,131	\$ 375,136	\$ 2,892,340
Acquisition of Building or other Property (excluding land)	\$ -	\$ -	\$ -	\$ -
<b>ESTIMATED TOTAL PROJECT COST</b>	<b>\$ 35,452,269</b>	<b>\$ 24,015,040</b>	<b>\$ 7,792,656</b>	<b>\$ 67,259,965</b>
Cash and Securities	\$ 3,036,038	\$ 2,056,584	\$ 667,342	\$ 5,759,965
Pledges	\$ 4,374,873	\$ 2,963,499	\$ 961,628	\$ 8,300,000
Gifts & Bequests	\$ 896,058	\$ 606,982	\$ 196,960	\$ 1,700,000
Bond Issues (project related)	\$ 27,145,299	\$ 18,387,975	\$ 5,966,726	\$ 51,500,000
Mortgages				
Leases (fair market value)				
Government Appropriations				
Grants				
Other Funds and Sources				
<b>TOTAL FUNDS</b>	<b>\$ 35,452,269</b>	<b>\$ 24,015,040</b>	<b>\$ 7,792,656</b>	<b>\$ 67,259,965</b>

\*Connecting links between existing & proposed new building (see narrative on next page).

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**O. Related Project Costs**

1. Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

No land acquisition is related to project;

Purchase Price \$ \_\_\_\_\_; Fair Market Value \$ \_\_\_\_\_

2. Does the project involve establishment of a new facility or a new category of service?

Yes  No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \_\_\_\_\_.

**P. Project Status and Completion Schedules**

1. Indicate the stage of the project's architectural drawings:

None or not applicable  Schematics  Preliminary  Final Working

2. Provide the following dates (indicate N/A for any item that is not applicable):

25% of project costs expended Sept. 1, 2010 50% of project costs expended Feb. 1, 2011  
75% of project costs expended Sept. 1, 2011 95% of project costs expended Feb. 1, 2012  
100% of project costs expended June 1, 2012 Midpoint of construction date Mar. 1, 2011

Anticipated project completion date (refer to Part 1130.140) Sept. 1, 2012

3. Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases, or contracts pertaining to the project have been executed;
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
- Project obligation will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT INFO-6 AFTER THE LAST PAGE OF THIS SECTION.**

**Q. Cost/Space Requirements**

Provide in the format of the following example the gross square footage (GSF) and the attributable portion of total project cost for each department/area. Identify each piece of major medical equipment. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurement plus the department or area's portion of the surrounding circulation space. Indicate the proposed use of any vacated space.

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Dietary	1,150,000	3,000	6,000	3,000	1,000	2,000	
Radiation Therapy	3,250,000	4,000	5,500	5,500			
Medical Records	300,000	2,500	6,500		4,000	2,500	
<b>TOTALS</b>	<b>4,700,000</b>	<b>9,500</b>	<b>18,000</b>	<b>8,500</b>	<b>5,000</b>	<b>4,500</b>	

**APPEND DOCUMENTATION AS ATTACHMENT INFO-7 AFTER THE LAST PAGE OF THIS SECTION.**

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**R. Facility Bed Capacity and Utilization**

1. Complete the following chart as applicable. Complete a separate chart for each facility that is part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest 12 month period for which data is available. Any bed capacity discrepancy from the Inventory will result with the application being deemed incomplete.

FACILITY NAME BroMenn Regional Medical Center CITY Normal, IL

REPORTING PERIOD DATES: From July 1, 2006 to June 30, 2007

Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	134	6,592	30,753	-0-	134
Pediatrics	11	292	1,104	-0-	11
Obstetrics	24	1,857	4,600	-12	12
Intensive Care	12	919	2,235	-0-	12
Neonatal ICU	-0-	-0-	-0-	-0-	-0-
Acute Mental Illness	28	611	3,511	-0-	28
Rehabilitation	15	248	3,090	-0-	15
Nursing Care	-0-	-0-	-0-	-0-	-0-
Sheltered Care	-0-	-0-	-0-	-0-	-0-
Other (identify)	-0-	-0-	-0-	-0-	-0-
Other (identify)	-0-	-0-	-0-	-0-	-0-
Other (identify)	-0-	-0-	-0-	-0-	-0-
<b>TOTALS</b>	<b>224</b>	<b>10,519</b>	<b>45,293</b>	<b>-12</b>	<b>212</b>

2. Is the facility certified for participation in the Medicare "swing bed" (i.e. acute care beds certified for extended care) program?      Yes   X   No
3. For the following categories of service, indicate the number of existing beds that are Medicare certified and the number of existing beds that are Medicaid certified (if none, so indicate):

Service	# Medicare Beds	# Medicaid Beds
Nursing Care	<u>15 (Rehab)</u>	<u>15 (Rehab)</u>
ICF/DD Adult	<u>                    </u>	<u>                    </u>
Children DD	<u>                    </u>	<u>                    </u>

17

S. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant and for each of the co-applicants.

This Application for Permit is filed on behalf of BroMenn Healthcare Hospitals\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Roger S. Hunt  
Signature

Printed Name Roger S. Hunt, FACHE  
Printed Title President & CEO

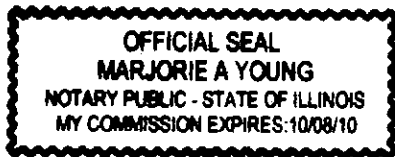
Penny Cermak  
Signature

Printed Name Penny Cermak  
Printed Title Vice President, Finance & CFO

Notarization:  
Subscribed and sworn to before me  
this 4<sup>th</sup> day of September, 2008

Marjorie A. Young  
Signature of Notary

Seal



Notarization:  
Subscribed and sworn to before me  
this 3<sup>d</sup> day of September, 2008

Marjorie A. Young  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

File Number 1481-122-2



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

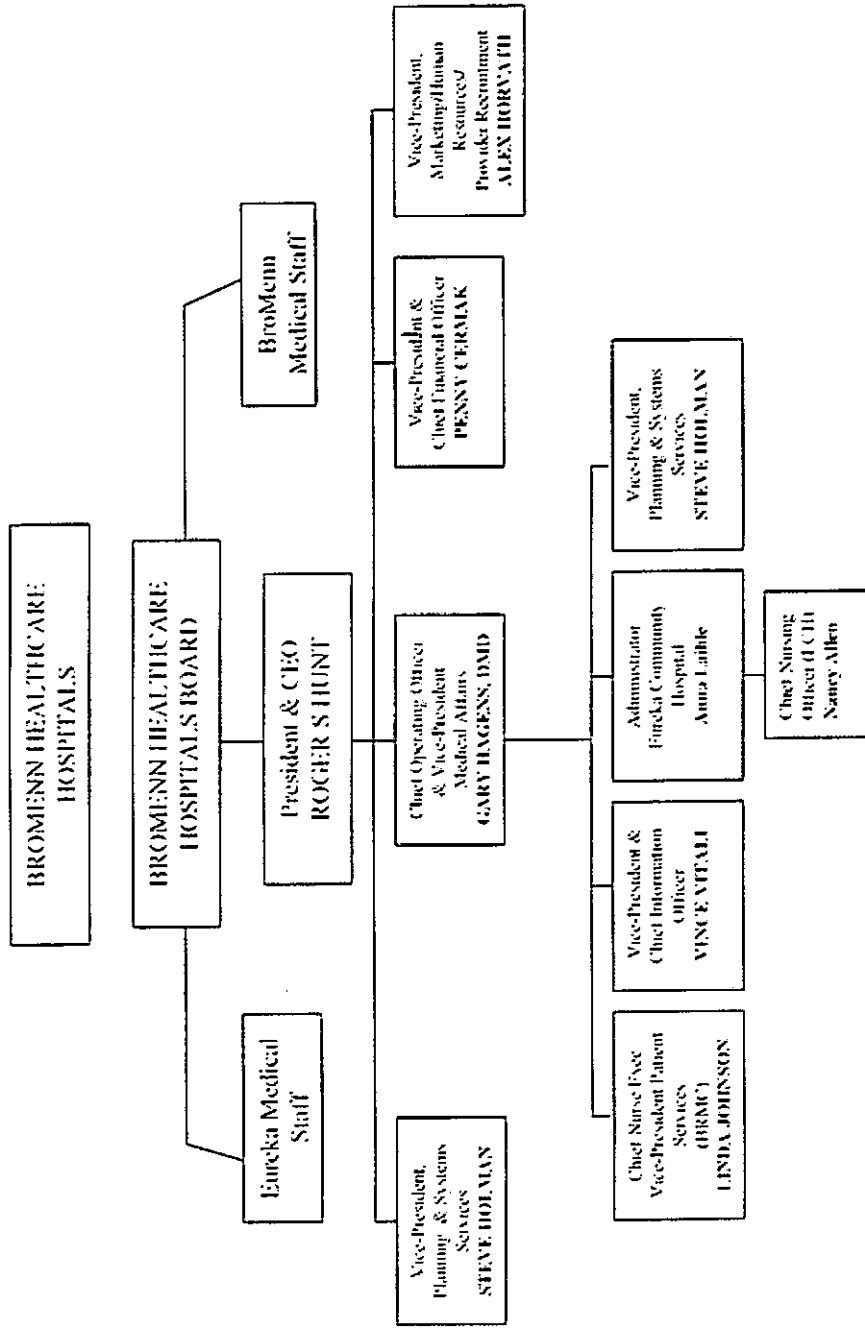
BROMENN HEALTHCARE HOSPITALS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 24, 1919, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JUNE A.D. 2008 .*



Authenticallan #: 0615461992  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*  
SECRETARY OF STATE



Key:  
VICE-PRESIDENT  
Administrator

**Status of Previous Certificate of Need Projects**

Provide the project number for any of the applicant's projects that have received permits but are not yet complete (completion is defined in Part 1130.140) and provide the current status of the project.

BroMenn Healthcare Hospitals is a co-applicant on Permit #07-060, BroMenn Care and Comfort Suites, a 3-bed recovery care center. This will be located at The Center for Orthopedic Medicine (dba The Center for Outpatient Medicine) and operated by BroMenn Healthcare Hospitals. The project has been obligated and the Planning Board received a certification of the obligation on August 26, 2008. The space is being prepared for the construction of the unit.



## Illinois Department of Natural Resources

One Natural Resources Way • Springfield, Illinois 62702-1271  
<http://dnr.state.il.us>

Rod R. Blagojevich, Governor

Sam Flood, Acting Director

September, 2, 2008

Mr. Don Adams, P.E.  
Farnsworth Group  
1819 South Neil Street, Suite F  
Champaign, IL 61820

RE: BroMenn Regional Medical Center Addition, Normal, Illinois

Dear Mr. Adams:

Thank you for requesting a floodplain determination for the proposed addition to the BroMenn Regional Medical Center in Normal, Illinois to ensure compliance with Illinois Executive Order V 2006 (E.O. V). I apologize for my delayed response. This office has been very busy with ongoing flooding across the state.

In brief, E.O. V (2006) requires that state agencies which plan, promote, regulate, or permit activities, as well as those which administer grants or loans in the State's floodplain areas, must ensure that all projects meet the standards of the state floodplain regulations or the National Flood Insurance Program (NFIP) whichever is more stringent. These standards require that new or substantially improved buildings as well as other development activities be protected from damage by the 100-year flood. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties. Lastly, development activities which are determined to be "critical facilities" must be protected to the 500-year flood elevation.

Based on the information you have provided, **we have determined that this parcel is located within a designated 100-year floodplain** and therefore would fall under the requirements of E.O. V.

Hospitals are specifically listed as a "critical facility". The Executive Order requires that all new Critical Facilities shall be located outside of the floodplain. Where this is not practicable, Critical Facilities shall be developed with the lowest floor elevation equal to or greater than the 500-year frequency flood elevation or structurally dry floodproofed to at least the 500-year frequency flood elevation. Based on the site plans you have submitted, it appears that the new BroMenn addition cannot be constructed outside of the mapped floodplain. Plans also show that the addition does meet the lowest floor requirement and will be elevated above the 500-year flood level.

Mr. Don Adams, P.E.  
Farnsworth Group  
Page 2

Should you have any questions or comments regarding this flood hazard determination, feel free to contact me at (217) 782-4428.

Sincerely,



Paul A. Osman, Manager  
Statewide Floodplain Programs

CC: Mike Bryant, FEMA Region V  
Gene Brown, Town of Normal



**Illinois Historic  
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

McLean County

Normal

CON - Demolition and New Construction for New Wing, Phase 1  
Virginia and Franklin Ave. (1304 Franklin Ave.)  
IHPA Log #026071608

August 29, 2008

Janet Hood  
BroMenn Healthcare  
P.O. Box 2850  
Bloomington, IL 61702-2850

Dear Ms. Hood:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Patrick Gleason, Cultural Resources Manager, 1 Old State Capitol Plaza, Springfield, IL 62701, 217/785-3977.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

A tele typewriter for the speech/hearing impaired is available at 217-524-7128. It is not a voice or fax line.



## COST/SPACE REQUIREMENTS

Clinical Area	Cost	GSF Existing	GSF Proposed	Proposed New Construction	Proposed GSF Modernized	Proposed As Is	Proposed Vacated Space
OB	\$ 4,418,119	15,129	6,577	6,577			15,129
Patient Triage	\$ 1,586,909		2,159	2,159			
LDRP	\$ 8,232,252		12,427	12,427			
LDR	\$ -	3,895					3,895
Surgical Delivery	\$ 2,463,389	926	2,787	2,787			926
Nursery	\$ 592,780	1,199	905	905			1,199
Special Care Nursery	\$ 2,220,927		3,261	3,261			
ICU	\$ 7,365,619	4,703	10,362	10,362			4,703
Medical/Surgical	\$ 8,572,274	11,074	13,470	13,470			11,074
<b>Clinical Subtotal</b>	<b>\$ 35,452,269</b>						
<b>Non Clinical Area</b>							
Circulation	\$ 1,335,895		3,245	3,245			
Mechanical Room	\$ 12,935,606		18,853	18,853			
Lobby/Public	\$ 2,458,796		5,017	5,017			
Link to Main Lobby	\$ 1,626,387		1,392	1,392			
Link to CVCU - New	\$ 251,045		674	674			
Link to CVCU - Modernized	\$ 92,443		222		222		
Link to Same Day Surgery	\$ 360,924		969	969			
Link to Same Day Surg - Modernized	\$ 458,030		1,095		1,095		
Education/Conference	\$ 801,497		2,210	2,210			
Electrical/Tele	\$ 1,703,465	230	3,862	3,862			230
Offices	\$ 693,580		1,769	1,769			
Family	\$ 223,874		571	571			
Other Non-Clinical	\$ 1,073,500	1,116	2,738	2,738			1,116
<b>Non-Clinical Subtotal</b>	<b>\$ 24,015,040</b>						
<b>Enclosed/Unfinished Lower Level</b>	<b>\$ 7,792,656</b>		29,318	29,318			
<b>Totals</b>	<b>\$ 67,259,965</b>	<b>38,272</b>	<b>123,883</b>	<b>122,566</b>	<b>1,317</b>	<b>-</b>	<b>38,272</b>

**SECTION III. GENERAL REVIEW CRITERIA**

This section is applicable to all projects EXCEPT those projects that are solely for discontinuation with no project costs and those projects that are non-substantive and subject only to a Part 1120 review. Refer to Part 1110.40 for the requirement for non-substantive projects.

**A. Criterion 1110.230(a), Location****NOT APPLICABLE**

Check if the project will result in any of the following:  establishment of a health care facility;  establishment of a category of service;  acquisition of major medical equipment (for treating inpatients) that is not or will not be located in a health care facility and is not being acquired by or on behalf of a health care facility. If NO boxes are checked, this criterion is not applicable. If any box is checked, read the criterion and submit the following:

1. A map (8 ½" x 11") of the area showing:
  - a. the location of the applicant's facility or project;
  - b. the name and location of all the other facilities providing the same service within the planning area and surrounding planning areas within 30 minutes travel time of the proposed facility;
  - c. the distance (in miles) and the travel time (under normal driving conditions) from the applicant's facility to each of the facilities identified in b. above;
  - d. an outline of the proposed target population area.
2. For existing facilities, provide patient origin data for all admissions for the last 12 months presented by zip code. Note this information must be based upon the patient's legal residence other than a health care facility for the last 6 months immediately prior to admission. For all other projects for which referrals are required patient origin data for the referrals must be provided.
3. The ratio of beds to population (population will be based upon the latest census data by zip code) within 30 minutes travel time of the proposed project.
4. The status of the project in the zoning process. Provide letter(s) from the appropriate local officials.
5. Evidence of legal site ownership, possession, or option to purchase or lease.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1110.230(b), Background of Applicant**

26

Read the criterion and submit the following information:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. Proof of current licensing and, if applicable, certification and accreditation of all health care facilities owned or operated by the applicant.
3. A certification from the applicant listing any adverse action taken against any facility owned or operated by the applicant during the three (3) years prior to the filing of the application.
4. Authorization(s) permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any action by the State Board.**

**APPEND DOCUMENTATION AS ATTACHMENT GRC-2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Criterion 1110.230(c), Alternatives to the Proposed Project**

Read the criterion and provide the following information:

1. Provide a comparison of all of the alternatives considered including the alternative of doing nothing. The comparison must address cost benefit analyses, patient access, quality, and short and long-term financial benefits.
2. Discuss why the alternative of using other area facilities or resources to meet the needs identified in your project is not feasible.
3. Discuss why the alternative of utilizing underutilized bed or other space in the facility is not feasible.
4. If the alternative selected is based solely or in part on improved quality of care, provide empirical evidence (including quantified outcome data) that verifies improved quality of care.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-3 AFTER THE LAST PAGE OF THIS SECTION.**

**D. Criterion 1110.230(d), Need for the Project**

Is the need for the project based upon need assessment per Part 1100 or a variance?

Yes  No

If no is indicated, read the criterion and submit the following as applicable:

1. Copies of area market studies including explanations regarding how and when these studies were performed.
2. Calculation of the need for the beds or services including the models used to estimate the need (all assumptions used in the model and the mathematical calculations must be included).
3. Identification of the individuals likely to use the proposed beds or service by:

Provide letters from physicians or hospitals, which document how many patients were referred for this service in the past 12 months, where the patients were referred and how many patients will be referred annually to the proposed project

4. If the project is for the acquisition of major medical equipment that does NOT result in the establishment of a category of service, provide documentation that the equipment will achieve or exceed the applicable target utilization levels specified in Appendix B of Part 1110 within 12 months after acquisition.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-4 AFTER THE LAST PAGE OF THIS SECTION.**

**E. Criterion 1110.230(e), Size of Project**

Read the criterion and provide the following:

1. For any department involved in this project that has a square footage which exceeds the State Norm found in Appendix B of Part 1110 or if no State Norm is shown in Appendix B, provide:
  - a. a rationale explaining how the proposed square footage was determined;
  - b. copies of any standards used to determine appropriate square footage;
  - c. architectural drawings showing any design impediments in the existing facility; and
  - d. if the project is for the conversion of beds from one category of service to another an explanation as to why the excess space within the facility cannot be more appropriately used for other purposes.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-5 AFTER THE LAST PAGE OF THIS SECTION.**

2. If the project involves a category of service for which the State Board has established utilization targets, provide the following:
  - a. projected utilization for the first two years of operation after project completion;
  - b. an explanation regarding how these projections were developed;
  - c. copies of any contracts with new physicians or professional staff;
  - d. a list of any new procedures which will affect the workload of the facility.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-6 AFTER THE LAST PAGE OF THIS SECTION.**

**Criterion 11110.230(a), Location**

This project does not result in the establishment of a health care facility, the establishment of a category of service, or the acquisition of major medical equipment.

**ATTACHMENT GRC-2 - Background of Applicant - Page 32 through 64**

**Criterion 1110.230(b), Background of Applicant**

BroMenn Healthcare Hospitals has ownership in or operates the following facilities:

Facility	Location	License No.	Joint Commission Accreditation No.
BroMenn Regional Medical Center	Normal, IL	0004812	HCO ID: 4482*
Eureka Community Hospital	Eureka, IL	0003574	HCO ID: 4482*
BroMenn Hospice	Normal, IL	2000123	Not surveyed separately
BroMenn Home Health Services	Normal, IL	1001932	HCO ID: 4482*

\*Hospital identifier codes

On the following pages are proof of current licensing, certification, and accreditation. Also included is certification regarding any adverse actions, and authorization to permit access to information, as required.





State of Illinois 1881526

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M. D.  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	IC NUMBER
07/09/09	BGBD	0004812
<b>FULL LICENSE</b> <b>GENERAL HOSPITAL</b> <b>EFFECTIVE: 07/10/08</b>		

BUSINESS ADDRESS

BROMENN REGIONAL MEDICAL CENTER  
1304 FRANKLIN AVENUE

NORMAL IL 61761

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/97 -

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 1863105  
Department of Public Health  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
02/28/09	072	2000123

FULL HOSPICE PROGRAM

02/02/08

BRO-MENN HOSPICE  
1322 S. MAIN STREET

NORMAL IL 61761

FEE RECEIPT NO. 031406

**State of Illinois 1863105**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
02/28/09	072	2000123

FULL HOSPICE PROGRAM

BUSINESS ADDRESS

BRO-MENN HOSPICE  
1322 S. MAIN STREET

NORMAL, IL 61761  
The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

**State of Illinois 1863093**

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**DAMON T. ARNOLD, M.D.**  
Issued under the authority of  
 The State of Illinois  
 Department of Public Health  
**DIRECTOR**

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/28/09	073	1001932

**\*\*HOME HEALTH AGENCY LICENSES\*\***  
**SKILLED NURSING\*\*SPEECH THERAPY**  
**PHYSICAL THERAPY \*\*\*\*\***  
**OCCUPATIONAL THERAPY \*\*\*\*\***  
**MEDICAL SOCIAL SERVICE \*\*\*\*\***  
**HOME HEALTH AIDE \*\*\*\*\***

BUSINESS ADDRESS

**BROMENN HOME HEALTH SERVICES**  
**1322 S. MAIN STREET**  
**NORMAL IL 61761 3442**

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/97

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE.

REMOVE THIS CARD TO OBTAIN  
LICENSATION

1849781

State of Illinois

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EUREKA COMMUNITY HOSPITAL

12/31/08 BGDG 0003574

FULL LICENSE

CRITICAL ACCESS HOSP

EFFECTIVE: 01/01/08

11/03/07

EUREKA COMMUNITY HOSPITAL  
101 SO. MAJOR ST.  
EUREKA IL 61530-0203

FEE RECEIPT NO.

**State of Illinois 1849781**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

This card is to be displayed in a conspicuous place at the institution. It is to be removed when the institution is closed for business. It is to be removed when the institution is closed for business. It is to be removed when the institution is closed for business.

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

12/31/08 BGDG 0003574

FULL LICENSE  
CRITICAL ACCESS HOSP  
EFFECTIVE: 01/01/08

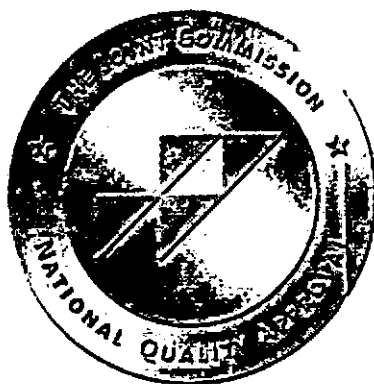
BUSINESS ADDRESS

EUREKA COMMUNITY HOSPITAL  
101 SOUTH MAJOR ST.  
EUREKA IL 61530 0203

The type of this license is a critical access hospital. Printed by the State of Illinois, 6/07.

BroMenn Regional Medical Center  
**BroMenn Healthcare Hospitals**  
Normal, IL

has been Accredited by



**The Joint Commission**

Which has surveyed this organization and found it to meet the requirements for the  
**Hospital Accreditation Program**

**November 10, 2007**

Accreditation is customarily valid for up to 39 months.

*David L. Nahrwald*

David L. Nahrwald, M.D.  
Chairman of the Board

4452  
Organization ID #

*Dennis S. O'Leary*

Dennis S. O'Leary, M.D.  
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



# BroMenn Healthcare Hospitals

Normal, IL

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Home Care Accreditation Program

November 10, 2007

Accreditation is customarily valid for up to 39 months.

*David L. Nahrwold*

David L. Nahrwold, M.D.  
Chairman of the Board

4482  
Organization ID #

*Dennis S. O'Leary*

Dennis S. O'Leary, M.D.  
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



Eureka Community Hospital

# BroMenn Healthcare Hospitals

Normal, IL

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Critical Access Hospital Accreditation Program

November 10, 2007

Accreditation is customarily valid for up to 39 months.

David L. Nahrwald, M.D.  
Chairman of the Board

4432  
Organization ID #

Dennis S. O'Leary, M.D.  
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



**Attachment GRC-2.3 & 2.4 – Adverse Action Certification; Authorization Access to Information**





# BROMENN HEALTHCARE

1304 Franklin Ave., Normal, IL  
Mailing Address: P.O. Box 2850, Bloomington, Illinois  
61702-2850  
Telephone: 309-454-1400 www.bromenn.org

September 5, 2008

Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

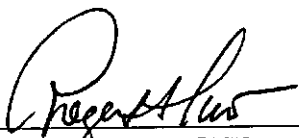
Dear Mr. Mark:

This letter serves to advise you that no adverse action has been taken against BroMenn Healthcare Hospitals within the preceding three years of filing this application, as defined in the criteria of this application.

I assure you that representatives of BroMenn Healthcare Hospitals are fit, willing, and have the necessary qualifications, background and character to continue to provide an excellent standard of care to the communities we serve.

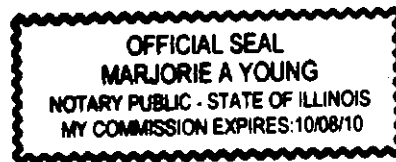
I, Roger S. Hunt, hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

Sincerely,

  
\_\_\_\_\_  
Roger S. Hunt, FACHE  
President

9/2/08  
Date

Notarized: September 2, 2008  
Marjorie A. Young  
Notary Public



### Criterion 1110.230(b) Background of Applicant

As required by the Health Facilities Planning Act, the Applicant is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care services for the Bloomington-Normal community.

#### **BroMenn Healthcare Background**

In 1894, four local physicians each contributed \$500 and began planning a hospital for the area's ever-growing population. "Deaconess Hospital" officially opened May 8, 1896. Within two years, the hospital outgrew its capacity and a second building was begun. In 1901, Abram Brokaw, a local plow maker, made a sizable contribution of \$10,000 and the hospital name was changed to **Brokaw Hospital** in his family's honor. A Brokaw Hospital nursing school was also established.

In 1901, Dr. J. W. Wyatt purchased a large two-story home in the small Woodford County town of Eureka and remodeled it for use as his practice and residence. Dr. Robert Smith bought the house in 1914 and converted it into a hospital by closing in the open porches, thus creating patient rooms on the second floor. That would ultimately become **Eureka Community Hospital**.

In January 1919, several Mennonite church leaders proposed a plan to establish another hospital and training school in Bloomington through the united work of all the Mennonite churches of central Illinois. They purchased property in Bloomington for \$10,000. Within the first year, the facility became overcrowded, so Kelso Sanitarium (at 807 North Main Street) was purchased, including the Kelso Training School. The sanitarium was renamed **Mennonite Hospital**, with the training school eventually becoming Mennonite School (later "College") of Nursing.

Over the years, the hospitals were courageous pioneers. Brokaw Hospital was the first in the area to have a CT scanner, a hospital-based chemical dependence unit, psychiatric care, cardiac rehabilitation, neurosurgery, birthing rooms, and a separate pediatric unit.

Mennonite Hospital was the first in the area to introduce corneal transplants, hospital-based long-term care, hospice, adult day care, wellness programs, home health services, pastoral education, and counseling.

Eureka Hospital was purchased by The Mennonite Health Care Association in 1978. As the only hospital in Woodford County, Eureka Hospital had added a new building to the original house in 1961 and benefited even more from its affiliation with Mennonite. Its name changed to Eureka Community Hospital in 1984.

With such innovation in common, it was only natural that all three hospitals would eventually come together. In July 1984, the hospitals proudly unveiled BroMenn Healthcare, a new healthcare system that combined the resources of all. The State allowed Brokaw and Mennonite to come under one license and combine their programs after their merger. In the early 1990s Mennonite Hospital was closed and all programs were relocated to the Brokaw campus.

After a major expansion in 1991, Brokaw Hospital became **BroMenn Regional Medical Center**, one of the most advanced medical centers in central Illinois. Eureka Community Hospital had major expansions in 1986 and 1994, and today is a modern rural critical-access community hospital. As the communities' only locally governed hospitals, the BroMenn Healthcare System strives to bring health care of the highest standard to central Illinois.

BroMenn Regional Medical Center provides a broad array of acute care hospital services including Women's and Children's, Comprehensive Heart Care, Neurosciences/Stroke Program, Cancer Care Services, Orthopedic Medicine, Wound Healing/Hyperbaric Medicine, Behavioral Health and Gerontology.

Since the merger, BroMenn has introduced many cutting-edge services to the community, including "clot-busting" medications for stroke treatment, a sleep disorders lab, electrophysiology for irregular heartbeat, a wound healing center, new treatments for chronic pain, stress echocardiograms, routine newborn hearing tests, and electron beam tomography for early detection of heart disease.

BroMenn Regional Medical Center has an active medical/dental staff of 350 members and encompasses 41 various specialties. The average age of the physicians is 47.

In 1995, **BroMenn Physicians Management Corporation (BPMC)** was formed as a means of providing a more comprehensive healthcare delivery system. BPMC is now composed of nine primary care offices, two specialty practices, and a behavioral health practice. They have 46 providers in the various offices. Illinois Heart & Lung Associates, a physician practice specializing in cardiology, pulmonology, critical care, and sleep medicine, joined BPMC in 2006, and BroMenn Neurology Associates opened in 2007. The BroMenn Provider Network (BPN) was created in 1996 to maximize the managed care contracting capability of both BroMenn and the medical care providers who make up BPN's membership.

#### **BroMenn Healthcare System**

The mission of BroMenn Healthcare is to "improve the health and well-being of its communities by educating, healing and serving in a manner consistent with its Judeo-Christian heritage." Every program and service, and the use of all resources are evaluated against this mission. BroMenn makes the region's health its focus, relying on faith, technology, education, and the skills of so many to help keep the local quality of life high.

The BroMenn Healthcare System is headquartered in Normal, IL, with over 2,100 employees working in several different communities. The BroMenn System is comprised of:

- BroMenn Regional Medical Center – A 224-bed full-service, not-for-profit hospital located at 1304 Franklin Avenue in Normal, IL.
- Eureka Community Hospital – Woodford County's only hospital, located at 101 South Major Street in Eureka, IL.
- BroMenn Physicians Management Corporation – BroMenn's family of professional medical providers are located in clinics and offices throughout its service area.
- BroMenn Provider Network – A Physician Hospital Organization, (PHO) consisting of over 380+ health care provider members, two acute care hospitals and multiple affiliated outpatient facilities and clinics.

The primary service area for BroMenn Regional Medical Center is the Bloomington/Normal area, with a combined population of 125,000. The twin cities are economically stable and continuing to grow. With a workforce of 2,100, BroMenn is the fourth largest employer, after State Farm Insurance, COUNTY Financial, and Illinois State University.

A local board of directors governs the BroMenn Healthcare System. System board members are elected by the Brokaw-Mennonite Association, which is made up of representatives from 84 area churches. The BroMenn System board, in turn, appoints members of the BroMenn Healthcare Hospitals' board of directors. Local boards govern BroMenn Physicians Management Corporation, BroMenn Foundation, and the BroMenn Service Auxiliary as well.

### **BroMenn Healthcare System Partnerships**

BroMenn partners with a number of medical resources to better meet the needs of its communities. BroMenn's partnerships combine the skills, talents, and resources of other healthcare providers with those of BroMenn, creating needed services that neither entity could bring to the community as successfully on its own.

**Community Cancer Center**, a freestanding facility located at 407 East Vernon Avenue in Normal, was created in partnership with OSF St. Joseph Medical Center. The center focuses on outpatient services, community education and support for individuals with cancer and their families. Medical Oncologists and Radiation Oncologists are based there. The Center provides Positron Emission Tomography (P.E.T.) for diagnosis and measurement of treatment progress. The nation's 11<sup>th</sup> Cyberknife is located here, enabling the neurosurgeons to do pinpoint surgery on the brain and spinal system.

**Midwest Center for Sleep Medicine**, located at 1709 Jumer Drive in Bloomington, is a joint venture between BroMenn Healthcare, Carle Clinic-Bloomington/Normal, and Illinois Heart and Lung Associates, S.C. The center offers comprehensive testing and treatment of sleep disorders for adults and children.

**Evergreen Place**, a 63-apartment assisted living facility, and Evergreen Village, a 99-bed supportive living facility are joint efforts of BroMenn, Heritage Enterprises, and Blair Minton & Associates. Evergreen Place, located at 801 Gregory Street in Normal, was created for individuals who do not need nursing home care, but who may find it difficult to live safely in their own homes.

**Evergreen Village**, located at the corner of Raab Road and Towanda Avenue in Normal, is an alternative to nursing home care for seniors. BroMenn is a partner with Heritage Enterprises in this joint venture. Personal care services are offered in apartment-style housing and independence is encouraged. Coming soon in the Evergreen Village vicinity are the Villas at Evergreen Village, independent living units specifically designed for those over age 55.

BroMenn also has a preferred provider arrangement with Heritage as an option for patients who require long-term care after leaving the hospital. Heritage manages nursing homes in more than 20 Illinois communities.

The **Illinois Institute for Addiction Recovery at BroMenn**, located within BroMenn Regional Medical Center, brings the addiction treatment expertise of Peoria's Proctor Hospital to McLean County. Both inpatient and outpatient treatments are available for those with addictions to alcohol, drugs, gambling, sex, eating and/or the Internet.

The **Center for Outpatient Medicine (TCOM)**, a joint venture between BroMenn Medical Group and physician investors, is a freestanding outpatient surgery center located at 2502-B East Empire Street in Bloomington. The center offers advanced diagnostics, ambulatory surgery and outpatient orthopedic care. A permit was recently issued to BroMenn and TCOM to develop a three-bed recovery care center. It will be located at TCOM and under the operational leadership of BroMenn.

The **Center for Digestive Disease** is a joint venture between BroMenn Healthcare and physician investors from Digestive Disease Consultants. Located at 1302 Franklin Ave, Normal, it is an ambulatory surgery treatment center with three procedure rooms and a focus on gastrointestinal exams.

The **Bloomington-Normal School of Radiography** began as another joint venture with OSF St. Joseph Medical Center. This is a two-year radiography training program for students wishing to become radiologic technicians. The school admits up to 11 students each year and provides extensive classroom preparation, enhanced by more than 3,000 hours of supervised clinical experience at both hospitals. After many years of operating this program, in the fall of 2008 the didactic part of this program transitioned to Heartland Community College, Normal, IL, while the clinical rotations will still be offered at BroMenn and St. Joseph.

The **Community Health Care Clinic** located at 902 Franklin Avenue, Normal, is a free clinic for medically underserved McLean County residents. Funded by both BroMenn and OSF St. Joseph Medical Center, services are provided by volunteer doctors and nurses. To be eligible for care, an individual must not be eligible for any entitlement programs; must not have health insurance; must have been a resident of McLean County for the previous two months; and must have an income level at or less than 185% of the current federal poverty guidelines. The two hospitals alternate every six months caring for all the Clinic patients who must be admitted for inpatient care.

**Advanced MRI, LLC** is a joint venture of BroMenn, Carle Clinic and several physician investors who have come together to bring to McLean County the most powerful and precise magnetic resonance imaging (MRI) scanner available in routine clinical use to patients today. The GE Signa<sup>®</sup> EXCITE<sup>™</sup> 3.0T MRI system from GE Healthcare helps physicians diagnose disease with greater speed and confidence. Considered the most advanced technology of its kind in the world, the scanner provides highly detailed pictures of anatomy and pathology to help doctors evaluate a wide range of conditions, including stroke, cancer, musculoskeletal and heart disease. Advanced MRI is located at 1709 Jumer Drive in Bloomington.

**Southern Illinois University (SIU)** School of Medicine and BroMenn Healthcare System are exploring the development of an affiliation to enhance the mission of the School of Medicine and BroMenn Healthcare in serving the healthcare needs of the people of Central Illinois by training caring and competent physicians while exploring the development of new models of providing healthcare to rural communities.

BroMenn and the SIU School of Medicine are working to affiliate the BroMenn Family Practice Residency Program as a part of the SIU Family & Community Medicine Residency Program with dual accreditation with the American Osteopathic Association and Accreditation Council for Graduate Medical Education. The BroMenn-SIU School of Medicine relationship will also enhance BroMenn's ability to provide continuing medical education as well as certain specialty clinical services through the BroMenn hospitals and ambulatory facilities.

## **Key Elements of BroMenn Healthcare's Wide Range of Services**

### **Acute Rehabilitation**

The 15-bed specialty unit is the only inpatient rehabilitation facility in D-02 Planning Area. The primary goal of this inpatient area is to provide interdisciplinary care aimed at helping patients achieve a level of functional independence that allows them to return home after injury, surgery or severe illness. In recent years, the Acute Rehab Unit at BroMenn has rededicated itself to caring for patients with neurological/ neurosurgical diagnoses such as stroke, acquired brain injury as well as brain and spinal tumors. As a part of BroMenn Regional Medical Center, the Acute Rehab Unit supports the Primary Stroke Center status that BroMenn enjoys as well as affiliations with the local Community Cancer Center. Along with BroMenn Home Health and outpatient Therapy Services, the Acute Rehab Unit is an important piece in the BroMenn continuum of care.

### **Adult Day Services**

With more and more families faced with caring for aging parents or other adult loved ones, the need for assistance and respite care is great. BroMenn Adult Day Services (ADS) exists not only to provide relief to caregivers, but also to benefit the physical, social, and spiritual well-being of the client, while providing personal care and services in a stimulating, supportive, and safe environment. It provides the only medically-based adult day services in the county.

Services provided are designed for adults who are capable of some level of self-care, but incapable of full independence. Clients benefit from nursing care, activities, and supervision provided by day, while maintaining their home and family ties during the evening and on weekends. Adult Day Services can provide clients with a place to go and something to do as an alternative to the isolation and loneliness often associated with aging and disability. In many cases, ADS can help avoid premature or unnecessary institutionalization.

BroMenn ADS is located at 202 E. Locust Street, Bloomington. The facility includes a day room, a dining/activity area, and a lounge where clients can rest, relax, read, watch television, or socialize with other clients.

While BroMenn's Adult Day Service is primarily for individuals over 60 years of age, those between 18 and 60 are considered for admission based on their needs. Transportation to and from ADS is available through a specially equipped, wheelchair-accessible van for clients who reside in Bloomington Normal.

### **Behavioral Health**

Located at BroMenn Regional Medical Center, BroMenn mental health services has on-site counselors, physicians and trained staff who provide assessment, testing, therapy, medication management, inpatient and outpatient care, and counseling for adults and their families, with an emphasis on understanding and making healthy changes.

BroMenn Regional Medical Center's Mental Health Unit is the only inpatient adult unit in the Planning Area. It provides a safe, therapeutic environment for those experiencing emotional trauma or psychiatric emergencies. Each treatment program is completely individualized, and patients work with a multidisciplinary team of psychiatrists, mental health nurses, psychologists, social workers, expressive arts therapists, and clergy.

For those experiencing difficulties coping with particular aspects of life, Twin Cities Behavioral Health offers professional, confidential counseling for individuals, couples, and families of all ages and backgrounds. Located at 403 W. Virginia Avenue in Normal, Twin Cities Behavioral Health is a part of BroMenn Medical Group. Its staff is comprised of psychiatrists, psychologists, professional clergy, social workers, marriage and family therapists, and addictions counselors. Patients who wish to have a religious or spiritual dimension included in their therapy may request a pastoral counselor.

A number of the staff specialize in problems relating to children and adolescents, such as attention deficit hyperactivity disorder and other behavioral and/or learning problems.

### **BroMenn Home Health Services**

BroMenn Home Health Services are designed for the patient who needs some services, which require the skills and monitoring of nurses and therapists. These services are usually needed for only a short time or on an intermittent basis.

Services are provided by trained personnel from the home health care team:

- Registered Nurses
- Physical Therapists
- Occupational Therapists
- Speech/Language Pathologists
- Social Workers
- Certified Home Health Aides

Nursing care can include wound care; all types of catheter care; venipunctures; injections; setting up medications in unit doses; teaching; infusion therapy, including pain control, antibiotic therapy; phototherapy; ostomy care and other specialized treatment prescribed by a physician. Nurses are on-call 24 hours a day to respond to questions and emergencies. Personal care includes assistance with bathing, shampooing, dressing, exercising, and other activities relating to personal care.

Therapy services, including physical and occupational therapy to restore motion and function, speed recovery, improve body movement and coordination and relieve pain. Therapists educate patients in the use of medical equipment to make daily tasks easier. Speech/language pathologists work with individuals to improve speech and swallowing. Lifeline is an easy-to-use personal response service that ensures older adults living at home get quick assistance whenever it is needed – 24 hours a day.

BroMenn Home Health Services is located at 1322 South Main Street in Normal. It is licensed by the Illinois Department of Public Health under the Home Health Agency Act. BroMenn Home Health is Medicare certified, accredited by the Joint Commission and is a member of the Illinois Home Health Care Council.

### **BroMenn Hospice**

The emphasis of hospice is on home care because familiar surroundings often provide the best setting for care of the hospice patient. Patients in need of acute inpatient care may be admitted to a unit located at BroMenn Regional Medical Center.

BroMenn Hospice Services is licensed by the Illinois Department of Public Health and is Medicare certified. It is a member of the National Hospice Organization (NHO) and the Illinois State Hospice Organization (ISHO). BroMenn Hospice Services offers equal opportunity in provision of services and employment.

### **Cardiology**

BroMenn offers a full spectrum of treatments by some of the most experienced, skilled cardiovascular surgeons and cardiologists in the region. They include:

#### **Surgical Procedures**

- Comprehensive vascular services, including aneurysm repair and coronary bypass surgery
- Pacemaker procedures including implants and repairs to correct irregular heartbeats
- Specialized heart valve procedures to restore proper blood flow to and from the heart

#### **Non-Surgical Procedures**

- State of the art angioplasty to eliminate dangerous clots in veins and arteries
- Innovative electrophysiology procedures to diagnose irregular heartbeats
- Stent placement that is often used in place of bypass surgery

After surgery, patients are cared for in a separate Cardiovascular Care Unit designed after the "universal room model." The rooms are equipped similar to intensive care plus each room has space for family members to stay with the patient around the clock if needed.

The Cardiac Rehabilitation program at the BroMenn Heart Center is designed for those individuals who have experienced a heart attack, heart surgery or other cardiac event. Divided into three distinct phases, the program covers immediate to long-term needs. All phases of the program involve close communication with the patient's primary care physician and members of the cardiac rehabilitation team.

### **Emergency Services**

BroMenn Regional Medical Center is a Level II Trauma Center and an Emergency Department approved for Pediatrics recognized by the Illinois Department of Public Health. BroMenn Regional Medical Center's trauma designation means it can provide a full range of trauma services within 30 minutes, with board-certified emergency physicians, trauma surgeons, trained trauma nurses, and all other specialties available, or with transfer agreements in place, if needed.

Eureka Community Hospital has the only emergency department in Woodford County, and it is physician-staffed all day and all night, seven days a week.

### **Neuroscience Unit**

BroMenn has a 13-bed, medical/surgical unit dedicated to neuroscience. The only one of its kind in the Planning Area, the unit centralizes all neurological patients into one area, where they are cared for by nurses who have been specially trained in aspects of neuroscience and critical care. Nine of the patient rooms are private. A state-of-the-art monitoring system on the unit allows patients' vital signs to be monitored simultaneously in their room, at the nurses' station and at a central monitoring station on the critical care unit.

BroMenn Regional Medical Center is also regarded as a leader in the treatment of stroke. Its Stroke Program has a mission to promote the prevention, diagnosis, and evidence-based treatment of stroke within this community and region. The program provides a coordinated, comprehensive and patient-focused approach to care for adult victims of ischemic or hemorrhagic strokes and Transient Ischemic Strokes (TIAs, or "mini-strokes"). Patients access the program by referral from a neurologist and are cared for in the Intensive Care Unit or the Neuro Specialty Care Unit. In 2007, BroMenn joined a select group of hospitals to be designated as a Primary Stroke Center by the Joint Commission.



BroMenn also has a neurosurgical residency program, in cooperation with the Central Illinois Neuroscience Foundation (CINF), the Chicago College of Osteopathic Medicine, Midwestern University, and the Osteopathic Post-Doctoral Training Institute. The residency program provides specially selected graduates of osteopathic programs with neurosurgical training after they have completed an internship. Residents spend five years receiving directed and supervised neurosurgical training from CINF neurosurgeons. This includes select out rotations in pediatric neurosurgery and trauma surgery.

#### **Graduate Medical Education – Neurosurgery**

BroMenn's neurological surgery residency program is conducted under the guidance of program director, Keith Kattner, D.O., in partnership with Central Illinois Neuro Health Sciences, the Chicago College of Osteopathic Medicine, Midwestern University in Chicago, and the Midwestern Osteopathic Post-Doctoral Training Institute. The neurosurgery residency program involves a training period of five years following the initial internship year. This program is unique in several facets. The program is directed by fellowship-trained attending physicians and includes pediatrics, skull base, cerebrovascular disease, neuro-oncology, and complex spine reconstructive surgery.

Residents have opportunities to work with the most advanced neurosurgical equipment available including CyberKnife® radiosurgery system, operating rooms equipped with state-of-the-art operating microscopes, surgical navigation devices like STEALTH® Neuro-Navigation, and Iso-C® for complex spine cases. Moreover, residents gain first-hand exposure to treatment of complex cerebrovascular diseases by working with neuroendovascular staff. Residents are exposed to all adult neurosurgical subspecialties during their training.

The residency program is structured into three-to-six-month blocks. All residents proceed through the various rotations sequentially, gaining experience and responsibility as they progress. The structured nature of the program allows the trainees to plan their time, studies, and research efforts.

#### **Graduate Medical Education – Internship**

This one-year program educates the intern to the variety of patients with general medical problems in both hospital settings as well as the outpatient office setting. Established in 2004, the traditional rotating internship can accommodate six interns. In addition to the core specialties of family medicine, emergency medicine, obstetrics/gynecology, pediatrics and internal medicine, the interns have an opportunity to rotate through the various subspecialties, e.g., cardiovascular disease, endocrinology, gastroenterology hematology/oncology, infectious diseases, nephrology, and pulmonary disorders.

#### **Graduate Medical Education – Family Practice Residency**

Established in 2004, the two-year family practice residency program can accommodate six residents per year. BroMenn began this Graduate Medical Education program as a long-range strategy to attract medical school graduates to consider practicing in medium sized communities by exposing them to the quality of life in the Bloomington/Normal area.

#### **Women's Center**

Women share unique health concerns throughout their lives. As a regional leader in women's health, BroMenn Healthcare is proud to be one of 60 hospitals that are partners with Spirit of Women, a nationwide movement among top healthcare providers to motivate and inspire women of all ages to make positive changes in their lives. BroMenn Healthcare supports the ongoing celebration of women's health through Spirit of Women, believing that knowledge and community support are the keys to wellness. The mission is to motivate women to take action toward total well-being—mind, body, and spirit.

BroMenn offers HeartCaring, a national certification program that helps hospitals improve heart health through physician education and community outreach focused on gender-specific cardiac care. The HeartCaring program includes physician education about symptoms, diagnosis and treatment of heart disease and peripheral artery disease in women. It also provides educational materials that help women patients make positive, healthy choices to prevent heart disease. Physicians who participate with BroMenn in the HeartCaring program are certified for one year, with additional gender-specific training required for renewal each year.

The BroMenn Women's Center was created to offer services that are important to all women in a supportive, caring environment. The Women's Center imaging technology includes: DEXA bone densitometry equipment; a state-of-the-art Selenia™ digital mammography system; and an advanced, sensitive ultrasound system.

BroMenn Regional Medical Center also offers breast Magnetic Resonance Imaging (MRI) for situations when mammogram results may warrant closer examination.

### **Wound Healing and Hyperbaric Medicine**

BroMenn Center for Wound Healing and Hyperbaric Medicine is affiliated with Diversified Clinical Services (DCS), the largest wound care company in the world, with over 300 locations ready to serve the physicians, patients, and community. At the BroMenn Center for Wound Healing and Hyperbaric Medicine, an expert team of specially trained physicians and support staff is available to address problem wounds.

Sometimes wounds will not respond to general wound care treatments alone. For some patients, Hyperbaric Oxygen Therapy (HBO) is an effective technology that supplements the other treatment methods used by physicians. BroMenn has the area's only Hyperbaric Oxygen chambers.

Hyperbaric Oxygen Therapy involves daily visits to the wound center for a period of 3-4 weeks, then follow-up wound care to monitor healing progress. During HBO therapy, patients are placed in a pressurized chamber where they breathe 100% oxygen. This increases the presence of oxygen within the wound and thus aids in healing and growth of new tissue.

The Wound Healing Center has a consistent success rate of healing over 91% (93.4% the past 6 months) of the wounds in less than two months. Patient satisfaction is in the 96-98% range. Over 150 different physicians from a wide variety of specialties refer their patients the Wound Healing Center. The Center averages 45-50 new patients every month covering an 80-mile radius. The Center functions as a multidisciplinary department with a team philosophy for both physicians and nurses using evidenced based medicine and following clinical practice guidelines. The Center participates in research projects and educational opportunities, as well as hosting various CME/CEU educational events for area physicians and nurses. The Center uses a holistic approach to healing, as there are many factors that impact desired results.

Adjunctive therapies include bio-engineered tissues, vacuum assisted closure, and hyperbaric oxygen medicine. Patients usually obtain their lab work and x-rays at BroMenn as well as advanced procedures and surgeries including hospitalizations, if needed. The Center provides a unique service to help heal patients with diabetic wounds of the lower extremity, delayed radiation injury such as soft tissue radiation and chronic osteoradionecrosis, osteomyelitis, non-healing surgical wounds, venous and/or arterial insufficiency, compromised flaps/grafts, lymphadema, burns, pressure ulcers, and other non-healing or difficult to heal wounds.

### **Spiritual Care**

The BroMenn Healthcare System has maintained a strong relationship with churches since the faith-based Brokaw and Mennonite hospitals merged in 1984. The Brokaw-Mennonite Association (BMA) was formed to support and encourage health care services through faith at BroMenn. The corporation's members range from churches that were members of Brokaw Health Care and The Mennonite Hospital Association to churches that joined directly with BroMenn Healthcare after 1984. In keeping with BroMenn's faith-based tradition, new churches are always welcome.

Each church provides one pastor/spiritual leader and one lay leader of its congregation as its BroMenn delegates. Church Delegates of the BMA elect the BroMenn Board of Directors and the Delegate Executive Committee of the BMA. The BMA Delegates meet quarterly to initiate discussions on how BroMenn can continue to serve the spiritual needs of the patients and members of its delegate churches.

BroMenn and its delegate churches engage in shared ministry projects year-round, which promote faith and health. These include:

- Clergy orientation breakfast meetings
- Parish nurse support and educational events
- Faith and health conference
- Partners in healing
- Parish nursing newsletter
- Delegate Church health tips
- Delegate Church disaster response forms

Each year, the Brokaw-Mennonite Association presents a Delegate Church Health Award. The purpose of this award is to affirm the ministry of a delegate congregation of the Association and recognize them for their role in providing opportunities for promoting health and wholeness in their congregation and the larger community.

### **Chaplaincy**

Crisis ministry provides spiritual support to people facing traumas, a major decision, shocking news, or illness. Chaplains help people face the crisis so that they can respond to it in positive and constructive ways. Listening, clarifying, and offering the resources of faith are an important part of crisis ministry.

When a loss occurs in people's lives, whether by death or in some other form, grief follows. Chaplains offer spiritual support to those who are grieving, so that their grieving may lead to healing, rather than despair or disability. Affirming the value and validity of grieving losses is essential in grief ministry.

Hospice ministry provides spiritual support to people who are experiencing the dying process, the event of death, or the bereavement and grief that follows death. Most of this ministry takes place in the homes of patients and families.

### **Children's Ministry**

Using games, toys and puppets, chaplains help children work through the feelings they experience about their hospital stay. The love and care the child experiences helps to teach the child that God is loving and caring. Chaplains are available to help children throughout the hospital who may be experiencing a very sick or dying family member.

The Spirituality and Health Channel airs on Channel 18 on televisions in BroMenn Regional Medical Center. The channel features multi-faith programming that runs for 72 hours straight, and then repeats. Services in the Medical Center's Chapel are also broadcast live on the channel.

### **Clinical Pastoral Education**

BroMenn Regional Medical Center began its program of Clinical Pastoral Education in 1982. Today it provides two types of programs to earn Clinical Pastoral Education units. The hospital-based program is designed primarily for seminarians and other qualified students. This full-time, summer program focuses on a wide variety of topics in pastoral care.

Clinical Pastoral Education (CPE) is theological and professional education for ministry, which helps seminarians, ministers and laypersons learn to minister to people in crisis. CPE students develop skill in pastoral care and discover more about their personal identity in the context of faith as expressed in the terms of pastoral care.

Through pastoral practice, written case studies and verbatims, individual supervision, seminar participation and relevant reading, students are encouraged to develop genuine caring pastoral relationships. CPE students serve as chaplains in certain sections of the hospital, share on-call responsibilities, and conduct chapel services.

BroMenn's Clinical Pastoral Education program is accredited by the Association for Clinical Pastoral Education, Inc., (ACPE). That agency is nationally recognized as an accrediting agency in the field of clinical pastoral education by the U.S. Secretary of Education. The congregation-based program is limited to ministers and staff members in full-time congregational work and is designed to enhance the ministry of pastors in local congregations.

### **Clinical Pastoral Education Residency**

BroMenn Regional Medical Center's Clinical Pastoral Education Residency is a community-centered, hospital-based program designed to train pastors for a specialized ministry and to enhance their care-giving skills. Residents will grow as a pastor and as a person, acquiring life-changing, hands-on experience in a clinically supervised setting.

BroMenn's year-long residency program allows students the unique opportunity to specialize in a particular ministry of interest. Residencies are available as a Campus Ministry Chaplain, a Long-Term Care Chaplain, and an Acute Care Hospital Chaplain at BroMenn Regional Medical Center. Residents also have opportunities to work in local congregations as part of their training.

To qualify for a residency, the applicant must have earned a Master of Divinity degree or the equivalent from an accredited Seminary or University. Successful completion of one unit of Clinical Pastoral Education is also required.

### **Supervisory Clinical Pastoral Education**

Supervisory Clinical Pastoral Education (CPE) is designed for qualified persons with demonstrated pastoral, professional, and clinical competence. Supervisory CPE students engage in a three-year residency program designed to teach them the art of pastoral supervision.

**Service Excellence at BroMenn Healthcare**

The leadership at BroMenn Healthcare is committed to establishing a culture of service excellence throughout the organization. National data, as well as BroMenn's own patient satisfaction data, reveal that when patients rate the quality of their care as excellent, they are four times more likely to recommend that institution.

One of the ways that BroMenn leadership measures progress toward establishing a service excellence culture is by measuring patient satisfaction via patient perception of care surveys. BroMenn partners with Professional Research Consultants, of Omaha, NE, to conduct over 5,000 patient interviews annually. The interviews come from all aspects of the organization – inpatient, outpatient, emergency department, home health, physician practices – about patients' experiences at BroMenn Healthcare.

BroMenn also has participated in Hospital Consumer Assessment of Healthcare Providers and Systems, since its launch in October 2006. The Center for Medicare Services has endorsed this survey and it is being used in many hospitals to produce comparable data on patients' perspective of care. In both instances, BroMenn has set rigorous goals for maximizing the number of responses in the superlative rating of each survey.

Recent results show several areas within BroMenn are receiving an overwhelming majority of patients rating their quality of care at BroMenn as excellent. Ten areas studied for patient satisfaction ranked in the top 20<sup>th</sup> percentile when compared with other like units or departments. Specifically, 8 of 10 patients admitted to BroMenn's Mother Baby Unit rated care as excellent, ranking the Mother Baby Unit in the 96<sup>th</sup> percentile of other obstetric units nationwide.

While the journey towards "service excellence" is never complete, it is one in which BroMenn leadership is committed. One of the ways that BroMenn leadership measures progress toward establishing a service excellence culture is by setting specific goals for patient satisfaction % Excellent scores (PRC Patient Perception Study) and % Always scores (HCAHPS).

The challenge for most healthcare organizations, BroMenn Healthcare included, is in creating a customer service-oriented culture among its staff. To this end, a set of tactics have been designed to bring a service excellence into widespread, consistent reality at BroMenn Healthcare. The tactics include:

- A. Listening to feedback from patients, via patient satisfaction surveys and focus groups, and responding to their feedback with action plans to improve processes.
- B. Implementing house-wide hourly visits ("rounding") on all patients.
- C. Having department directors and vice presidents make visits to new admissions within the first 36 hours of their stay.
- D. Assuring members of management are in contact with all employees in their work group daily.
- E. Including the set of value-based behaviors in job performance expectations and employee communication messages.
- F. Promoting examples of appropriate behaviors through the use of a variety of recognition tactics, including an intranet-based bulletin board and recognition events of employees who demonstrate the highest standards in clinical and service quality.
- G. Providing regular reports and explanations of patient satisfaction data at medical staff section meetings.

**BroMenn Nursing Recruitment and Retention**

BroMenn Healthcare employs individuals who are not only competent in their professions but are committed to a set of shared values – the building blocks of a high-performing healthcare system. Exceptional quality and personalized care are hallmarks of the BroMenn's workforce of over two thousand. The recruitment and retention of such individuals is a shared responsibility of the entire organization and enhanced by a variety of efforts including an organization-wide education support program that, over the past 4 years, reflects an investment of over \$1 million for formalized healthcare degrees and certifications.

Approximately 25% of BroMenn's 2,100-member workforce consists of bedside nurses. While the patient is the center of the BroMenn's care model, the nurse plays an integral role in both the quality outcomes and the overall patient experience. In order to maintain a high level of performance by the nurses, BroMenn has instituted a number of successful nursing initiatives that effectively recruit new nurses and have kept nurse turnover under 12% and vacancy rates well below national averages.

Every summer since 2000, BroMenn offers a Nurse Internship program for students entering their final year of nursing school. The program offers both hands-on experience in a unit of the student's choice as well as educational and networking opportunities. Each year, approximately 20 students participate. The majority of these students choose to begin their nursing careers at the BroMenn's facilities, largely due to their experiences during the internship and other clinical rotations.

Employee Clinical Orientation is designed to foster a learning environment that also promotes retention. To a great extent, orientation is customized for each orientee. All incoming nurses (new or experienced) are paired with a skilled preceptor from their unit. Competency-based learning is provided and is individualized for each new employee. Progress through orientation is monitored regularly via conferences with leadership to evaluate experiences and determine further needs.

Additional classroom education is provided as appropriate for specialty units such as Critical Care. Critical Care Orientation for new graduates (a large percentage of new staff) consists of a 36-hour classroom orientation, taught by internal experts using American Association of Critical Care Nurses content. Classroom information is reinforced in the Simulation Lab during orientation. Approximately 100 nurses have attended the Critical Care course and it is consistently evaluated very highly.

Complementing the orientation process is the Nurse Residency program. The program provides an opportunity for new nurses to share their experiences, gain insight into areas outside their home unit and attend additional classroom education. The program supports graduate nurses in their new, demanding profession. Also, available for new and experienced nurses alike is easy access to Clinical Nurse Specialists and nurse educators.

Current nursing staff members have the opportunity to develop their knowledge and experience through participation in a Clinical Ladder program. Each year approximately 60 nurses participate in the program that offers the opportunity to enhance leadership, teaching and decision-making skills. Staff can also influence nursing practice at BroMenn's facilities by participating in the shared governance structure that exists throughout the organization.

The support of evidence-based practice is another aspect of the organization that keeps nurses engaged and sharpens their skills. Several departments have implemented practice changes as a result of literature reviews and survey findings. One example is the Mother Baby Unit. Nurses in this area conducted extensive research on the practice of infant umbilical cord care following delivery. After consultation with pediatricians on staff, the current procedure was altered to fit the nurses' recommendations. These and other shared governance initiatives have assisted in keeping this department's nurse tenure figure consistently high (current average is 12.5 years).

The preceding outlines just a few of the programs that keep BroMenn's employees engaged in their professions and dedicated to an organization that is focused on the education and healing of those it serves.

**BroMenn Emergency Preparedness**

BroMenn Regional Medical Center is considered a leader and resource in disaster preparedness efforts among response agencies in the McLean County area and among other hospitals in our region. Although emergency preparedness has always been a priority at BroMenn, preparedness efforts have greatly increased along with the rest of the country following the historic disasters of recent years.

Like most emergency preparedness programs, BroMenn conducts an annual all-hazards vulnerability analysis, which directs its efforts towards priority emergencies. Preparation improvements at BroMenn have included procurement of supplies and equipment, revision of existing policies and creation of new policies, and training. Specific areas of improvement include personal protection, isolation, decontamination, communication, surge capacity, evacuation, incident command [Hospital Incident Command System (HICS) and the National Incident Management System (NIMS)], and responses to spills and the loss of power.

Some funding for these efforts has been provided through the Office of the Assistant Secretary of Preparedness and Response (ASPR) grant, totaling over \$275,000 since 2003. Considerable improvements have also occurred in the process for improvement related to the critique of emergency drills and incidents. Significant current projects include an emergency notification system and electronic disease surveillance.

BroMenn Regional Medical Center serves as the official Resource Hospital for the McLean County Area Emergency Medical Services System every other year. However, BroMenn serves as a resource for the community at all times. BroMenn is the agency responsible for the creation of the McLean County Terrorism Task Force. BroMenn is currently the agency responsible for improvement of the county disaster response plan related to alternate care sites. BroMenn is also a key participant and leader in other collaborative community preparedness efforts such as countywide exercises and provides members to the Region 2-Regional Medical Emergency Response Team.



## **Community Benefits**

### Charity Care

Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, state, or local indigent health care programs, eligibility for which is based on financial need.

Cost: \$1,692,191

### Language Assistant Services

BroMenn is sensitive to the needs of non-English speaking guests and has ensured that key written materials are available in Spanish as well as in English. In addition, BroMenn provides:

#### *Language Line*

BroMenn subscribes to an interpreter phone service for a variety of languages, providing free assistance to help non-English speaking guests communicate more efficiently.

Cost: \$6,084

#### *Language Interpreters*

BroMenn has translators available to assist patients that may not use English as their primary language.

Cost: \$882

### Government Sponsored Indigent Health Care

#### *BroMenn Healthcare*

Unreimbursed cost of Medicare, Medicaid, and other federal, state, or local indigent health care programs, eligibility for which is based on financial need. Includes both inpatient and outpatient services.

Cost: \$14,040,714

#### *BroMenn Physicians Management Corporation*

BroMenn, through BroMenn Physicians Management Corporation, provides access to physicians through various clinical offices throughout the Bloomington-Normal area. These practices also incur costs associated with unreimbursed costs for Medicare, Medicaid, and other federal, state, or local indigent health care programs, eligibility for which is based on financial need. Costs include both inpatient professional services and outpatient services. Subsidies for Medicare/Medicaid in underserved areas are reported in the "Subsidized Health Services" section and are not included here.

Cost: \$3,367,413

### Donations

#### *Meeting Space*

Both BroMenn Regional Medical Center and Eureka Community Hospital are available to many organizations, groups, and clubs for meeting space. These meetings educate community members on a variety of health related issues and encourage community involvement. Examples of groups using BroMenn's facilities include parenting organizations, Mended Hearts, American Heart Association, Mennonite College of Nursing, safe food handlers and Illinois Wesleyan University. BroMenn also provides meeting space for Alcoholics Anonymous and many other self-help groups from the community.

Cost: \$50,325

*Sponsorships/Donations*

BroMenn and Eureka Community Hospital are active in their communities and are responsive to several organizations that request assistance. Specifically, the organization has provided financial sponsorships to the Illinois Heart and Lung Foundation and American Red Cross of the Heartland along with many other local organizations.

Cost: \$128,210

*Children's Discovery Museum*

BroMenn has sponsored a large display area at the new Children's Discovery Museum to provide education and promote the health and well-being of the children of the community.

Cost: \$10,150

*United Way*

BroMenn holds an annual drive to encourage our employees to support United Way fundraising efforts. Staff time is devoted to the campaign along with budget support. The 2007 campaign resulted in over \$48,000 from employee contributions.

Cost: \$39,638

*Walks*

BroMenn sponsors several of the health-related fundraising walks in this area to help raise awareness and provide education. BroMenn employees also volunteer at these events. Some of the walks we support are American Heart Walk, Diabetes Walk, Alzheimer's Walk, Jingle Bell Run, Arthritis Walk and Relay for Life.

Cost: \$250

*Mended Hearts*

The Mended Hearts chapter is a valuable partner in heart health education in the community. We provide meeting space to them every other month, and print their monthly newsletter.

*Women's Health Night*

Women's Health Night is an annual free health event for the women of the community. In addition to sponsoring the event, we provide free screenings, tables of information and education from many of our key service areas.

*Health Education Network of Central Illinois*

BroMenn facilitates and finances this network which meets quarterly as well as provides continuing education (CE) programming for members. BroMenn also serves as a resource for network members by sharing policies, procedures, and programming with all members.

*Community Cancer Center*

In a joint venture with OSF St. Joseph Medical Center, BroMenn provides comprehensive cancer treatment in a centralized, convenient location. The center provides many services to its patients, including support groups.

Volunteers*Volunteer Participation*

BroMenn promotes and encourages volunteers to become involved in programs and services that are offered to the community. Areas of involvement include blood drives, Life Goes On, Glenn School reading program, adult day care activities and the Women's Conference, A Joyful Journey.

Cost: \$352,050

*Clinical Ladder Program*

BroMenn nurses are encouraged to take part in a variety of continuing education activities, as well as lead and teach their fellow employees. Volunteer activities are included in this educational process.

Cost: \$12,000

*Health Department IPLAN Committee*

BroMenn employees serve on this local committee, which regularly assesses the state of healthcare and human services in the community.

*Bloomington Normal Smoke Free Coalition*

BroMenn employees served on this local committee, which campaigned and won a public smoking ban in Bloomington and Normal effective January 1, 2007.

*Executive Leadership and Director Volunteerism*

BroMenn's executive leadership volunteers in community-wide civic organizations such as McLean County Chamber of Commerce Board of Directors and various committees, McLean County United Way Board of Directors, YWCA Board, Salvation Army Board, and several others. In addition, many directors throughout the organization are active and participate in a variety of professional, civic and community activities.

Education*Graduate Medical Education (GME) Program*

Neurosurgery and family practice residents are educated at BroMenn in programs that include working directly with patients in surgeries and in a Family Health Clinic. The Family Health Clinic provides access and subsidized care to entire families regardless of ability to pay. As McLean County's only residency program, BroMenn's GME curriculum ensures that a continued source of new physicians will be attracted to the Bloomington/Normal area.

Cost: \$314,544

*A.E. Livingston Health Sciences Library*

BroMenn Regional Medical Center operates the only dedicated health sciences library in the area. It is utilized not only by the physicians, nurses, residents, and interns within the hospital, but also by students from the various medical degree programs at Illinois State University, Illinois Wesleyan University and Heartland Community College.

Cost: \$178,355

*IS Education Programs (IS) and Human Resources (HR) Education Programs*

BroMenn Information Systems staff provides comprehensive computer training to employees, nursing students and to physician office staff. BroMenn HR staff offers many classes intended to enrich all

employees, including topics such as continuous quality improvement (CQI) methods, statistics and supervisory skills. In addition, the HR staff provides community organizations education on interviewing, access to HR representatives and ongoing high school career development and job seeking skills.

#### *Wound Healing Center*

BroMenn Center for Wound Healing and Hyperbaric Medicine provides CE and CME programs to healthcare professionals and facilities throughout central Illinois.

#### *Emergency Department Education of Emergency Medical Services (EMS) Personnel*

The education coordinator in BroMenn's Emergency Department provides CPR education and certification to all EMS personnel in McLean County. In addition, this individual is the coordinator of the American Heart Association's (AHA) Family and Friends community CPR education program, which was piloted at BroMenn.

#### Research

##### *The BroMenn Institutional Review Board*

Through its BroMenn Institutional Review Board, BroMenn supports 53 active studies, including topics from nursing, Certified Registered Nurse Anesthetist (CRNA) clinical studies, as well as master's degree research topics, such as chaplaincy, human resources, and other non-direct clinical issues.

Identifiable Costs: \$21,250

#### Subsidized Health Services

##### *Physician Practices for Underserved Areas*

BroMenn subsidizes, through BroMenn Physician Management Corporation, the operations of several clinics in underserved rural areas. Specifically, the organization has physicians practicing in Lexington, El Paso, Roanoke, Eureka, Fairbury and LeRoy. These practices offer access to healthcare services for members of those communities.

Cost: \$3,168,629

##### *Emergency Room*

BroMenn Regional Medical Center is a Level II Trauma Center and an Emergency Department approved for Pediatrics, recognized by the Illinois Department of Public Health. Eureka Community Hospital has the only emergency room in Woodford County, available all day and all night, seven days a week.

Cost: \$1,415,911

##### *Pediatrics*

BroMenn offers a pediatrics unit for children who need specialized care and extra-special attention. Our Family-Centered Care program recognizes that excellent patient care also includes being there for the parents of pediatric patients.

Cost: \$550,764

##### *Mental Health Services*

BroMenn operates a 28-bed mental health unit and is the only inpatient unit in McLean County. The unit provides a safe, therapeutic environment for those experiencing emotional trauma or psychiatric emergencies. Each treatment program is completely individualized, and patients work with a multidiscip-

linary team of psychiatrists, mental health nurses, psychologist, social workers, expressive arts therapists, and clergy. The programs are designed to maximize the patient's chances of a prompt, successful return home.  
Cost: \$615,851

#### *Behavioral Health Services*

BroMenn Healthcare subsidizes the operations of an outpatient counseling practice, Twin Cities Behavioral Health (TCBH). TCBH provides sliding fee or reduced rates for patients who need financial assistance.  
Cost: \$384,566

#### *Community Wellness Screenings*

BroMenn Women's Center and Community Wellness offer various screenings to the community at low or no cost. These screenings include bone density, blood pressure, and community cholesterol/glucose screenings, among others. The screenings are often targeted to specific populations. Eureka Community Hospital offers free blood pressure screenings every month, various free screenings at their annual Women's Health Night, and occasional free men's health screenings.

#### *Community Wellness Classes*

An array of wellness and exercise classes is available to the community through Community Wellness Services. Topics focus on general issues, such as heart health and nutrition, but also include some more targeted issues such as arthritis, skin care, and living with multiple sclerosis. They also offer ongoing yoga, tai chi, and Pilates sessions. Eureka Community Hospital offers aerobics classes on a regular basis and the Family Health Clinic holds free classes through Community Wellness.

#### *CPR/First Aid Classes*

Both BroMenn Community Wellness and Eureka Community Hospital offer CPR and first aid education to the community. Classes include a pediatric Heartsaver course and Healthcare Provider certification.

#### *Community Wellness Health Fairs*

BroMenn Community Wellness organizes on-site health fairs for local businesses. These fairs provide information and staff to answer questions from many key service areas of the hospital, and often include free screenings for such things as cholesterol, blood pressure, pulmonary function, body composition and others. Eureka Community Hospital also participates in various community health fairs.

#### *Community Compact*

BroMenn has been involved for many years with the sixth Grade Community Compact initiative of the University of Illinois Extension office. The purpose of the program is to introduce sixth graders to possible career choices. Our Community Wellness Department works with the classroom we are assigned to teach the students interactively about healthcare careers.

#### *Special Events*

BroMenn holds a few high-profile events throughout the year to raise awareness and provide education to the community. These events include, among others, "A Joyful Journey," a seminar focusing on women's health issues; and "Paint BroMenn Pink," a month-long breast cancer awareness initiative for both employees and patients.

Cost: \$104,596

*Diabetes Services*

A complete education program is available for patients to manage their diabetes. Diabetes Services has received the American Association Recognition Certificate for quality, both at BroMenn Regional Medical Center and Eureka Community Hospital. The services include individual or group diabetes self-management education sessions; diabetes education and support group meetings, held monthly; "The Glucose Monitor", a newsletter with helpful information; Diabetes Update, an annual information seminar; and community education, including health fairs and other health-related education events.

Cost: \$154,261

*Hospice*

Our hospice program seeks to improve the quality of life for those patients with a terminal illness, for whom the goal is comfort rather than cure. BroMenn Hospice Services seeks to achieve this goal by preventing and/or controlling pain and related symptoms; allowing the patient to be in control of his/her choices, with an emphasis on quality of life; helping the family participate in caring for their loved one at home; providing emotional/spiritual support for the patient and family, and later providing bereavement services to family members, and offering a full scope of health care services to each patient and family.

Cost: \$549,504

*Addiction Recovery Unit*

The Illinois Institute for Addiction Recovery (IIAR) offers free assessments 24 hours a day, seven days a week. It also provides corporate services to businesses/employers with assistance for employees to resolve problems before job performance is affected and/or professional help for work/life issues in up to three, free, brief assessment and referral sessions. The IIAR also provides free education & training on addiction-related issues to school and community groups.

*Community Health Care Clinic*

BroMenn provides both financial and volunteer staff support to the Community Health Care Clinic, a free clinic for the working, uninsured poor. Our organization is also the sole provider of information systems support to the clinic, as well as the space that the Clinic occupies. The amount of care provided directly by the hospital to clinic patients is over \$1 million annually and is included in the \$1,692,191 identified as the cost to provide charity care.

*Memory Clinic*

BroMenn Family Clinic operates a free clinic in cooperation with SIU School of Medicine to identify and assess Alzheimer's disease.

Bad Debts

The bad debt expense resulting from the extension of credit for services the hospital provided for which payment was expected but not received.

Cost: \$7,678,847

Other Community Benefits

*Chaplaincy Services and Pastoral Education*

*Clinical Pastoral Education*

BroMenn's Spiritual Care Services department provides Clinical Pastoral Education (CPE), graduate level theological and professional education for ministry. In CPE, theological students, ordained clergy, members of religious orders and qualified laypeople minister to people in crisis situations, while being supervised, in order to develop skill and pastoral identity. These CPE students can then go back to their own congregations to put their new knowledge and skills to use in their communities.

*Delegate Church Relationships*

Through its Spiritual Care Services department, BroMenn employs a Director of Church Relations whose job is to act as a resource and liaison to the 80+ member churches of the Brokaw-Mennonite Association. Pastors and delegates from these churches are provided with health education materials to share with their congregations and work closely with BroMenn to plan spiritually rooted community events, such as the annual Faith and Health Conference. The Director of Church Relations also helps to support the efforts of Parish Nurses in the region by providing periodic educational programs and networking opportunities.

Cost: \$513,233

*Adult Day Services*

BroMenn provides the only medically-based adult day services in the community. It is an invaluable service to both working families and full-time caregivers who need help caring for older adults who are not ready for skilled nursing facilities.

Cost: \$439,704

*Women's Center Services*

The Women's Center holds Open Forums and Dessert with the Doctor 10 times per year. The topics are varied and focus on current issues in healthcare.

*Childbirth Education*

Classes are offered to community members on a regular basis to assist in the preparation for an expected child. These classes are held in our facilities by hospital employees.

*Normal Township Seniors Program*

BroMenn Community Wellness provides a series of free seminars to the Normal Township Seniors Program on topics of interest to older adults. The seminars are presented by physicians or other clinical experts.

*BroMenn Foundation*

The BroMenn Foundation raises funds to support the programs and services of BroMenn Healthcare. In 2007, the Foundation gave approximately \$300,000 to the Hospital in grants to improve nursing education, expand GME program, enhance cardiovascular services, provide hospice care, educational brochures for patients regarding ortho-rehab and low-cost car seat to new parents to ensure that their babies have a safe place to ride in the car. The Foundation provided community seminars on estate planning topics like powers of attorney, living wills, durable powers of attorney and Illinois Health Proxy. These seminars were conducted by attorneys and certified public accountants and were attended by over 250 people. As part of the Foundation, BroMenn Service Auxiliary raised money for BroMenn programs and services and annually makes contributions to other community organizations and causes. The Auxiliary donates funds for faculty/student development and research at Illinois Wesleyan University's nursing program and Illinois

State University's Mennonite College of Nursing, and scholarships for students in various health-related fields. Some of the other beneficiaries of the Auxiliary's efforts are the Community Health Care Clinic, the Community Cancer Center, local food pantries and the American Red Cross. The president of the Foundation also contributed her time as a pro bono fund raising consultant to the Community Cancer Center, the Apostolic Christian Nursing Home, Illinois Hospital Association, and the Illinois Symphony Orchestra.

*Car Seat Checks*

BroMenn certified car seat technicians volunteer for and staff car seat programs throughout the community.

*Low-cost Car Seats*

Through a grant from BroMenn Foundation, BroMenn Women's and Children's Services offer a high-quality, low-cost car seat to all new parents to ensure that all babies have a safe place to ride in the car.

**Community Benefits Contributions**

Grand Total: \$35,789,921



**Criterion 1110.230(c), Alternatives to the Proposed Project**

Alter-native	Des-cription	Patient Access	Quality	Cost	Financial Benefit, Short Range	Financial Benefit, Long Range	Con-clusion
1	Do nothing	Same	Forgo the opportunity for newer technologies, and services	None	No construction outlay, but will start to see increase in maintenance and utility costs	By deferring the replacement, will eventually risk losing quality physicians, preferred provider contracts, and threaten long term viability	Rejected
2	Relocate to outer edge of the community	Reduced, due to travel time as compared to the current location	Improved	\$325,000,000 plus the cost of land	Major expenditure with high financing costs	The financial burden will extend for years	Rejected
3.	Replace all services from older buildings	Difficult during construction, ultimately better	Improved	\$180,000,000	Major expenditure with high financing costs	The financial burden will extend for years	Rejected
4	Replace the services in phases	Improved	Improved	\$ 67,300,000	The debt can be covered by operations	By phasing in the replacement, newer technologies and evolving needs can be met	Accepted ✓

**Alternative One – Do Nothing**

The possibility of doing nothing was considered and rejected for the following reasons: It will be very expensive and inefficient to continue to operate the older buildings. The services that are proposed to be relocated to new facilities are in very confined quarters. The need exists for better separation of patients into private enclosed rooms for infection control, noise reduction, improved patient privacy, and family-centered care. More importantly, doing nothing would not allow the community to have access to quality care that newer facilities can provide from a perspective of technology and staff access to the patient. There is not sufficient space in the newer buildings to allow the patient care units in the older buildings to move there. The classification of the services that are proposed to go in the new building, e.g., OB and Critical Care, are distinct and could not be operated in other underutilized bed space.

BroMenn has a responsibility to provide the community with newer services, medical specialties, and technology that the older buildings with limited space and inadequate configuration will not permit. Failure to provide services can result in patients traveling unreasonable distances to obtain those levels of care. Relying on area hospitals to accept transfers of BroMenn’s acutely ill patients, as in the case of Intensive Care, would put a burden on the patients, their families, and physicians. The lack of adequate, state of the art healthcare is a serious issue for economic development of any community. For those reasons, this alternative was rejected.

**Cost:** No immediate cost, however significant long term costs from operating inefficiencies could raise the cost of health care without giving patient access to newer technologies and medical specialties.

### **Alternative Two – Relocate**

BroMenn considered abandoning the present site in Normal and relocating the entire hospital to a “green field site” outside the metropolitan area. This move would allow all the hospital services and departments to be replaced with the newer designs, in an ideal relationship to each other. This option was tempting from an operational standpoint, but the estimated cost of \$325,000,000, plus the land, made it prohibitive. Outright relocation can also upset the balance of a community’s health care system. Further, portions of the existing hospital were added in 1991 and 2004, so to abandon them would be a significant loss on that investment. While the current location is somewhat land-locked in a residential neighborhood, the services are easily accessible to a broad scope of residents. The campus is currently strategically located between the two municipalities of Normal and Bloomington, and between Illinois State University and Illinois Wesleyan University. So, the option to relocate the entire hospital was rejected.

**Cost:** >\$325,000,000 in up front costs and forfeiture of the investments that have been made to the current facility. Patient access may not be as convenient to some of the residents, if the hospital was relocated to the edge of the community.

### **Alternative Three – Replace All Services At Once**

In 2003, BroMenn began the process of developing a long-range campus redevelopment plan. An urban planner was retained to help set the framework for the next twenty years, with traffic, waterways, land use, and neighborhood considerations. Various options were considered, including building a new bed tower for all the inpatient services and their essential clinical departments. While there were cost efficiencies in building it all at once, there was the challenge of managing such a large project. There was also a desire to phase in the replacement process of services that are most in need of attention. Therefore, the option to replace all the older buildings at once was rejected.

**Cost:** \$180,000,000 to replace all the inpatient units and certain ancillary services. During this time, the challenge would be to maintain full patient access.

### **Alternative Four – Replace the Services in Phases**

This option was selected as it allowed the organization to focus its time, energy, and money on the most crucial areas, while keeping patient care operational. By building out two floors of services and shelling in the ground floor, the efficiency will be achieved while retaining the flexibility for future use. This proposed addition will be the base for a future bed tower. The preliminary design work for the next phase is underway to be sure the essential structural elements and infrastructure are sufficient for additional floors. The planning is also considering the best use for the space that will be vacated by the departments that are moving, including a long-range plan to raze the older buildings. This also allows time for the Town of Normal to replace bridges and widen streets near the hospital before further changes are made to the traffic patterns around the existing hospital.

**Cost:** \$67,300,000

**Criterion 1110.230(d), Need for the Project — Pages 68 to 124**

**Criterion 1110.230(d), Need for the Project**

The Applicant must document that the project is needed. Based on the obsolescence of certain identified buildings, changing patient care requirements and ongoing growth in utilization of BroMenn's services, the project is needed to provide state-of-the art services in upgraded and larger facilities.

**Affected Bed Units**

This project involves three bed categories: Intensive Care Unit beds, Medical/Surgical beds and OB/Gyn beds.

**a. *Mother-Baby Unit (OB/Gyn Beds)***

The mother-baby unit will be relocated in modern new construction. In connection with this unit, BroMenn is proposing to reduce the number of obstetric beds from 24 to 12, and convert seven (7) Labor-Delivery-Recovery (LDR) rooms to 18 Labor-Delivery-Recovery-Postpartum (LDRP) rooms. The net effect will be to reduce OB/Gyn "patient accommodations" from 31 to 30. The 12 obstetrics beds will be more frequently used by mothers with longer lengths of stay, including mothers with babies born by C-section and by ante-partum patients threatening premature delivery.

**b. *Intensive Care Unit (ICU) Beds***

The Applicant proposes to relocate all of the hospital's 12 ICU beds into new construction and proposes to co-locate 18 Step-down Medical/Surgical beds (as described below) to form a modern critical care unit. While there is an excess of four (4) ICU beds in the Planning Area, the Applicant does not propose to add ICU beds as it will decommission the existing ICU beds once the new ICU and Step-down Medical/Surgical unit is ready.

**c. *Medical/Surgical Beds***

The Applicant proposes to co-locate 18 medical/surgical beds, which it will operate as step-down beds adjacent to the 12 ICU beds. Again, at the time these medical/surgical beds are ready, the Applicant will be decommissioning 18 medical/surgical beds, which are not functioning well for the service they are intended.

According to Section 1100.310 of the Planning Board rules, Planning Board need-estimates reflect the conceptual baseline for determining if proposed projects are needed. While there is a technical excess of 85 Medical/Surgical/Pediatric beds in Planning Area D-2, that figure is based on a 90% occupancy rate, which includes a 90% occupancy rate for pediatric beds.

The Applicant's historical utilization trends and other factors delineated in this narrative support the extent of the modernization. Each bed category will be operating above the target utilization rate by the end of the second full fiscal year following project completion.

**Mother-Baby Unit**

BroMenn is the busiest Obstetrics Unit in the D-02 Hospital Planning Area. Of the three hospitals, BroMenn had 60% of the obstetrics admissions (55% of the patient days) in the 2008 updated inventory. BroMenn is fortunate to have fourteen well-trained obstetricians with active growing practices on its medical staff. That is not the case in many communities outside the metropolitan areas as evidenced by the number of hospitals that have recently closed their obstetrics unit. Therefore, it is imperative for BroMenn to keep the facilities modern and efficient for the physicians and their patients.

One of the areas of attention is the model of care. Many of the obstetrical-gynecological physicians have encouraged the hospital to convert to the newer Labor-Delivery-Recovery-Postpartum (LDRP) style of care and believe it is a better quality of care for the typical obstetric patient to stay in the same room from admission to discharge. With the average length of stay a brief 2.5 days, the task of moving a mother, the infant and family members from a delivery room to a postpartum room during that time creates inefficiencies that can be avoided by maintaining the patient in the same accommodation throughout her stay.

**Proposed Changes**

A diagram of the proposed changes is set forth below.

<b>BroMenn Mother/Baby Unit</b>	<b>Current</b>	<b>Proposed</b>
Obstetric beds	24	12
Labor-Delivery-Recovery rooms	7	0
Labor-Delivery-Recovery-Post-partum rooms	0	18
Total patient accommodations	31	30

The current mother-baby unit is located in facilities built in the 1960s. The patient rooms are too small to convert to the new LDRP model. Some rooms do not have showers and the lack of space prohibits the addition of showers. The practice of having well-baby newborns stay in the room with the parents has been well received but necessitates more space than is currently available. Because of the small rooms, it is virtually impossible for the other parent or family support to remain in the room with the mother and infant. Family Centered Care is now becoming the standard of care and is preferred by many parents. Furthermore, the variety of cultures is now bringing more family members, e.g. husband and grandmother, etc., to stay with the mother overnight.

**Historical Volume and Trending**

The historical volume of mothers' patient days since 2004 shows a pattern of 2.9% growth per year.

<b>OB Year</b>	<b>Patient Days</b>
2004	4,234
2005	4,392
2006	4,659
2007	4,600
04-'07	8.6%
Ave/year	2.9%
ALOS '07	2.5

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By trending this data forward, to when the proposed project will have been open for two years, patient days will increase to 5,619. The average length of stay of 2.5 days compares favorably with the State average of 2.7 days.

**Level II Extended Designation**

A second major factor which will increase utilization of BroMenn’s obstetrics services is its plan to obtain a Level II extended designation. There is currently no such service in the Planning Area. Therefore, high-risk mothers who are in need of hospitalization or who are anticipated to deliver a special-needs newborn must leave the Planning Area for the service. Fragile newborns who are born at BroMenn with special needs must be transferred to another facility with a higher level of care and sometimes must be transported by helicopter. An eight (8)-bed special care nursery is planned for the proposed new unit, with all infants in separate rooms, to better care for them and to better facilitate parental involvement in the care of premature and sick infants.

The Perinatal Center at OSF St. Francis Medical Center in Peoria which currently accommodates mothers and babies requiring more intensive perinatal and neonatal services has encouraged BroMenn to seek that designation. *(See the attached letter (page 72) from the Perinatal Coordinator.)* The Level II extended designation will allow BroMenn to care for ante-partum patients who are as early as 32 weeks gestation and threatening to deliver prematurely. A Maternal Fetal Medicine specialist has joined the BroMenn medical staff and has been an integral part of planning for this higher acuity designation. *(See the letter (page 72) from Michael Cardwell, M.D.)*

The target utilization rates for obstetric services are set forth in Section 1100.530 of the Planning Board rules. The target rate is 75% for facilities with a bed capacity of 11-25 beds. As this project falls within that range, the 75% rate is the target for this program.

To estimate the anticipated utilization, the Applicant reviewed all obstetric cases that out-migrated from the primary service area to another Planning Area in 2007. It was determined that if a Level II extended facility had been available, 134 of those cases could have stayed in the community. The further assumptions were that, as the only Level II extended facility, BroMenn could retain 75% of the 134. The average length of stay of these patients at OSF St. Francis (the principal site for transfers) is 8.92 days. By using those assumptions, and trending them forward with the same 2.9% historic growth to 2014, it was likely that another 1,095 patient days would be seen.

**Expanded Occupancy Case**

By adding the 5,619 days (historic growth pattern) and the 1,095 days (out-migration expected to stay in community because of Level II extended capability), the combined total days are expected to be 6,714 days. These figures would result in 77% average occupancy of the 24 beds currently in the inventory.

To summarize the effect on the obstetrics bed occupancy, the impact in the year 2014 is expected to be as follows:

Continue the four (4) years’ growth trend of 2.9%/year	5,619
Add and trend forward the impact of Level II extended designation on reversing out-migration	1,095
<b>Total medical/surgical patient days</b>	<b>6,714</b>

24 beds x 365 days = 8,760 days at 100% occupancy  
 6,714 projected occupancy/8,760 at 100% = 77% occupancy

*(See the attached letters of support (pages 74-75) signed by obstetricians on BroMenn staff, and the Southern Illinois University School of Medicine and St. John's Hospital, indicating their encouragement that the permit for this new facility be approved.)*



September 8, 2008

Gary Hagens, MD  
Vice President of Medical Affairs  
BroMenn Regional Medical Center  
1304 Franklin Ave.  
Normal, IL 61761

Dear Dr. Hagens:

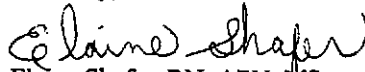
This document will serve as a Letter of Support, for BroMenn Regional Medical Center in its pursuit of a Level II with extended neonatal capabilities designation, within the Illinois Perinatal Program and the North Central Perinatal Network.

The Administrative Team at OSF St. Francis Medical Center will fully support BroMenn Regional Medical Center as it expands its capabilities for caring for moderately ill neonates.

As the Administrator for the North Central Perinatal Network, I will assist BroMenn Regional Medical Center in the process of achieving a Level II with extended neonatal capabilities designation.

I look forward to continuing the perinatal affiliation that has been advantageous to both OSF St. Francis Medical Center and BroMenn Regional Medical Center.

Sincerely,

  
Elaine Shafer, RN, APN, MS  
Perinatal Network Administrator



Michael S. Cardwell, M.D.

Maternal Fetal Medicine, Obstetrics  
1300 Franklin Avenue, Suite 280  
Normal, IL 61761

September 2, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

I am a new member of the BroMenn Regional Medical Center Medical Staff and the first Maternal Fetal Health specialist to locate in Bloomington-Normal. I am writing to tell you of the need for a new Mother-Baby unit at BroMenn, which is coming to you for consideration in a Certificate of Need application.

I was attracted to this community because of the progressive health care plans being developed. I have been involved, right from my arrival in the fall of 2007, in pursuing the possibility of having a special care nursery at BroMenn. The process is underway now to obtain the Level II Extended designation within the North Central Perinatal Network.

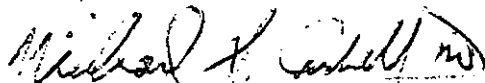
Based on my experience in other communities where I have practiced, I anticipate that service will permit over 200 women per year who are prone to difficult pregnancies to stay in this community and deliver at BroMenn. I am available to support the other obstetricians and work with the pediatricians to assure the patients get the best attention and care during their sometimes protracted inpatient stay.

The system of care will be greatly enhanced by having a new facility with larger rooms, better monitoring technology available, patient triage rooms, more family space, plus staff and family education areas. That is where we need your help.

The project before you is to permit the construction of a new addition on the BroMenn Regional Medical Center. That addition will include the replacement of the older Mother-Baby unit with a new state-of-the-art facility.

I ask that you see the value in this for all the families in our community and for generations to come. I can be reached at 309-42-5300 if you need more information.

Sincerely,



Michael Cardwell, MD  
Maternal Fetal Medicine

Phone 309.452.5300 Fax 309.452.0100 Email md@dob@aol.com

# BROMENN HEALTHCARE

1304 Franklin Ave., Normal Illinois  
Mailing Address: P.O. Box 2850, Bloomington, Illinois 61702-2850  
Telephone: 309-454-1400 www.bromenn.org

August 4, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

We are writing to you as obstetricians and gynecologists who are members of the BroMenn Regional Medical Center Medical Staff. We are concerned about the health of women and infants and know that you are, too.

We have been pleased with BroMenn's efforts to expand overall health care for women with programs, services and screenings from the BroMenn Women's Center and the organization's participation in the national "Spirit of Women" network. The community has reacted positively to these programs, and physicians are pleased to be partners in this effort. These programs and more are increasing the demand for inpatient facilities at BroMenn.

For several years, BroMenn has been planning for a replacement of the older Mother-Baby inpatient unit at BroMenn. The current facilities are limited by the size of the rooms and support space, especially in light of new technology and family expectations.

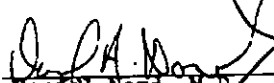
We fully support the plans to construct a new addition at the hospital. The conversion to Labor Delivery Recovery Postpartum (LDRP) rooms will make it much easier to accommodate more women in labor, without having to move them from the current LDRs to a postpartum room. The proposed location will give much better access to the unit with a direct entrance for the OB patients and families. The layout of the proposed unit makes the C-section rooms immediately accessible from the LDRP rooms. A term nursery to give mothers respite following a C-section will be provided. A Level II Extended Nursery (Special Care Nursery) will be a new addition to the services as well.


We urge the Illinois Health Facilities Planning Board to approve granting a permit for this important project for our patients and our community.


Sincerely,

Obstetricians and Gynecologists on the BroMenn Regional Medical Center Medical Staff

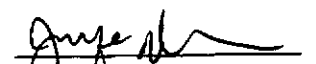
  
Michael Cardwell, M.D.

  
Daniel Verd, M.D.

  
Nona Fulk, M.D.

  
Susan Svientek, M.D.

  
Lisa Emm, M.D.

  
Jennifer Dameron, M.D.

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September 15, 2008

Mr. Jeffrey S. Mark  
 Executive Secretary  
 Illinois Health Facilities Planning Board  
 525 West Jefferson Street, 2<sup>nd</sup> Floor  
 Springfield, Illinois 62761

Dear Mr. Mark:

We are writing to you as partners in the healthcare delivery for women and children in the South-Central Illinois region. St. John's Children's Hospital /Carol Jo Vecchie Women's Center and Southern Illinois University (SIU) School of Medicine are planning to support patient care by bringing pediatric subspecialties and women's services to BroMenn Regional Medical Center. We are aware that BroMenn will come before you with a proposal for a new building addition and are writing to lend support to this request.

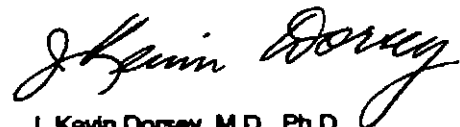
We are a regional referral and consultation center that provides comprehensive patient care for women and children. Many of our physicians are nationally and internationally recognized for their clinical expertise and research endeavors around women and children's healthcare.

The importance of having this expertise available will make a significant difference in the number of obstetric cases that will be able to stay in Bloomington-Normal. When a new mother is anticipating a difficult pregnancy, it would be reassuring to stay close to home. Key to making that possible is to ensure that the environment of care for the infant is the best in the area. The challenges of caring for a compromised newborn will be made easier for the attending obstetricians and pediatricians when they are supported by subspecialists that have specialized training and expertise in the care of the neonate.

One of the important elements in that plan is to have an Obstetrics and Intermediate Care Nursery facility that incorporates current technology. BroMenn is proposing to build an addition that will include a new Mother-Baby unit, sized and equipped to handle the patients (mother and/or baby) that must stay for an extended time. We strongly support this plan.

Respectfully,

  
 Robert P. Ritz  
 President and CEO  
 St. John's Hospital

  
 J. Kevin Dorsey, M.D., Ph.D.  
 Dean and Provost  
 SIU School of Medicine

  
**St. John's  
 Hospital**  
 800 E. Carpenter Street  
 Springfield, IL 62769

  
**Southern  
 Illinois University**  
 School of Medicine  
 301 N. 8<sup>th</sup> Street  
 Springfield, IL 62701

### Acute Care Services

The demand for acute care services in the community hospital setting is changing due to various factors as further described below.

#### *a. Aging Baby Boomers*

As of 2007, approximately 30% of the population of the United States was born between 1946 and 1964 (the "Baby Boom"). As these individuals mature past the age of 65 years, they will constitute 20% of the population, whereas that age group currently constitutes approximately 12% of the population.<sup>12</sup> This high proportion of older adults as part of the general population in the United States is unprecedented, and the ability to provide the requisite amount of healthcare to the elderly in the coming years should be a chief concern among hospitals.

The elderly (age 65 and older) are a large and growing segment of the population in the Planning Area. This age demographic is expected to constitute 12.5% of the population in the Planning Area and account for 55% of medical surgical inpatient days in Planning Area hospitals including BroMenn. Growth in the senior population and concurrent increase in patient acuity contribute to growth in both medical/surgical and ICU inpatient days.

Several studies have been conducted suggesting the potential need for increased capacity in hospitals:

- 1) The U.S. Department of Health and Human Services Health Resources and Services Administration found that assuming no change in per capita healthcare utilization, between the years 2000 and 2020, changing demographics would cause an estimated 30% increase in inpatient days, a 20% increase in outpatient visits, and a 17% increase in emergency department visits at general, short-term hospitals.<sup>3</sup>
- 2) The Health Care Advisory Board reported that based on a moderate-growth scenario, hospital inpatient days will rise 3.5% each year through 2020, implying the need to increase inpatient bed capacity by 40%.<sup>4</sup>

These increased needs in bed capacity are due to the greater medical requirements of the elderly, which, combined with access to healthcare services through Medicare and Medicaid, have resulted in much higher per capita use of health care services for the elderly, compared to the non-elderly. On a per capita basis, the elderly have more hospital inpatient days, outpatient visits, and emergency department visits.

#### *b. Growth of the Oldest Elderly*

Also of concern is the growth of the population of the "oldest elderly." This is the most rapidly growing demographic group in the country, and is defined as the portion of the

### **Attachment GRC-4.2.9 – Need for the Project**

<sup>1</sup> U.S. Census Bureau: National Population Estimates – Characteristics. <http://www.census.gov/popest/national/asrh/>, accessed February 19, 2008.

<sup>2</sup> Laurie Barclay and Charles Vega, "Good Nutrition May Help Prevent Disability in Elderly," Medscape Medical News, December 4, 2006, [www.medscape.com/viewarticle/548717](http://www.medscape.com/viewarticle/548717), accessed on December 17, 2007.

<sup>3</sup> "Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers," U.S. Department of Health & Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, Spring 2003.

<sup>4</sup> Health Care Advisory Board, "The New Economics of Care: Briefing for the Board and Health System Executives," Advisory Board Company, Fall 2001.

population age 75 and over. In 2000, there were approximately 16.6 million people age 75 and over, 9.2 million people age 80 and over, and 4.2 million people age 85 and over. By 2020, the number of people in these age groups could increase by 33%, 41%, and 67%, respectively. The oldest elderly have the highest per capita utilization of healthcare services; thus, their increase in the population translates into increased bed needs in hospitals.

The increasing longevity and the maturing of the baby boomers were analyzed by Strunk, Ginsburg, and Banker who published "The Effect of Population Aging on Future Hospital Demand" Health Affairs (published 28 March 2006). Their conclusion from the Census Bureau data<sup>5</sup> was that, in addition to the population growth, hospitals can expect an additional 0.74% annual increase in medical and surgical patient days just because the elderly use a significantly greater amount of health care. The study looked at age-specific hospital inpatient utilization rates for a particular year and age specific projections for the U.S. population for each year during the projection period. It is noted that utilization begins to accelerate when people reach their mid-50s and continues to rise until death. Consequently, as the baby-boom generation ages and the proportion of the population older than the mid-50s swells, inpatient utilization rates will accelerate accordingly. It is expected that the yearly increase will plateau at 0.89 percent when the lagging edge of the baby-boom population will have passed the age at which specific utilization accelerates.

A similar study was done by the Minnesota Department of Health and published in their Health Economics Program Issue Brief 2003-2005. It speaks to system capacity to handle the full impact of the population aging. The conclusion is with no change in current utilization patterns by age group, the total number of hospitalizations over the next 30 years was expected to increase 56% (1.86%/year) and the number of patient days was expected to increase by 60% (2%/year).

**c. *Increased Patient Acuity***

Hospital patient acuity, or the average severity of illness of the inpatient population, has been increasing since the early 1990s. Two distinct studies published between 2000 and 2003 found that out of all hospital demand contributors, hospital representatives concluded that increased patient acuity contributed the most to capacity problems. This finding correlates with another study, conducted in 2000, focusing specifically on the growth of ICU admissions. The ICU admission study concluded that because of an aging population and the increasing acuity of illness of hospitalized patients, both the total number of ICU patients and their proportional share of hospital admissions overall are expected to grow.

**d. *Obesity Epidemic***

Obesity is weight that endangers health because of its high body fat relative to lean body mass. Over the past two decades, obesity in the United States has increased steadily. More than one in five adults are classified as obese based on self-reported weight, and almost one in three based on objectively measured weight. According to a study conducted by RAND Health, obese individuals spend 36% more on healthcare services. Obesity is associated with

<sup>5</sup> The U. S. Census Bureau, "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin."

more chronic medical conditions than any other health behavior aside from greater than 40, increased by 50% between 2000 and 2005. Severely obese individuals are more than twice as likely as people of normal weight to be in fair or poor health and have about twice as many chronic medical conditions.

**Intensive Care Unit (ICU)**

The Intensive Care Unit has 12 beds and is proposed to be relocated in the new addition. It will remain as a 12 bed service. The unit presently occupies 4,703 GSF and is proposed to increase to 10,362 GSF in the new addition.

The current Intensive Care Unit was built in the 1960s to accommodate patients in an open bay arrangement that was typical of that era. Since then, the unit has been remodeled to enclose the beds but space around each patient is very limited. Since it was built, many changes have occurred in treatment modalities including electronic bedside charting, the Americans with Disabilities Act of 1990 (ADA) requirements, Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, life-support equipment advances, infection control requirements, and in-room space for family members.

**Family-Centered Care in the ICU**

The American College of Critical Care Medicine (ACCM) Task Force has issued clinical practice guidelines for support of patients and their families in the adult, pediatric, or neonatal intensive care unit (ICU). The new recommendations are published in the February 2007 issue of Critical Care Medicine. (Crit Care Med. 2007;35:605-622.)

In 2001, the Institute of Medicine strongly recommended that healthcare delivery systems "become patient-centered rather than clinician- or disease-centered, with treatment recommendations and decision making tailored to patients' preferences and beliefs," wrote Judy E. Davidson, RN, FCCM, and colleagues, of the ACCM Task Force. "Nowhere is the need for patient-centered care greater than in the intensive care unit (ICU), where patient and family involvement can profoundly influence clinical decision making and patient outcomes."

The Institute of Medicine's patient-centered model incorporates the following features:

- 1) Patients and families are kept informed and actively involved in medical decision-making and self-management.
- 2) Patient care is coordinated and integrated across groups of healthcare providers.
- 3) Healthcare delivery systems provide for the physical comfort and emotional support of patients and family members.
- 4) Healthcare providers have a clear understanding of patients' concepts of illness and their cultural beliefs.
- 5) Healthcare providers understand and apply principles of disease prevention and behavioral change appropriate for diverse populations.

Patients in the ICU are often unable to communicate with health care providers or participate in their own care decisions, mandating that responsibility be assumed by others, usually immediate family members, to function as surrogate decision makers.

Beyond issues of communication in the critical care setting, some patients die in the ICU. Others have experienced severe trauma, extensive surgery, require resuscitation and other labor and equipment intensive intervention, which create a significant amount of commotion. These patients, whose lives are often very much in jeopardy, do not currently have the benefit of the appropriate environment for their condition due to the current facilities in the ICU Unit.

Obviously, death is a sacred and traumatic moment for both the dying person and that person's family and friends. Severe illness is also very traumatic and many of the issues surrounding death also exist in critical care experiences when the patients ultimately survive. During the last hours of their lives, most patients require continuous skilled care. Much of that care is provided in an ICU setting as well as in other hospital units. A dying person's care environment should allow family and friends access to their loved one around the clock without disturbing others and should be conducive to privacy and intimacy. Medications, equipment, and supplies need to be available in anticipation of problems. As the patient's condition and the family's ability to cope can change frequently, both must be reassessed regularly and changes in the patient's condition can occur suddenly and unexpectedly, so caregivers must be able to respond quickly. To make the last hours of a person's life as positive as possible, advance preparation and education of professional, family, and volunteer caregivers are essential.

The current ICU rooms are not conducive to a positive death experience. Not only is the privacy and intimacy noted above not available, the trauma of the death experience carries over into other patients' care settings having an adverse impact on all exposed, without consideration of their own illness and crisis.

The current ICU waiting room is at the opposite end of the wing from the unit and family must go through the patient corridor of another unit to reach their family member in ICU. This inconvenience isolates the patient from the family and results in family members, who are often traumatized, congregating in the hallway outside the ICU doors.

The ICU unit currently has very limited storage space and no staff lounge. The proposed unit will have storage of patient supplies in each room for more efficiency of the nursing staff. The medications will be kept there in an "outside-inside" server where it can be maintained from the corridor by the Pharmacy staff and accessed in the room by nursing staff. All of the medical gases and monitoring equipment will be provided through a column that allows the nurse to have 360 degree access to the patient.

### **Growing Demand for ICU**

The Medical/Surgical and ICU Units relocation into new construction that BroMenn proposed in this application is required for the hospital to provide for the greater health care needs of the aging population, the increasing acuity of patients, and the chronic medical conditions of the obese. The recent implementation of a Rapid Response Team (RRT) is increasing the number of transfers to the ICU. The team is called whenever a patient exhibits some early signs of impending distress. This means the team gets to the patient before a traditional Code Blue is called for cardiac arrest. Patients are quickly assessed and often transferred to the ICU for care focused on the impending distress.

The overall patient acuity is growing. As people are more compromised when they arrive at the hospital, they are more likely to need to be admitted to Intensive Care Unit.

To illustrate this situation, BroMenn's Mental Health Unit (adult mental illness) is finding more patients arriving with additional medical problems. Those patients need close monitoring that must be done where there is a very high nurse to patient ratio. Sometimes, the mental health patients must be on gastric pumps and that care is provided in the ICU.

The effect of increases in community acquired Methicillin Resistant Staph Aureus (MRSA) infections is also a factor in planning for future demand and good isolation rooms in ICU. The proposed ICU and Medical Surgical Units will each have a room especially equipped with air pressure controls to achieve a negative pressure to help contain any airborne infections.



In 2004, a new Cardiovascular Care Unit of universal beds opened and all the heart patients were shifted from the ICU to the new heart wing. While that initially took down the occupancy, in the years since then the ICU occupancy has been growing at 13%/year. The average length of stay of 2.4 compares favorably with the State of Illinois average of 5.4 days. The historic trend of patient days is shown below:

ICU Year	Patient Days
2004*	2,141
2005	1,771
2006	1,836
2007	2,234
05-'07	26.2%
Ave/year	13.1%
ALOS '07	2.4

\*In late 2004, the new Cardiovascular Care Unit (CVCU) opened and the hospital started admitting most of its cardiovascular patients to that unit of universal beds. Prior to the opening of the CVCU, cardiovascular patients were largely being admitted to the ICU. This change in admission pattern resulted in the significant reduction in admissions. Thus, the 2005 to 2007 historical ICU growth is better representative of expected future utilization.

Because the patient days figures have been skewed by the change in referral pattern, rather than using a high growth figure based on the last two years growth or a low growth figure reflecting the admission pattern change, the Applicant used the state-wide ICU patient admissions growth from 2006 to 2007. Those admissions grew from 135,982 to 139,116 or 2.3%. Using that annual percentage growth rate to trend forward to 2014, results in 2,564 patient days in the target year.  $(2,234 \times 2.3 \times 7 \text{ years} = 2,564/365 = 7.11 \text{ ADC}/12 \text{ beds} = 59.3\%$

By trending the 2007 patient days forward by another 0.74% per year, as is suggested by the Health Affairs authors, that adds another 145 days of ICU care in the target year 2014. When combined with the most recent statewide historic growth rate (2.3%) that results in 2,709 patient days. For a unit of 12 beds, this results in 61.8% occupancy.

To summarize the effect on the intensive care unit bed occupancy, the following impact in the year 2014 is expected to be:

Continue the growth trend of 2.3%/year	2,564
Add and trend forward the 0.74%/year impact of increased longevity and the baby boom generation	145
<b>Total medical/surgical patient days</b>	<b>2,709</b>

12 beds x 365 days = 4,380 days at 100% occupancy  
 2,709 projected occupancy/4,380 at 100% = 61.8% occupancy

*(See the letter (page 82) from the surgeons and intensivists of the BroMenn medical staff supporting the replacement of the current ICU Unit.)*



1304 Franklin Ave., Normal Illinois  
Mailing Address: P.O. Box 2850, Bloomington, Illinois 61702-2850  
Telephone: 309-454-1400 www.bromenn.org

August 4, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

We are writing to you as intensivists and surgeons at BroMenn Regional Medical Center. We are the physicians who treat patients in the BroMenn Critical Care unit on a daily basis. Over the years, it has become apparent that the current ICU will not meet the needs of the future. The rooms are too small for the equipment and staff necessary to attend to the patient in a crisis. Support services are currently all arranged on the headwall, which presents a problem when access is needed all around the patient.

There is virtually no space for patients' family members on the unit, so they must go through another unit to get to the family waiting room. This presents challenges when the physician needs to meet with family members. As a result, the family often congregates in the hallway outside the ICU, just to be close to their loved one.

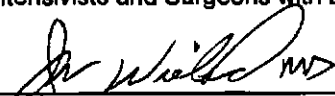
Having a Step-down unit in close proximity to the ICU is essential, as the patients who are discharged from ICU often need to be monitored with the telemetry system while they are recovering. Many of the Critical Care staff are cross-trained to work in either ICU or on the Step-down unit.

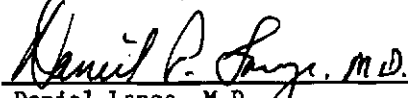
The proposed new location of Critical Care will adjoin the surgical suites, making it very easy to move a patient from Post Anesthesia Recovery to ICU. This would be a marked improvement over the present system. It will also facilitate the physicians' access to the ICU, direct from surgery.

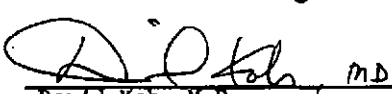
As the population ages and grows with the Baby Boomer generation, our medical specialties foresee a growing demand for intensive care and medical surgical care. Please help us prepare for the future of critical care services in our community by approving this project.


Sincerely,

Intensivists and Surgeons with BroMenn Regional Medical Center Medical Staff

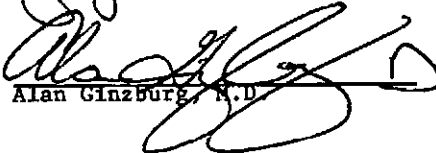
  
John Wieland, M.D.

  
Daniel Lange, M.D.

  
David Koh, M.D.

  
Otis Allen, M.D.

  
Gerardo Grieco, M.D.

  
Alan Ginzburg, M.D.

Attachment GRC-4.2.15 - Need for the Project

**Step-Down Unit (Medical/Surgical Beds)**

The Step-Down Unit of medical/surgical beds is proposed to be relocated to the new addition. It currently has 18 beds and will remain as a 18-bed unit. The current unit is in 11,074 GSF and will be expanded to 13,470 GSF. As these are medical/surgical beds, the following will speak to the demand for this category of service beyond the Step-Down Unit.

The hospital has a total of 134 medical/surgical beds and the services are divided to accommodate the post-surgical, medical, neurosurgical, addiction recovery, cardiovascular, and the step-down patients.

The Step-Down Unit and its companion service, the Intensive Care Unit, are referred to as Critical Care. This Step-Down Unit is where patients go when they no longer need such an intense level of acute care with one-on-one nursing care but still require frequent intervention and a higher level of monitoring than the typical medical/surgical unit provides. The unit is equipped with telemetry, and staff constantly observe the monitors for all the patients from the vantage point of a central telemetry monitor room. The service is highly specialized and the patients who come from ICU could not be adequately cared for on other medical/surgical units where there is not a telemetry and monitoring capability.

**Physicians Driving Demand**

Demand for all the medical/surgical beds is being influenced by various drivers. BroMenn Regional Medical Center is the larger of the two hospitals in Bloomington/Normal. Neurosurgery is one important service that BroMenn provides which many other community hospitals are unable to provide. There are four neurosurgeons and two pain management physicians practicing with Central Illinois Neuroscience Associates and all admit to BroMenn. The newest neurosurgeon just joined the group, so the impact of his practice will be seen in the years to come.

In 2002, BroMenn became a teaching facility for medical interns and residents. Of note is the neuroscience program that prepares neurosurgeons. There are nine (9) residents and one (1) intern in the program at this time. It has established a national standing, based on the quality of the program and the surgeons that support it. The growth of that service is anticipated to keep rising based on its reputation among specialists for treating difficult cases.

Cardiovascular and pulmonary services are also expanding at BroMenn. In 2005, the Illinois Heart and Lung Associates (IHLA) joined with BroMenn Medical Group under the umbrella of the BroMenn Physicians Management Corporation. IHLA has 12 cardiologists and pulmonologists who are consistently conducting drug and treatment studies on various aspects of cardiology and pulmonary disease. In the past year, they recruited Dr. Mumtaz Siddiqui, who is now providing eletrophysiology care and they are in the process of adding a second electrophysiologist.

Illinois Heart and Lung Associates have been instrumental in preparing BroMenn to be certified in the treatment of chest pain. One of the elements is the use of process known as Code STEMI. Under this protocol, the healthcare providers are alerted to the emergency situation when a patient is experiencing a myocardial infarction with ST-segment Elevation. This care system will improve the continuum from pre-hospital right through the reperfusion therapy with a systematic and practical approach. IHLA is adding another interventional cardiologist to handle the volume of patients this new protocol will produce. The impact of this aggressive treatment protocol is lives saved.

Proctor Hospital in Peoria approached BroMenn over a decade ago to establish a partnership in providing an addiction treatment program for this rising problem in society. BroMenn operates a 16-bed drug rehabilitation<sup>6</sup> unit, which focuses on adults. The program includes a strong outpatient component to augment the inpatient care. This program also supplements BroMenn's very strong behavioral health services, which include an inpatient adult psychiatry unit, outpatient counseling, and a sexual addiction program. While this addiction unit is classified as Medical/Surgical beds, the care provided in that unit is not interchangeable with the beds in BroMenn's Step-Down Unit.

In forecasting the demand for the hospital beds, it was noted that the population growth for BroMenn's primary service area is anticipated to grow by at least 1.0% per year, according to Claritas. That is due to the stable economy of the Bloomington/Normal community that is built on higher education and the insurance industry. However, the historic medical/surgical patient day growth at BroMenn is 2.8%.

Medical/Surgical Year	Patient Days
2004	28,355
2005	29,619
2006	31,150
2007	30,753
'04-'07	8.5%
Ave/year	2.8%
ALOS '07	4.7

To forecast 2014 utilization, BroMenn trended forward the 2007 medical/surgical patient days forward by 2.8% historic growth to the year 2014. Using that method, BroMenn estimates that it will provide 37,311 medical/surgical patient days. The 2007 average length of stay was 4.7 days, and that matched exactly the State average of 4.7 days.

When the 2007 patient days are trended forward by 0.74% longevity and baby boomer impact (as described above for ICU care), that adds another 1,629 medical/surgical days to BroMenn's 2014 forecast.

It is noted but not included in the demand calculations that certain admitting diagnoses will be even more heavily impacted by this shifting to an older society. The same analysis referenced above was able to quantify the expected increase in following Major Diagnostic Categories.

Factor of Further Increased Usage of Services by Patients Classified with:	Impact
Diseases and disorders of the circulatory system.	0.34%/yr
Diseases of the male reproductive system including prostate cancer	0.75%/yr
Disorders of the respiratory system including chronic pulmonary disease and pneumonia	0.23%/yr
Added impact of musculoskeletal system including hip replacements and other orthopedic-related conditions	0.10%/yr

**Attachment GRC-4.2.17 – Need for the Project**

<sup>6</sup> Rehabilitation in this instance refers to drug detoxification such as care for acute alcohol intoxication, delirium tremens and physical and neurological complications resulting from acute intoxication. This is distinguished from the hospital's physical rehabilitation unit for patients recovering from physically disabling illnesses and injuries.

Finally, the impact of new physicians at BroMenn was calculated and copies of their contracts are included. To quantify the anticipated impact, a study was made of the primary care physicians (Internal Medicine and Family Practice). It is noted but not included in the demand calculations that certain admitting diagnoses will be even more heavily impacted by this shifting to an older society. The same analysis referenced above was able to quantify the expected increase in following Major Diagnostic Categories.

Family Practice) that have been affiliated with BroMenn and in practice for at least six (6) years. The average admissions/physician was 77 and that was multiplied by the average length of stay of 4.7 days to conclude each physician might reasonably be expected to bring 362 patient days to BroMenn in 2014 when their practices are mature. Physicians practicing in out-of-town clinics had their admission rates decreased to only how many they might refer to other physicians at BroMenn.

These 18 new physicians are expected to generate 4,360 patient days in the target year of 2014. Copies of new BroMenn-employed physicians' contracts are included, along with letters from Dr. Jay-James Miller and Dr. Jason Seibly, new independent physicians, describing their expected practice volumes. (Attachment GRC-4, pages 86 to 121.)

A similar study was done of the 12 internal medicine and family practice physicians who in the past year have resigned to move elsewhere or retired from the BroMenn Medical Staff. Many of them were winding down their practices. The study showed that in the last full year of their practices, they generated 1,174 patient days. When those days were subtracted from the new physicians' days, the net increase from new physicians was 3,186 patient days in 2014.

To summarize the effect on the medical/surgical bed occupancy, the following impact in the year 2014 is expected to be:

Continue the 4 years' growth trend of 2.8%/year	37,311
Add and trend forward the 0.74%/year impact of longevity and the baby boom generation	1,629
Add the net increase in patient days from the additional physicians	3,186
<b>Total medical/surgical patient days</b>	<b>42,126</b>

134 beds x 365 days = 48,910 days at 100% occupancy  
 42,126 projected occupancy/48,910 at 100% = 86% occupancy

*Handwritten:*  
Lilla Gyires Berck  
9/9.07

EFFECTIVE DATE OF AGREEMENT: DECEMBER 21, 2006

EMPLOYMENT "START DATE": SEPTEMBER 17, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Lilla Gyires Berck, M.D. ("DR. BERCK"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. BERCK are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. BERCK may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. BERCK wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that internal medicine services are presently inadequate in such communities; and

WHEREAS, DR. BERCK is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of Internal Medicine and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. BERCK on a full-time basis to practice medicine and to perform and deliver internal medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. BERCK desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. BERCK AGREE AS FOLLOWS:

SECTION 1. DEFINITIONS.

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

11.12 Consents and Approvals. Whenever a consent or an approval, by either Party, is required by or under any of the provisions of this Agreement, that consent or approval, in each instance, must be expressed by that Party in writing.

11.13 Participation Eligibility. DR. BERCK, by the execution and delivery of this Agreement, represents and warrants that she: (i) is not currently excluded, debarred, sanctioned or otherwise deemed or determined to be ineligible to participate in any federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of her knowledge, the subject of any state or federal civil or criminal investigation which could result in her being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

11.14 Survival. The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. BERCK has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: 12.21, 2006

By: William Brouwer

William Brouwer

Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Execution Date: 12/08, 2006

Physician  
Lilla Gyires Berck  
Lilla Gyires Berck, M.D.

EFFECTIVE DATE OF AGREEMENT: 01/09, 2005

EMPLOYMENT "START DATE": AUGUST 1, 2006

*Admin (Leide)  
HR (Carr)  
Ray Evs.  
Sharon  
W. Klay*

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation ("BHH"), and (ii) Shane Fogo, M.D. ("DR. FOGO"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. FOGO are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. FOGO may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. FOGO wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that family medicine services are presently inadequate in such communities; and

WHEREAS, DR. FOGO, who is licensed, or is eligible to be licensed, to practice medicine in the State of Illinois, is a member, or is eligible to be a member, on the Medical Staff of the BroMenn Facilities, and is Board certified, or is Board eligible in the practice of family medicine, desires to enter into a formal professional employment relationship with BHH; and

WHEREAS, BHH desires to employ DR. FOGO on a full-time basis to practice medicine and to perform and deliver family medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. FOGO desire to define, through this Agreement, their respective duties and responsibilities as employer and employee;

NOW, THEREFORE, BHH and DR. FOGO AGREE AS FOLLOWS:

SECTION 1. DEFINITIONS.

When utilized in this Agreement, the following terms possess the meaning which is respectively ascribed to such terms in this Section 1:

1.1 BroMenn Facility or BroMenn Facilities. "BroMenn Facility" or "BroMenn Facilities" refer, interchangeably, to the BroMenn Regional Medical Center, the Eureka Community Hospital and/or such other hospitals and health care facilities as may be owned, operated or managed by BHH, by Brokaw-Mennonite Association ("BMA") or by any BHH or BMA subsidiary or affiliate.



IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. FOGO has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: 1.12., 2006

By: Bill Brouwer

William Brouwer  
President, BroMenn Physician Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals

Physician:

Execution Date: 01/09/, 2006

[Signature]  
Shane Fogo, M.D.

EFFECTIVE DATE OF AGREEMENT: MAY \_\_\_\_\_, 2008

EMPLOYMENT "START DATE": ~~OCTOBER 1, 2008~~ November 15, 2008 *JCB*

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Jeffrey C. Hoschek ("DR. HOSCHEK"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. HOSCHEK are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. HOSCHEK may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. HOSCHEK wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that internal medicine services are presently inadequate in such communities; and

WHEREAS, DR. HOSCHEK is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of internal medicine and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. HOSCHEK on a full-time basis to practice medicine and to perform and deliver internal medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. HOSCHEK desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. HOSCHEK AGREE AS FOLLOWS:

SECTION 1. DEFINITIONS.

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

{S0572172.2 5/1/2008 JDB JKB}

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. HOSCHEK has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: June 2, 2008

By: William Brouwer

William Brouwer  
Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Execution Date: May 21, 2008

Physician:

Jeffrey C. Hoschek MD  
Jeffrey C. Hoschek

*U. HR  
Copy to: Pennycumal  
M. Lister  
& Anderson  
(2) Jansen's file  
10/22/06*

EFFECTIVE DATE OF AGREEMENT: OCTOBER 21, 2006

EMPLOYMENT "START DATE": JANUARY 1, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Phillip W. Jansen, D.O. ("DR. JANSEN"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. JANSEN are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. JANSEN may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. JANSEN wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that family medicine services are presently inadequate in such communities; and

WHEREAS, DR. JANSEN is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of Family Practice and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. JANSEN on a full-time basis to practice medicine and to perform and deliver family medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. JANSEN desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. JANSEN AGREE AS FOLLOWS:

SECTION 1. DEFINITIONS.

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

Hamilton, Illinois 62341.

11.11 Construction. Whenever the context of this Agreement requires, or a reasonable construction would warrant, the gender of all pronouns, irrespective of the pronoun which is actually utilized, will be deemed to equally include the masculine, feminine and neuter genders, and the tense of all words will be deemed to include both the singular and the plural, as the particular usage dictates.

11.12 Consents and Approvals. Whenever a consent or an approval, by either Party, is required by or under any of the provisions of this Agreement, that consent or approval, in each instance, must be expressed by that Party in writing.

11.13 Participation Eligibility. DR. JANSEN, by the execution and delivery of this Agreement, represents and warrants that he: (i) is not currently excluded, debarred, sanctioned or otherwise deemed or determined to be ineligible to participate in any federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of his knowledge, the subject of any state or federal civil or criminal investigation which could result in his being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

11.14 Survival. The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. JANSEN has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: October 21, 2006

By: William Brouwer  
William Brouwer

Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Physician:

Execution Date: October 15, 2006

Phillip W. Jansen, D.O.  
Phillip W. Jansen, D.O.

HR (original)  
Physical (original)  
Brooklyn  
Palmer (usual)  
L. Adams  
Corp. office (2)  
M. Becker

EFFECTIVE DATE OF AGREEMENT: NOVEMBER 07, 2006

EMPLOYMENT "START DATE": AUGUST 6, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Mark P. Mroczko, M.D. ("DR. MROCZKO"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. MROCZKO are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. MROCZKO may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. MROCZKO wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that family medicine services are presently inadequate in such communities; and

WHEREAS, DR. MROCZKO is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of Family Practice and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. MROCZKO on a full-time basis to practice medicine and to perform and deliver family medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. MROCZKO desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. MROCZKO AGREE AS FOLLOWS:

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. MROCZKO has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: November 11, 2006

By: William Brouwer  
William Brouwer

Title: President, BroMenn Physicians  
Management Corporation, acting as  
the authorized agent on behalf of  
BroMenn Healthcare Hospitals.

Execution Date: November 07, 2006

Physician: Mark F. Mroczo  
Mark F. Mroczo, M.D.

1/29/07  
Dr. Mueed  
BHH  
Dennis Cummings  
M. B. L...  
J. ...  
L. ...

EFFECTIVE DATE OF AGREEMENT: JANUARY 29, 2007

EMPLOYMENT "START DATE": AUGUST 1, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Sajjad Mueed, M.D. ("DR. MUEED"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. MUEED are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. MUEED may be separately identified, in this Agreement, as a "Party."

**Recitals:**

WHEREAS, BHH and DR. MUEED wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that neurology services are presently inadequate in such communities; and

WHEREAS, DR. MUEED is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is certified in the practice of neurology by the American Board of Psychiatry & Neurology ("Psychiatry & Neurology Board") and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. MUEED on a full-time basis to practice medicine and to perform and deliver neurology services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. MUEED desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. MUEED AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

{S0520959.6 1/11/2007 JDB JKB}



11.12 **Consents and Approvals.** Whenever a consent or an approval, by either Party, is required by or under any of the provisions of this Agreement, that consent or approval, in each instance, must be expressed by that Party in writing.

11.13 **Participation Eligibility.** DR. MUEED, by the execution and delivery of this Agreement, represents and warrants that he: (i) is not currently excluded, debarred, sanctioned or otherwise deemed or determined to be ineligible to participate in any federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of his knowledge, the subject of any state or federal civil or criminal investigation which could result in his being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

11.14 **Survival.** The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. MUEED has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: January 29, 2007

By: William Brouwer  
William Brouwer  
Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Physician:

Execution Date: January 26, 2007

Sajjad Mueed  
Sajjad Mueed, M.D.

EFFECTIVE DATE OF AGREEMENT: APRIL 24, 2008  
11  
EMPLOYMENT "START DATE": AUGUST 8, 2008

*Original: Dr. Nabhan  
HR  
4/25/08  
Expos: full  
attorney  
Carmel  
Holloman  
J. Smith*

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Fadi A. Nabhan, M.D. ("DR. NABHAN"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. NABHAN are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. NABHAN may be separately identified, in this Agreement, as a "Party."

**Recitals:**

WHEREAS, BHH and DR. NABHAN wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that endocrinology services are presently inadequate in such communities; and

WHEREAS, DR. NABHAN is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities as an Affiliate Medical Staff member, and will be an Affiliate Medical Staff member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of internal medicine and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. NABHAN on a full-time basis to practice medicine and to perform and deliver endocrinology services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. NABHAN desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. NABHAN AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

{S0570137.8 4/3/2008 JDB JKB}

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. NABHAN has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: April 24, 2008

By: William Brouwer  
William Brouwer

Title: President, BroMenn Physicians  
Management Corporation, acting as  
the authorized agent on behalf of  
BroMenn Healthcare Hospitals.

Physician:

Execution Date: April 12th, 2008

F. Nabhan  
Fadi A. Nabhan, M.D.

EFFECTIVE DATE OF AGREEMENT: MAY \_\_\_\_\_, 2007

EMPLOYMENT "START DATE": JULY 15, 2007

*Signature*  
*Copies to: BroMenn Healthcare*  
*M. Schmidt*  
*Illinois*

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Kenneth W. Schmidt, M.D. ("DR. SCHMIDT"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. SCHMIDT are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. SCHMIDT may be separately identified, in this Agreement, as a "Party."

**Recitals:**

WHEREAS, BHH and DR. SCHMIDT wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that family medicine services are presently inadequate in such communities; and

WHEREAS, DR. SCHMIDT is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of family medicine and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. SCHMIDT on a full-time basis to practice medicine and to perform and deliver family medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. SCHMIDT desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. SCHMIDT AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:



IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. SCHMIDT has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: May 13, 2007

By: William Brouwer  
William Brouwer

Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Physician:

Execution Date: May 7, 2007

Kenneth W. Schmidt, M.D.  
Kenneth W. Schmidt, M.D.

EFFECTIVE DATE OF AGREEMENT: January 3, 2007EMPLOYMENT "START DATE": February 1/29/07, 2007

<b>PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT</b>
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This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Michael R. Springer, M.D. ("DR. SPRINGER"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. SPRINGER are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. SPRINGER may be separately identified, in this Agreement, as a "Party."

## Recitals:

WHEREAS, BHH and DR. SPRINGER wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that family medicine services are presently inadequate in such communities; and

WHEREAS, DR. SPRINGER is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of Family Practice and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. SPRINGER on a full-time basis to practice medicine and to perform and deliver family medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. SPRINGER desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. SPRINGER AGREE AS FOLLOWS:

## SECTION I. DEFINITIONS.

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

If to DR. SPRINGER, at:

2008 Withers Lane  
Bloomington, IL 61704

11.11 **Construction.** Whenever the context of this Agreement requires, or a reasonable construction would warrant, the gender of all pronouns, irrespective of the pronoun which is actually utilized, will be deemed to equally include the masculine, feminine and neuter genders, and the tense of all words will be deemed to include both the singular and the plural, as the particular usage dictates.

11.12 **Consents and Approvals.** Whenever a consent or an approval, by either Party, is required by or under any of the provisions of this Agreement, that consent or approval, in each instance, must be expressed by that Party in writing.

11.13 **Participation Eligibility.** DR. SPRINGER, by the execution and delivery of this Agreement, represents and warrants that he: (i) is not currently excluded, debarred, sanctioned or otherwise deemed or determined to be ineligible to participate in any federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of his knowledge, the subject of any state or federal civil or criminal investigation which could result in his being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

11.14 **Survival.** The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. SPRINGER has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

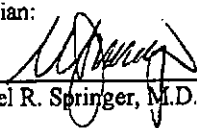
Execution Date: January 3, 2008

By: William Brouwer

William Brouwer  
Title: President, BroMenn Physicians  
Management Corporation, acting as  
the authorized agent on behalf of  
BroMenn Healthcare Hospitals.

Execution Date: \_\_\_\_\_, 2006

Physician:

  
\_\_\_\_\_  
Michael R. Springer, M.D.

104



EFFECTIVE DATE OF AGREEMENT: AUGUST 24, 2007

EMPLOYMENT "START DATE": OCTOBER 1, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) James S. Vales, M.D. ("DR. VALES"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. VALES are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. VALES may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. VALES wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that family medicine services are presently inadequate in such communities; and

WHEREAS, DR. VALES is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of family medicine and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. VALES on a full-time basis to practice medicine and to perform and deliver family medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. VALES desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. VALES AGREE AS FOLLOWS:

SECTION 1. DEFINITIONS.

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

If to DR. VALES, at:

109 Veronica Way  
Normal, Illinois 61761.

11.11 **Construction.** Whenever the context of this Agreement requires, or a reasonable construction would warrant, the gender of all pronouns, irrespective of the pronoun which is actually utilized, will be deemed to equally include the masculine, feminine and neuter genders, and the tense of all words will be deemed to include both the singular and the plural, as the particular usage dictates.

11.12 **Consents and Approvals.** Whenever a consent or an approval, by either Party, is required by or under any of the provisions of this Agreement, that consent or approval, in each instance, must be expressed by that Party in writing.

11.13 **Participation Eligibility.** DR. VALES, by the execution and delivery of this Agreement, represents and warrants that he: (i) is not currently excluded, debarred, sanctioned or otherwise deemed or determined to be ineligible to participate in any state or federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of his knowledge, the subject of any state or federal civil or criminal investigation which could result in his being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

11.14 **Survival.** The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. VALES has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: August 23, 2007

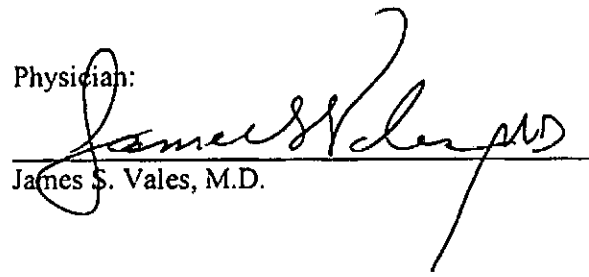
By: William Brouwer

William Brouwer

Title: President, BroMenn Physicians  
Management Corporation, acting as  
the authorized agent on behalf of  
BroMenn Healthcare Hospitals.

Execution Date: August 24, 2007

Physician:

  
James S. Vales, M.D.

{S0549703.2 8/23/2007 JDB JK.B}

EFFECTIVE DATE OF AGREEMENT: January 7, 2006

EMPLOYMENT "START DATE": May 1, 2006

*OPMC free  
Admin (Linda)  
HR (Cara)  
Phys. Serv.  
Sharon  
W. Bray*

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation ("BHH"), and (ii) Richard S. Vaughn, M.D. ("DR. VAUGHN"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. VAUGHN are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. VAUGHN may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. VAUGHN wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that family medicine services are presently inadequate in such communities; and

WHEREAS, DR. VAUGHN, who is licensed, or is eligible to be licensed, to practice medicine in the State of Illinois, is a member, or is eligible to be a member, on the Medical Staff of the BroMenn Facilities, and is Board certified, or is Board eligible in the practice of family medicine, desires to enter into a formal professional employment relationship with BHH; and

WHEREAS, BHH desires to employ DR. VAUGHN on a full-time basis to practice medicine and to perform and deliver family medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. VAUGHN desire to define, through this Agreement, their respective duties and responsibilities as employer and employee;

NOW, THEREFORE, BHH and DR. VAUGHN AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meaning which is respectively ascribed to such terms in this Section 1:

1.1 **BroMenn Facility or BroMenn Facilities.** "BroMenn Facility" or "BroMenn Facilities" refer, interchangeably, to the BroMenn Regional Medical Center, the Eureka Community Hospital and/or such other hospitals and health care facilities as may be owned, operated or managed by BHH, by Brokaw-Mennonite Association ("BMA") or by any BHH or BMA subsidiary or affiliate.

If to DR. VAUGHN, at:

15914 Quail Hollow Court  
Bloomington, Illinois 61704.

11.12 Construction. Whenever the context of this Agreement requires, or a reasonable construction would warrant, the gender of all pronouns, irrespective of the pronoun which is actually utilized, will be deemed to equally include the masculine, feminine and neuter genders, and the tense of all words will be deemed to include both the singular and the plural, as the particular usage dictates.

11.13 Survival. The provisions in the following sections will survive the termination of this Agreement: Section 3.5, Section 3.7, Section 3.8, Section 3.9, Section 4.2.5, Section 5.3, Section 7.1, Section 7.2, Section 10.1, Section 10.2, Section 10.3 and Section 11.1.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. VAUGHN has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: 01.10, 2006

By: Bill Brouwer

William Brouwer  
President, BroMenn Physician Management  
Corporation, acting as the authorized agent  
on behalf of BroMenn Healthcare Hospitals

Physician:

Execution Date: January 7, 2006

Richard S. Vaughn, M.D.  
Richard S. Vaughn, M.D.

EFFECTIVE DATE OF AGREEMENT: ~~NOVEMBER~~ <sup>December</sup> 4, 2007

EMPLOYMENT "START DATE": DECEMBER 1, 2007

*Contract: BMB  
Planning  
Army  
Committee  
Bromenn*

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Amy L. Zacharias, M.D. ("DR. ZACHARIAS"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. ZACHARIAS are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. ZACHARIAS may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. ZACHARIAS wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH; and

WHEREAS, DR. ZACHARIAS is licensed to practice medicine in the State of Illinois, is a member on the Medical Staffs of the BroMenn Facilities, is Board certified or Board eligible in the practice of family medicine and desires to renew her existing employment relationship with BHH, as described in this Agreement; and

WHEREAS, BHH desires to continue to employ DR. ZACHARIAS on a full-time basis to practice medicine and to perform and deliver family medicine, occupational medicine and urgent care medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. ZACHARIAS desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. ZACHARIAS AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

1.1 **BroMenn Facility or BroMenn Facilities.** "BroMenn Facility" or "BroMenn Facilities" refer, interchangeably, to the BroMenn Regional Medical Center, the Eureka Community Hospital and/or such other hospitals and health care facilities as may be owned,

{S0554298.5 11/20/2007 JDB JKB}

and the tense of all words will be deemed to include both the singular and the plural, as the particular usage dictates.

11.12 **Consents and Approvals.** Whenever a consent or an approval, by either Party, is required by or under any of the provisions of this Agreement, that consent or approval, in each instance, must be expressed by that Party in writing.

11.13 **Participation Eligibility.** DR. ZACHARIAS, by the execution and delivery of this Agreement, represents and warrants that she: (i) is not currently excluded, debarred, sanctioned or otherwise deemed or determined to be ineligible to participate in any state or federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of her knowledge, the subject of any state or federal civil or criminal investigation which could result in her being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

11.14 **Survival.** The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. ZACHARIAS has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: ~~November~~ <sup>December</sup> 4, 2007

By: William Brouwer

William Brouwer

Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Physician:

Execution Date: ~~November~~ <sup>December</sup> 4, 2007

Amy L. Zacharias  
Amy L. Zacharias, M.D.



EFFECTIVE DATE OF AGREEMENT: AUGUST 6, 2008

EMPLOYMENT "START DATE": SEPTEMBER 1, 2008

**PART-TIME PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Part-Time Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Karla H. Akwa, M.D. ("DR. AKWA"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. AKWA are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. AKWA may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. AKWA wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that the provision of women's health services are presently inadequate in such communities; and

WHEREAS, DR. AKWA is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of family medicine and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. AKWA on a part-time basis to practice medicine and to perform and deliver women's health services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. AKWA desire, through the provisions of this Agreement, to state the terms and conditions of the part-time employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. AKWA AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

{S0590958.4 7/31/2008 JOB JKB}

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11.14 Survival. The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. AKWA has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: August 6, 2008

By: William Brouwer

William Brouwer

Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Physician:

Execution Date: August 8/5, 2008

Karla H. Akwa M.D.  
Karla H. Akwa, M.D.

*Corporate Corp full  
same amount  
2007-2008  
alt to  
9/10/07*

EFFECTIVE DATE OF AGREEMENT: SEPTEMBER 7, 2007

EMPLOYMENT "START DATE": DECEMBER 1, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Grant A. Zehr, M.D. ("DR. ZEHR"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. ZEHR are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. ZEHR may be separately identified, in this Agreement, as a "Party."

Recitals:

WHEREAS, BHH and DR. ZEHR wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that occupational medicine services are presently inadequate in such communities; and

WHEREAS, DR. ZEHR is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is Board certified or Board eligible in the practice of occupational medicine and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. ZEHR on a full-time basis to practice medicine and to perform and deliver occupational medicine services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement, and at other locations which may be periodically selected and designated by BHH; and

WHEREAS, BHH and DR. ZEHR desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. ZEHR AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

1.1 **BroMenn Facility or BroMenn Facilities.** "BroMenn Facility" or "BroMenn Facilities" refer, interchangeably, to the BroMenn Regional Medical Center, the Eureka Community Hospital and/or such other hospitals and health care facilities as may be owned,

otherwise deemed or determined to be ineligible to participate in any state or federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of his knowledge, the subject of any state or federal civil or criminal investigation which could result in his being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

11.14 Survival. The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. ZEHR has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: September 7, 2007

By: William Brouwer

William Brouwer

Title: President, BroMenn Physicians Management Corporation, acting as the authorized agent on behalf of BroMenn Healthcare Hospitals.

Physician:

Execution Date: September 7, 2007

Grant A. Zehr  
Grant A. Zehr, M.D.

*Signature  
D. J. ...  
Bromenn  
3 September  
2007*

EFFECTIVE DATE OF AGREEMENT: FEBRUARY 14, 2007

EMPLOYMENT "START DATE": AUGUST 1, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Anthony J. Zachria, D.O. ("DR. ZACHRIA"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. ZACHRIA are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. ZACHRIA may be separately identified, in this Agreement, as a "Party."

**Recitals:**

WHEREAS, BHH and DR. ZACHRIA wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that cardiology, pulmonology, critical care and/or sleep medicine services (collectively, the "Specialized Services"), as such Specialized Services are presently being delivered, are inadequate in such communities; and

WHEREAS, DR. ZACHRIA is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of the Specialized Services and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. ZACHRIA on a full-time basis to practice medicine and to perform and deliver the Specialized Services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement; and

WHEREAS, BHH and DR. ZACHRIA desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. ZACHRIA AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

{S0533047.3 2/6/2007 JDB JKB}

11.12 **Consents and Approvals.** Whenever a consent or an approval, by either Party, is required by or under any of the provisions of this Agreement, that consent or approval, in each instance, must be expressed by that Party in writing.

11.13 **Participation Eligibility.** DR. ZACHRIA, by the execution and delivery of this Agreement, represents and warrants that he: (i) is not currently excluded, debarred, sanctioned or otherwise deemed or determined to be ineligible to participate in any federal health care programs, including Medicare and Medicaid; (ii) has not been assessed any civil monetary penalty or convicted of any criminal offense related to the provision or delivery of health care or any other medically related services; and (iii) is not, to the best of his knowledge, the subject of any state or federal civil or criminal investigation which could result in his being excluded, debarred, sanctioned or declared to be ineligible to participate in any state or federal health care program.

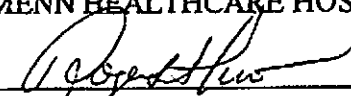
11.14 **Survival.** The provisions which are respectively contained in Section 3, Section 4, Section 5, Section 7, Section 10 and Section 11 will survive the termination of this Agreement.

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. ZACHRIA has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.


BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: February 14, 2007

By:   
Roger S. Hunt  
Title: President

Execution Date: February 14, 2007

Physician:   
Anthony J. Zachria, D.O.

*Revised Contract  
See page 2*

*Copy to: H-P  
L-16  
Sharon  
Attorney  
M. Becker  
P. Gorman  
- Registered*

EFFECTIVE DATE OF AGREEMENT: JANUARY 4, 2007 *signed 2/5/07*

EMPLOYMENT "START DATE": MARCH 1, 2007

**PROFESSIONAL SERVICES EMPLOYMENT AGREEMENT**

This Professional Services Employment Agreement ("Agreement" or "Services Agreement") is executed and entered into by and between (i) BROMENN HEALTHCARE HOSPITALS, an Illinois not for profit corporation which is licensed as a "hospital" under the Hospital Licensing Act ("BHH"), and (ii) Mumtaz A. Siddiqui, M.D. ("DR. SIDDIQUI"), in consideration of the terms and provisions which are contained in this Agreement, and the mutual covenants which are enumerated in this Agreement. BHH and DR. SIDDIQUI are collectively referred to, in this Agreement, as the "Parties," and either BHH or DR. SIDDIQUI may be separately identified, in this Agreement, as a "Party."

**Recitals:**

WHEREAS, BHH and DR. SIDDIQUI wish to ensure the continued provision of quality medical care in the communities which are being serviced by BHH, and BHH has determined that cardiology, pulmonology, critical care and/or sleep medicine services (collectively, the "Specialized Services"), as such Specialized Services are presently being delivered, are inadequate in such communities; and

WHEREAS, DR. SIDDIQUI is, or will be prior to commencing the performance of the Professional Medical Services under this Agreement, licensed to practice medicine in the State of Illinois, is a member, or is eligible to submit an application seeking membership on the Medical Staffs of the BroMenn Facilities, and will be a member on the Medical Staffs of the applicable BroMenn Facilities prior to commencing the performance of the Professional Medical Services under this Agreement, is Board certified or Board eligible in the practice of the Specialized Services and desires to enter into the formal employment relationship with BHH which is described in this Agreement; and

WHEREAS, BHH desires to employ DR. SIDDIQUI on a full-time basis to practice medicine and to perform and deliver the Specialized Services to patients at the BroMenn Facilities and the Practice Locations which are identified in this Agreement; and

WHEREAS, BHH and DR. SIDDIQUI desire, through the provisions of this Agreement, to state the terms and conditions of the employment relationship established by this Agreement;

NOW, THEREFORE, BHH and DR. SIDDIQUI AGREE AS FOLLOWS:

**SECTION 1. DEFINITIONS.**

When utilized in this Agreement, the following terms possess the meanings which are described or attributed to such terms in this Section 1:

{S0528653.1 12/12/2006 JDB JKB}

IN WITNESS WHEREOF, BHH has caused this Agreement to be executed and delivered by an authorized agent of BHH, and DR. SIDDIQUI has executed and delivered this Agreement, as of the Execution Date which is respectively designated in this Agreement by the signing Party.

BHH:

BROMENN HEALTHCARE HOSPITALS

Execution Date: 1.30, 2007

By: Walter Brown  
Roger S. Hunt  
Title: President

Physician:

Execution Date: 1/27/2007, 2007

M Siddiqui MD  
Mumtaz A. Siddiqui, M.D.

**Jay-James R. Miller, M.D.**  
*Urogynecology*

Suite 2  
107 N. Regency Dr.  
Bloomington, IL 61701  
Phone: 309.665.0900  
www.millerurogyn.com



August 5, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

As one of the newer members of the BroMenn Regional Medical Center Medical Staff, I'm writing to tell you about my expectations for patient care at BroMenn.

I have brought a new medical specialty to the community as a Female Pelvic Medicine and Reconstructive Surgery specialist. This is a specialty that focuses on female pelvic dysfunction including incontinence and other conditions. In 1996, a west coast health maintenance organization reported that 1 in 9 women had surgery to correct pelvic floor dysfunction during their lifetimes. While pelvic floor dysfunction may occur in women of any age, it is more common after the childbearing years and demand for treatment will increase as the population ages. My practice is preparing to see more women for treatment and surgery in the coming years. A mature Female Pelvic Medicine and Reconstructive Surgery practice caseload can easily exceed 100 inpatient OR procedures annually.

I chose to come to Bloomington-Normal in part because of the progressive health care that is shown at BroMenn. The plans for the future, and the involvement of the Medical Staff in shaping those plans, were important to me.

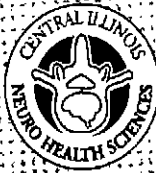
I support BroMenn in their plan to replace older buildings on their campus. I am looking forward to the new addition and hope that you will agree that it is needed by approving BroMenn's Certificate of Need.

Respectfully,

Jay-James Miller, MD  
Miller Urogynecology, SC



CENTRAL ILLINOIS NEURO HEALTH SCIENCES



Division of Neurosurgery  
Adri R. Szymanski, M.D.  
Keith A. Johnson, D.O.  
Ernie M. Kishner, M.D.

Bloomington  
1015 E. 4th Street  
Bloomington, Illinois 61701  
(309) 562-7300  
Fax (309) 662-7333  
Toll Free (877) 566-3076

www.cinhs.org

September 2, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

I am writing to tell you of my plans to provide neurosurgery services at BroMenn Regional Medical Center. I have recently joined Central Illinois Neuro Health Sciences as one of the neurosurgeons on that staff and with that group, I perform surgery at BroMenn Regional Medical Center.

I was the chief resident in Neurosurgery at BroMenn, and in that capacity I was able to see the way the service is respected by the rest of the Medical Staff. I have elected to practice here in Bloomington/ Normal because of the quality of life and the excellent opportunities with this nationally recognized group of neurosurgeons.

I expect when my practice is mature in four-five years, I will be admitting 220 surgical cases/year to BroMenn with an average length of stay of 3.5 days.

I am aware of the plans BroMenn is pursuing to build a new addition on the hospital. I certainly support the goal to modernize the Critical Care unit. The current Intensive Care area is very small and crowded, making it hard to gather a team and all the essential medical equipment around the patient during a crisis. We also need the Step-Down beds to be modernized along with the ICU. I urge you to approve the plans for the new addition.

Sincerely,

Jason Seibly, D.O.

**Criterion 1110.230(e), Size of Project**

The State standards for Obstetrics, Intensive Care, and Medical Surgical size per bed were adopted years ago before the era of more private rooms, sophisticated infection control regulations, HIPAA, the Americans with Disabilities Act, in-room storage of patient supplies and medications, family support area, in-room patient education by video and DVD, electronic medical records and the associated rolling computer carts, and more.

While it is understood that hospitals in Illinois are not bound by the Architects Institute of America (AIA) guidelines, the architects working on this project regard those guidelines as a national standard of care. The design of the private rooms in the proposed project is consistent with those AIA guidelines, which are included on *pages 129-130*.

One of the challenges in designing this addition has been working with the shape of the land as defined by Sugar Creek on the West. The area between the existing hospital and the creek is triangular in shape so the typical rectangle was not feasible. This has led to some exceptional creativity in planning the work flow and patient access. (*See the schematics that display the building shape, pages 125 to 128.*)

The second floor of the facility will house the Critical Care services. That involves the 12 bed ICU and 18 bed Step-Down Unit. While there is overlap of management, they each have their own staff and support areas. These smaller units do take more GSF as they have some essential duplication of support space. The advantage is it puts nurses closer to the patients so the nurses are better able to monitor patient conditions and respond quickly.

The design was done in conjunction with the nursing and ancillary staff. The proposed rooms compare to the BroMenn Cardiovascular Care Unit that received a permit in 2001 (#01-039) for 18 medical/surgical rooms. The rooms in the earlier addition have 340 GSF "in room with toilet" and the proposed medical surgical rooms have 342.5 GSF "in room with toilet." In both cases, the rooms were designed for family-centered care.

In order to understand the difference between the unit as designed and the older, semi-private style unit that was the basis of the IDPH standards, the following were considered:

- Approximately one-half of the corridor space would be deducted.
- One-half of the bathrooms and the door swing into the patient room had to be deducted.
- One-half of the door swings for corridor doors could be cut.
- The space for the patient showers would need to be eliminated as they were not included in years past. (It should be noted that today's patient showers must be sized and designed for two staff members to be able to assist a patient, if needed.)
- The storage of patient supplies and medications would be deducted as that is a new inclusion in patient rooms today.
- The space for computers in each room would be eliminated as they were not there in the past.
- The family area in each patient room could be deleted as that was not routinely included in earlier room layouts.

The above deductions total about 129 GSF/bed for the Medical Surgical beds and the OB Postpartum beds. When applying the standard grossing up formula of 1.6%, that means 206 GSF\* (*see page 124*) would be deducted from each bed to make it more comparable to the Illinois Department of Public Health (IDPH) standard size.

The Intensive Care Unit of today must be able to accommodate more equipment for a longer period of time. For example, the following items are brought into the ICU patient's room on a routine basis:

- Hoyer lifts, to move the patients that are handicapped or temporarily immobile patients.
- Ventilators and the associated carts of supplies that stay with the patient all the time breathing assistance is needed.
- KinAir beds with large air mattresses for controlled air suspension therapy that rotate the patient from side to side, to help avoid skin breakdown and give pressure relief.
- Continuous Renal Replacement Therapy equipment to do bedside dialysis.
- Esophagogastroduodenoscopy equipment including a video monitor to do in-room procedures such as inserting a gastric feeding tube.
- "Stretch chairs" that can be flattened and raised in order to be positioned next to the bed. That allows a patient to be moved off the bed, and then the patient can be put in a sitting position.

On the average, one-half of the ICU patients are isolated for infection reasons. Housing of medications and supplies in the room is required to ensure those areas are kept distinct from other work areas to prevent contamination. Having adequately sized waste receptacles to handle the volume of disposable gowns, masks, and gloves and locating these to support appropriate removal is also needed.

For these reasons, the units have been designed to meet the needs of today's technology and patient customs. Therefore, the sizes shown below are consistent with today's hospital design and usage, and are similar to that approved by the Planning Board for other projects.

**Obstetrics**

Project Beds	12
Total GSF	6,577
Project GSF/Bed	548
Less 206 GSF to compare with earlier semi-privates	342
IHFPB Standard GSF/bed	476

**Labor/Delivery/Recovery/Postpartum**

Project Beds	18
Total GSF	12,427
Project GSF/Bed	690
IHFPB Standard GSF/bed	1,119

**Intensive Care**

Project Beds	12
Total GSF	10,362
Project GSF/Bed	863
IHFPB Standard	603

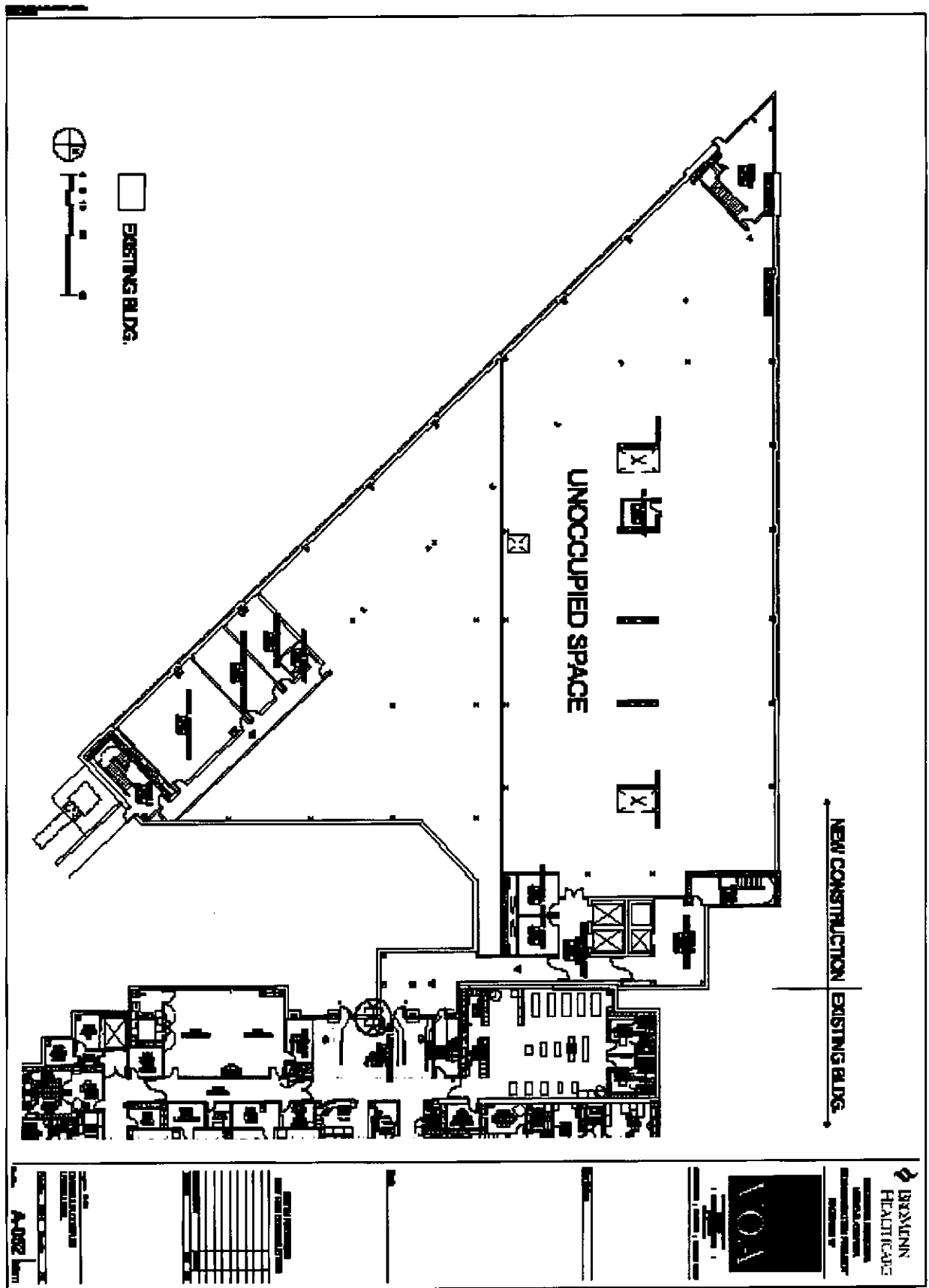
**Medical Surgical**

Project Beds	18
Total GSF	13,470
Project GSF/Bed	748
Less 206 GSF to compare with earlier semi-privates	542
IHFPB Standard	401

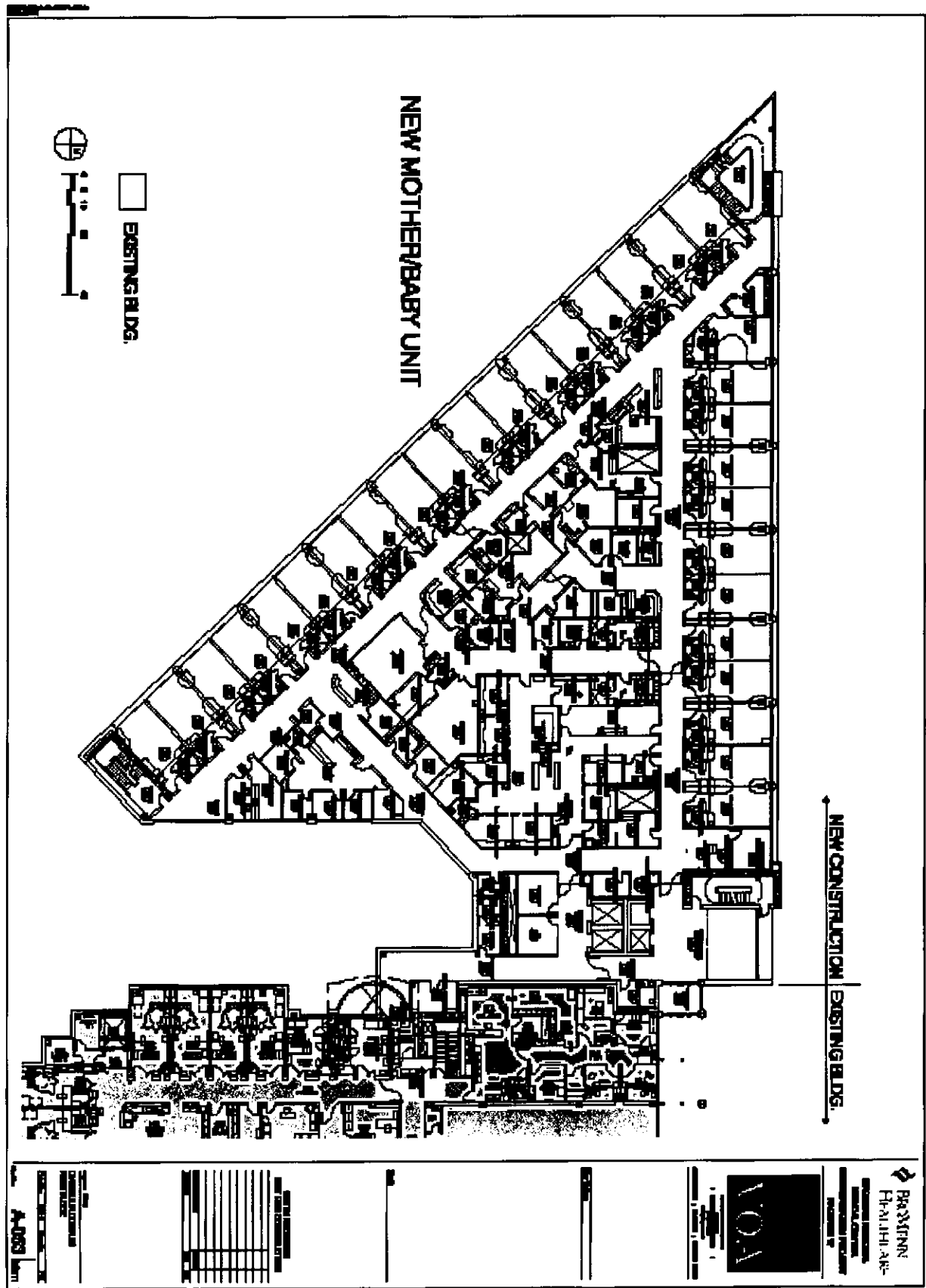
In an Illinois Department of Public Health "discussion draft" of changes to the State norms, it has been noted that the following standards are being considered:

Medical/Surgical Beds, Dept GSF/bed	577-653
Obstetrics Beds, Dept GSF/bed	498-660
Intensive Care Beds, Dept GSF/Bed	600-685

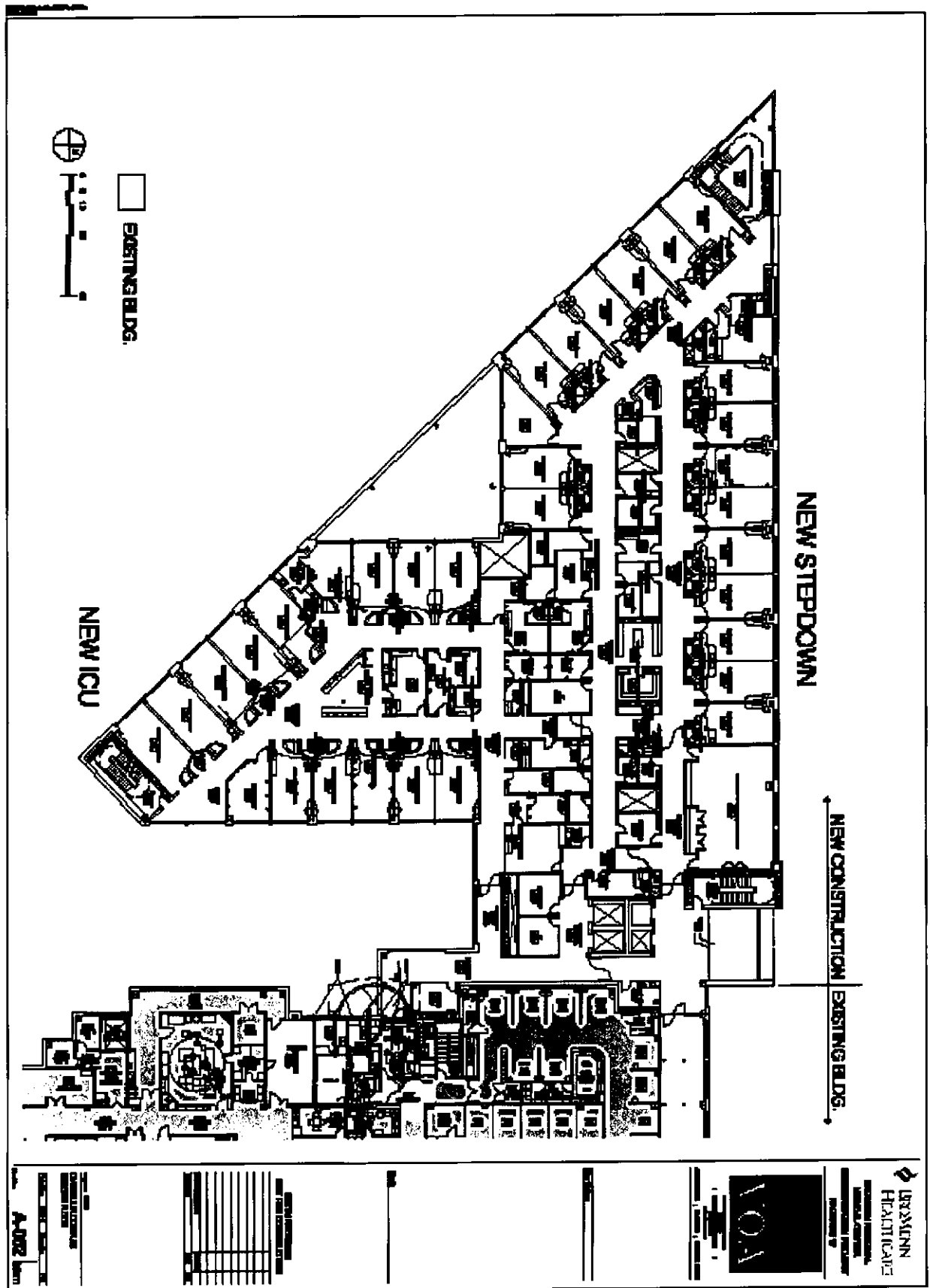
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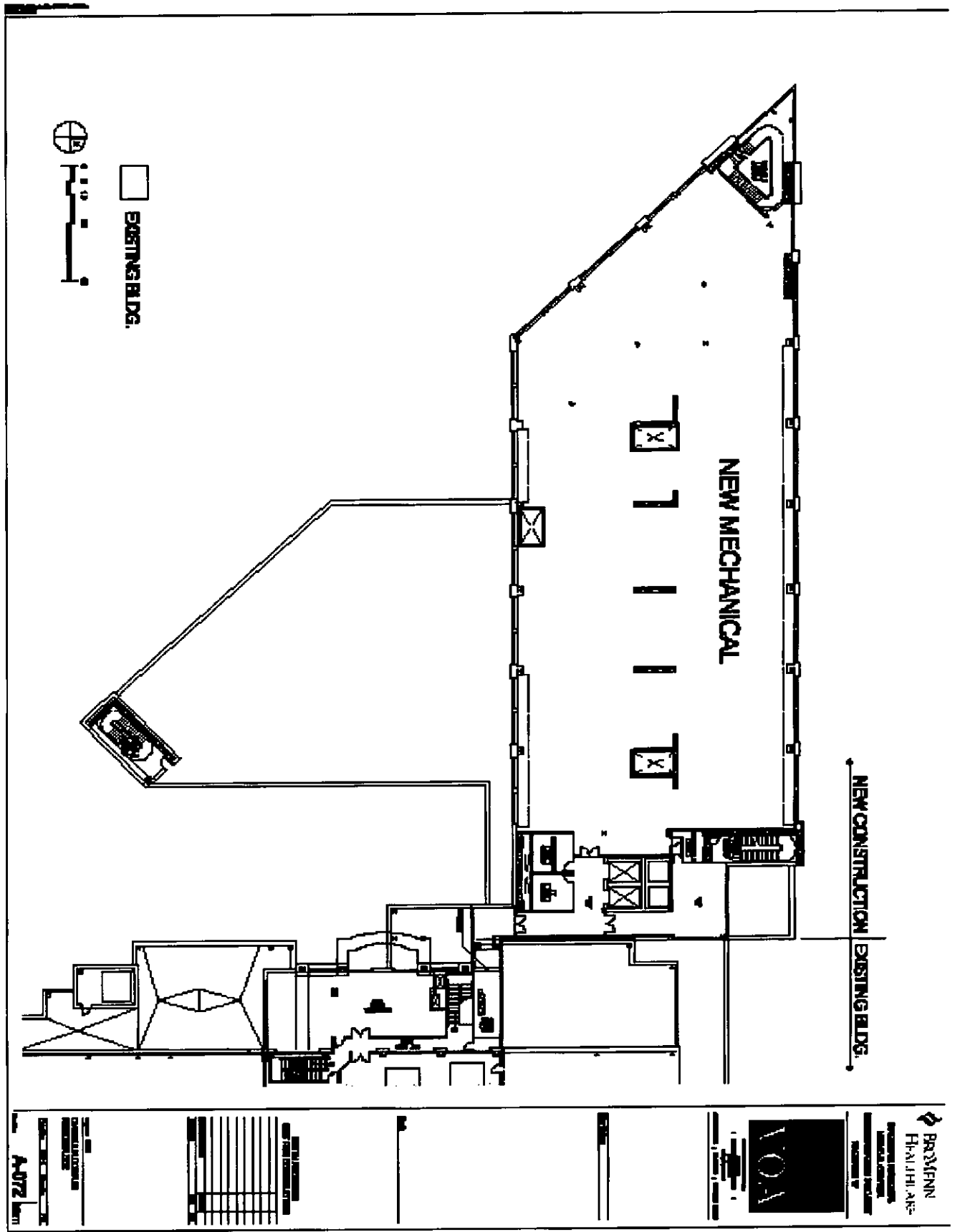
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**2.1 GENERAL HOSPITALS**

**3.1.1 Typical Patient Rooms**

Each patient room shall meet the following standards:

**3.1.1.1 Capacity**

- (1) In new construction, the maximum number of beds per room shall be one unless the functional program demonstrates the necessity of a two-bed arrangement. Approval of a two-bed arrangement shall be obtained from the licensing authority.
- (2) Where renovation work is undertaken and the present capacity is more than one patient, maximum room capacity shall be no more than the present capacity, with a maximum of four patients.

**3.1.1.2 Space requirements.** Minor encroachments, including columns and hand-washing stations, that do not interfere with functions may be ignored when determining space requirements for patient rooms.

- \***(1) Area.** In new construction, patient rooms shall be constructed to meet the needs of the functional program and have a minimum of 100 square feet (9.29 square meters) of clear floor area per bed in multiple-bed rooms and 120 square feet (11.15

square meters) of clear floor area in single-bed rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules.

- (2) **Dimensions and clearances.** The dimensions and arrangement of rooms shall be such that there is a minimum of 3 feet (91.44 centimeters) between the sides and foot of the bed and any wall or any other fixed obstruction. In multiple-bed rooms, a clearance of 4 feet (1.22 meters) shall be available at the foot of each bed to permit the passage of equipment and beds. (See "bed size" in the glossary.)
- (3) **Renovation.** Where renovation work is undertaken, every effort shall be made to meet the above minimum standards. If it is not possible to meet the above minimum standards, the authorities having jurisdiction shall be permitted to grant approval to deviate from this requirement. In such cases, patient rooms shall have no less than 80 square feet (7.43 square meters) of clear floor area per bed in multiple-bed areas and 100 square feet (9.29 square meters) of clear floor area in single-bed rooms exclusive of the spaces previously noted in this section.

\***3.1.1.3 Windows.** Each patient room shall have a window in accordance with Section 2.1-8.2.2.5.

**3.1.1.4 Patient privacy.** In multiple-bed rooms, visual privacy from casual observation by other patients and visitors shall be provided for each patient. The design for privacy shall not restrict patient access to the entrance, hand-washing station, or toilet.

\***3.1.1.5 Hand-washing stations.** These shall be provided to serve each patient room.

- (1) A hand-washing station shall be located in the toilet room.
- (2) A hand-washing station shall be provided in the patient room in addition to that in the toilet room. This shall be located outside the patient's cubicle curtain and convenient to staff entering and leaving the room.
- (3) A hand sanitation station in patient rooms utilizing waterless cleaners may be used in renovation

**APPENDIX**

**A3.1.1.2 (1)** In new construction, single patient rooms should be at least 12 feet (3.66 meters) wide by 13 feet (3.96 meters) deep (or approximately 160 square feet, or 14.86 square meters) exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules. These spaces should accommodate comfortable furniture for family members (one or two) without blocking access of staff members to patients. Efforts should be made to provide the patient with some control of the room environment.

**A3.1.1.3** Windows are important for the psychological well-being of many patients, as well as for meeting fire safety code requirements. They are also essential for continued use of the area in the event of mechanical ventilation system failure.

**A3.1.1.5** Where renovation work is undertaken, every effort should be made to meet this standard. Where space does not permit the installation of an additional hand-washing station in the patient room, or where it is technically infeasible, the authority having jurisdiction may grant approval of alternative forms of hand cleansing.

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2.1 GENERAL HOSPITALS

of existing facilities where existing conditions prohibit an additional hand-washing station.

3.1.1.6 Toilet rooms. Toilet rooms shall be provided in accordance with Section 2.1-2.2.1.

3.1.1.7 Patient storage locations. Patient storage shall be provided in accordance with Section 2.1-2.2.2.

\*3.1.2 Patient/Family-Centered Care Rooms

3.1.3 Examination/Treatment Room(s)

Omission of such rooms shall be permitted if all patient rooms in the nursing unit are single-bed rooms.

3.1.3.1 Location. Centrally located examination and treatment room(s) shall be permitted to serve more than one nursing unit on the same floor.

3.1.3.2 Space requirements. Such rooms shall have a minimum floor area of 120 square feet (11.15 square meters).

3.1.3.3 Patient privacy. Provision shall be made to preserve patient privacy from observation from outside the exam room through an open door.

3.1.3.4 Facility requirements. The room shall contain a hand-washing station; storage facilities; and a desk, counter, or shelf space for writing.

3.1.4 Support Areas-General

3.1.4.1 The size and location of each support area shall depend on the numbers and types of beds served.

3.1.4.2 Location

- (1) Provision for the support areas listed shall be in or readily available to each nursing unit.
- (2) Each support area may be arranged and located to serve more than one nursing unit; however, unless otherwise noted, at least one such support area shall be provided on each nursing floor.

3.1.4.3 Identifiable spaces are required for each of the indicated functions. Where the words room or office are used, a separate, enclosed space for the one named function is intended; otherwise, the described area may be a specific space in another room or common area.

3.1.5 Support Areas for Medical/Surgical Nursing Units

\*3.1.5.1 Administrative center(s) or nurse station(s). This area shall be provided in accordance with Section 2.1-2.3.1.

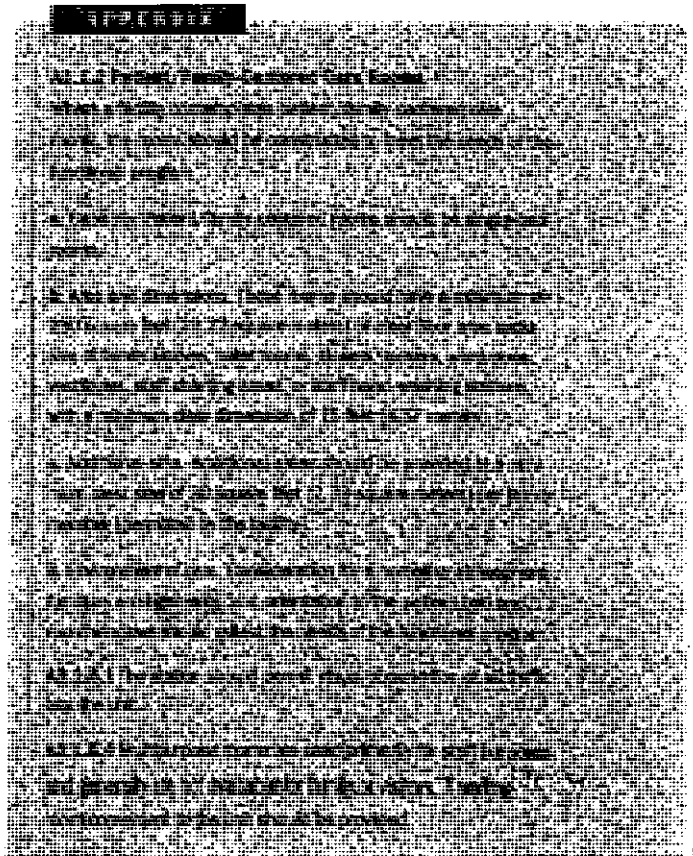
3.1.5.2 Documentation area. This area shall be provided on the unit in accordance with Section 2.1-2.3.2.

3.1.5.3 Nurse or supervisor office

\*3.1.5.4 Multipurpose room(s). Room(s) shall be provided for patient conferences, reports, education, training sessions, and consultation in accordance with Section 2.1-2.3.3.

3.1.5.5 Hand-washing stations

- (1) In nursing locations, hand-washing stations shall be conveniently accessible to the nurse station, medication station, and nourishment area.



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**Projected Utilization**

<b>Year</b>	<b>2013</b>	<b>2014</b>
Obstetrics Patient Days	6,525	6,714
Occupancy	75%	77%

The historic growth of the OB unit was measured between 2004 and 2007. During that time the unit had a 2.9% per year growth. That pattern was trended forward to 2013 and 2014, the two years after the new unit is expected to open. The impact of becoming a Perinatal Level II Extended facility was considered. The out-migration cases were all reviewed and it was determined that 134 cases could have stayed in the community if appropriate Perinatal care had been offered. The assumption was made that 75% of the cases would elect to come to BroMenn for a length of stay of 8.92 days (consistent with OSF St. Francis days for out-migration cases). The result of those calculations was applied to the 24 beds currently in operation.

It should be noted that BroMenn intends to discontinue 12 of the 24 beds, close the seven (7) Labor-Delivery-Recovery rooms, and open 18 Labor-Delivery-Recovery-Postpartum beds for a net reduction of "patient accommodates" from 31 to 30.

<b>Year</b>	<b>2013</b>	<b>2014</b>
Intensive Care Patient Days	2,662	2,699
Occupancy	61%	62%

As defined in GRC-4, the historic demand for the ICU was skewed when the Cardiovascular Care Unit was opened and those patients were admitted to the new unit. Since that time the demand has rebounded at 13% per year but a more appropriate measure was to consider the average ICU growth in the State, of 2.3 %. The anticipated impact of increased longevity and the baby boom generation added another 0.74% per year to the days. The days were applied to the 12 ICU beds to obtain the occupancy.

<b>Year</b>	<b>2013</b>	<b>2014</b>
Medical/Surgical Patient Days	41,880	42,896
Occupancy	86%	88%

Medical/surgical historic growth of 2.8% per year and the longevity and baby boom impact of 0.74% per year were trended forward to 2013 and 2014. The net effect of 18 new internal medicine and family medicine physicians, less the volume of the 12 retiring/resigning physicians was added to arrive at the total medical/surgical days. The days were applied to the 134 beds in the inventory to arrive at the occupancy.

**SECTION VII. REVIEW CRITERIA RELATING TO ALL MODERNIZATION PROJECTS (MOD)**

This section is applicable to all projects proposing modernization. Modernization includes, but is not limited to: expanding a department, acquiring major medical equipment, remodeling, or constructing additions or new buildings.

**A. Specific Information Requirements**

Indicate if the following areas or departments are to be modernized and provide the information as applicable.

1. AMBULATORY CARE (Include all outpatient clinics) -- Is this area being modernized?  
 \_\_\_ Yes  No

If yes, provide:

a. The number of visits for each of the last three years:

Year \_\_\_\_\_

Number \_\_\_\_\_

b. The number of treatment/examination rooms: Existing \_\_\_\_\_ Proposed \_\_\_\_\_

2. AMBULATORY SURGERY TREATMENT CENTERS -- Is this area being modernized?

\_\_\_ Yes  No

If yes, provide:

a. The number of procedures for each of the last three years:

Year \_\_\_\_\_

Number \_\_\_\_\_

b. The number of visits for each of the last three years:

Year \_\_\_\_\_

Number \_\_\_\_\_

c. The number of operating rooms for each of the last three years:

Year \_\_\_\_\_

Number \_\_\_\_\_

3. CARDIAC CATHETERIZATION -- Is this area being modernized? Yes  No

If yes, provide the number of inpatient, outpatient, and total procedures (patient visits) performed on adults and on pediatric patients for each of the past three years:

	ADULT		PEDIATRIC
Year	_____	Year	_____
Inpatient	_____	Inpatient	_____
Outpatient	_____	Outpatient	_____
Total	_____	Total	_____

- 4. EEG DEPARTMENT OR AREA -- Is this area being modernized? Yes  **No**   
If yes, provide the number of inpatient, outpatient, and total procedures for each of the past three years:

Year \_\_\_\_\_  
 Inpatient \_\_\_\_\_  
 Outpatient \_\_\_\_\_  
 Total \_\_\_\_\_

- 5. EKG DEPARTMENT OR AREA -- Is this area being modernized? Yes  **No**   
If yes, provide the number of inpatient, outpatient, and total procedures for each of the past three years:

Year \_\_\_\_\_  
 Inpatient \_\_\_\_\_  
 Outpatient \_\_\_\_\_  
 Total \_\_\_\_\_

- 6. HEMODIALYSIS SERVICES -- Is this area being modernized? Yes  **No**   
If yes, provide the following information:

- a. The number of treatment stations: existing \_\_\_\_\_ proposed \_\_\_\_\_
- b. The number of treatments performed for each of the last three years:  
 Year \_\_\_\_\_  
 Treatments \_\_\_\_\_

- 7. LABOR-DELIVERY-RECOVERY -- Is this area being modernized?  **Yes**  **No**  
If yes, provide the following information:

- a. The number of
 

Labor rooms	_____
Delivery/birthing rooms	_____
Recovery stations	_____
LDR's	<u>7</u> *
LDRP rooms	* 18 LDRPs are proposed
- b. The number of procedures and deliveries for each of the last three years:
 

	Year	2005	2006	2007
Procedures	_____			
Deliveries	<u>1,653</u>	<u>1,806</u>	<u>1,766</u>	

- 8. LABORATORY SERVICES -- Is this area being modernized? Yes  **No**   
If yes, provide the number of equivalent full-time staff employed in the laboratory .

- 9. MAGNETIC RESONANCE IMAGING -- Is this area being modernized? Yes  **No**

If yes, provide the following information for each of the last three years:

Year \_\_\_\_\_  
 Number of visits \_\_\_\_\_  
 Number of scans \_\_\_\_\_

10. NURSERY (other than neonatal intensive care units) -- Is this area being modernized?

Yes  No

If yes, provide the following for each of the last three years:

Year	2005	2006	2007
Number of newborns	1,649	1,793	1,759
Number of patient days	3,916	4,181	4,295

11. OCCUPATIONAL THERAPY -- Is this area being modernized? Yes  No

If yes, provide the following information for each of the last three years:

Year	_____
Inpatient treatments	_____
Outpatient treatments	_____
Number of visits	_____

12. PHYSICAL THERAPY -- Is this area being modernized? Yes  No

If yes, provide the following information for each of the last three years.

Year	_____
Inpatient treatments	_____
Outpatient treatments	_____
Total treatments	_____
Number of visits	_____

13. PULMONARY FUNCTION -- Is this area being modernized? Yes  No

If yes, provide the following information for each of the last three years.

Year	_____
Inpatient procedures	_____
Outpatient procedures	_____
Total procedures	_____
Number of visits	_____

14. RECOVERY (SURGICAL) -- Is this area being modernized? Yes  No

If yes, provide the existing and proposed number of stations by type:

	Existing	Proposed
Inpatient	_____	_____
Outpatient Stage I	_____	_____
Outpatient Stage II	_____	_____

15. RESPIRATORY THERAPY -- Is this area being modernized? Yes  No

If yes, provide the following information for each of the last three years.

Year	_____
Inpatient treatments	_____
Outpatient treatments	_____
Total treatments	_____
Number of visits	_____

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16. DIAGNOSTIC RADIOLOGY -- Is this area being modernized? Yes  No   
 If yes, provide the following information classifying procedure rooms as general or special according to the type of machines employed.

General machines are:

- Radiographic
- Fluoroscopic
- Radiographic/Fluoroscopic
- Tomographic (linear)

Special machines are:

- Angiographic
- CT Scanner
- Mammography
- Sonographic (ultrasound)
- Tomographic (multi-directional)

- a. Provide the number of existing and proposed general procedure rooms by machine type.
- b. Provide the number of existing and proposed special procedure rooms by machine type.

APPEND DOCUMENTATION AS ATTACHMENT MOD-1A AFTER THE LAST PAGE OF THIS SECTION.

17. EMERGENCY SERVICES -- Is this area being modernized? Yes  No

If yes, provide the following information:

- a. The number of existing and proposed treatment/examination rooms;
- b. A list of any of the above rooms that are or will be used for purposes other than general treatment;
- c. The number of visits for each of the last three years.

APPEND DOCUMENTATION AS ATTACHMENT MOD-1B AFTER THE LAST PAGE OF THIS SECTION.

18. INPATIENT BED AREA -- Is this area being modernized?  Yes \_\_\_No

If yes, provide the following information:

- a. The number of existing and proposed private rooms, semi-private rooms, and three or more occupancy rooms (by category of service for each type of room) for the entire facility and for the project;
- b. Line drawings showing the configuration of the unit(s) being modernized.

APPEND DOCUMENTATION AS ATTACHMENT MOD-1C AFTER THE LAST PAGE OF THIS SECTION.

19. NUCLEAR MEDICINE -- Is this area being modernized? Yes  No

If yes, provide the following information:

- a. A list of the existing and proposed major pieces of equipment;
- b. The existing and proposed number of procedure rooms;
- c. The number of inpatient, outpatient, and total procedures done for each of the last three years;
- d. A breakdown of the procedures into types of procedures and machine time/procedure for the last year.

APPEND DOCUMENTATION AS ATTACHMENT MOD-1D AFTER THE LAST PAGE OF THIS SECTION.

20. RADIATION THERAPY -- Is this area being modernized? Yes  No

If yes, provide the following information:

- a. The number of treatments and the number of "courses of treatment" for each of the last three years;
- b. A list of the existing and proposed pieces of megavoltage equipment.

APPEND DOCUMENTATION AS ATTACHMENT MOD-1E AFTER THE LAST PAGE OF THIS SECTION.

21. SURGERY -- Is this area being modernized? Yes  No

If yes, provide the following information:

- a. The existing and proposed number of procedure rooms. Indicate the use of these rooms such as general, open heart, eye, endoscopy, and cystology. Indicate how many rooms are dedicated solely to outpatient surgery, solely to inpatient surgery, and how many are used for both.
- b. The inpatient, outpatient, and total hours of utilization (including clean-up and set-up time) for each of the last three years;
- c. The total hours of utilization (including clean-up and set-up time) for each type of procedure room for each of the last three years;
- d. The number of inpatient, outpatient, and total surgical visits for each type of surgical specialty for each of the last three years.

APPEND DOCUMENTATION AS ATTACHMENT MOD-1F AFTER THE LAST PAGE OF THIS SECTION.



22. OTHER DEPARTMENTS OR AREAS - Are any other areas being modernized?  
Yes  No  **Surgical Delivery (C-Section)**

If yes, identify the area(s) and provide workload data for each area for each of the last three years.

**APPEND DOCUMENTATION AS ATTACHMENTS MOD-1G, MOD-1H, MOD-1I, MOD 1J, etc. AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1110.420(b), Modern Facilities**

A criterion must be claimed for EACH department or area to be modernized. The justification for each department or area must be on a separate page. Choose the criterion or criteria which most clearly approximates the reason for proposing the modernization.

At least ONE of the following two criteria must be claimed for EACH department or area proposed for modernization.

1. Read criterion 1110.420.b.1. **This criterion cannot be used to justify any increase in square footage. If expansion of a department is proposed, criterion 1110.420.b.2 must be claimed.**

Indicate if this criterion is claimed and submit the following:

- a. the age of the building or piece of equipment;
- b. the downtime experienced on the piece of equipment for each of the last three years;
- c. the cost of repair experienced on the piece of equipment for each of the last three years;
- d. a detailed explanation of why and how it was determined that the building or piece of equipment was deteriorated and needs to be replaced;
- e. provide copies of any licensing, certification, or fire protection citations.

**APPEND DOCUMENTATION AS ATTACHMENT MOD-2 AFTER THE LAST PAGE OF THIS SECTION.**

2. Read Criterion 1110.420(b)(2). Identify if this criterion is claimed and submit the following information:
  - a. a detailed explanation of why and how it was determined that expansion of the department or area was necessary;

- b. a discussion of the alternatives considered to expanding the department (e.g. increasing the hours or days of operation) and why the alternatives were rejected.

**APPEND DOCUMENTATION AS ATTACHMENT MOD-3 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Criterion 1110.420(c) Major Medical Equipment**

**NOT APPLICABLE**

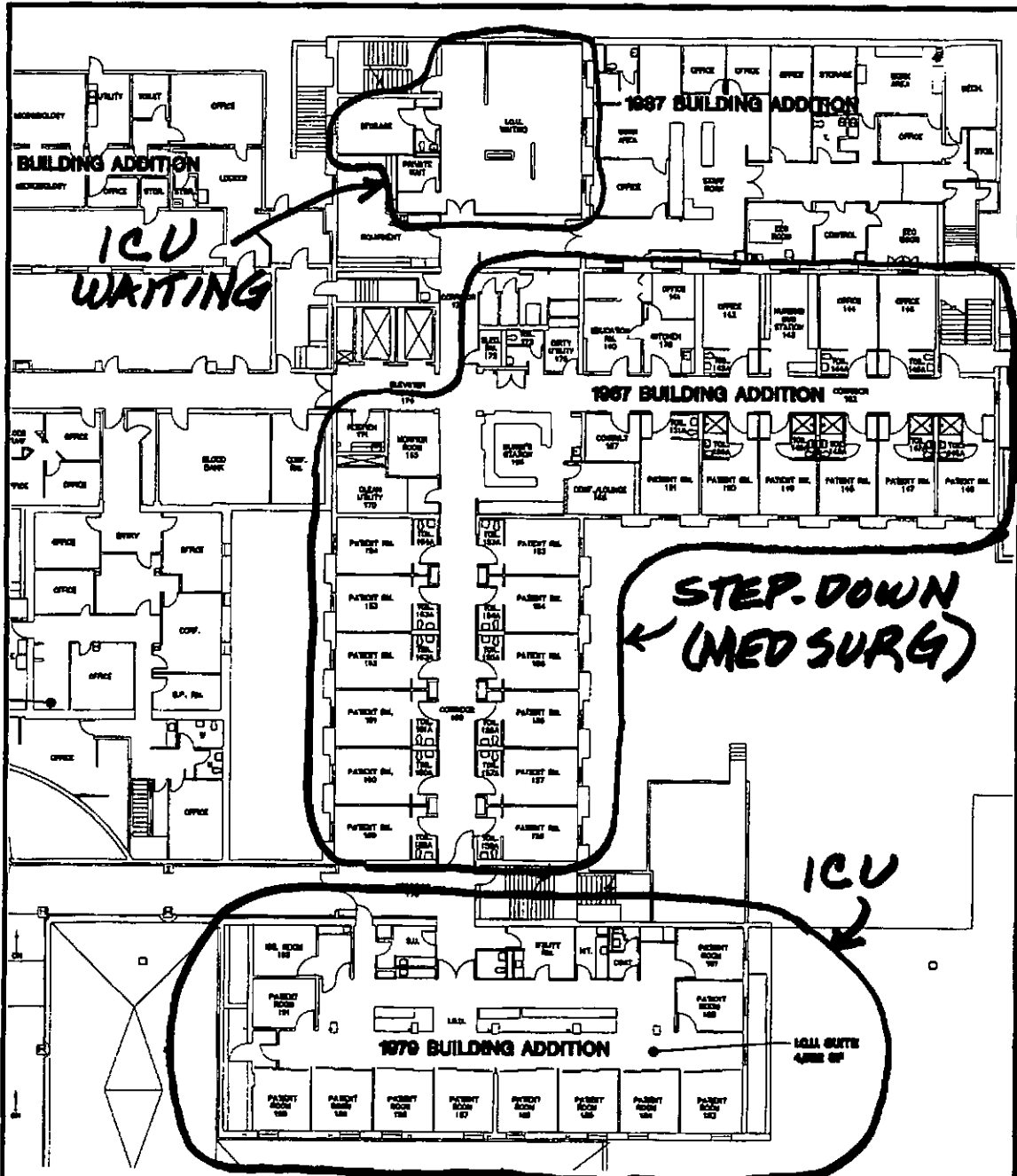
Read Criterion 1110.420(c) and provide documentation that the equipment will achieve or exceed the applicable target utilization levels specified in Appendix B of Part 1110 within 12 months after becoming operational.

**APPEND DOCUMENTATION AS ATTACHMENT MOD-4 AFTER THE LAST PAGE OF THIS SECTION.**

**Specific Information Requirements for Modernization  
Inpatient Bed Area**

	<b>Existing</b>	<b>Existing</b>	<b>Proposed</b>	<b>Proposed</b>
<b>Category of Bed</b>	<b>Private</b>	<b>Semi-private</b>	<b>Private</b>	<b>Semi-private</b>
Medical/Surgical	104	30	104	30
OB	24 + 7 LDR	0	12 + 18 LDRP	0
ICU	12	0	12	0
Pediatrics	11	0	11	0
Rehab	15	0	15	0
Acute Mental Illness	0	28	0	28

EXISTING ICU & STEP-DOWN UNIT



First Floor- Area B

Scale: 1"=30'



**Farnsworth**  
GROUP  
200 W. COLLEGE AVENUE, SUITE 301  
NORMAL, ILLINOIS 61761  
(309) 663-8436 / (309) 663-8862 Fax

BroMenn Regional Medical Center  
Normal, Illinois

First Floor- Area B

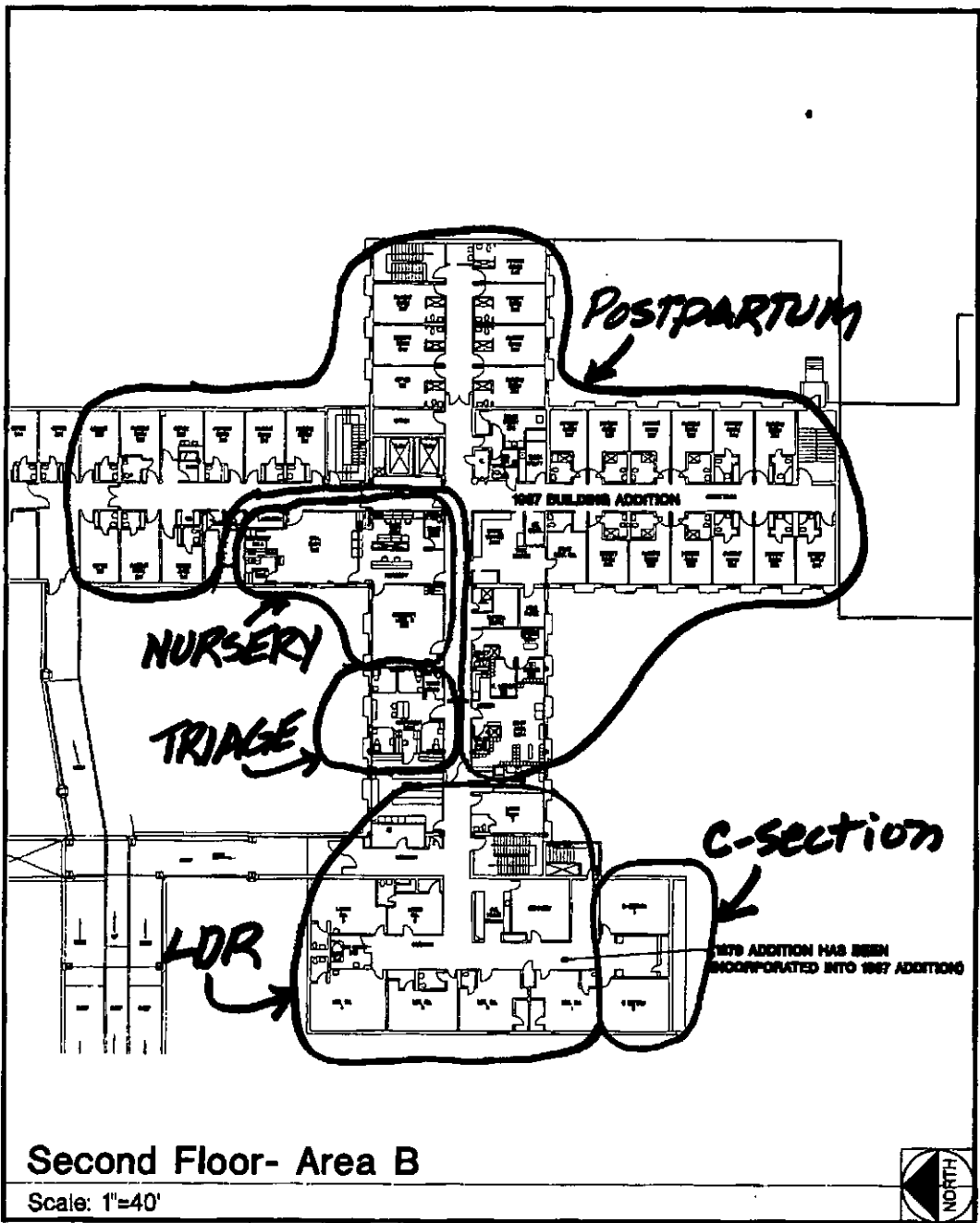
Project No:  
Book No:  
Drawn by:  
Reviewed:  
Date: 09-26-08

A11B

xRef Files: | xp-br\_30\_10-16 |  
 | c:\ronkeberger | p:\2005\205459 - bromenn soc\dwg\101-A+B-1-SMOKE-FIRE-F.G.dwg | DATE: 9/26/2008 | TIME: 12:03:55 pm |

140

EXISTING MOTHER/BABY UNIT



Second Floor- Area B

Scale: 1"=40'

XRef Files | xp-br\_30\_20-fq | c:\frontberger | p:\2005\205459 - bromenn sac\dwg\102-A1B---SMOKE-FIRE-F.C.dwg | DATE: 9/26/2008 | TIME: 11:04:43 am |

**Farnsworth**  
GROUP  
200 W. COLLEGE AVENUE, SUITE 301  
NORMAL, ILLINOIS 61761  
(309) 663-8436 / (309) 663-8842 Fax

BroMenn Regional Medical Center  
Normal, Illinois

Second Floor- Area B

Project No:  
Book No:  
Drawn by:  
Reviewed:  
Date: 09-26-08

A12B

Surgical Delivery – C-sections

Year	2005	2006	2007
Procedures	<u>565</u>	<u>591</u>	<u>666</u>

**Criterion 1110.420(b)(2) Modern Facilities**

In the case of all departments, there is an increase in square footage proposed. Therefore, Criterion 1110.420(b)(2) is the criteria claimed as a reason for proposing modernization. The current units are significantly undersized, and there is no opportunity to modernize or expand in their current locations. In addition to an increase in space, there are other reasons that are leading BroMenn to propose this project.

The age and structural components of the building housing the departments is a factor in providing efficient mechanical support. Some of the offices and support areas are still operating with heat pumps that take excessive man-hours to keep operational. This presents an issue in air handling to address appropriate infection control measures. The ductwork in this older building has reduced airflow space as the competition with technology cabling increases. Components require frequent repair and replacement. The structure of the building does not allow for a full modern replacement of the system.

Plans for the proposed facility will incorporate many of the newer sustainable technologies. For instance, the vinyl flooring will be composed of 40% recycled materials. The use of motion sensors will control lighting to reduce the use of energy. Infection control is also addressed in newer ways. Carpeting will use the Unibond backing to be a moisture barrier and better for infection control. The hardware for door handles will have a silver-based coating that releases anti-microbial ions.

Attachment *GRC-3, pages 65 to 66* Alternatives to the Proposed Project, includes a discussion of the alternatives that have been considered while this project was being developed.

**Mother/Baby Unit****Rationale for Expansion**

The need to modernize the 24-bed Mother-Baby Unit has been identified for several years. The proposal calls for 12 beds to be discontinued and the remaining 12 beds to be modernized. The plan also calls for the seven (7) labor-delivery-recovery rooms to be replaced with 18 labor-delivery-recovery-postpartum beds. The net affect is that 31 (24+7) "patient accommodations" will be replaced with 30 (12+18) "patient accommodations".

The existing unit has rooms that are too small for the current demands. That presents challenges for infection control, privacy, and ease of nursing access to the patient. The basis design of all patient rooms is couplet care where the infants will be in the mothers' rooms the majority of the time family centered care is a concept that is now the standard. This model needs more space in the rooms for family members who chose to stay overnight. With patients coming from various cultures, it is important to give each family a space to be together at this most important time in their lives, and the privacy to bond with their new baby.

For example, the Bloomington-Normal community has a significant Eastern population, by and large because of the hiring practices of State Farm Insurance Company, one of the largest employers in the community. Because of the close-knit family structure of Indian families, staff has learned to expect many visitors when an Indian woman is giving birth at our facility. In fact, Indian patients expect relatives and extended family to provide care throughout the duration of a hospital stay. It is not only traditional for the father to stay in the room for the entire stay but also for the mother or mother-in-law to spend the night. Staff has observed that immediate family will often stay in the facility for the duration of the stay. Additionally, family members are often heavily involved in care decisions creating a need for time and space for consultation and clinician/patient/family interface.

The Unit will include a six-bed respite nursery where newborns can be cared for when the mother is recovering from a C-section or some medical condition that makes it difficult to care for the baby in the mother's room. The nursery will be adjacent to the postpartum rooms, and near the surgical delivery suite.

There will also be an eight-bed Special Care Level II Nursery with extended capabilities to care for medically unstable or ill newborns requiring constant nursing, respiratory support, or other interventions. This will be a new designation for BroMenn and one that the Regional Perinatal Center in Peoria has encouraged and supported. (*See the letter from OSF St. Francis, page 72*). The Special Care Nursery beds will all be in private rooms to allow the parents of the infants the chance to be with their baby alone. There will be a room designed to specifically accommodate isolation procedures for newborns. There will be an office on the unit for the maternal fetal medicine physician and other neonatal specialists.

There will be two surgical delivery suites for C-sections on the unit to replace the two in the current unit. The new rooms will be larger to accommodate the increasing amount of equipment that is needed for difficult procedures.

A five-room triage area is planned where patients can be assessed to determine if delivery is eminent. The space will also be used for certain tests during pregnancy and outpatient monitoring. In some instances, the patient is prepped for a C-section in the triage area.



## **Intensive Care**

### **Rationale for expansion**

The proposed project will modernize 12 ICU beds in new construction. The unit will be located on the same floor as the Department of Surgery, which will greatly enhance the access of surgeons to their patients in the ICU. The existing ICU has very small rooms that make it difficult to maneuver larger piece of equipment around a patient. There is inadequate room for storage of supplies. The older design of the room has all the essential services on a headwall but that limits the nurses' access to the patient. The proposed rooms are designed to provide the oxygen and suction on a column that makes it much easier to get all around the patient's bed.

A mock up of the rooms was built to allow the nurses and physicians to get sense of the space and arrangement before the plans are finalized. The intensivists and surgeons have had a large role in the planning for the new unit.

The type of patient seen in the ICU has been changing. Because of several initiatives the hospital has started, the patient who is starting to be in distress is identified earlier and in some cases they are transferred to the ICU to get the focused care needed to avert a bigger problem. Code STEMI is a good example where patients who are in cardiac decline are identified early and moved to the ICU.

Family centered care is also being addressed in the design on this proposed unit. The importance of family to patients in critical condition is better understood today. The old patterns of only allowing family in for 10 minutes every two hours has given way to a newer model that recognizes the encouragement that the patient gets from being with those who are so close to them. The process is one that takes more space in the room and more privacy is important, all the while keeping the nurses within the line of sight.

The technology in a modern ICU is changing at a rapid pace. The monitors permit the nurses to track the change in the patient's condition and anticipate the care that is needed. The size and complexity of the technology is dictating much larger rooms.

For example, one of the newer procedures available at BroMenn is aquapheresis, a therapy to remove excess salt and water from patients with fluid overload. Fluid overload can be caused by problems with the heart, kidneys, lungs or a combination of any of these vital organs. Fluid overload can also be experienced after certain surgical operations. The leading cause of fluid overload is congestive heart failure sometimes referred to as just heart failure. The Aquadex equipment is positioned on a rolling cart and brought to the patient's room where it may stay for eight to 24+ hours. This may be just one of several large pieces of technology in the patient's room, competing for space with the staff and physicians.

The current unit has no space for a staff lounge or even a place for a private staff meeting. It is a challenge being able to take staff off the unit for such meetings. The proposed new unit will offer that capability.

**Step-Down (Medical/Surgical) Unit**

## Rationale for expansion

The proposed project calls for the relocation of 18 medical surgical beds that are one component of the Critical Care Service. The beds are known as the Step-down unit, where patients usually are transferred when they no longer need ICU. The unit is equipped with telemetry, and functions as the first area where patients usually go after leaving the ICU. Often these patients are beginning to achieve some mobility and yet must be closely monitored by nursing staff.

The current rooms are far too small for today's model of care. The rooms have a toilet and sink but no bathing accommodations such as a shower. The family space is limited and certainly won't be adequate for the family member who wishes to stay overnight. There is no in-room storage for supplies, which results in extra trips for nursing staff.

In addition to the need for space in the patient rooms, the nursing station is in very close quarters. With the number of interns and residents on the unit, it has become a challenge to find a place to review a patient record or have a quiet talk with family members. The number of computers is filling the work space and the design of the current unit causes issues with privacy for those using the computers to access the electronic medical record.

**Backfill**

The space vacated by relocating the existing inpatient beds to the new addition will be considered in the next phase of the modernization of the hospital. The planning for the next phase is in the early stages. In order to keep the most flexibility for potential use, the vacated space will be reserved until an analysis can be made of all parts of the hospital that are from the 1950s and 60s, plus one office wing from 1913.

**Enclosed, Unfinished Lower Level**

The lower level of the new addition will have the exterior walls in place and a sub-slab required for locking in the grade beams and pile caps to tie the geopiers together. Since the space is primarily open and unplanned, the slab is recessed 18-24" below the finished grade of a future floor. This will create a base for underground utilities, gravel, and future slab. There will be minimal heating to keep the flooring above it from being too cold. The public and staff elevators of the new building will service the lower level to provide access to and from services of the existing adjacent building. Finished elevator lobbies and a small corridor will be constructed to provide the connection. The only other spaces currently planned for this level are finished enclosures for: a janitor's closet, fire pump room, switchgear room, electrical and information technology closets, and stairwell exits.

A reason for creating this lower level at this time is related to the difference in elevation of the land. The first floor of the existing building is at elevation 781.00. The lower level is at elevation 767.00. The elevation of the majority of the existing grade where the new addition will be built is at elevation 760.00. In reality, the existing grade is twenty-one feet below the first floor of the new addition. This requires the applicant to (1) either build up the site with engineered fill which is unrealistic given the proximity of the creek to the new addition, (2) build extremely tall foundation walls and then fill in the foundation with engineered fill, or (3) incorporate a lower level into the project that can be utilized at a date in the future. In actuality the third option is the most cost effective.

By framing in this 29,318 GSF floor now, this accommodates the difference in land elevation, and preserves the option to build it out in the future. The cost of building the exterior walls now is far less than trying to do the excavation later.

BroMenn is aware of and commits to the process of obtaining a Certificate of Need Permit before this space can be used for any purpose.

**SECTION XXV. REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

This section is applicable to all projects subject to Part 1120.

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better? Yes  No .

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

**APPEND THE REQUIRED DOCUMENTS AS ATTACHMENT FINANCIALS AND PLACE AFTER ALL OTHER APPLICATION ATTACHMENTS INCLUDING THE REMAINING ATTACHMENTS FOR THIS SECTION AND FOR SECTION XXVI.**

**A. Criterion 1120.210(a), Financial Viability**

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

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**APPEND DOCUMENTATION AS ATTACHMENT FIN-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1120.210(b), Availability of Funds**

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

- \_\_\_\_\_ Cash & Securities  
Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.
- \_\_\_\_\_ Pledges  
For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.
- \_\_\_\_\_ Gifts and Bequests  
Provide verification of the dollar amount and identify any conditions of the source and timing of its use.
- \_\_\_\_\_ Debt Financing (indicate type(s) \_\_\_\_\_)  
For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;  
For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;  
For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;  
For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.
- \_\_\_\_\_ Governmental Appropriations  
Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.
- \_\_\_\_\_ Grants  
Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.
- \_\_\_\_\_ Other Funds and Sources  
Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.
- \_\_\_\_\_ TOTAL FUNDS AVAILABLE

**APPEND DOCUMENTATION AS ATTACHMENT FIN-2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Criterion 1120.210(c), Operating Start-up Costs**

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes  No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

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**SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**

This section is applicable to all projects subject to Part 1120.

**A. Criterion 1120.310(a), Reasonableness of Financing Arrangements**

Is the project classified as a Category B project? Yes  No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes  No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing?  
 Yes  No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1120.310(b), Conditions of Debt Financing**

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-2 AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1120.310(c), Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page). **ECON-3 Reasonableness of Project & Related Costs (pages 152-155) inserted here per instructions.**

**Criterion 1120.310 (c) Reasonableness of Cost**

The RS Means reported costs, projected to 2012 when the project will be completed, are \$343/GSF for construction. This project's clinical cost is \$389/GSF, with another \$37 allowance for contingencies. There are several reasons the project's cost per gsf is over the state standard and otherwise differs from the typical construction project. They include:

**Escalation Factor**

The State Agency allows for the current RS Means cost to be escalated by 3%/year up to the year the project is finished. That is not consistent with the expected construction cost inflation. The construction manager, Gilbane, has studied construction inflation in the Bloomington-Normal market and anticipates the inflation to be closer to 7%/year. (See the following pages for supporting information.) If that factor were applied to the 2008 \$305, it would be \$400 in 2012. The applicant understands that a number of projects have had to be scaled back and even abandoned and re-permitted in recent months based on cost escalations beyond those anticipated.

**Cost Weighting for Complex, Higher Acuity Care Construction**

The cost of building an Intensive Care Unit and the Surgical Delivery (C-section) Suite are significantly higher than the average cost of a standard patient room, an office, or waiting room. Higher complexity units represent 25% of the clinical space. In years past the Planning Board applied a cost weighting factor to account for those differences. For example, surgical suites such as the C-section rooms have been weighted at 1.32, and an ICU at 1.27, and other clinical areas were weighted at 1.07. If those were applied to this project, the average weighting factor for all the clinical areas could be 1.13 of the base rate. While it is not clear if that weighting is being used today, the question remains about how to account in the standard for the more technical and complex areas being constructed.

**Building Shape**

The Bloomington-Normal Water Reclamation District creek runs through the property at an approximate 45 degree angle. Unfortunately, the location of the creek is close enough to the new addition that it has forced BroMenn to design a building that is shaped like a triangle. Although the designers have been able to efficiently design the interior space, the exterior wall-to-floor ratio is higher than a typical rectangular building. Because of this, there will be more exterior wall than normal on the building. The estimated cost for this additional exterior wall is \$6.60/GSF above the Means standard.

**Foundation Design**

The soil borings reflect unsuitable soil that will not allow the applicant to use a standard spread footing foundation design. The foundation design in the overall cost for the project includes auger cast piles. With the number of piles required there is a substantial cost impact to the project. It is estimated the cost for this to be \$17.40/GSF above the Means standard.

The results of the factors listed above are as follows

State Standard		305
2008 RS Means \$305 x 7%/yr to 2012		400
Standard Adjusted up by 1.13 for Higher Acuity Cost Weighting		\$452
Project Clinical Cost with Contingencies	426	
Minus Building Shape premium of \$6.60	419.4	
Minus Foundation Design premium of \$17.40	\$402	

When reviewed with the factors listed above, the comparable project cost would be \$402 versus the comparable State Agency standard of \$452.



## **Gilbane**

8550 W. Bryn Mawr, Suite 500 | Chicago, IL 60631 | T (773) 695-3536 | C (773) 426-2368

Gilbane is currently recommending an annual escalation factor of 7% for the BroMenn Health System project based on input from numerous sources. We monitor several national publications and construction input data continually and refine our forecast accordingly for future impact. Additional "unpublished" factors must also be considered such as the size of the project, thus limiting trade contractors qualified to perform the work, the type of construction and logistics affecting the work.

We have included documents discussing escalation and various sources for which the opinion derived. June 2008 was projecting a range of 6%-8% while the July update increased to the range of 8%-12%. The sudden change was due to various sources "caught off guard" with significant commodity and energy prices for which the input data lags. As we review various data and the relative changes specific to the Midwest market, our consensus is 7% with the upper range more applicable to the east coast and more volatile areas.

In the Central Illinois market, we have experienced escalation in the 7 percent range for the prior twelve months. Going forward, we anticipate a similar level of increase based on ever-increasing commodity prices, increasing labor costs due to inflationary wage demands typical during consumer inflation and overall growth of the non-residential market sector (13% YTD).

Material costs have been experiencing a decreasing rate of escalation recently. However, there is speculation that recent interest rate cuts could ignite demand and lead to increased material prices. Additionally, the weakness of the US dollar translates into additional upward trending of cost components. Note in particular the statement by AGC attached below (September 4, 2008 News and Views – More Mixed Messages on Material Costs) that futures prices for commodities have continued their rapid retreat from July's highs, but many products used in construction are still rising in price.

We have included a synopsis of various cost tracking indexes below. Each reflects a variation based on how the data is collected and interpreted. It is interesting to note which indexes are tracking actual costs, such as the Turner Cost Index, versus using construction inputs to make estimations as to market valuation. The indexes generally validate a 6 – 8 percent escalation range in the prior twelve months from the data date.

### **Turner Construction Cost Index**

The Turner Construction Cost Index shows growth of 7.7% for 2007, 10.6% for 2006, which followed 9.5% for 2005. The 2nd Quarter 2008 year-over-year growth indicates 6.2%. "...commodity costs continue to rise, with some experiencing double digit price escalation since the first quarter of 2008. Steel, copper, aluminum, asphalt, roofing and PPVC are all experiencing price spikes. Increased energy costs are also adding pricing pressure..."

### **Attachment ECON-3.1.2 – Reasonableness of Project and Related Costs**

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## **Gilbane**

8550 W. Bryn Mawr, Suite 500 | Chicago, IL 60631 | T (773) 695-3536 | C (773) 426-2368

The Turner Cost Index provides an indication of the bidding environment reflecting the market for which the BroMenn Health System Expansion is categorized which is generally larger private and public projects and limited residential influence.

### **RS Means Construction Cost Index (CCI) – July 2008**

The RS Means Index is a composite of numerous whole buildings. Reed Construction (RS Means) material Cost index through May 2008 has increased 8.4% in the past 12 months.

### **AGC News and Views – September 2008**

Construction Materials Prices Jump 2.0% in July

The worldwide surge in commodity prices drove construction materials prices up 2.0 % in July. This is the change from the second week of June to the second week of July. Since then the commodity price spike has begun to reverse. Prices have already fallen more than 20% for oil, natural gas, copper, and some grains. Construction steel prices are still rising although prices for flat rolled steel for consumer products no longer are. The first signal on how quickly this is happening will be the August Producer Price Index to be released on September 12<sup>th</sup>.

The price index has increased 6.6% in the last three months and 11.9% in the last year. For comparison the 2004 price surge was 6.9% in the first six months of that year. Metal and energy based products lead the price surge while the prices of lumber, gypsum and materials priced in domestic US markets are steady or only slightly higher.

US contractors are caught between declining demand as new project starts slow and soaring costs, largely due to events outside the US. The largest July increases were for asphalt paving mixtures (14.5%), asphalt roofing (11.3%), non-ferrous pipe and tube (5.9%) and structural steel (4.3%).

Structural steel prices continued to increase at about a 50 % annual rate. A significant share of this is cost based, mostly higher oil prices, but most of the recent price surge represents better margins for steel mills, obtainable when inventories are low and delivery times are stretched. A few more months of very high price increases are expected. But there is no underlying shortage of commodities to make steel or mill capacity so some price rollback will occur around yearend

The overall construction materials price index is forecast to increase 10% this year and 5-6% next year. AGC predicts construction input costs to rise at 6%-8% for the next several years.

### **Attachment ECON-3.1.3 – Reasonableness of Project and Related Costs**

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**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE**

Clinical area	A		B		C		D		E		F		G		H	
	Cost/GSF		Mod.		GSF		% Clrc*		GSF		% Clrc		Const \$		Mod \$	
	New		New		New		New		Mod		A x C	B x E	G + H			
OB	\$ 382.48		6,577										\$ 2,515,540			\$ 2,515,540
Patient Triage	\$ 418.50		2,159										\$ 903,537			\$ 903,537
LDRP	\$ 377.18		12,427										\$ 4,687,187			\$ 4,687,187
Surgical Delivery	\$ 503.26		2,787										\$ 1,402,577			\$ 1,402,577
Respite Nursery	\$ 372.94		905										\$ 337,511			\$ 337,511
Special Care Nursery	\$ 387.77		3,261										\$ 1,264,526			\$ 1,264,526
ICU	\$ 404.72		10,362										\$ 4,193,754			\$ 4,193,754
Med/Surg	\$ 362.34		13,470										\$ 4,880,785			\$ 4,880,785
<b>Clinical Subtotal</b>	\$ 388.57		51,948										\$ 20,185,417			\$ 20,185,417
Contingencies	\$ 37.30												\$ 1,937,468			\$ 1,937,468
<b>Clinical Total</b>	\$ 425.87												\$ 22,122,885			\$ 22,122,885
<b>Non Clinical Area</b>																
Circulation	\$ 228.17		3,245										\$ 740,420			\$ 740,420
Mechanical Floor	\$ 380.29		18,853										\$ 7,169,561			\$ 7,169,561
Lobby/public	\$ 271.63		5,017										\$ 1,362,788			\$ 1,362,788
Link to Main Lobby	\$ 647.58		1,392										\$ 901,425			\$ 901,425
Link to CVCU - New	\$ 206.44		674										\$ 139,142			\$ 139,142
Link to CVCU - Modernized	\$ 230.79							222					\$ 51,236			\$ 51,236
Link to Same Day Surg	\$ 206.44		969										\$ 200,042			\$ 200,042
Link to Same Day Surg - Modernized	\$ 231.84							1,095					\$ 253,863			\$ 253,863
Education/Conference	\$ 201.01		2,210										\$ 444,230			\$ 444,230
Electrical/Tele	\$ 244.47		3,862										\$ 944,148			\$ 944,148
Offices	\$ 217.31		1,769										\$ 384,416			\$ 384,416
Family	\$ 217.31		571										\$ 124,082			\$ 124,082
Other non-clinical	\$ 217.31		2,738										\$ 594,987			\$ 594,987
<b>Non-clinical Subtotal</b>	\$ 322.28		41,300						1,317				\$ 13,005,240			\$ 13,310,340
Contingencies	\$ 30.16												\$ 1,208,429			\$ 1,245,803
<b>Non-clinical Total</b>	\$ 352.45												\$ 14,213,669			\$ 14,556,143
<b>Enclosed / Unfinished Lower Level</b>	\$ 168.58		29,318										\$ 4,942,512			\$ 4,942,512
Contingencies	\$ 16.18												\$ 474,400			\$ 474,400
<b>Enclosed/Unfinished Total</b>	\$ 184.76												\$ 5,416,912			\$ 5,416,912
<b>Totals</b>	\$ 343.46		122,566					2,634					\$ 41,753,466			\$ 42,095,940

\*circulation + links = 19%

155

2.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

**NOT APPLICABLE**

- a. that the lowest net cost available has been selected; or
- b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-3 AFTER THE LAST PAGE OF THIS SECTION.**

3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-4 AFTER THE LAST PAGE OF THIS SECTION.**

**D. Criterion 1120.310(d), Projected Operating Costs**

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

**For the year 2014, the projected operating costs will be \$1,542/inpatient adjusted patient day.**

**E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs**

Is the project classified as a category B project? **Yes X** No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

**For the year 2014, the projected capital costs will be \$318/inpatient adjusted patient day.**

**F. Criterion 1120.310(f), Non-patient Related Services**

Is the project classified as a category B project and involve non-patient related services? Yes  **No X** If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-5 AFTER THE LAST PAGE OF THIS SECTION.**

**ATTACHMENT ECON-1.1 - Proof of "A" Bond Rating - Pages 159 through 164**

From: GID - Moody's Investors Service [mailto:epi@moody.com]  
Sent: Wednesday, October 01, 2008 2:52 PM  
To: Cermak, Penny D. (Administration)  
Subject: BroMenn Healthcare, IL

**MOODY'S ASSIGNS A3 INITIAL RATING TO BROMENN HEALTHCARE'S (IL) \$37.6 MILLION OF SERIES 2008 FIXED RATE REVENUE REFUNDING BONDS; OUTLOOK IS STABLE**

**THE SYSTEM WILL HAVE APPROXIMATELY \$38 MILLION OF TOTAL RATED DEBT OUTSTANDING**

BroMenn Healthcare, IL  
Illinois Finance Authority  
Health Care-Hospital  
Illinois

Moody's Rating

Issue Rating

Series 2008 Fixed Rate Hospital Revenue Refunding Bonds A3  
Sale Amount \$37,580,000  
Expected Sale Date 10/14/08  
Rating Description Hospital Revenue Bonds

Moody's Outlook - Stable

NEW YORK, October 1, 2008 – Moody's Investors Service has assigned an initial A3 long-term rating to BroMenn Healthcare's (BMH) \$37.6 million of Series 2008 fixed rate revenue refunding bonds to be issued through the Illinois Finance Authority. The outlook is stable.

BroMenn Regional Medical Center ("BRMC"), a 200-staffed bed hospital located in Normal, IL, is the flagship of BMH. The only other hospital in the BMH system is 18-staffed bed Eureka Community Hospital ("ECH"), a critical access hospital located approximately 26 miles west of Normal in Eureka, IL. The system also includes the BroMenn Foundation ("BF") and BroMenn Physician Management Corporation ("BPMC"). BPMC manages employed physician groups and has joint ventures with physicians, including an ambulatory surgery center, assisted living facility, outpatient diagnostic center, and sleep center.

USE OF PROCEEDS: The Series 2008 bond proceeds will be used to: (1) refund approximately \$37 million of outstanding FSA insured Series 2004 auction rate bonds; (2) fund a debt service reserve fund; and (3) pay the costs of issuance. BMH also is considering refunding Series 1992 FGIC insured fixed rated bonds (approximately \$22 million outstanding). Depending on timing and market conditions, the refunding of the Series 1992 bonds may be included with the Series 2008 transaction or may be issued as a separate Series 2008B issuance.

LEGAL SECURITY: The Series 2008 bonds are expected to be a joint and several obligation secured by a gross revenue pledge of the obligated group (excluding donor restricted contributions). A mortgage pledge will not be included. The obligated group will include the BMH system parent (which holds limited assets and does not generate revenues) and the BroMenn Healthcare Hospitals (BRMC and ECH). The hospitals represent approximately 78% of system assets and 86% of system operating revenues.

**Attachment ECON-1.1 – Proof of "A" Bond Rating**

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**INTEREST RATE DERIVATIVES:** In connection with the Series 2004 auction rate bonds, BMH entered into a floating-to-fixed rate swap with Piper Jaffray Financial Products Inc. (notional amount equivalent to the principal outstanding of the Series 2004 bonds). Under the swap, which expires on August 15, 2032, BMH pays a fixed rate of 3.83% and receives a floating rate based on 70% of one-month LIBOR. BMH expects to keep the swap in place after issuance of the Series 2008 fixed rate bonds. The termination value of the swap was  
-\$2.3 million at September 30, 2008.

#### STRENGTHS

\*Market leader in a good service area that is characterized by good population growth and above average income levels; Bloomington-Normal, IL is home to Illinois State University and Illinois Wesleyan University

\*Track record of reasonably good operating performance (9.3% operating cash flow margin in unaudited fiscal year 2008), although we note that performance has been variable in recent years

\*Good liquidity with 193 days cash on hand at fiscal year end (FYE) 2008

#### CHALLENGES

\*BMH is planning to issue approximately \$60 million of new money bonds in 2009 to support the construction of a new three-story patient tower on the BRMC campus; the new debt will stress BMH's debt coverage ratios

\*In-town competition from OSF St. Joseph Medical Center (a member of A2-rated OSF Healthcare)

\*Despite strong population growth in the area, many key patient volume indicators are trending down, including inpatient admissions and surgical volumes

\*High average age of plant (16.5 years at FYE 2008) and somewhat modest capital spending ratio (1.0 times over the last five years)

#### MARKET POSITION/COMPETITIVE STRATEGY: STABLE MARKET LEADER IN A GOOD SERVICE AREA

BMH operates as one of two acute care hospitals in a good service area in McLean County (Bloomington-Normal, IL). In addition to 200 staffed-bed BRMC, Bloomington-Normal includes 157 staffed-bed OSF St. Joseph Medical Center (a member of A2-rated OSF Healthcare System), which offers a similar array of services as does BMH and is the primary competitor. McLean County represents BMH's primary service area (PSA). BMH is the market leader, capturing 55.6% share of the PSA in FY 2007, down from 57.4% in FY 2006 but ahead of 55.2% in FY 2005. St. Joseph captured 31.2% of the PSA in FY 2007. Most out-migration is for services not offered in Bloomington-Normal, to tertiary referral centers in Peoria (38 miles west of Normal), Champaign-Urbana (52 miles southeast of Normal), Springfield (72 miles southwest of Normal), and some to the Chicago metropolitan area (downtown Chicago is approximately 130 miles northeast of Normal). We believe that sizeable tertiary providers in nearby markets, particularly Peoria, are close enough to BMH to pose a competitive challenge. Peoria includes the flagship of OSF Healthcare and A2-rated Methodist Medical Center of Illinois, both of which provide a comprehensive array of tertiary services, as well as smaller Baa3-rated Proctor Hospital.

The acute care hospitals in Bloomington-Normal also face significant competition from entrepreneurial physicians. For example, there are four physician-owned ambulatory surgery centers (ASC) in the market. To help manage physician competition in the market and in an effort

to maintain favorable physician relations, BMH partners with doctors for a number of joint ventures (JV), including one of the ASCs. The Bloomington-Normal community is characterized by a mix of employed and independent physicians. BMH currently employs 48 physicians, most of whom are primary care doctors. BMH also recently acquired a leading independent cardiology and pulmonology group in the area, and now employs eight cardiologists and four pulmonologists.

**Attachment ECON-1.2 – Proof of "A" Bond Rating**

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Finally, BMH partners with the Carle Clinic, a very sizeable physician practice whose primary location is Champaign-Urbana, IL (Carle also has a sizeable 60-member clinic in Bloomington-Normal). The President of the BroMenn medical staff is a member of the Carle Clinic. Carle manages BMH's hospitalist program and the BMH system and Carle are participants in several JVs together.

Demographics in the Bloomington-Normal area are favorable. Bloomington-Normal is home to Illinois State University and smaller Illinois Wesleyan University, which provide some degree of economic stability to the market. The area also is home to sizeable insurance company presence. In fact, the headquarters of State Farm Insurance is located in Bloomington and is by far the largest employer in the area (State Farm employs more than 14,000 people in the area; ISU, the second biggest employer, employs approximately 3,300). The unemployment rate in the Bloomington-Normal MSA, while increasing much like in many other areas of the US, remains below state and national rates. Population growth in McLean County is greater than state and national averages. Median household income in McLean County is above both the state and national averages. As a result of the degree of employment concentration of State Farm in the market, if the company were to downsize significantly or relocate, it could have significant consequences for the area economy.

#### **OPERATING PERFORMANCE: IMPROVED OPERATING RESULTS IN FY 2007 AND FY 2008 AFTER MODEST RESULTS IN FY 2006**

BMH's operating performance improved in fiscal years 2007 and 2008, after a somewhat modest FY 2006, which we view favorably. In unaudited FY 2008 (FYE June 30), BMH recorded operating income of \$2.9 million (1.4% operating margin, after removing \$6.6 million of Illinois Medicaid tax assessment revenue and \$4.4 million of Medicaid tax assessment expense from results) and operating cash flow of \$18.6 million (9.3% operating cash flow margin). In audited FY 2007, the system recorded operating income of \$1.8 million (0.9% margin, after removing \$13.1 million of Medicaid assessment revenue and \$8.4 million of Medicaid assessment expense from results) and operating cash flow of \$16.7 million (8.7% margin). Performance in fiscal years 2007 and 2008 improved over FY 2006 when BMH recorded a modest operating loss margin of 0.4% and operating cash flow margin of 8.3%. The system's operating results were stronger in years prior to FY 2006, as BMH recorded operating cash flow margins of 11.3% and 11.6% in fiscal years 2004 and 2005, respectively.

Improved results in FY 2007 and FY 2008 occurred despite declines in surgical volumes (-11.9% and -5.5%, respectively), inpatient admissions in FY 2008 (-2.4%), and certain outpatient volumes such as cardiac cath procedures and imaging services. Factors contributing to the improved performance in FY 2007 and FY 2008 include: (a) favorable commercial payor reimbursement; (b) improved Medicare reimbursement due to a change in the wage index; (c) good expense management in FY 2008 (operating expenses increased less than 4%); and (d) an increase in observation stays of 3.0% in FY 2008 and 11.6% in FY 2007, which helped to offset the declines in inpatient admissions and other patient volumes. Management notes that while continued physician competition contributed to the decline in outpatient surgical volumes, total outpatient volumes have been stable to increasing.

Due to improved cash flow generation, BMH's pro forma debt ratios are favorable. Factoring in the Series 2008 bonds and based on FY 2008 results, pro forma maximum annual debt service (MADS) coverage is good at 4.0 times (compared to A3 median of 3.9 times) and debt-to-cash flow measures a favorably low 2.4 times (compared to A3 median of 3.9 times).

**BALANCE SHEET POSITION: CURRENT LIQUIDITY POSITION FAVORABLE, ALTHOUGH PLANNED DEBT IN 2009 WILL STRESS BALANCE SHEET**

As a result of adequate cash flow generation and somewhat conservative capital spending in recent years, the BMH system's liquidity has strengthened.

Absolute unrestricted cash and investments increased to \$98 million at unaudited FYE 2008 from \$85 million at FYE 2007 and \$71 million at FYE 2006.

As a result, cash on hand increased to a good 193 days at FYE 2008 from 157 days at FYE 2006 (compared to A3 median of 162 days). Likewise, cash-to-debt strengthened to a good 149% at FYE 2008 from a more modest 95% at FYE 2006.

BMH has significant capital spending plans over the next five years. The highlighted project includes construction of a new three-story patient tower (current cost estimate of approximately \$60 million) on the main campus in Normal (the system also has approximately \$10 million - \$15 million of additional annual routine capital spending plans over the next five years).

The patient tower project will require certificate of need (CON) approval.

Assuming BMH receives CON approval, construction of the patient tower is expected to start in spring of 2009 and project completion is expected in spring 2011. BMH plans to issue approximately \$60 million of new debt in 2009 to support the project. Factoring in the expected debt issuance in 2009 (and based on unaudited FY 2008 results) stresses BMH's pro forma debt coverage ratios. Based on the current plan of finance, pro forma cash-to-debt weakens to a somewhat modest 78%, MADS coverage moderates to a still adequate 3.1 times, and debt-to-cash flow increases to 5.0 times. While we will comment formally on the implications of the new debt at the time of issuance, given BMH's current pace of cash flow generation and liquidity position, we believe the BMH system has debt capacity at the A3 rating level.

#### OUTLOOK:

The stable outlook reflects our belief that BMH will continue to generate adequate cash flow generation and maintain its liquidity position to absorb the planned issuance of approximately \$60 million of new debt in 2009.

What could change the rating -- UP

Elevated revenue base and absolute cash flow generation leading to stronger debt and liquidity ratios; sustained market share growth

What could change the rating -- DOWN

Greater than expected increase in debt beyond planned issuance of \$60 million in 2009 without commensurate increase in cash flow generation and liquidity; weaker operating margins leading to thinner debt ratios and weaker liquidity; material market share loss

#### KEY INDICATORS

Assumptions & Adjustments:

-Based on BroMenn Healthcare System and Subsidiaries consolidated financial statements

-First number reflects audited FY 2007 for the year ended June 30, 2007

-Second number reflects pro forma on unaudited FY 2008 for the year ended June 30, 2008

-Pro forma assumes issuance of \$37.6 million of Series 2008 fixed rate bonds to refund approximately \$36.7 million of Series 2004 auction rate bonds outstanding. BMH also is considering refunding approximately \$22 million of outstanding Series 1992 fixed rate bonds. The planned \$60 million debt issuance is not factored in the pro forma ratios.

**Attachment ECON-1.4 – Proof of “A” Bond Rating**

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-Medicaid provider tax revenue (\$13.1 million in FY 2007, \$6.6 million in FY 2008) and expense (\$8.4 million in FY 2007, \$4.4 in FY 2008) removed from results

-Investment returns smoothed at 6%

\*Inpatient admissions: 10,517; 10,267

\*Total operating revenues: \$192 million; \$201 million

\*Moody's-adjusted net revenues available for debt service: \$26.2 million;  
\$30.7 million

\*Total debt outstanding: \$70.5 million; \$66.1 million

\*Maximum annual debt service (MADS): \$7.4 million; \$7.7 million

\*MADS Coverage with reported investment income: 3.53 times; 3.82 times

\*Moody's-adjusted MADS Coverage with normalized investment income: 3.53 times;  
3.99 times

\*Debt-to-cash flow: 3.07 times; 2.41 times

\*Days cash on hand: 173 days; 193 days

\*Cash-to-debt: 120%; 149%

\*Operating margin: 0.9%; 1.7%

\*Operating cash flow margin: 8.7%; 9.3%

**CONTACTS**

Obligor: Penny Cermak, Vice President and CFO, (309) 888-0933

Financial Advisors: Therese Wareham, Kaufman Hall & Associates, (847) 441-8780; Jason White, Kaufman Hall & Associates, (847) 441-8780

Underwriter: Nesity Shems, Piper Jaffray, (312) 920-3212

**ANALYSTS:**

Mark Pascaris, Analyst, Public Finance Group, Moody's Investors Service  
Lisa Martin, Backup Analyst, Public Finance Group, Moody's Investors Service

**CONTACTS:**

Journalists: (212) 553-0376

Research Clients: (212) 553-1653

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# BROMENN HEALTHCARE

Virginia at Franklin, Normal, IL  
Mailing Address: P.O. Box 2850, Bloomington, Illinois 61702-2850  
Telephone: 309-454-1400 www.bromenn.org

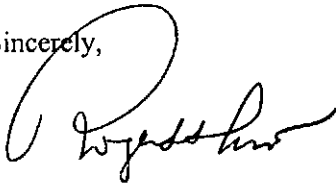
October 1, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

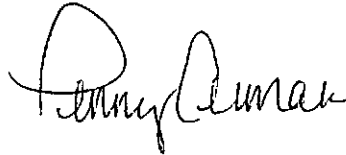
Dear Mr. Mark:

This letter is to attest to the fact that the selected form of debt financing for the proposed BroMenn Regional Medical Center Construction Project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to addition debt, term financing costs, and other factors.

Sincerely,

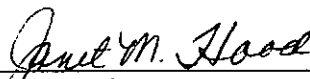


Roger S. Hunt  
President & CEO  
Member of the Board of Directors  
BroMenn Healthcare System &  
BroMenn Healthcare Hospitals



Penny Cermak  
Vice President, Finance

Subscribed and sworn before me this 1<sup>st</sup> day of October 2008

  
\_\_\_\_\_  
Notary Public



**Itemization of Project Costs**

Pre-planning			
	Architect: planning		266,000
	Architect: analysis of program needs		74,000
		Total	<b>\$340,000</b>
Site Survey and Soil Investigation			
	Site Survey		123,000
	Borings		28,400
		Total	<b>\$151,400</b>
Site Preparation			
	Demo of existing structures		635,216
	Removal & installation of utilities		900,636
	Temporary site improvements and roadways		249,579
	Total	Total	<b>\$1,785,431</b>
Off-site Work			
	N/A		
Consulting			
	Gilbane builders risk		35,000
	Legal fees		30,000
	Permits/fees		50,000
	Construction bonds		500,000
		Total	<b>\$615,000</b>
Other Costs to be Capitalized			
	Bid documents and delivery expenses for same		150,000
	Reimbursables		209,514
	Central Plant upgrade		2,172,826
	Certificate of Need fee		100,000
	Testing		90,000
	Final cleaning		45,000
	Moving		75,000
	Utility Charges		50,000
		Total	<b>\$2,892,340</b>

# BROMENN HEALTHCARE

P.O. BOX 2850, BLOOMINGTON, IL. 61702

PAYEE NAME	VENDOR ID	CHECK DATE	CHECK NO.
ILLINOIS DEPT OF PUBLIC HEALTH	A06227	09/04/08	207243


INVOICE NO	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
APPLICATION FEE	08/29/08	CAMPUS MODERNIZATION	2500.00	0.00	2500.00
TOTALS >			2500.00	0.00	2500.00

## RECEIVED

OCT 02 2008

HEALTH FACILITIES  
PLANNING BOARD

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT ANGLE TO VIEW.



**BROMENN HEALTHCARE**  
P.O. BOX 2850, BLOOMINGTON, IL. 61702

COMMERCIAL BANK  
BLOOMINGTON, IL  
70-103/711

CHECK NO. **207243**

VENDOR NO  
A06227

DATE:  
09/04/08

PAY THIS AMOUNT  
\*\*\*\*\*\$2,500.00

PAY TO THE ORDER OF ■ TWO THOUSAND FIVE HUNDRED DOLLARS AND ZERO CENTS \*\*\*\*\*

TO THE ORDER OF

**ILLINOIS DEPT OF PUBLIC HEALTH  
PLANNING BOARD  
525 W JEFFERSON ST, 2ND FLOOR  
SPRINGFIELD, IL 62761**

*08-076 Bromenn Regional Medical Center*

←←←←← PAY ONLY **2500.00** FILED  
TWT TWT TWT TWT TWT CTS CTS

*Roger L. Hunt*

Checks over \$50,000 require two signatures  
Void Over \$2,500.00

⑈ 207243⑈ ⑆ 101000019⑆ 720110051⑈