Palos Community Hospital

12251 S. 80th Avenue Palos Heights, Illinois 60463 (708) 923-4000

November 21, 2014

Ms Courtney Avery
Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street
Springfield, IL 62761

Re: Request for Permit Alteration
Project #08-075
Palos Community Hospital

Dear Ms. Avery:

Attached is the request for alteration of Palos Community Hospital's permit #08-075. Also enclosed is check number 14349 in the amount of $1,000 made out to Illinois Department of Public Health for the alteration fee.

Please direct any questions to Ralph Weber, our CON consultant, at 847-791-0830, or rmweber90@gmail.com.

Thank you.

Sincerely,

Timothy J. Brosnan

Tim Brosnan
Vice President, Planning and Community Relations

Cc: Margie Zeglen, Director, Business Development & Planning
Ralph Weber, Consultant

Request For Permit Alteration
Permit #08-075
Palos Community Hospital
Major Construction and Modernization

November 21, 2014

Narrative Description

Palos Community Hospital proposes to alter permit #08-075, approved by the Health Facilities and Services Review Board on March 10, 2009.

Permit #08-075 has two major project components:

- the *construction* of an 8 level East Tower with 156 medical/surgical beds and 36 ICU beds in private rooms, and several clinical departments and support services.
- the *modernization* of three floors in the existing (original) hospital building, including renovation of medical/surgical units on the 3rd and 4th floors, and remodeling of clinical and non-clinical space on the 1st floor. The 3rd and 4th floor modernization involves converting previously semi-private rooms to 27 private med/surg rooms on each of the two floors.

This alteration pertains to the *modernization* component of Project #08-075. The alteration proposes the following:

- Modernization of the 2nd and 3rd floors in the existing (1978) building for medical/surgical service, instead of the 3rd and 4th floors. This alteration switches the proposed med/surg unit from the 4th floor to the 2nd floor. There is no change to project #08-075 in amount of med/surg space, number of med/surg beds, or project cost related to the med/surg floor switch.
- To accommodate this switch, it is necessary to relocate the existing 43 bed inpatient AMI unit from the 2nd floor.
- The AMI unit will relocate to the 4th floor. It is proposed that the psychiatry unit be reduced in size to a 40 bed unit, with 8 single rooms and sixteen double occupancy rooms.
- The addition of the AMI unit to the original project results in an increase of 20,000 sq ft to project #08-075.
- Total cost of project #08-075 is reduced from $420,438,329 to $415,765,983. Project #08-075 is ahead of budget, due to savings of approximately $13,000,000 achieved in the cost of constructing and equipping the East Tower. The cost of relocation and modernization of AMI on the 4th floor is $8,327,654. This amount can be absorbed within the previously approved total cost of project #08-075. The revised estimated lower project cost of $415,765,983 includes the cost of the proposed relocation of psychiatry.
- There is no change to the March 31, 2018 completion date for project #08-075.
- The alteration will reduce the Palos Community Hospital authorized AMI bed count from 43 to 40. No other bed category counts are affected by this alteration. Palos Community Hospital's total bed count is reduced from 428 to 425 beds due to the reduction in AMI beds.

The $8,327,654 cost to relocate and modernize AMI beds is below the capital expenditure threshold, and the relocation/alteration does not result in an increase of AMI beds. Consequently, a Certificate of Need permit application is not needed for the relocation and modernization. An alteration of project #08-075 is needed because of the increase in total space as a result of the relocation of the AMI unit to the 4th floor, original existing building.

Purpose/Rationale

The alteration is intended to accomplish two purposes:

1) to right-size the inpatient psychiatry service through the reduction of unit size from 43 to 40 AMI beds.
2) to improve the physical space for AMI. It is now located in its original space in the hospital building opened in 1978.

The current psychiatry unit with 43 authorized AMI beds was designed and opened in the late 1970s. It is organized into an Intensive Treatment Unit (ITU) and the General Milieu. The ITU serves patients who require intensive nursing care and close monitoring. Types of patients include: detox patients in severe withdrawal, detox patients who have just had a seizure, patients with delirium tremors, patients with hallucinations and/or delusions and patients with Dementia and/or Alzheimer's who have a behavioral health diagnosis. Many of the elderly patients are at high risk for falling and require close supervision. The General Milieu treats patients with behavioral health diagnoses. These patients have signed in voluntarily, and are able to conduct their activities for daily living with little or no assistance; they are able to participate in several group therapy activities throughout the day.

The existing 2nd floor unit has functional limitations and was not designed to meet current organization of delivery requirements. It was designed when lengths of stays exceeded two weeks. With the shift to outpatient settings for behavioral care, inpatient length of stay has dramatically declined, and inpatient acuity has increased. Support professional space requirements have expanded. All room layouts are semi-private, restricting the ability to accommodate patients who are incompatible with one another, especially for the acutely agitated patients. Sight-lines are limited, a special problem for care of ITU patients. Public access to the unit is in a central location in the clinical unit, compromising patient privacy and confidentiality, as well as disrupting the care milieu. As length of stay declined over the past decades and to meet the increased needs for professional space, inpatient rooms have been converted to support space, but not integrated into the unit in optimal locations.

To accommodate the diverse patient populations, the new psychiatry unit requires functional spaces that provide some separation of the diverse categories of patients: 1) a behavioral ITU to accommodate patients who are psychotic, involuntarily admitted, aggressive or at risk for suicide or elopement; 2) a general milieu space (see above); and 3) a gero/psych ITU for elderly patients with Dementia and/or medical issues, detox patients with seizure potential, patients who are at high risk for falls, and isolation patients.

Deficiencies in the current space are significant. Most of the infrastructure is 40 years old and is incurring high maintenance costs. The emergency power system does not meet current standards and codes. The fire alarm system does not identify incident locations to aid response to events, and a new sprinkler system is needed to meet NFPA 13 requirements. Much of the floor is heated and cooled by in-room units instead of central heating and cooling; ventilation rates are below standard.

The new unit will allow the right-sizing and organization of inpatient care and support space. 40 AMI beds will be located in 8 private rooms and 16 semi-private room; all rooms will contain a bathroom with sink, toilet and

shower. Patient rooms will better accommodate the different needs of the various types of patients: frail elderly, medically compromised psychiatric patients, and acutely agitated patients. Common patient areas will be appropriately scaled to provide comfortable space for patients for structured and unstructured activity. The unit will have nursing stations, a nourishment center, medication center, patient dining area, conference room and staff lounge. Support space will incorporate appropriately sized offices and consult areas for physicians, social workers and family meetings. The unit will also include space to provide transitional services to patients and families while determining the appropriateness of admission during the intake process. Special attention in the design process will focus on limiting unnecessary traffic on the unit, with the intention of enhancing patient privacy. Electrical and data information closets and food delivery processes will be handled off-unit, so that support staff serving the psychiatry unit can do so without being intrusive.

Several infrastructure improvements are required to support the modernization of the psychiatry unit:

- two new variable air handling units within a new penthouse structure
- new terminal air boxes with hydronic reheat coils for room level temperature controllability
- radiant ceiling panels in exterior rooms for supplemental heat and to meet energy code reheat imitations
- new roof-mounted exhaust fans for toilet room exhaust air
- new domestic and sanitary/vent plumbing piping risers
- new medical gas piping risers and distribution
- addition of full wet fire protection / sprinkler system
- new normal power and emergency power risers and distribution
- new addressable fire alarm system
- new energy efficient lighting solutions to meet and exceed current energy codes
- new data closets and telecom risers and distribution.

The requested alteration of Project 08-075 facilitates the modernization of inpatient AMI by making currently vacated space on the 4th floor available for the renovation of PCH's AMI unit. The plan to utilize 4th floor space for AMI instead of inpatient medical/surgical services achieves four benefits:

1) if AMI were to remain and undergo renovation in its existing space on the 2nd floor, it would be logistically difficult and disruptive of patient care during construction. Modernization of an operating unit in its current space would be more expensive and requires extended time, compared to modernizing a vacant floor and relocating the AMI unit to that floor when completed.
2) Because the 3rd floor will be vacant at the time renovation of the fourth floor is underway, noise and disruption due to renovation of the 4th floor for inpatient psychiatry wouldn't be disruptive of operating clinical services on the floor below.
3) Renovating the psychiatry unit does not add net cost to the previously approved Project #08-075 budget. That project is sufficiently ahead of budget to allow the cost of the AMI unit renovation to be absorbed without an increase in cost of the approved budget.
4) The floor plate of the 2nd floor in the existing original hospital building is identical to the floor plate of its 4th floor. The plan to renovate the 2nd floor for med/surg services instead of the original plan of renovating the 4th floor does not add cost to the med/surg modernization component of the original project.

Facility Bed Capacity

The following table shows the changes in total bed capacity related to the requested alteration. AMI beds are reduced from 43 to 40 beds; total beds at Palos Community Hospital are reduced from 428 to 425 beds. No other bed categories are affected by the alteration. Changes due to the alteration are shown in **Bold**.

Category of Service	Authorized Beds Project #08-075	Authorized Beds after Permit Alteration
Medical/Surgical	306	306
Pediatrics	15	15
Obstetrics	28	28
Intensive Care	36	36
Neonatal ICU	-	-
Acute Mental Illness	43	**40**
Rehabilitation	-	-
Nursing Care	-	-
Sheltered Care	-	-
Other (identify)	-	-
TOTALS	428	**425**

Project Cost and Sources of Funds

Table N on the following page presents the changes related to the alteration. There have been savings of an estimated $13,000,000 in the construction and equipping of the new East Wing. The additional cost related to psychiatry relocation and modernization is $8,327,654. As a result, the net reduction to Project 08-075 is $4,672,346.

Regarding Sources of Funds, the $4,672,346 reduction in total project cost reduces the amount of cash and securities used for the project, from $120,438,329 as approved in Project #08-075 to $115,765,983.

Changes due to the alteration are shown in **Bold** on Table N.

N. Project Costs and Sources of Funds - $ CURRENT PROJECT 08-075 TOTALS | CON ALTERATION TOTALS

Description	TOTAL	CLINICAL	NON-CLINICAL	TOTAL	variance	CLINICAL	variance	NON-CLINICAL	variance
Pre-Planning Costs	$ 2,600,610	$ 1,560,366	$ 1,040,244	**$ 2,726,966**	$ 126,356	**$ 1,686,722**	$ 126,356	$ 1,040,244	$ -
Survey and Soils	$ 265,000	$ 159,000	$ 106,000	$ 265,000	$ -	$ 159,000	$ -	$ 106,000	$ -
Site Prep & Demolition	$ 9,169,254	$ 5,501,552	$ 3,667,702	**$ 9,470,254**	$ 301,000	**$ 5,802,552**	$ 301,000	$ 3,667,702	$ -
Off-Site Improvements	$ 5,674,036	$ 3,404,422	$ 2,269,614	$ 5,674,036	$ -	$ 3,404,422	$ -	$ 2,269,614	$ -
New Construction Costs	$ 166,663,879	$ 99,301,441	$ 67,362,438	**$ 157,663,879**	$ (9,000,000)	**$ 93,301,441**	$ (6,000,000)	**$ 64,362,438**	$ (3,000,000)
New Construction Owner Contingencies	$ 16,666,388	$ 9,930,144	$ 6,736,244	$ 16,666,388	$ -	$ 9,930,144	$ -	$ 6,736,244	$ -
Modernization Costs	$ 77,386,038	$ 45,435,235	$ 31,950,804	**$ 82,653,038**	$ 5,267,000	**$ 50,702,235**	$ 5,267,000	$ 31,950,804	$ -
Modernization Owner Contingencies	$ 11,607,906	$ 6,815,285	$ 4,792,621	**$ 12,360,906**	$ 753,000	**$ 7,568,285**	$ 753,000	$ 4,792,621	$ -
Architectural / Engineering	$ 13,794,804	$ 8,276,883	$ 5,517,922	**$ 14,125,302**	$ 330,498	**$ 8,607,381**	$ 330,498	$ 5,517,922	$ -
Consulting & Other Fees	$ 9,667,171	$ 5,800,303	$ 3,866,868	$ 9,667,171	$ -	$ 5,800,303	$ -	$ 3,866,868	$ -
Moveable Capital Equipment	$ 77,962,168	$ 46,777,301	$ 31,184,867	**$ 74,961,968**	$ (3,000,200)	**$ 43,777,101**	$ (3,000,200)	$ 31,184,867	$ -
Bond Issuance Expense	$ 6,000,000	$ 3,600,000	$ 2,400,000	$ 6,000,000	$ -	$ 3,600,000	$ -	$ 2,400,000	$ -
Net Interest Expense During Construction	$ 21,000,000	$ 12,600,000	$ 8,400,000	$ 21,000,000	$ -	$ 12,600,000	$ -	$ 8,400,000	$ -
Fair Market Value of Leased Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Costs to be Capitalized	$ 1,981,074	$ 1,188,644	$ 792,430	**$ 2,531,074**	$ 550,000	**$ 1,738,644**	$ 550,000	$ 792,430	$ -
Acquisition of Buildings & Property	$ -			$ -	$ -	$ -	$ -	$ -	$ -
Total Project Cost	$ 420,438,329	$ 250,350,575	$ 170,087,754	**$ 415,765,983**	$ (4,672,346)	**$ 248,678,229**	$ (1,672,346)	**$ 167,087,754**	$ (3,000,000)

Size of the Project

Project Service Utilization

The justification for the 40 bed AMI project is as follows:

1) As shown in the following Table, the AMI service grew at an average annual rate of 6.2% for the four years from 2010 to 2014. During these years, average length of stay (ALOS) of the Palos Community Hospital AMI unit was 4.77 days, a low ALOS compared to other hospitals, planning areas and the Statewide average for AMI. See review of ALOS below. A slightly higher ALOS is anticipated, due to the increase in the chronically mentally ill patient population at PCH (including patients formerly at Tinley Park Mental Health Center and Medicare). Projections for the next 4 years assume a 5.5 day ALOS for year 2015, 6.0 ALOS for 2016 and 2017, and 6.4 ALOS for year 2018. Using the annual actual increase of 6.2% and these increases in ALOS to forecast utilization until 2018 (2 years after psychiatry unit project completion) results in an average daily census of 33.3 AMI patients in 2018. At 85% occupancy, this census supports a need for 39.2 AMI beds (rounded to 40 beds).

   ALOS
   The expected increase in ALOS at Palos reflects its changing AMI patient population. Even so, the slightly increasing lengths of stay are still at or below the ALOS averages for the A-04 hospital planning area, the other planning areas in suburban Cook County, and the State of Illinois average. The 4.77 days ALOS for the past 4 years at PCH is significantly lower than the 6.4 day ALOS for AMI services in its Planning Area A-04, lower than the average ALOS for AMI in other planning areas in Suburban Cook County (9.7 days in A-07 and 6.2 days in A-08) and lower than the Statewide average ALOS for AMI of 7.9 days. (Source: HFSRB Hospital Data Summary by Hospital Planning Area for CY 2013, posted September 8, 2014.)

HISTORICAL & PROJECTED AMI UTILIZATION

	HISTORICAL[1]					PROJECTED[2]			
	2010	**2011**	**2012**	**2013**	**2014[3]**	**2015**	**2016**	**2017**	**2018**
Total AMI Unit Days	5,715	7,195	6,767	6,689	7,125	8,724	10,108	10,734	12,160
AMI Average Daily Census	15.7	19.7	18.5	18.3	19.5	23.9	27.7	29.4	33.3

AMI Beds at 85% utilization:	**39.2**
CON Alteration AMI Beds: [4]	40

(1) The increase of 1,410 patient days from year 2010 to 2014 is 24.7%, or an average annual increase of 6.2%.
(2) Projections are based on a historic actual average annual increase of 6.2% for the past 4 years, adjusted with slightly higher length of stay for years 2015-2018.
(3) Based on 9 months through Sept 2014.
(4) Current licensed AMI Beds is 43.

2) This increase in utilization is supported by several factors. One is the State's closure of the Tinley Park Mental Health Center in July, 2012. This center is located less than 9 miles from Palos Community Hospital. Its patient service area and PCH's area have significant overlap, generating an increased need for inpatient AMI service at Palos Community Hospital. Secondly, Palos has seen a significant increase in Medicaid AMI admissions from 2010 to the present, as shown in the following Table. This year, Medicaid admissions are projected at 250, up from 96 in 2013, in part due to increased coverage by the Affordable Care Act. In 2014, Medicaid cases are 21% of AMI admissions. Anticipating the increase in patient need for psychiatry services, Palos Community Hospital entered into a new contract with IDPA last year. PCH is also actively recruiting psychiatrists in response to a growing need for mental health services.

AMI INPATIENT ADMISSIONS BY FINANCIAL CLASS

	2010	2011	2012	2013	2014 ytd*
COMMERCIAL	640	804	784	716	629
MEDICAID	47	41	83	96	250
MEDICARE	326	376	378	380	298
SELF-PAY/OTHER	158	179	279	245	34
	1171	1400	1524	1437	1211

AMI INPATIENT ADMISSIONS BY FINANCIAL CLASS AS PERCENTAGE OF TOTAL AMI ADMISSIONS

	2010	2011	2012	2013	2014 ytd*
COMMERCIAL	55%	57%	52%	50%	52%
MEDICAID	4%	3%	5%	7%	21%
MEDICARE	27%	27%	25%	27%	25%
SELF-PAY/OTHER	13%	13%	18%	17%	3%
	100%	100%	100%	100%	100%

**2014 YTD 10/26/2014*

PCH's Community Health Needs Assessment recognizes that many community social agencies in the area have ceased to exist as a result of the economy; PCH has made a commitment to extend its services to help fill the gaps. PCH's inpatient AMI program is one part of the service plan. In addition, Palos offers a continuum of behavioral health outpatient programs, including the alcohol treatment program, chemical dependency intensive program, structured adult partial hospital program, Group Therapies, and other services.

Facility Size

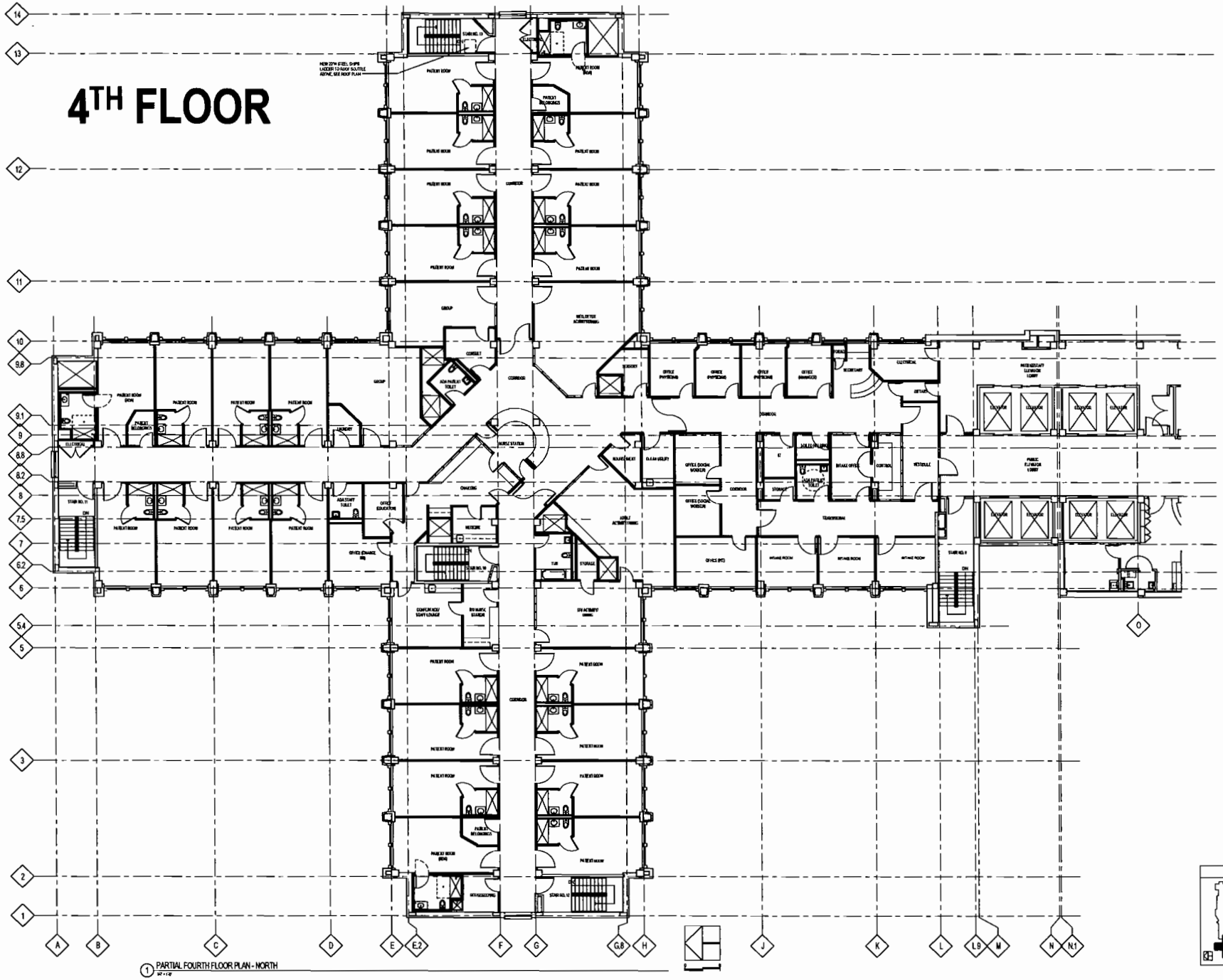
The size of the relocated psychiatry unit will be 20,000 dgsf on the 4th floor, or 500 dgsf per bed. In part this size is defined because the unit is being constructed in vacated former medical/surgical space.

The 20,000 sq ft area will include space for a transitional service to accommodate medically stable patients requiring evaluation to determine whether they meet inpatient psychiatric admission requirements. This function is not a licensing requirement of an inpatient psychiatric service, and is not part of the locked inpatient psychiatry unit. Examples of patients in this service include: an intoxicated, suicidal patient who is no longer suicidal and does not want admission, and needs to be evaluated by a psychiatrist prior to release; and patients meeting inpatient criteria, but are out of network for PCH, are medically cleared and awaiting transfer to an in-network facility.

The floor plan shown on the following page displays the 4th floor space intended for the inpatient AMI unit.

Also shown is the planned 2nd floor medical/surgical unit, the same layout and size as was approved for its location on the 4th floor in Project 08-075

4TH FLOOR



1 PARTIAL FOURTH FLOOR PLAN - NORTH

KEY PLAN

M&CA

PSYCHIATRIC UNIT RELOCATION
PALOS COMMUNITY HOSPITAL
PALOS HEIGHTS ILLINOIS

REVISIONS

NO.	DATE
	10/23/2014 - Issued for Pricing

DRAWN BY BHC
CHECKED BY WCR

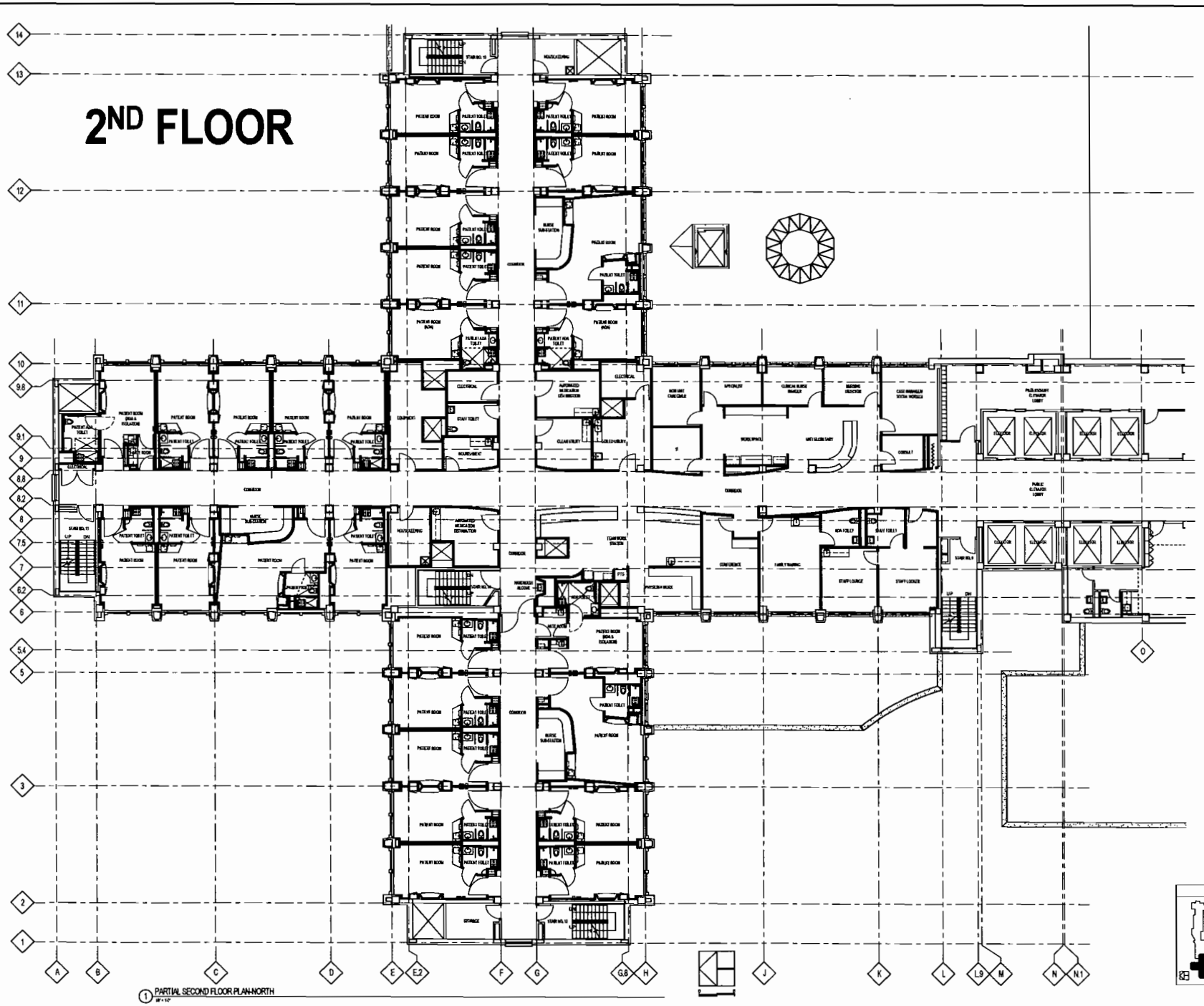
PARTIAL FOURTH FLOOR PLAN - NORTH

PROJECT NO. 10145
DATE 10/23/2014

A1.40

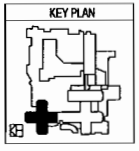
10/23/2014 - ISSUED FOR PRICING

2ND FLOOR



1 PARTIAL SECOND FLOOR PLAN-NORTH

KEY PLAN



M&CA

Architecture
Interiors
Planning

Mitchell & Cobb Associates
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PSYCHIATRIC UNIT RELOCATION
PALOS COMMUNITY HOSPITAL
PALOS HEIGHTS ILLINOIS

REVISIONS	
NO.	DATE
	10/23/2014 - Issued for Pricing

DRAWN BY RKS
CHECKED BY WCR

PARTIAL SECOND FLOOR PLAN - NORTH

PROJECT NO 10145
DATE 10/23/2014

A1.20

10/23/2014 - ISSUED FOR PRICING

Cost/Space Requirements

The following Tables Q show the results of the alteration on project costs for project 08-075. The first table shows Clinical Costs; the second table shows Non-Clinical costs.

The clinical cost is reduced from $250,350,575 (approved project #08-075) to $248,678,230. The new clinical cost amount $248,678,230 includes the relocation and modernization of the psychiatry unit. The psychiatry relocation and modernization project ($8,327,654) is shown in bold at the bottom of the table in two rows in order to differentiate its related contingency cost. PCH's project monitoring and reporting systems do not track cost information for the individual clinical component line items in Table Q. As a result, the estimated $10,000,000 in savings below the CON approved Project #08-075 is shown in the aggregate as a single line at the bottom of the Table. Savings of $10,000,000, less the $8,327,654 added cost of the psychiatry relocation and modernization project, yields a net reduction of $1,672,346 in clinical cost of the original project #08-075.

Of the total $8,327,654 cost for the psychiatry project, the modernization cost line item is $5,267,000. The modernization contingency is $753,000.

The non-clinical cost is reduced by $3,000,000, from $170,087,753 to $167,087,753. For the same reason stated, it is shown as a single line at the bottom of the Table.

The new total project cost (clinical and non-clinical) is $415,765,983, consistent with Table N.

Changes due to the alteration are shown in **Bold** on Table Q.

PROJECT 08-075

Q. Cost / Space Requirements

	Project Cost	DGSF		Amount of Proposed Total GSF That is:			
		Existing	Proposed	New	Remodeled	As is	Vacated
CLINICAL							
Medical Surgical	$91,231,579	93,260	180,065	91,790	77,330	10,945	
Intensive Care	$19,625,470	10,846	25,650	25,650			10,846
INTEGRATED PROCEDURE SERVICES							
A) Surgery	$26,964,356	19,166	37,354	37,354			19,166
B) Endoscopy	$3,390,472	2,961	3,468	3,468			2,961
C) Special Procedures	$2,087,087	946	2,004	2,004			946
RECOVERY							
A) PACU	$3,906,650	2,092	3,750	3,750			2,092
B) Center for Short Stay Care	$13,392,633	14,572	22,940	22,940			14,572
Respiratory Therapy	$2,650,416	1,485	5,425	1,060	4,365		1,485
Laboratory	$4,518,483	9,362	22,487	22,487			9,362
Pharmacy	$2,673,294	4,135	8,229	8,229			4,135
Outpatient & Pre-Admission Testing	$14,163,019	1,265	4,730	4,730			1,265
Inpatient Dialysis	$7,034,718	717	1,105		1,105		717
Emergency Department	$7,711,443	12,361	22,814		11,435	11,379	
Admissions Unit	$3,576,110	0	6,696		6,696		
Cardiology	$4,382,685	4,299	6,661		6,661		4,299
Nuclear Medicine	$5,426,154	1,652	6,766		6,766		1,652
Radiology	$20,870,579	20,068	31,732		16,889	14,843	2,421
Sub Total Clinical	$233,605,146	199,187	391,876	223,462	131,247	37,167	75,919
Plus Clinical Contingencies	$16,745,429						
Total Clinical (Approved)	$250,350,575						
AMI Modernization	**$7,574,654**	**20,000**	**20,000**		**20,000**		
AMI Modernization Contingency	**$753,000**						
Project Cost Reduction Clinical	**-$10,000,000**						
Total Clinical (Alteration)	**$248,678,230**						

	Project Cost	DGSF		Amount of Proposed Total GSF That is:			
		Existing	Proposed	New	Remodeled	As is	Vacated
NON-CLINICAL							
Purchasing	$2,075,978	1,316	3,380	3,380			1,316
Sterile Supply Processing	$9,658,942	6,698	13,721	13,721			6,698
Maintenance/Engineering	$10,064,977	7,973	17,235	17,235			7,973
General Stores	$3,531,997	19,635	25,588	5,953		19,635	
Admitting & Registration	$2,114,401	2,804	3,370	3,370			2,804
Nursing Administration/Education	$2,858,877	3,964	11,296	6,210	2,424	2662	1,302
Medical Staff Facilities/Support	$4,541,445	2,643	7,984	2,514	5,470		2,643
Quality Management (QA/RM/CM)	$2,147,205	890	4,179		4,179		890
Transport Services	$1,094,994	0	2,132		2,132		
Health Information Management	$4,660,190	5,177	9,083		9,083		5,177
Pastoral Care, Chapel & Other Support	$1,026,018	2,170	3,372		1,997	1,375	795
Dietary - Kitchen & Dining	$8,171,648	19,871	31,750		14,480	17,270	
Housekeeping/Linen Services	$2,928,987	4,579	10,719		6,140	4,579	
Conference & Education	$5,977,761	8,142	18,354	4,380	5,832	8,142	
Staff Lockers & Lounge & Support	$6,554,006	8,954	18,064	9,102	675	8,287	667
Lobby / Public Spaces / Gift Shop	$22,342,486	71,775	103,306	31,822	1,485	69,999	2103
Administrative & Other Offices	$1,074,876	5,743	5,978		2,095	3,883	775
Mechanical/Electrical/IT/Shafts	$34,264,971	68,104	131,824	63,720		68,104	
Stairs/Elevators	$8,146,089		12,800	12,800			
Plumbing	$21,518,982		0				
Air Handling	$2,287,924		0				
Parking	$1,516,135		2,640	2,000	640		
Sub Total Non-Clinical	$158,558,889	240,438	436,775	176,207	56,632	203,936	33,143
Plus Non-Clinical Contingencies	$11,528,864						
Total Non-Clinical	$170,087,753						
Project Cost Reduction Non-Clinical	**-$3,000,000**						
Total Non-Clinical (Alteration)	**$167,087,753**						
TOTAL PROJECT CLINICAL & NON-CLINICAL	**$415,765,983**						

Request For Permit Alteration
Permit #08-075
Palos Community Hospital
Major Construction and Modernization

November 21, 2014

Narrative Description

Palos Community Hospital proposes to alter permit #08-075, approved by the Health Facilities and Services Review Board on March 10, 2009.

Permit #08-075 has two major project components:

- the *construction* of an 8 level East Tower with 156 medical/surgical beds and 36 ICU beds in private rooms, and several clinical departments and support services.
- the *modernization* of three floors in the existing (original) hospital building, including renovation of medical/surgical units on the 3rd and 4th floors, and remodeling of clinical and non-clinical space on the 1st floor. The 3rd and 4th floor modernization involves converting previously semi-private rooms to 27 private med/surg rooms on each of the two floors.

This alteration pertains to the *modernization* component of Project #08-075. The alteration proposes the following:

- Modernization of the 2nd and 3rd floors in the existing (1978) building for medical/surgical service, instead of the 3rd and 4th floors. This alteration switches the proposed med/surg unit from the 4th floor to the 2nd floor. There is no change to project #08-075 in amount of med/surg space, number of med/surg beds, or project cost related to the med/surg floor switch.
- To accommodate this switch, it is necessary to relocate the existing 43 bed inpatient AMI unit from the 2nd floor.
- The AMI unit will relocate to the 4th floor. It is proposed that the psychiatry unit be reduced in size to a 40 bed unit, with 8 single rooms and sixteen double occupancy rooms.
- The addition of the AMI unit to the original project results in an increase of 20,000 sq ft to project #08-075.
- Total cost of project #08-075 is reduced from $420,438,329 to $415,765,983. Project #08-075 is ahead of budget, due to savings of approximately $13,000,000 achieved in the cost of constructing and equipping the East Tower. The cost of relocation and modernization of AMI on the 4th floor is $8,327,654. This amount can be absorbed within the previously approved total cost of project #08-075. The revised estimated lower project cost of $415,765,983 includes the cost of the proposed relocation of psychiatry.
- There is no change to the March 31, 2018 completion date for project #08-075.
- The alteration will reduce the Palos Community Hospital authorized AMI bed count from 43 to 40. No other bed category counts are affected by this alteration. Palos Community Hospital's total bed count is reduced from 428 to 425 beds due to the reduction in AMI beds.

The $8,327,654 cost to relocate and modernize AMI beds is below the capital expenditure threshold, and the relocation/alteration does not result in an increase of AMI beds. Consequently, a Certificate of Need permit application is not needed for the relocation and modernization. An alteration of project #08-075 is needed because of the increase in total space as a result of the relocation of the AMI unit to the 4th floor, original existing building.

Purpose/Rationale

The alteration is intended to accomplish two purposes:

1) to right-size the inpatient psychiatry service through the reduction of unit size from 43 to 40 AMI beds.
2) to improve the physical space for AMI. It is now located in its original space in the hospital building opened in 1978.

The current psychiatry unit with 43 authorized AMI beds was designed and opened in the late 1970s. It is organized into an Intensive Treatment Unit (ITU) and the General Milieu. The ITU serves patients who require intensive nursing care and close monitoring. Types of patients include: detox patients in severe withdrawal, detox patients who have just had a seizure, patients with delirium tremors, patients with hallucinations and/or delusions and patients with Dementia and/or Alzheimer's who have a behavioral health diagnosis. Many of the elderly patients are at high risk for falling and require close supervision. The General Milieu treats patients with behavioral health diagnoses. These patients have signed in voluntarily, and are able to conduct their activities for daily living with little or no assistance; they are able to participate in several group therapy activities throughout the day.

The existing 2nd floor unit has functional limitations and was not designed to meet current organization of delivery requirements. It was designed when lengths of stays exceeded two weeks. With the shift to outpatient settings for behavioral care, inpatient length of stay has dramatically declined, and inpatient acuity has increased. Support professional space requirements have expanded. All room layouts are semi-private, restricting the ability to accommodate patients who are incompatible with one another, especially for the acutely agitated patients. Sight-lines are limited, a special problem for care of ITU patients. Public access to the unit is in a central location in the clinical unit, compromising patient privacy and confidentiality, as well as disrupting the care milieu. As length of stay declined over the past decades and to meet the increased needs for professional space, inpatient rooms have been converted to support space, but not integrated into the unit in optimal locations.

To accommodate the diverse patient populations, the new psychiatry unit requires functional spaces that provide some separation of the diverse categories of patients: 1) a behavioral ITU to accommodate patients who are psychotic, involuntarily admitted, aggressive or at risk for suicide or elopement; 2) a general milieu space (see above); and 3) a gero/psych ITU for elderly patients with Dementia and/or medical issues, detox patients with seizure potential, patients who are at high risk for falls, and isolation patients.

Deficiencies in the current space are significant. Most of the infrastructure is 40 years old and is incurring high maintenance costs. The emergency power system does not meet current standards and codes. The fire alarm system does not identify incident locations to aid response to events, and a new sprinkler system is needed to meet NFPA 13 requirements. Much of the floor is heated and cooled by in-room units instead of central heating and cooling; ventilation rates are below standard.

The new unit will allow the right-sizing and organization of inpatient care and support space. 40 AMI beds will be located in 8 private rooms and 16 semi-private room; all rooms will contain a bathroom with sink, toilet and

shower. Patient rooms will better accommodate the different needs of the various types of patients: frail elderly, medically compromised psychiatric patients, and acutely agitated patients. Common patient areas will be appropriately scaled to provide comfortable space for patients for structured and unstructured activity. The unit will have nursing stations, a nourishment center, medication center, patient dining area, conference room and staff lounge. Support space will incorporate appropriately sized offices and consult areas for physicians, social workers and family meetings. The unit will also include space to provide transitional services to patients and families while determining the appropriateness of admission during the intake process. Special attention in the design process will focus on limiting unnecessary traffic on the unit, with the intention of enhancing patient privacy. Electrical and data information closets and food delivery processes will be handled off-unit, so that support staff serving the psychiatry unit can do so without being intrusive.

Several infrastructure improvements are required to support the modernization of the psychiatry unit:

- two new variable air handling units within a new penthouse structure
- new terminal air boxes with hydronic reheat coils for room level temperature controllability
- radiant ceiling panels in exterior rooms for supplemental heat and to meet energy code reheat imitations
- new roof-mounted exhaust fans for toilet room exhaust air
- new domestic and sanitary/vent plumbing piping risers
- new medical gas piping risers and distribution
- addition of full wet fire protection / sprinkler system
- new normal power and emergency power risers and distribution
- new addressable fire alarm system
- new energy efficient lighting solutions to meet and exceed current energy codes
- new data closets and telecom risers and distribution.

The requested alteration of Project 08-075 facilitates the modernization of inpatient AMI by making currently vacated space on the 4th floor available for the renovation of PCH's AMI unit. The plan to utilize 4th floor space for AMI instead of inpatient medical/surgical services achieves four benefits:

1) if AMI were to remain and undergo renovation in its existing space on the 2nd floor, it would be logistically difficult and disruptive of patient care during construction. Modernization of an operating unit in its current space would be more expensive and requires extended time, compared to modernizing a vacant floor and relocating the AMI unit to that floor when completed.
2) Because the 3rd floor will be vacant at the time renovation of the fourth floor is underway, noise and disruption due to renovation of the 4th floor for inpatient psychiatry wouldn't be disruptive of operating clinical services on the floor below.
3) Renovating the psychiatry unit does not add net cost to the previously approved Project #08-075 budget. That project is sufficiently ahead of budget to allow the cost of the AMI unit renovation to be absorbed without an increase in cost of the approved budget.
4) The floor plate of the 2nd floor in the existing original hospital building is identical to the floor plate of its 4th floor. The plan to renovate the 2nd floor for med/surg services instead of the original plan of renovating the 4th floor does not add cost to the med/surg modernization component of the original project.

Facility Bed Capacity

The following table shows the changes in total bed capacity related to the requested alteration. AMI beds are reduced from 43 to 40 beds; total beds at Palos Community Hospital are reduced from 428 to 425 beds. No other bed categories are affected by the alteration. Changes due to the alteration are shown in **Bold**.

Category of Service	Authorized Beds Project #08-075	Authorized Beds after Permit Alteration
Medical/Surgical	306	306
Pediatrics	15	15
Obstetrics	28	28
Intensive Care	36	36
Neonatal ICU	-	-
Acute Mental Illness	43	**40**
Rehabilitation	-	-
Nursing Care	-	-
Sheltered Care	-	-
Other (identify)	-	-
TOTALS	428	**425**

Project Cost and Sources of Funds

Table N on the following page presents the changes related to the alteration. There have been savings of an estimated $13,000,000 in the construction and equipping of the new East Wing. The additional cost related to psychiatry relocation and modernization is $8,327,654. As a result, the net reduction to Project 08-075 is $4,672,346.

Regarding Sources of Funds, the $4,672,346 reduction in total project cost reduces the amount of cash and securities used for the project, from $120,438,329 as approved in Project #08-075 to $115,765,983.

Changes due to the alteration are shown in **Bold** on Table N.

N. Project Costs and Sources of Funds - $ CURRENT PROJECT 08-075 TOTALS | CON ALTERATION TOTALS

Description	TOTAL	CLINICAL	NON-CLINICAL	TOTAL	variance	CLINICAL	variance	NON-CLINICAL	variance
Pre-Planning Costs	$ 2,600,610	$ 1,560,366	$ 1,040,244	**$ 2,726,966**	$ 126,356	**$ 1,686,722**	$ 126,356	$ 1,040,244	$ -
Survey and Soils	$ 265,000	$ 159,000	$ 106,000	$ 265,000	$ -	$ 159,000	$ -	$ 106,000	$ -
Site Prep & Demolition	$ 9,169,254	$ 5,501,552	$ 3,667,702	**$ 9,470,254**	$ 301,000	**$ 5,802,552**	$ 301,000	$ 3,667,702	$ -
Off-Site Improvements	$ 5,674,036	$ 3,404,422	$ 2,269,614	$ 5,674,036	$ -	$ 3,404,422	$ -	$ 2,269,614	$ -
New Construction Costs	$ 166,663,879	$ 99,301,441	$ 67,362,438	**$ 157,663,879**	$ (9,000,000)	**$ 93,301,441**	$ (6,000,000)	**$ 64,362,438**	$ (3,000,000)
New Construction Owner Contingencies	$ 16,666,388	$ 9,930,144	$ 6,736,244	$ 16,666,388	$ -	$ 9,930,144	$ -	$ 6,736,244	$ -
Modernization Costs	$ 77,386,038	$ 45,435,235	$ 31,950,804	**$ 82,653,038**	$ 5,267,000	**$ 50,702,235**	$ 5,267,000	$ 31,950,804	$ -
Modernization Owner Contingencies	$ 11,607,906	$ 6,815,285	$ 4,792,621	**$ 12,360,906**	$ 753,000	**$ 7,568,285**	$ 753,000	$ 4,792,621	$ -
Architectural / Engineering	$ 13,794,804	$ 8,276,883	$ 5,517,922	**$ 14,125,302**	$ 330,498	**$ 8,607,381**	$ 330,498	$ 5,517,922	$ -
Consulting & Other Fees	$ 9,667,171	$ 5,800,303	$ 3,866,868	$ 9,667,171	$ -	$ 5,800,303	$ -	$ 3,866,868	$ -
Moveable Capital Equipment	$ 77,962,168	$ 46,777,301	$ 31,184,867	**$ 74,961,968**	$ (3,000,200)	**$ 43,777,101**	$ (3,000,200)	$ 31,184,867	$ -
Bond Issuance Expense	$ 6,000,000	$ 3,600,000	$ 2,400,000	$ 6,000,000	$ -	$ 3,600,000	$ -	$ 2,400,000	$ -
Net Interest Expense During Construction	$ 21,000,000	$ 12,600,000	$ 8,400,000	$ 21,000,000	$ -	$ 12,600,000	$ -	$ 8,400,000	$ -
Fair Market Value of Leased Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Costs to be Capitalized	$ 1,981,074	$ 1,188,644	$ 792,430	**$ 2,531,074**	$ 550,000	**$ 1,738,644**	$ 550,000	$ 792,430	$ -
Acquisition of Buildings & Property	$ -			$ -	$ -	$ -	$ -	$ -	$ -
Total Project Cost	$ 420,438,329	$ 250,350,575	$ 170,087,754	**$ 415,765,983**	$ (4,672,346)	**$ 248,678,229**	$ (1,672,346)	**$ 167,087,754**	$ (3,000,000)

Size of the Project

Project Service Utilization

The justification for the 40 bed AMI project is as follows:

1) As shown in the following Table, the AMI service grew at an average annual rate of 6.2% for the four years from 2010 to 2014. During these years, average length of stay (ALOS) of the Palos Community Hospital AMI unit was 4.77 days, a low ALOS compared to other hospitals, planning areas and the Statewide average for AMI. See review of ALOS below. A slightly higher ALOS is anticipated, due to the increase in the chronically mentally ill patient population at PCH (including patients formerly at Tinley Park Mental Health Center and Medicare). Projections for the next 4 years assume a 5.5 day ALOS for year 2015, 6.0 ALOS for 2016 and 2017, and 6.4 ALOS for year 2018. Using the annual actual increase of 6.2% and these increases in ALOS to forecast utilization until 2018 (2 years after psychiatry unit project completion) results in an average daily census of 33.3 AMI patients in 2018. At 85% occupancy, this census supports a need for 39.2 AMI beds (rounded to 40 beds).

   ALOS
   The expected increase in ALOS at Palos reflects its changing AMI patient population. Even so, the slightly increasing lengths of stay are still at or below the ALOS averages for the A-04 hospital planning area, the other planning areas in suburban Cook County, and the State of Illinois average. The 4.77 days ALOS for the past 4 years at PCH is significantly lower than the 6.4 day ALOS for AMI services in its Planning Area A-04, lower than the average ALOS for AMI in other planning areas in Suburban Cook County (9.7 days in A-07 and 6.2 days in A-08) and lower than the Statewide average ALOS for AMI of 7.9 days. (Source: HFSRB Hospital Data Summary by Hospital Planning Area for CY 2013, posted September 8, 2014.)

HISTORICAL & PROJECTED AMI UTILIZATION

	HISTORICAL[1]					PROJECTED[2]			
	2010	**2011**	**2012**	**2013**	**2014[3]**	**2015**	**2016**	**2017**	**2018**
Total AMI Unit Days	5,715	7,195	6,767	6,689	7,125	8,724	10,108	10,734	12,160
AMI Average Daily Census	15.7	19.7	18.5	18.3	19.5	23.9	27.7	29.4	33.3

AMI Beds at 85% utilization:	**39.2**
CON Alteration AMI Beds: [4]	40

(1) The increase of 1,410 patient days from year 2010 to 2014 is 24.7%, or an average annual increase of 6.2%.
(2) Projections are based on a historic actual average annual increase of 6.2% for the past 4 years, adjusted with slightly higher length of stay for years 2015-2018.
(3) Based on 9 months through Sept 2014.
(4) Current licensed AMI Beds is 43.

2) This increase in utilization is supported by several factors. One is the State's closure of the Tinley Park Mental Health Center in July, 2012. This center is located less than 9 miles from Palos Community Hospital. Its patient service area and PCH's area have significant overlap, generating an increased need for inpatient AMI service at Palos Community Hospital. Secondly, Palos has seen a significant increase in Medicaid AMI admissions from 2010 to the present, as shown in the following Table. This year, Medicaid admissions are projected at 250, up from 96 in 2013, in part due to increased coverage by the Affordable Care Act. In 2014, Medicaid cases are 21% of AMI admissions. Anticipating the increase in patient need for psychiatry services, Palos Community Hospital entered into a new contract with IDPA last year. PCH is also actively recruiting psychiatrists in response to a growing need for mental health services.

AMI INPATIENT ADMISSIONS BY FINANCIAL CLASS

	2010	2011	2012	2013	2014 ytd*
COMMERCIAL	640	804	784	716	629
MEDICAID	47	41	83	96	250
MEDICARE	326	376	378	380	298
SELF-PAY/OTHER	158	179	279	245	34
	1171	1400	1524	1437	1211

AMI INPATIENT ADMISSIONS BY FINANCIAL CLASS AS PERCENTAGE OF TOTAL AMI ADMISSIONS

	2010	2011	2012	2013	2014 ytd*
COMMERCIAL	55%	57%	52%	50%	52%
MEDICAID	4%	3%	5%	7%	21%
MEDICARE	27%	27%	25%	27%	25%
SELF-PAY/OTHER	13%	13%	18%	17%	3%
	100%	100%	100%	100%	100%

**2014 YTD 10/26/2014*

PCH's Community Health Needs Assessment recognizes that many community social agencies in the area have ceased to exist as a result of the economy; PCH has made a commitment to extend its services to help fill the gaps. PCH's inpatient AMI program is one part of the service plan. In addition, Palos offers a continuum of behavioral health outpatient programs, including the alcohol treatment program, chemical dependency intensive program, structured adult partial hospital program, Group Therapies, and other services.

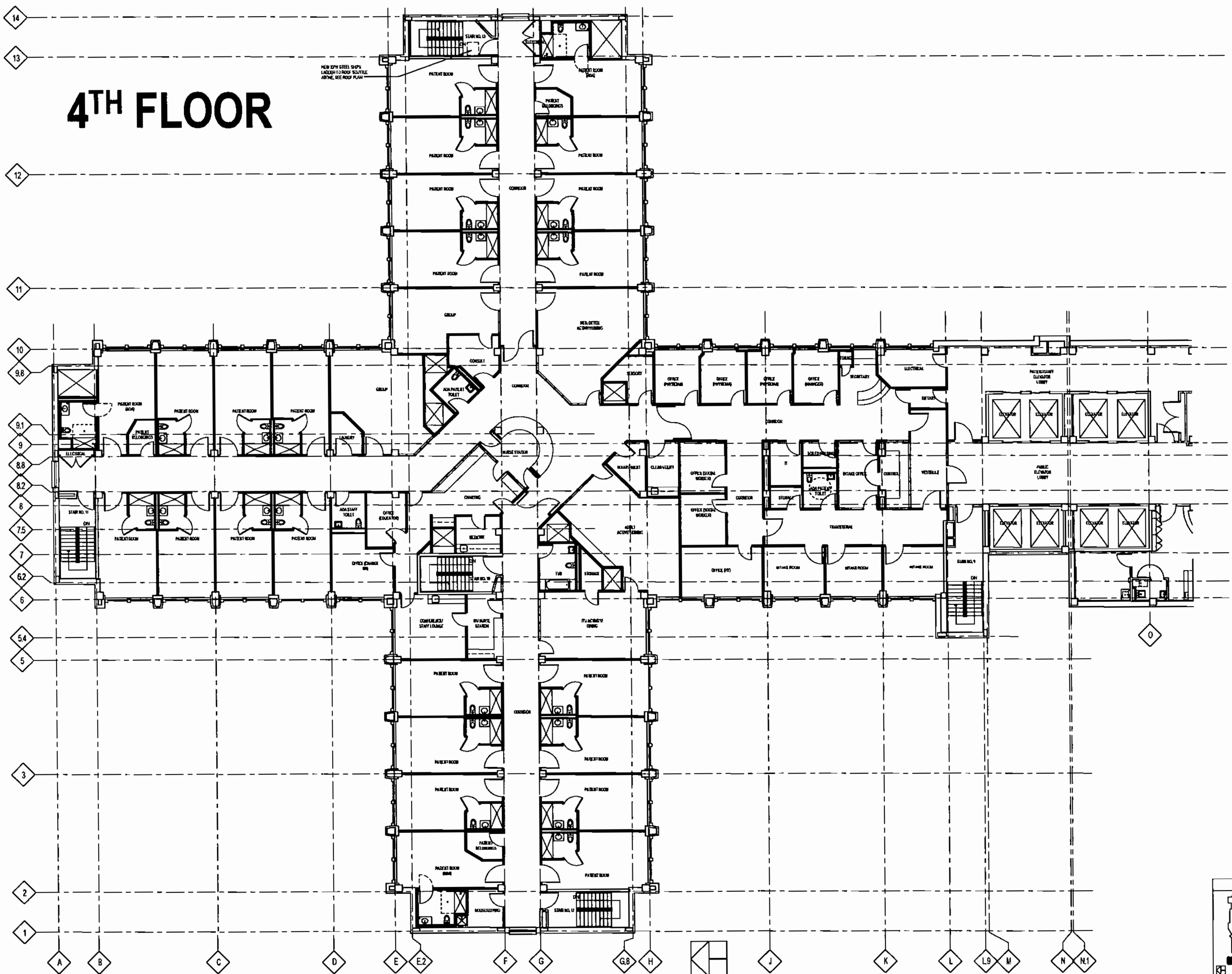
Facility Size

The size of the relocated psychiatry unit will be 20,000 dgsf on the 4th floor, or 500 dgsf per bed. In part this size is defined because the unit is being constructed in vacated former medical/surgical space.

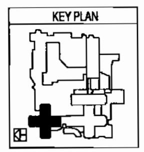
The 20,000 sq ft area will include space for a transitional service to accommodate medically stable patients requiring evaluation to determine whether they meet inpatient psychiatric admission requirements. This function is not a licensing requirement of an inpatient psychiatric service, and is not part of the locked inpatient psychiatry unit. Examples of patients in this service include: an intoxicated, suicidal patient who is no longer suicidal and does not want admission, and needs to be evaluated by a psychiatrist prior to release; and patients meeting inpatient criteria, but are out of network for PCH, are medically cleared and awaiting transfer to an in-network facility.

The floor plan shown on the following page displays the 4th floor space intended for the inpatient AMI unit.

Also shown is the planned 2nd floor medical/surgical unit, the same layout and size as was approved for its location on the 4th floor in Project 08-075



1 PARTIAL FOURTH FLOOR PLAN - NORTH



M&CA

PSYCHIATRIC UNIT RELOCATION
PALOS COMMUNITY HOSPITAL
PALOS HEIGHTS ILLINOIS

REVISIONS	
NO.	DATE
	10/23/2014 - Issued for Pricing

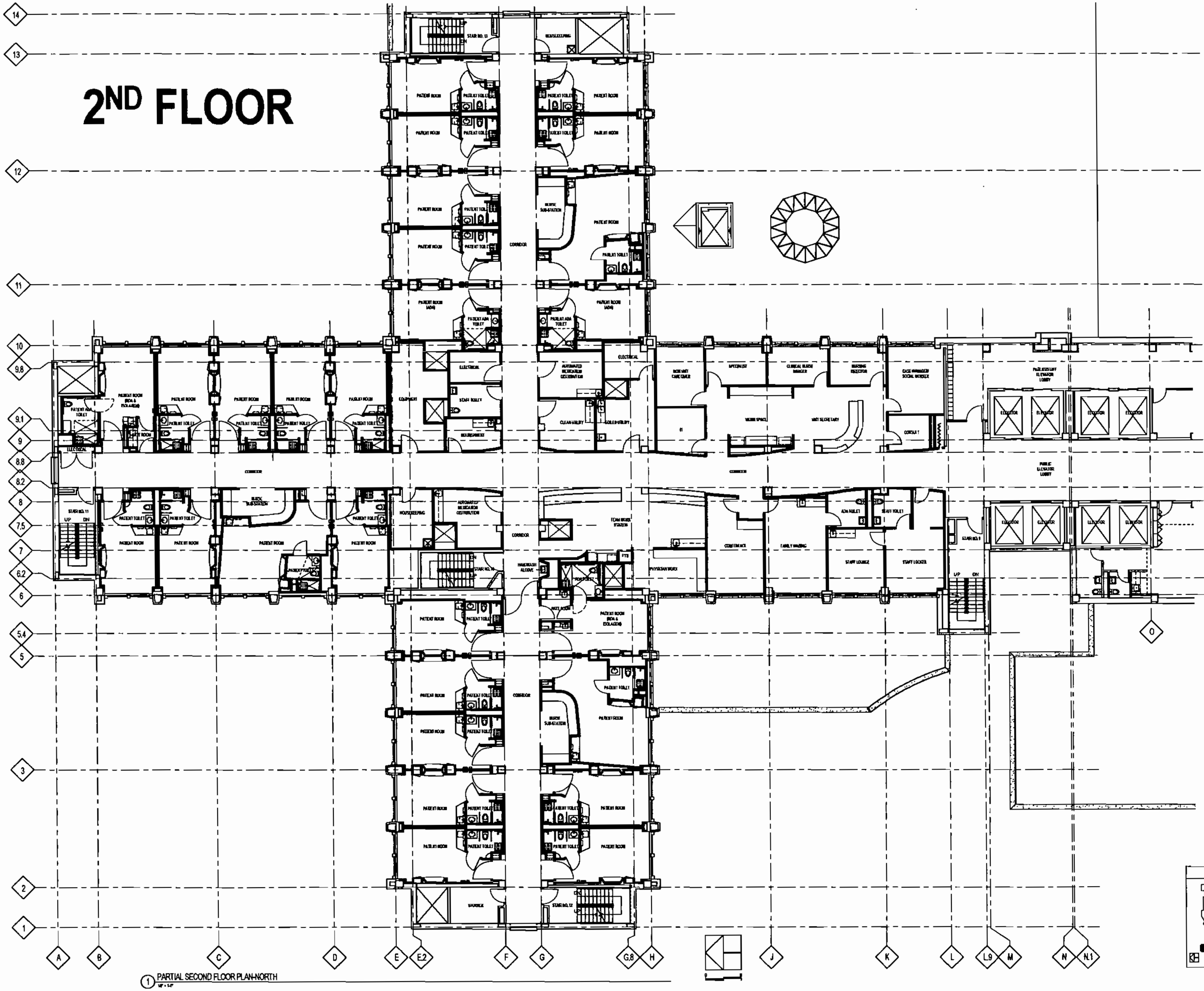
DRAWN BY BHC
CHECKED BY WCR

PARTIAL FOURTH FLOOR PLAN - NORTH

PROJECT NO. 10145
DATE 010/23/2014

A1.40

10/23/2014 - ISSUED FOR PRICING



1 PARTIAL SECOND FLOOR PLAN-NORTH

M&CA

Mathai & Colin Associates

PSYCHIATRIC UNIT RELOCATION

PALOS COMMUNITY HOSPITAL

PALOS HEIGHTS ILLINOIS

NO.	REVISIONS DATE
	10/23/2014 - Issued for Pricing

DRAWN BY: RKS
CHECKED BY: WCR

PARTIAL SECOND FLOOR PLAN - NORTH

PROJECT NO. 10145
DATE 10/23/2014

A1.20

10/23/2014 - ISSUED FOR PRICING

Cost/Space Requirements

The following Tables Q show the results of the alteration on project costs for project 08-075. The first table shows Clinical Costs; the second table shows Non-Clinical costs.

The clinical cost is reduced from $250,350,575 (approved project #08-075) to $248,678,230. The new clinical cost amount $248,678,230 includes the relocation and modernization of the psychiatry unit. The psychiatry relocation and modernization project ($8,327,654) is shown in bold at the bottom of the table in two rows in order to differentiate its related contingency cost. PCH's project monitoring and reporting systems do not track cost information for the individual clinical component line items in Table Q. As a result, the estimated $10,000,000 in savings below the CON approved Project #08-075 is shown in the aggregate as a single line at the bottom of the Table. Savings of $10,000,000, less the $8,327,654 added cost of the psychiatry relocation and modernization project, yields a net reduction of $1,672,346 in clinical cost of the original project #08-075.

Of the total $8,327,654 cost for the psychiatry project, the modernization cost line item is $5,267,000. The modernization contingency is $753,000.

The non-clinical cost is reduced by $3,000,000, from $170,087,753 to $167,087,753. For the same reason stated, it is shown as a single line at the bottom of the Table.

The new total project cost (clinical and non-clinical) is $415,765,983, consistent with Table N.

Changes due to the alteration are shown in **Bold** on Table Q.

PROJECT 08-075

Q. Cost / Space Requirements

	Project Cost	DGSF		Amount of Proposed Total GSF That is:			
		Existing	Proposed	New	Remodeled	As is	Vacated
CLINICAL							
Medical Surgical	$91,231,579	93,260	180,065	91,790	77,330	10,945	
Intensive Care	$19,625,470	10,846	25,650	25,650			10,846
INTEGRATED PROCEDURE SERVICES							
A) Surgery	$26,964,356	19,166	37,354	37,354			19,166
B) Endoscopy	$3,390,472	2,961	3,468	3,468			2,961
C) Special Procedures	$2,087,087	946	2,004	2,004			946
RECOVERY							
A) PACU	$3,906,650	2,092	3,750	3,750			2,092
B) Center for Short Stay Care	$13,392,633	14,572	22,940	22,940			14,572
Respiratory Therapy	$2,650,416	1,485	5,425	1,060	4,365		1,485
Laboratory	$4,518,483	9,362	22,487	22,487			9,362
Pharmacy	$2,673,294	4,135	8,229	8,229			4,135
Outpatient & Pre-Admission Testing	$14,163,019	1,265	4,730	4,730			1,265
Inpatient Dialysis	$7,034,718	717	1,105		1,105		717
Emergency Department	$7,711,443	12,361	22,814		11,435	11,379	
Admissions Unit	$3,576,110	0	6,696		6,696		
Cardiology	$4,382,685	4,299	6,661		6,661		4,299
Nuclear Medicine	$5,426,154	1,652	6,766		6,766		1,652
Radiology	$20,870,579	20,068	31,732		16,889	14,843	2,421
Sub Total Clinical	$233,605,146	199,187	391,876	223,462	131,247	37,167	75,919
Plus Clinical Contingencies	$16,745,429						
Total Clinical (Approved)	$250,350,575						
AMI Modernization	**$7,574,654**	**20,000**	**20,000**		**20,000**		
AMI Modernization Contingency	**$753,000**						
Project Cost Reduction Clinical	**-$10,000,000**						
Total Clinical (Alteration)	**$248,678,230**						

	Project Cost	DGSF		Amount of Proposed Total GSF That is:			
		Existing	Proposed	New	Remodeled	As is	Vacated
NON-CLINICAL							
Purchasing	$2,075,978	1,316	3,380	3,380			1,316
Sterile Supply Processing	$9,658,942	6,698	13,721	13,721			6,698
Maintenance/Engineering	$10,064,977	7,973	17,235	17,235			7,973
General Stores	$3,531,997	19,635	25,588	5,953		19,635	
Admitting & Registration	$2,114,401	2,804	3,370	3,370			2,804
Nursing Administration/Education	$2,858,877	3,964	11,296	6,210	2,424	2662	1,302
Medical Staff Facilities/Support	$4,541,445	2,643	7,984	2,514	5,470		2,643
Quality Management (QA/RM/CM)	$2,147,205	890	4,179		4,179		890
Transport Services	$1,094,994	0	2,132		2,132		
Health Information Management	$4,660,190	5,177	9,083		9,083		5,177
Pastoral Care, Chapel & Other Support	$1,026,018	2,170	3,372		1,997	1,375	795
Dietary - Kitchen & Dining	$8,171,648	19,871	31,750		14,480	17,270	
Housekeeping/Linen Services	$2,928,987	4,579	10,719		6,140	4,579	
Conference & Education	$5,977,761	8,142	18,354	4,380	5,832	8,142	
Staff Lockers & Lounge & Support	$6,554,006	8,954	18,064	9,102	675	8,287	667
Lobby / Public Spaces / Gift Shop	$22,342,486	71,775	103,306	31,822	1,485	69,999	2103
Administrative & Other Offices	$1,074,876	5,743	5,978		2,095	3,883	775
Mechanical/Electrical/IT/Shafts	$34,264,971	68,104	131,824	63,720		68,104	
Stairs/Elevators	$8,146,089		12,800	12,800			
Plumbing	$21,518,982		0				
Air Handling	$2,287,924		0				
Parking	$1,516,135		2,640	2,000	640		
Sub Total Non-Clinical	$158,558,889	240,438	436,775	176,207	56,632	203,936	33,143
Plus Non-Clinical Contingencies	$11,528,864						
Total Non-Clinical	$170,087,753						
Project Cost Reduction Non-Clinical	**-$3,000,000**						
Total Non-Clinical (Alteration)	**$167,087,753**						
TOTAL PROJECT CLINICAL & NON-CLINICAL	**$415,765,983**						