

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD 10-019
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

RECEIVED

MAR 29 2010

Facility/Project Identification

Facility Name:	St. John's Hospital		
Street Address:	800 East Carpenter Street		
City and Zip Code:	Springfield, Illinois 62769		
County:	Sangamon	Health Service Area	E-01 Health Planning Area: 3

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis		
Address:	4936 Laverna Road Springfield, Illinois 62794		
Name of Registered Agent:	Mr. Leo A. Lenn		
Name of Chief Executive Officer:	Mr. Robert P. Ritz, President and Chief Executive Officer		
CEO Address:	St. John's Hospital 800 East Carpenter Street Springfield, Illinois 62769		
Telephone Number:	217-544-6464 Extension 44572		

APPEND DOCUMENTATION AS ATTACHMENTS IN INCREASING SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Type of Ownership

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o 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.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Mr. Michael Cox
Title:	Director of Planning
Company Name	St. John's Hospital
Address:	800 East Carpenter Street Springfield, Illinois 62769
Telephone Number:	217-544-6464 Extension 45412
E-mail Address:	Michael.Cox@st-johns.org
Fax Number:	217-527-5525

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	875 N. Michigan Avenue #3250 Chicago, IL 60611-1960
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

Additional Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Hospital Sisters Services, Inc.
Address:	4936 LaVerna Road Springfield, Illinois 62794
Name of Registered Agent:	Mr. Leo A. Lenn
Name of Chief Executive Officer:	Ms. Stephanie S. McCutcheon, President/Chief Executive Officer
CEO Address:	4936 LaVerna Road Springfield, Illinois 62794
Telephone Number:	217-492-5860

APPEND DOCUMENTATION AS ATTACHMENTS IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Type of Ownership

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
o Corporations and limited liability companies must provide an Illinois certificate of good standing.		
o 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.		

Additional Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Hospital Sisters Health System
Address:	4936 LeVerna Road Springfield, Illinois 62794
Name of Registered Agent:	Mr. Leo A. Lenn
Name of Chief Executive Officer:	Ms. Stephanie S. McCutcheon, President/Chief Executive Officer
CEO Address:	4936 LaVerna Road Springfield, Illinois 62794
Telephone Number:	217-492-5860

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Type of Ownership

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<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
o Corporations and limited liability companies must provide an Illinois certificate of good standing.		
o 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.		

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name:	Mr. David Olejniczak
Title:	Chief Operating Officer
Company Name:	St. John's Hospital
Address:	800 East Carpenter Street Springfield, Illinois 62769
Telephone Number:	217-544-6464 Extension 44577
E-mail Address:	Dave.Olejniczak@st-johns.org
Fax Number:	217-535-3989

Additional Post-Permit Contact

[Person who is also authorized to receive all correspondence subsequent to permit issuance]

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	875 N. Michigan Avenue #3250 Chicago, IL 60611-1960
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner:	4936 Laverna Rd. Springfield, Illinois 62794
Street Address or Legal Description of Site:	800 E. Carpenter Street Springfield, Illinois 62769

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee**SEE ATTACHMENT-2A**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	St. John's Hospital		
Address:	800 East Carpenter Street Springfield, Illinois 62769		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<p>o 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. SEE ATTACHMENT-2A</p>			

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as 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 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

Applicable to only new construction projects* [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification [Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification: <input checked="" type="checkbox"/> Substantive <input type="checkbox"/> Non-substantive	Part 1120 Applicability or Classification: [Check one only.] <input type="checkbox"/> Part 1120 Not Applicable <input type="checkbox"/> Category A Project <input checked="" type="checkbox"/> Category B Project <input type="checkbox"/> DHS or DVA Project
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2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery			X		16 ORs See Att. 16
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• MRI					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy		X			N/A
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This modernization project proposes to replace several of St. John's Hospital's existing Clinical Service Areas. This will be accomplished by demolishing two existing buildings and part of a third building and constructing a new addition as well as modernizing existing space.

This project includes the following Clinical Service Areas:

- Construction of a replacement for the Main Surgical Suite;
- Construction of a replacement for the Post-Anesthesia Recovery Unit (PACU) serving the Main Surgical Suite;
- Construction of a replacement for Surgical Prep for A.M. surgical admissions and same-day surgery patients and Stage II Recovery for the Main Surgical Suite;
- Construction of a Satellite Pharmacy adjacent to the Main Surgical Suite;
- Construction of a replacement Central Sterile Processing and Distribution Service;
- Construction of a replacement Pre-Surgical Testing Service;
- Construction of shell space for a future replacement of the Emergency Department.

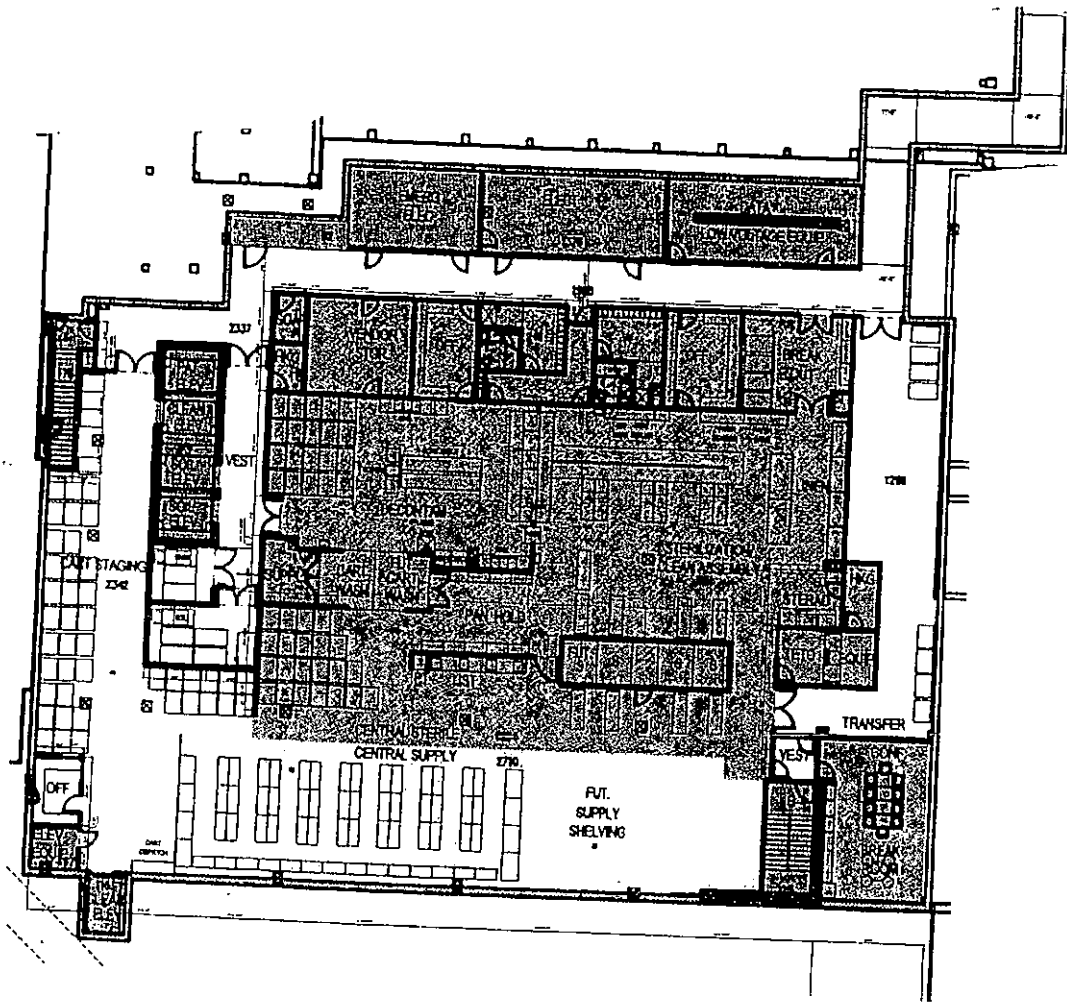
The project also includes construction of replacement and/or expansion space for the following non-clinical service areas:

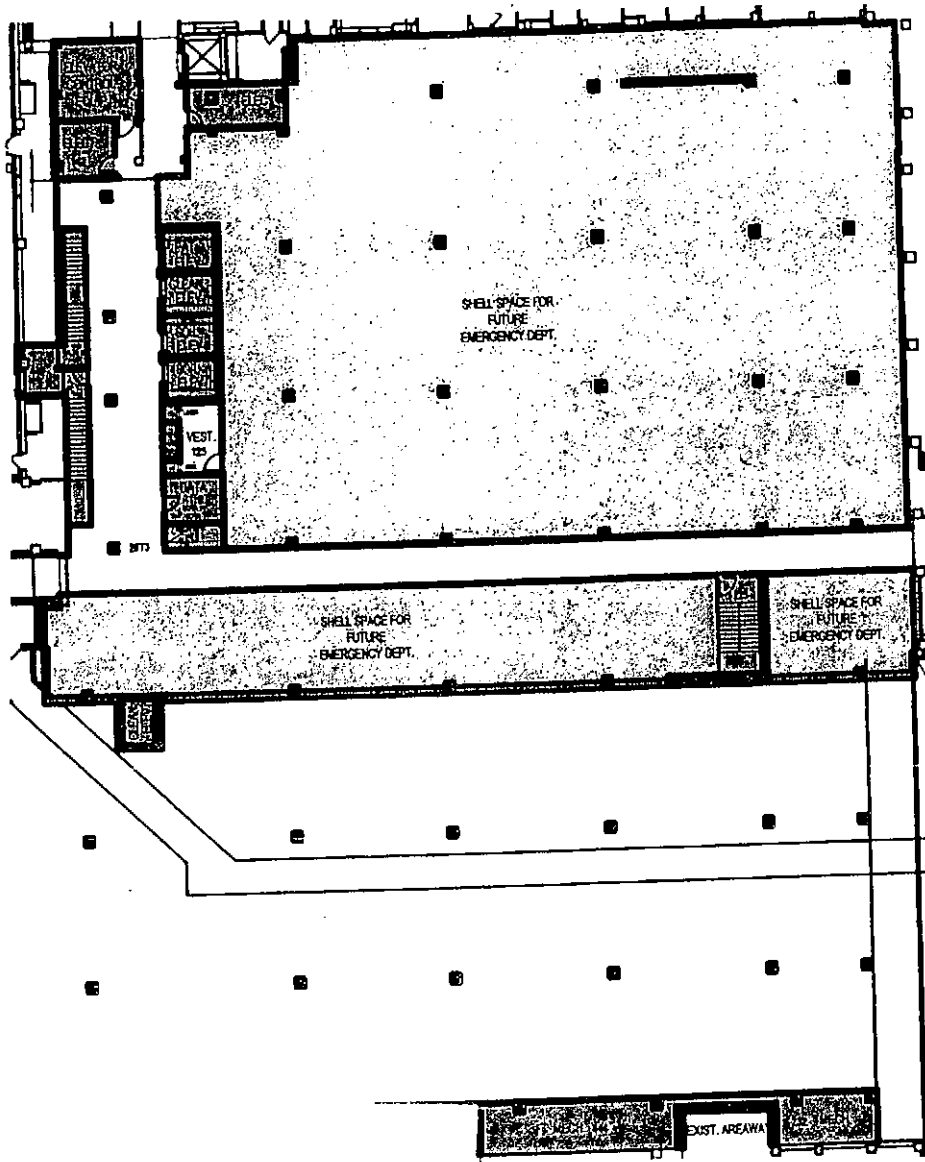
- Biomedical Engineering;
- Medical Education;
- Nursing Education;
- Nursing Administration;
- Computer Laboratory;
- Storage;
- Entrances, Lobbies and Public Space;
- Elevator Lobbies;
- Connectors to Existing Buildings;
- Mechanical and Electrical Space and Equipment;
- Elevator shafts;
- Stairwells;
- Mechanical, Electrical, and Data Shafts.

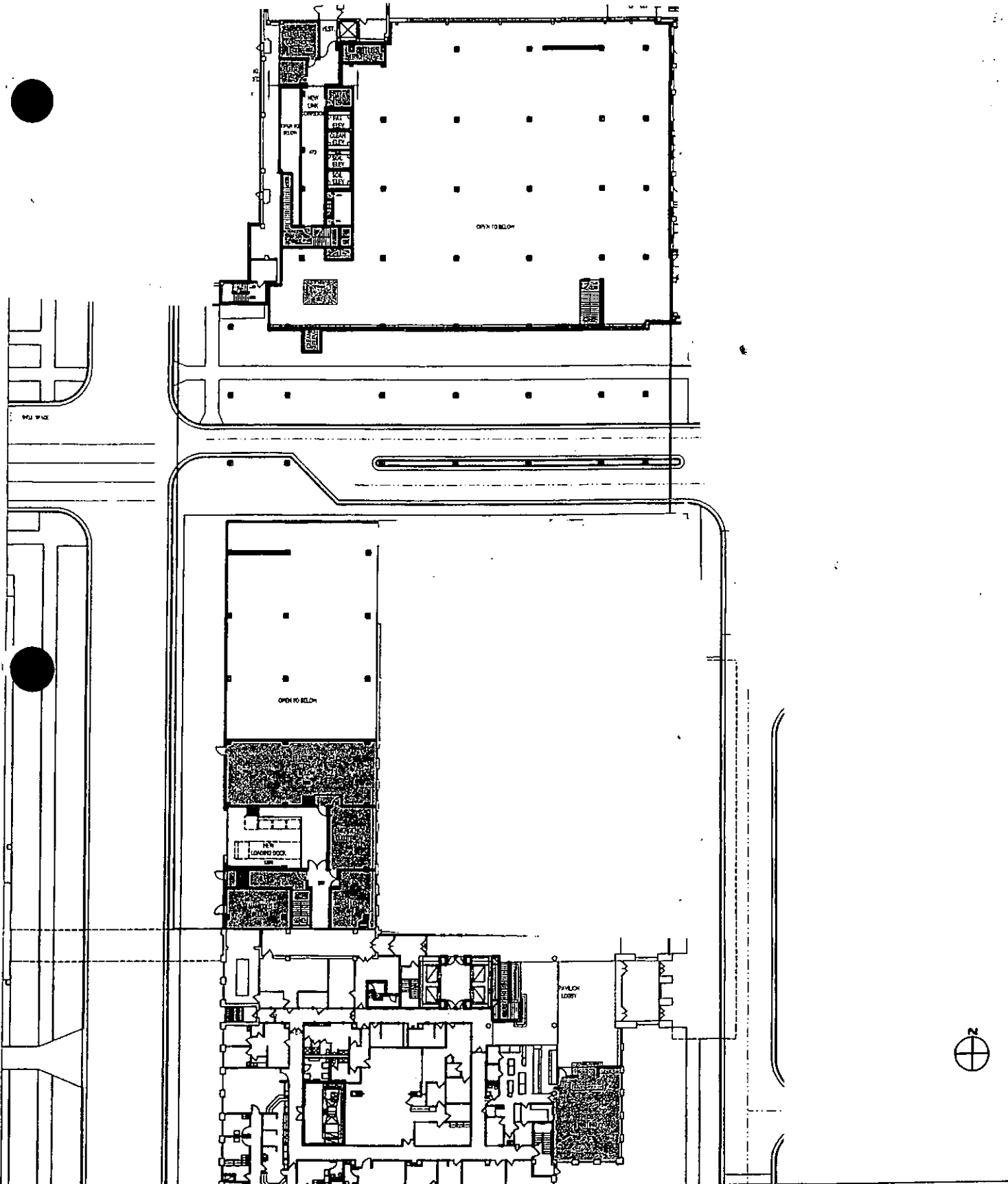
The new addition will consist of a basement, a first floor of shell space for a future replacement of the Emergency Department, a second floor of interstitial space and mechanical systems, plus two floors (3rd and 4th floors) with hospital departments (Clinical and Non-Clinical Service Areas). The new addition will connect to and be contiguous with several existing hospital buildings, creating a surgical platform for the hospital.

Schematic drawings for the project will be found on the following pages.

This project is "substantive" in accordance with 77 Ill. Adm. Code 1110.40.b) because it does not meet the criteria for classification as a "non-substantive" project.



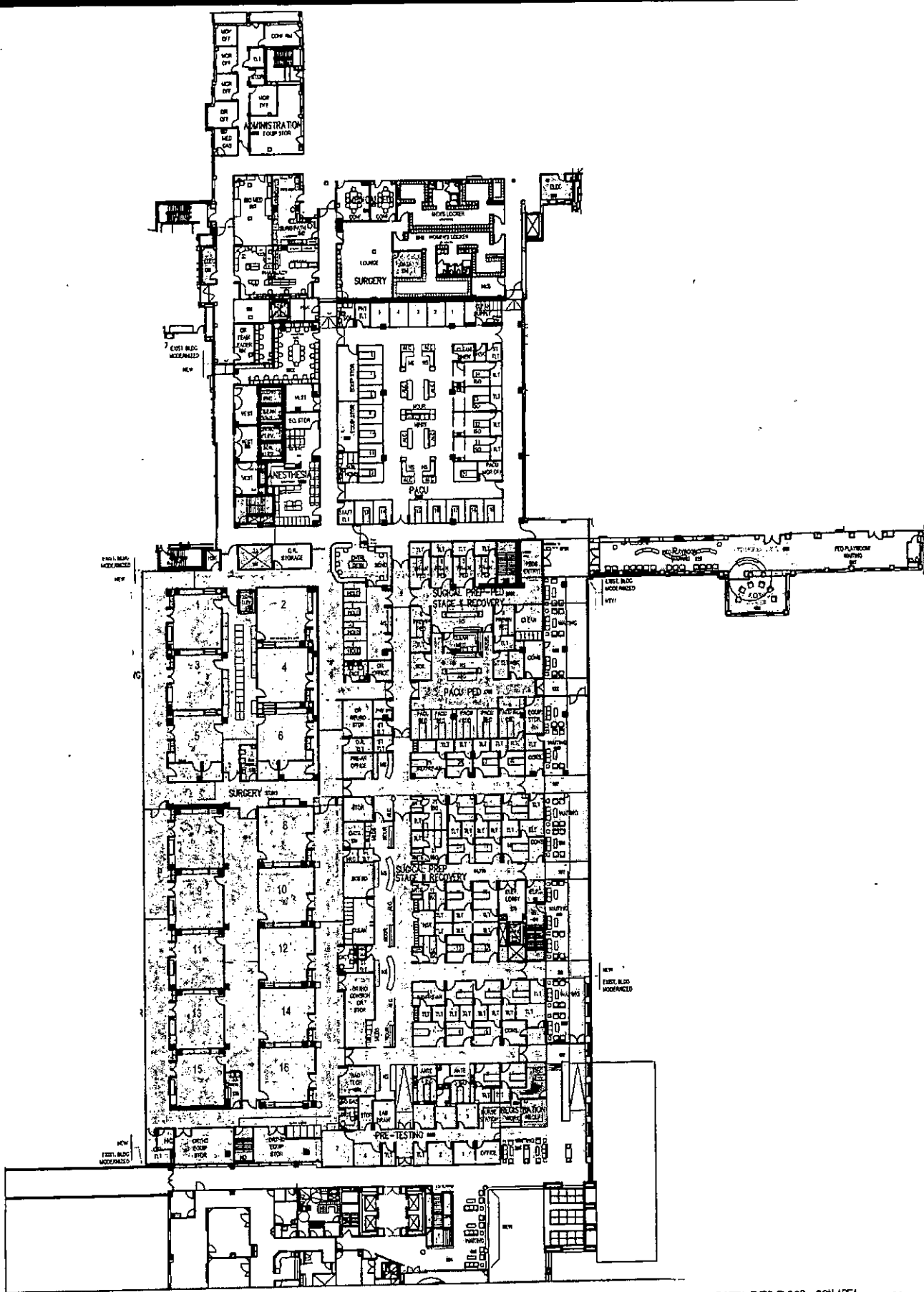




St. John's Hospital

ST. JOHN'S SURGERY - 2ND FLOOR - CON AREA
 PROJECT 3309-008 SCHEMATIC SIGN OFF
 SCALE 1/16" = 1' - 0"
 DECEMBER 14, 2009

ST. JOHN'S SURGERY - SECOND FLOOR - CON AREA
 PROJECT 3309-008 SCHEMATIC SIGN OFF
 SCALE 1/16" = 1' - 0"
 FEBRUARY 5, 2010

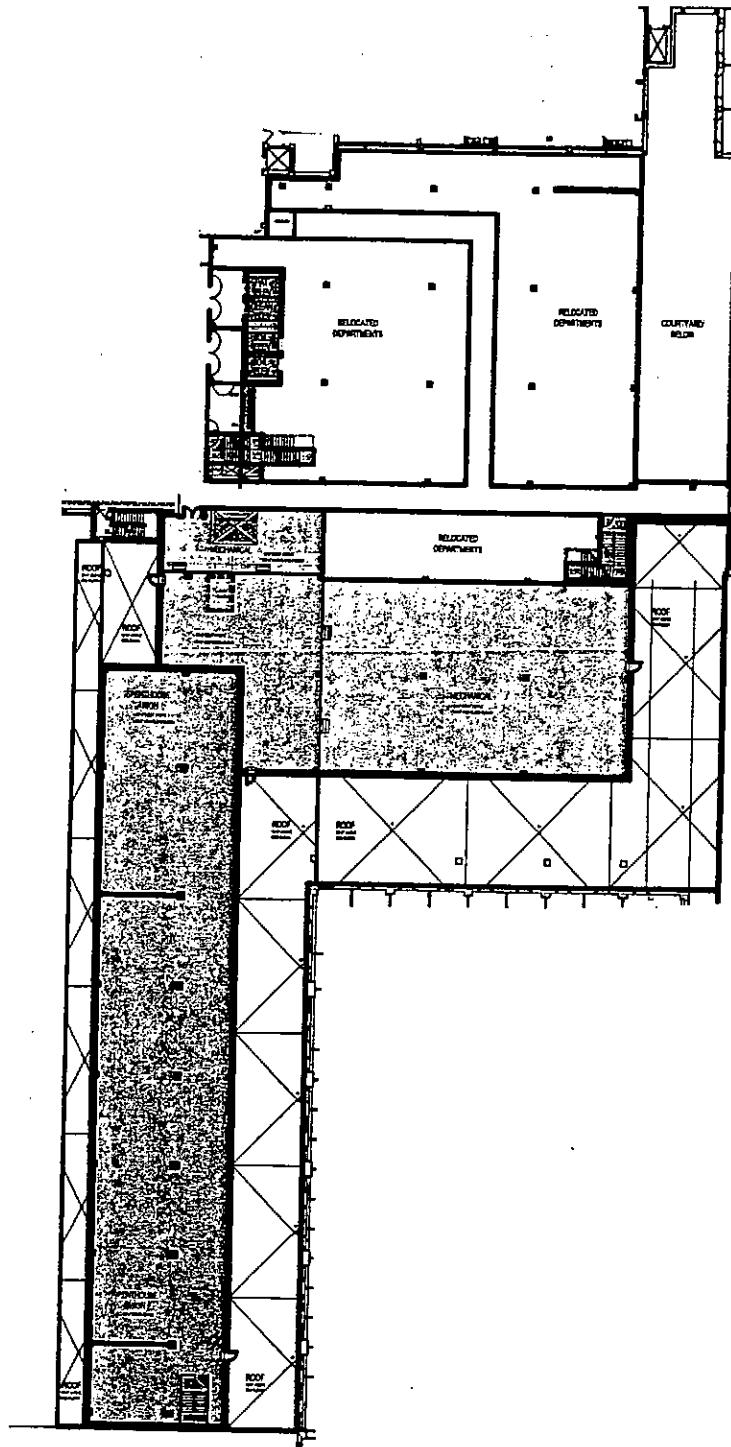


ODELL
 Planning • Architecture • Interiors • Design

St. John's Hospital
 1000 Locust Street, Philadelphia, PA 19107

ST. JOHN'S SURGERY - THIRD FLOOR - CON AREA
 PROJECT 3309-006 SCHEMATIC SIGN OFF
 SCALE 1/8" = 1' - 0"
 MARCH 16, 2010

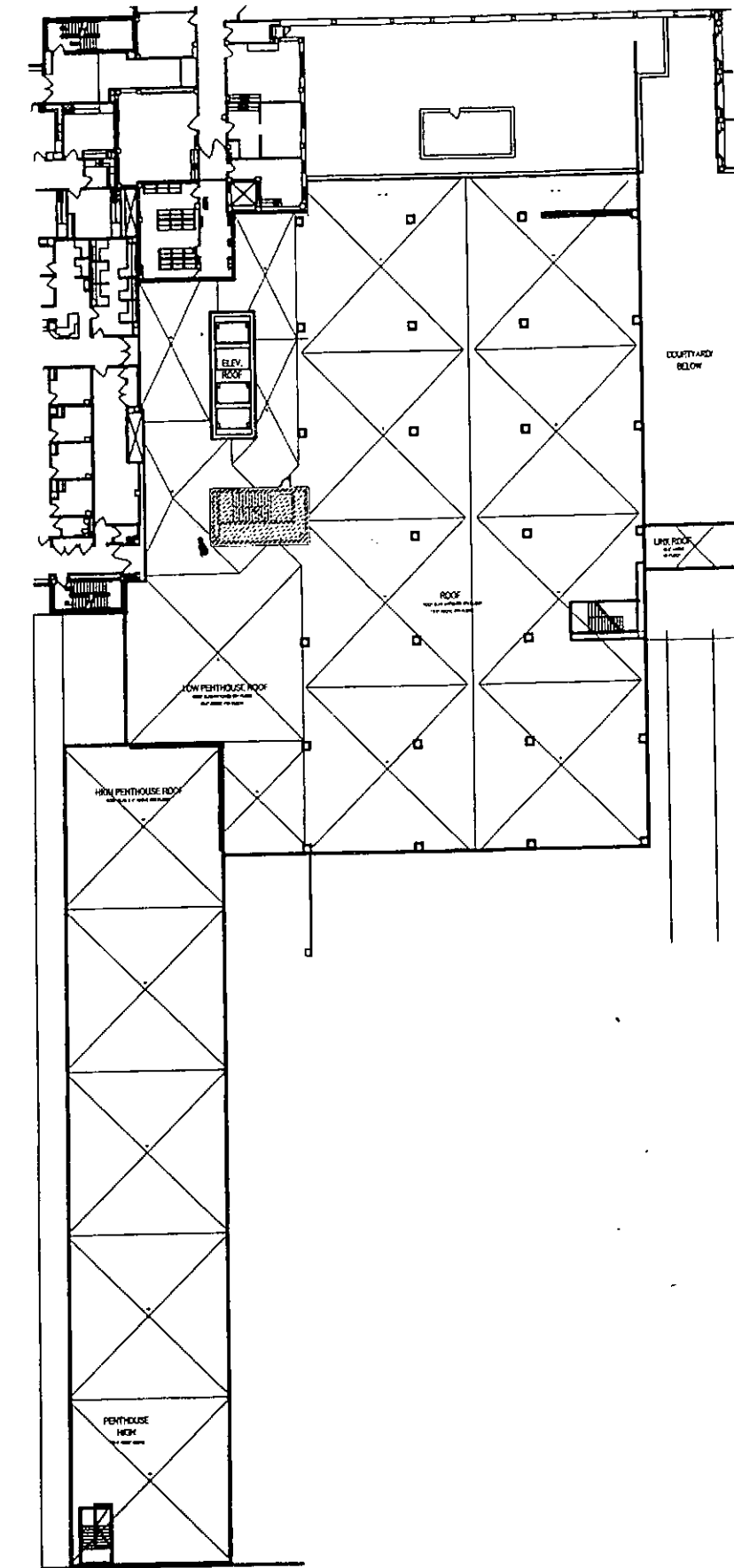




O D E L L
 Planning - Architecture - Interior Design - Engineering



ST. JOHN'S SURGERY - 4TH FLOOR - CON AREA
 PROJECT 3309-006 SCHEMATIC SIGN OFF
 SCALE 1/16" = 1' - 0"
 FEBRUARY 5, 2010



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 non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	\$791,605	\$339,260	\$1,130,865
Site Survey and Soil Investigation	\$29,400	\$12,600	\$42,000
Site Preparation	\$2,017,624	\$864,696	\$2,882,320
Off Site Work	\$0	\$1,422,753	\$1,422,753
New Construction Contracts	\$29,539,007	\$18,439,175	\$47,978,182
Modernization Contracts	\$8,686,324	\$1,455,213	\$10,141,537
Contingencies	\$3,881,753	\$1,905,177	\$5,786,930
Architectural/Engineering Fees	\$2,122,817	\$909,778	\$3,032,595
Consulting and Other Fees	\$3,540,832	\$1,517,500	\$5,058,332
Movable or Other Equipment (not in construction contracts)	\$23,382,657	\$2,329,068	\$25,711,725
Bond Issuance Expense (project related)	\$899,258	\$385,398	\$1,284,656
Net Interest Expense During Construction (project related)	\$3,360,000	\$1,440,000	\$4,800,000
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$154,000	\$11,773,430	\$11,927,430
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$78,405,277	\$42,794,048	\$121,199,325
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$30,941,709	\$17,157,616	\$48,099,325
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$47,463,568	\$25,636,432	\$73,100,000
Mortgages/Loans	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$78,405,277	\$42,794,048	\$121,199,325

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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:

Land acquisition is related to project Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the 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 \$ _____.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2014

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.

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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 measurements plus the department's or area's portion of the surrounding circulation space. **Explain the 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
CLINICAL							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

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

FACILITY NAME: St. John's Hospital		CITY: Springfield			
REPORTING PERIOD DATES: From: January 1, 2009 to: December 31, 2009					
Category of Service	Authorized Beds*	Admissions	Patient Days Incl. Observ.	Bed Changes	Proposed Beds
Medical/Surgical	308	12,211	57,884*	0	308
Obstetrics	38	2,499	6,894*	0	38
Pediatrics	32	1,312	5,259*	0	32
Intensive Care	44	2,145**	11,564*	0	44
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	40	758	7,407	0	40
Neonatal Intensive Care	40	461	9,254	0	40
General Long Term Care	37	895	9,985	0	37
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)	0	0	0	0	0
TOTALS:	539	20,281***	108,247*	0	539

*Patient days are reported for inpatient days plus observation days on the nursing unit

**Intensive Care Admissions exclude Transfers into the Intensive Care Unit.

***Total Admissions exclude Transfers into the Intensive Care Unit.

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, 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.

Robert P. Ritz

SIGNATURE

Robert P. Ritz

PRINTED NAME

President + CEO

PRINTED TITLE

J. Michael Houston

SIGNATURE

J. Michael Houston

PRINTED NAME

Chairman, Board of Directors

PRINTED TITLE

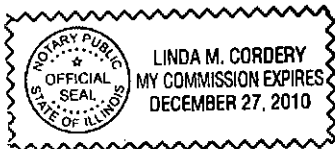
Notarization:
Subscribed and sworn to before me
this 16th day of MARCH, 2010

Notarization:
Subscribed and sworn to before me
this 16th day of MARCH, 2010

Linda M. Cordery

Signature of Notary

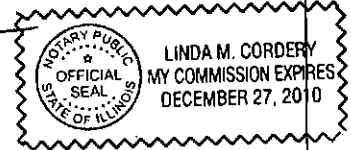
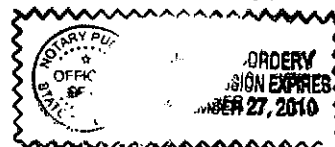
Seal



Linda M. Cordery

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Hospital Sisters Services, Inc. * 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.

Leo A. Lenn
SIGNATURE
LEO A. LENN
PRINTED NAME
TREASURER
PRINTED TITLE

Laurence P. Schumacher
SIGNATURE
Laurence P. Schumacher
PRINTED NAME
Chief Operating Officer
PRINTED TITLE

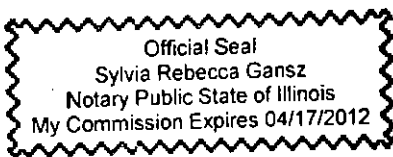
Notarization:
Subscribed and sworn to before me
this 18 day of March, 2010

Notarization:
Subscribed and sworn to before me
this 18 day of March, 2010

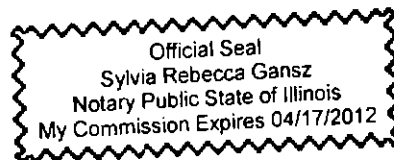
Sylvia Rebecca Gansz
Signature of Notary

Sylvia Rebecca Gansz
Signature of Notary

Seal



Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
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This Application for Permit is filed on the behalf of Hospital Sisters Health System,* 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.

Leo A. Lenn
SIGNATURE
LEO A. LENN
PRINTED NAME
TREASURER
PRINTED TITLE

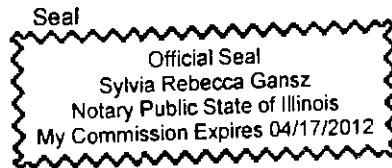
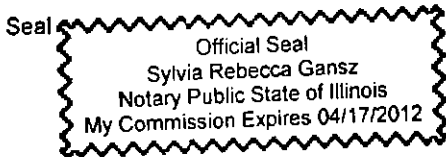
Lawrence P. Schumacher
SIGNATURE
Lawrence P. Schumacher
PRINTED NAME
Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18 day of March, 2010

Notarization:
Subscribed and sworn to before me
this 18 day of March, 2010

Sylvia Rebecca Gansz
Signature of Notary

Sylvia Rebecca Gansz
Signature of Notary



*Insert EXACT legal name of the applicant

SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

For projects involving modernization, describe the conditions being upgraded. For facility projects, include statements of age and condition and regulatory citations. For equipment being replaced, include repair and maintenance records.

NOTE: The description of the "Purpose of the Project" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
 - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.
2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS **ATTACHMENT-13**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B.

APPEND DOCUMENTATION AS **ATTACHMENT-14**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT HAVE UNFINISHED OR SHELL SPACE

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:

b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

R. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> Surgery	28	28	0	0	16
<input checked="" type="checkbox"/> Post-Anesthesia Care Unit (Recovery, PACU)	40	50	0	10	19
<input checked="" type="checkbox"/> Surgical Prep/ Stage II Recovery	56	55	0	0	35
<input checked="" type="checkbox"/> Satellite Pharmacy	N/A	N/A	N/A	N/A	N/A
<input checked="" type="checkbox"/> Central Sterile Processing/Distribution	N/A	N/A	N/A	N/A	N/A
<input checked="" type="checkbox"/> Pre-Surgical Testing	2	7	0	5	2
<input checked="" type="checkbox"/> Shell for Future Emergency Department	33	29	0	0	0 this project

3. READ the applicable review criteria outlined below and SUBMIT all required information:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities and/or
	(c)(2) -	Necessary Expansion PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment Or
	(c)(3)(B) -	Utilization - Service or Facility

APPEND DOCUMENTATION AS INDICATED BELOW, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

APPLICABLE REVIEW CRITERIA	Attachment Number
Need Determination - Establishment	62
Service Demand	63
Referrals from Inpatient Base	64
Physician Referrals	65
Historical Referrals to Other Providers	66
Population Incidence	67
Impact of Project on Other Area Providers	68
Utilization	69
Deteriorated Facilities	70
Necessary Expansion	71
Utilization -Major Medical Equipment	72
Utilization - Service or Facility	73

T. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes No

CO-APPLICANT HOSPITAL SISTERS SERVICES, INC., HAS AN "AA" BOND RATING

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

SEE ATTACHMENT 75 FOR PROOF OF "AA" BOND RATING

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 (Projected)
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.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)
(continued)

B. Criterion 1120.210(b), Availability of Funds

NOT APPLICABLE BECAUSE HOSPITAL SISTERS SERVICES, INC., HAS AN "AA" BOND RATING

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 of 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

C. Criterion 1120.210(c), Operating Start-up Costs

NOT APPLICABLE BECAUSE HOSPITAL SISTERS SERVICES, INC., HAS AN "AA" BOND RATING

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.

APPEND DOCUMENTATION AS ATTACHMENTS, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

U. Economic Feasibility

This section is applicable to all projects subject to Part 1120.

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

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:

NOT APPLICABLE BECAUSE OF HOSPITAL SISTERS SERVICES, INC.'S "AA" BOND RATING

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.

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. **SEE ATTACHMENT 76**

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).

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												
TOTALS												

* 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 BECAUSE THIS PROJECT DOES NOT INCLUDE MAJOR MEDICAL EQUIPMENT

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE - SURGERY ADDITION AND MODERNIZATION

Department	A	B	C	D	E	F	G
	Cost/Sq. Foot		Gross Sq. Ft.		New Construction	Modernization	Total Costs
	New	Mod.	New	Mod.	(A x C)	(B x D)	(E + F)
Clinical Service Areas:							
Surgery including Surgical Path	\$472.94	\$369.90	25,560	10,320	\$12,088,226	\$3,817,334	\$15,905,560
Satellite Pharmacy	\$0.00	\$322.82	0	1,042	\$0	\$336,383	\$336,383
PACU	\$447.91	\$0.00	10,625	0	\$4,759,054	\$0	\$4,759,054
Surgical Prep/Stage II Recovery	\$456.21	\$328.64	6,060	11,617	\$2,764,609	\$3,817,793	\$6,582,402
Pre-Surgical Testing	\$0.00	\$326.55	0	2,189	\$0	\$714,814	\$714,814
Central Sterile Processing and Distribution	\$461.37	\$0.00	14,383	0	\$6,635,917	\$0	\$6,635,917
Shell Space for Future Emergency Department	\$178.82	\$0.00	18,405	0	\$3,291,201	\$0	\$3,291,201
SUBTOTAL CON COMPONENTS	\$393.68	\$345.13	75,033	25,168	\$29,539,007	\$8,686,324	\$38,225,331
Contingency					\$2,937,214	\$944,539	\$3,881,753
TOTAL - CLINICAL SERVICE AREAS	\$432.83	\$382.66	75,033	25,168	\$32,476,221	\$9,630,863	\$42,107,084
Non-Clinical Service Areas:							
Biomedical Engineering	\$0.00	\$268.37	0	583	\$0	\$156,459	\$156,459
Medical Education	\$287.36	\$268.53	1,469	524	\$422,135	\$140,712	\$562,847
Nursing Education	\$290.99	\$0.00	2,437	0	\$709,147	\$0	\$709,147
Nursing Administration	\$280.84	\$0.00	123	0	\$34,543	\$0	\$34,543
Administration	\$264.92	\$0.00	5,530	0	\$1,465,028	\$0	\$1,465,028
Computer Laboratory	\$288.41	\$0.00	155	0	\$44,703	\$0	\$44,703
Storage	\$201.50	\$0.00	2,400	0	\$483,601	\$0	\$483,601
Public Space	\$0.00	\$218.06	0	4,229	\$0	\$922,175	\$922,175
Elevator Lobbies	\$286.31	\$271.04	1,370	457	\$392,245	\$123,867	\$516,112
Connectors to Existing Buildings	\$336.77	\$0.00	16,007	0	\$5,390,734	\$0	\$5,390,734
Mechanical/Electrical Space and Equipment	\$276.06	\$0.00	27,918	0	\$7,707,144	\$0	\$7,707,144
Elevator Shafts	\$146.97	\$116.74	2,097	110	\$308,204	\$12,842	\$321,046
Stairwells	\$291.40	\$261.30	4,498	264	\$1,310,703	\$68,984	\$1,379,687
Mechanical/Electrical/Data Shafts	\$139.35	\$113.01	1,227	267	\$170,988	\$30,174	\$201,162
SUBTOTAL NON-CON COMPONENTS	\$282.68	\$226.18	65,231	6,434	\$18,439,175	\$1,455,213	\$19,894,388
Contingency					\$1,800,228	\$104,949	\$1,905,177
TOTAL CLINICAL SERVICE AREAS	\$310.27	\$242.49	65,231	6,434	\$20,239,403	\$1,560,162	\$21,799,565
PROJECT TOTAL	\$375.83	\$354.12	140,264	31,602	\$52,715,624	\$11,191,025	\$63,906,649

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)

- 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.

NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE MAJOR MEDICAL EQUIPMENT

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.

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.

	<u>FY2015</u>
St. John's Hospital	\$1,493

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes 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.

	<u>FY2015</u>
St. John's Hospital	\$184.80

F. Criterion 1120.310(f), Non-patient Related Services

NOT APPLICABLE

Is the project classified as a category B project and involve non-patient related services? Yes No . 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 AN ATTACHMENT 70, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SAFETY NET IMPACT STATEMENT that describes all of the following:

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

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

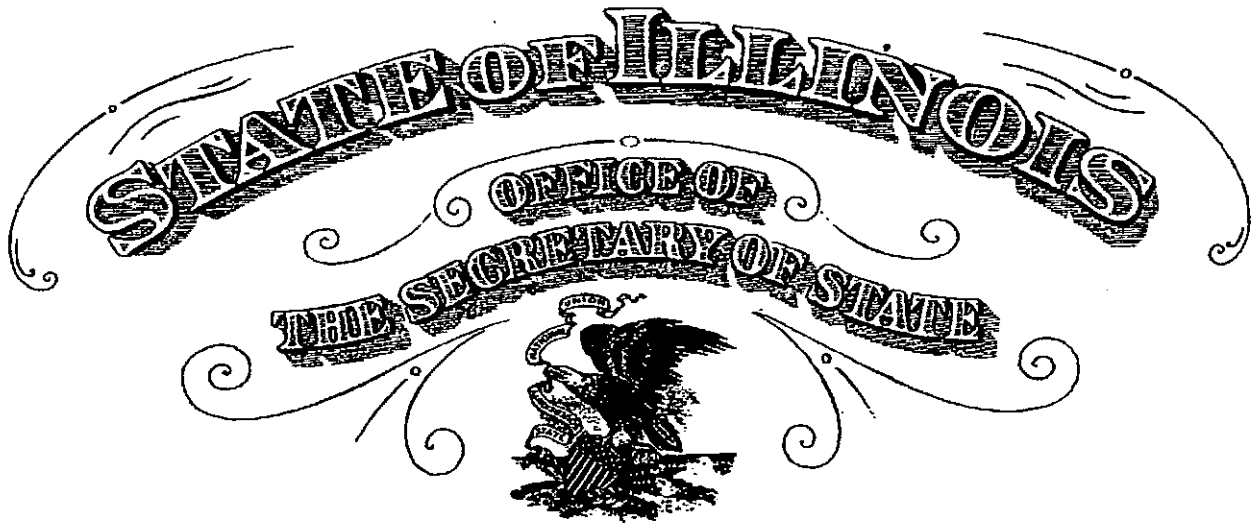
1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service

APPEND DOCUMENTATION AS ATTACHMENT 77 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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17	Master Design Project	
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20	Service Demand – Establishment of Category of Service	
21	Service Demand – Expansion of Existing Category of Service	
22	Service Accessibility – Service Restrictions	
23	Unnecessary Duplication/Maldistribution	
24	Category of Service Modernization	
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29	Open Heart Surgery	
30	Cardiac Catheterization	
31	In-Center Hemodialysis	
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34	Service to Planning Area Residents	
35	Service Demand-Establishment of Category of Service	
36	Service Demand-Expansion of Existing Category of Service	
37	Service Accessibility	
38	Description of Continuum of Care	
39	Components	
40	Documentation	
41	Description of Defined Population to be Served	

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
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43	Documentation Related to Cited Problems	
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45	Maldistribution	
46	Impact of Project on Other Area Providers	
47	Deteriorated Facilities	
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To all to whom these Presents Shall Come, Greeting:

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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.



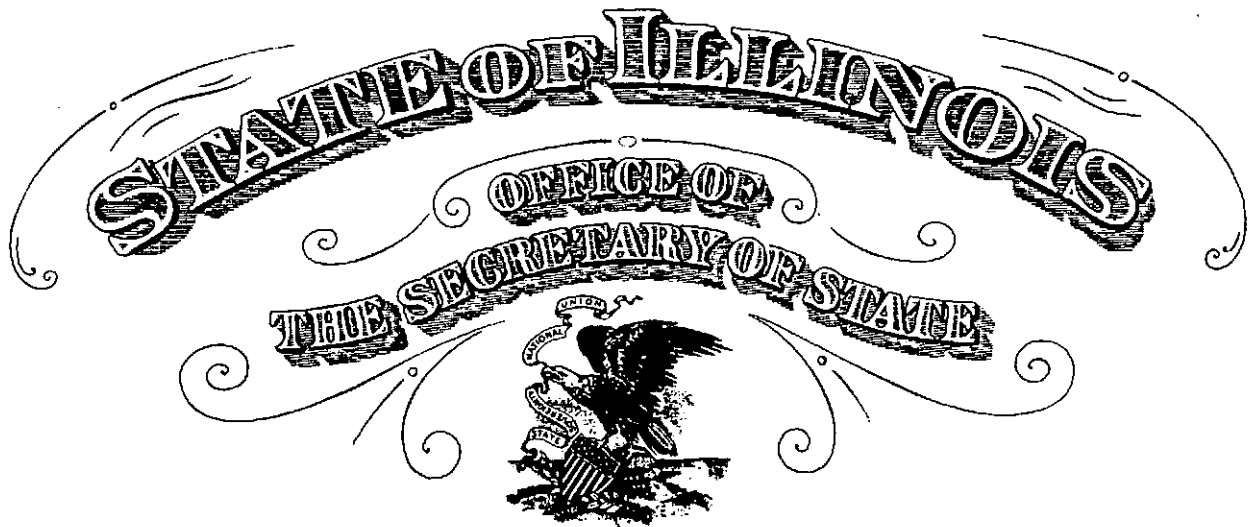
Authentication #: 1003202760

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, 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 1ST day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE

Authentication #: 1003202764

Authenticate at: <http://www.cyberdriveillinois.com>



To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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.

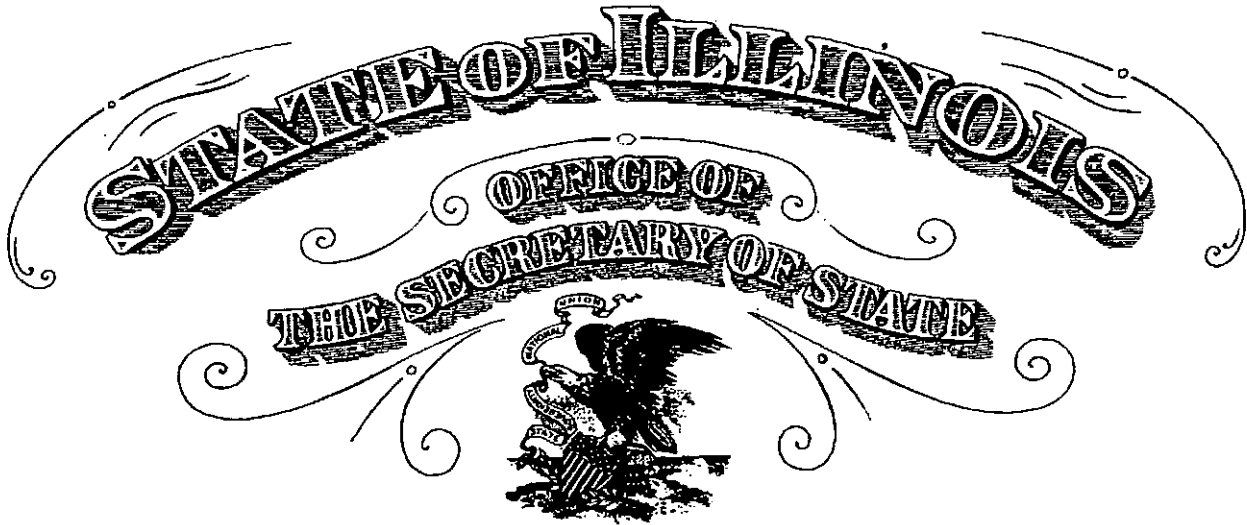


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE

Authentication #: 1003202768
Authenticate at: <http://www.cyberdriveillinois.com>



To all to whom these Presents Shall Come, Greeting:

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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.



Authentication #: 1003202760

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE

ALTA Form - 1966

Commitment

American Land Title Association



REVISED

Chicago Title Insurance Company

Providing Title Related Services Since 1847

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation, herein called the Company, for a valuable consideration, hereby commits to issue its policy/ies of title insurance, as identified in Schedule A (which policy or policies cover title risks and are subject to the Exclusions from Coverage and the Conditions and Stipulations as contained in said policy/ies) in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor, all subject to the provisions of Schedules A and B hereof and to the "American Land Title Association Commitment - 1966" Conditions and Stipulations which are hereby incorporated by reference and made a part of this Commitment. A complete copy of the Commitment Conditions and Stipulations is available upon request and include, but are not limited to, the proposed Insured's obligation to disclose, in writing, knowledge of any additional defects, liens, encumbrances, adverse claims or other matters which are not contained in the Commitment; provisions that the Company's liability shall in no event exceed the amount of the policy/ies as stated in Schedule A hereof, must be based on the terms of this Commitment, shall be only to the proposed Insured and shall be only for actual loss incurred in good faith reliance on this Commitment; and provisions relating to the General Exceptions, to which the policy/ies will be subject unless the same are disposed of to the satisfaction of the Company.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by issuance of a revised Commitment.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

This Commitment is based upon a search and examination of Company records and/or public records by the Company. Utilization of the information contained herein by an entity other than the Company for the purpose of issuing a title commitment or policy or policies shall be considered a violation of the proprietary rights of the Company of its search and examination work product.

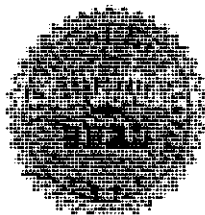
This commitment shall not be valid or binding until signed by an authorized signatory.

Issued By:

CHICAGO TITLE INSURANCE COMPANY
1043 SOUTH FIFTH STREET
SPRINGFIELD, IL 62703

Refer Inquiries To:
(217) 789-9963

Fax Number:
(217) 789-9898



CHICAGO TITLE INSURANCE COMPANY

By

Henry S. Gery

Authorized Signatory

Commitment No.: 710104374

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A**

YOUR REFERENCE:

ORDER NO.: 1271 710104374 SPR

EFFECTIVE DATE: JUNE 2, 2008

1. POLICY OR POLICIES TO BE ISSUED:

OWNER'S POLICY: ALTA OWNERS 2006
AMOUNT: TO COME
PROPOSED INSURED: St. John's Hospital of the Hospital Sisters of the Third
Order of St. Francis

2. THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN THIS COMMITMENT AND COVERED HEREIN IS A FEE SIMPLE UNLESS OTHERWISE NOTED.

3. TITLE TO SAID ESTATE OR INTEREST IN SAID LAND IS AT THE EFFECTIVE DATE VESTED IN:
St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

4. MORTGAGE OR TRUST DEED TO BE INSURED:

NONE

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS:

Parcel I:

The property bounded on the North by the South line of Carpenter Street, on the South by the North line of Mason Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as:

All of Blocks 5 & 6 of J. Adams Addition lying South of the South line of Carpenter Street,

Lots 1, 2, 3 and 4 of J. Leber's Addition.

Block 2 of J. Mitchell's Addition.

Lots 6, 7, 8, 9, 10 and 11 of Block 1 of J. Mitchell's Addition.

Lots 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 and 16 of Block 12 of Wells and Peck's Addition.

Block 3 of J. Mitchell's Addition, (except leased portion per tax assessment bill).

Block 4 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition, in Springfield, Sangamon County, Illinois.

Parcel II:

The property bounded on the North by the North line of Mason Street, on the South by the North line of Madison Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as follows:

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 5 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition, including the vacated alley lying therein.

All of the lots of Block 6 of J. Mitchell's Addition, in Springfield, Sangamon County, Illinois, (except 36% of land value and office area as per tax assessor bill), including the vacated alley lying therein.

Parcel III:

The property bounded on the North by Reynolds, on the South by Madison, on the East by 7th Street and on the West by 6th Street, legally described as:

All of the lots of Block 1 of E. Mitchell's Addition, including the vacated alley lying within.

All of the lots of Block 2 of E. Mitchell's Addition, (except 24% taxable portion

CONTINUED ON NEXT PAGE

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

as per real property tax assessment bill).

Parcel IV:

Block 11 of Wells and Peck's Addition.

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 14 of Wells and Peck's Addition.

Lots 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13 of Block 17 of Wells and Peck's Addition.

Lots 1, 2, 3, 4, 13, 14, 15 and 16 of Block 3 of J. Whitney's Addition, in Springfield, Sangamon County, Illinois.

Parcel V:

St. John's Centrum North - Tract A: (Parcel I and II) The North 50 feet of Lot 4, the South 10 feet of Lot 5 and the North 70 feet of Lot 5, all in John Taylor's Northwest Addition to the City of Springfield, according to the plat thereof recorded August 15, 1833 in Plat Book 6 on page 100. Also, that part of the East 9 feet of Lot 49 in Assessor's Subdivision of part of the West Half of Section 27 and part of the East Half of Section 28, according to the plat thereof recorded October 7, 1868 in Plat Book 8 on page 20, lying South of the Westerly extension of the North line of Lot 5 in said John Taylor's Northwest Addition and lying North of the Westerly extension of the North line of the South 10 feet of said Lot 5, being in Township 16 North, Range 5 West of the Third Principal Meridian, Sangamon County, Illinois, and more particularly described as follows:

Commencing at the Southeast corner of Lot 1 of said John Taylor's Northwest Addition; thence North 00 degrees 11 minutes 32 seconds East along the East line of said John Taylor's Northwest Addition, 271.15 feet the Southeast corner of the North 50 feet of said Lot 4, said point being the point of beginning; thence South 89 degrees 52 minutes 18 seconds West along the South line of the North 50 feet of said Lot 4, 161.02 feet to the Southwest corner of the North 50 feet of said Lot 4; thence North 00 degrees 13 minutes 44 seconds East along the West line of said John Taylor's Northwest Addition, 60.00 feet to Northwest corner of the South 10 feet of said Lot 5; thence South 89 degrees 52 minutes 18 seconds West along the North line of the South 10 feet of said Lot 5 extended, 9.00 feet; thence North 00 degrees 13 minutes 44 seconds East along the West line of the East 9 feet of said Lot 49, 70.19 feet to a point on the North line of said Lot 5 extended; thence North 89 degrees 50 minutes 23 seconds East along said North line, 9.00 feet to the Northwest corner of said Lot 5; thence North 89 degrees 50 minutes 23 seconds East along the North line of said Lot 5, 160.94 feet to the Northeast corner of said Lot 5; thence South 00 degrees 11 minutes 32 seconds West along the East line of said John Taylor's Northwest Addition, 130.29 feet to the point of beginning.

Parcel VI:

St John's North - Lots 1, 2, 3 and 4 of Assessors Sub of 1914; Lots 11, 12 and 13 of Block 5, Lots Wells and Peck Addition; Lots 9 and 10 of J. Adams Addition, Block 4.

Parcel VII:

Lots 3, 4, 5, 6, 7 and 8 of Block 2 of J. Adams.

Parcel IX:

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

Reynolds Street, between Seventh Street and Ninth Street, Eighth Street between Carpenter Street and the South side of Reynolds Street, Mason Street between the East line of Seventh Street and the West line of Ninth Street and Eighth Street between the North line of Mason Street and the North line of Madison Street have been vacated and thus is the property of St. John's Hospital (Mason Street Vacation Ordinance 124-2-86).

Parcel X:

Lot 1 James Adams Addition;

Lots 1, 2, 4, 5 and 6, 7 and 8 and the South 40 feet of Lot 3 E. Mitchell's Addition;

Lot 2 of Assessor's Subdivision of part of the South Half of Section 27 and of the North Half of Section 34.

Parcel XI:

Lots 1, 2, 3, 4, 13, 14, 15, 16 and part of a vacated alley in Block 14 of Wells and Peck's Addition.

Parcel XII:

Air rights lease as per ordinance 124-2-86 providing for an elevated, enclosed pedestrian walkway across 7th Street between Parcels III and Parcel II, all conditions pertaining thereto.

All parcels located in Sangamon County, Illinois.

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B

ORDER NO.: 1271 710104374 SPR

GENERAL EXCEPTIONS

The owner's policy will be subject to the following exceptions:

- (1) rights or claims of parties in possession not shown by the public records;
- (2) encroachments, overlaps, boundary line disputes and any matters which would be disclosed by an accurate survey and inspection of the premises;
- (3) easements, or claims of easements, not shown by the public records;
- (4) any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
- (5) taxes or special assessments which are not shown as existing liens by the public records.

SCHEDULE B

Schedule B of the policy or policies to be issued will not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of those matters appearing on the commitment jacket, the applicable General Exceptions (see above), and, if an owner's policy is to be issued, the encumbrance, if any, shown in Schedule A, and exceptions to the following matters unless the same are disposed of to the satisfaction of the Company:

1. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the Proposed Insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.
2. An ALTA Loan Policy will be subject to the following exceptions (a) and (b), in the absence of the production of the data and other essential matters described in our Form 3735:
 - (a) Any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
 - (b) Consequences of the failure of the lender to pay out properly the whole or any part of the loan secured by the mortgage described in Schedule A, as affecting:
 - (i) the validity of the lien of said mortgage, and
 - (ii) the priority of the lien over any other right, claim, lien or encumbrance which has or may become superior to the lien of said mortgage before the disbursement of the entire proceeds of the loan.

3. Taxes for the years 2008, not yet due and payable.
 Taxes for the year 2007 are as follows:

I.
 14-27-337-032 (exempt)
 14-27-337-034 (exempt)
 14-27-409-011 (exempt)
 14-27-413-001 (exempt)
 14-27-413-003 (exempt)

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

14-27-413-011 (exempt)

II.

14-27-337-031 (exempt)
14-27-337-033 (exempt)
14-27-378-012 (exempt)
14-27-378-014 (exempt)

III.

14-27-336-003 (exempt)
14-27-336-004 (exempt)
14-27-336-014 (exempt)
14-27-336-015 (exempt)
14-27-377-011 (exempt)

IV.

14-27-410-009 (exempt)
14-27-410-020 (exempt)
14-27-414-016 (exempt)
14-27-451-021 (exempt)
14-27-451-022 (exempt)

V.

14-27-308-020 2007 taxes \$43,278.00 and are ONE HALF PAID. (\$21,639.00)
14-27-308-033 2007 taxes \$ 1,525.34 and are ONE HALF PAID. (\$ 762.67)
14-27-308-037 2007 taxes \$ 70.60 and are ONE HALF PAID. (\$ 35.30)

VI.

14-27-333-008 (exempt)

VII.

14-27-328-009 (exempt)
14-27-328-010 (exempt)

IX.

14-27-337-032 (Part) (exempt)
14-27-337-033 (Part) (exempt)

X.

14-27-335-022 (exempt)
14-27-335-005 (exempt)
14-27-335-006 (exempt)
14-27-335-007 (exempt)
14-27-335-008 (exempt)
14-27-335-009 (exempt)
14-27-335-010 (exempt)
14-27-335-015 (exempt)
14-27-335-017 (exempt)
14-27-335-021 (exempt)

XI.

14-27-414-012 (exempt)

4. At customers request, we have examined the following alleyways and state an

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

follows:

A. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Reynolds Street and Mason Street, designated "4A" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

B. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Carpenter Street and Reynolds Street, designated "4B" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying to the East and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis. The properties lying to the West and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis (as to the Southern portion, lots 14-27-335-005, 006, 007, 008, 009 & 010) and owned by the Salvation Army (as to the Northern portion, Lots 14-27-335-001; 002, 003 & 004).

C. Alleyway running East and West, mid-block off of 19th Street, between Reynolds Street and Mason Street (vacated), designated "4C" on the map attached as "Alleyways": We find said alley to have been vacated pursuant to document recorded as Doc. #483035.

D. Alleyway running East and West, mid-block between 9th Street and 10th Street, Reynolds Street and Mason Street (vacated), designated "4D" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

E. Alleyway running East and West, mid-block between 9th Street & 10th Street, Mason Street (vacated) and Madison Street, designated "4E" on the map attached as "Alleyways". We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

BY 5. At customer's request, we have examined the foregoing parcels and state as follows:

A. On Reynolds Street, between Sixth & Seventh Streets, the properties lying on both sides of Reynolds Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:

North Side:
14-27-335-009
14-27-335-010
14-27-335-021

South Side:
14-27-336-014
14-27-336-003
14-27-336-004

B. On Reynolds Street, between Ninth Street and the railroad tracks, the properties lying on both sides of Reynold's Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:

North Side:
14-27-410-009

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SFR

14-27-410-020

South Side:

14-27-414-012

14-27-414-016.

Said parcels are noted on the map attached as "Reynolds Street Vacation".

- AN 6. Lease recorded April 12, 2005 as document 2005R13750 by St. John's Hospital to Subway Real Estate. (Affects Parcel I).
- AO 7. Reservation by the Illinois Central Gulf Railroad Company of the right for continued maintenance, replacement and use of all existing conduits, sewer, water mains, gas lines, electric power lines, wires and other utilities and easements on said premises whether or not of record including the repair, reconstruction and replacement thereof and Grantee agrees not to interfere with the rights herein reserved or any facilities used pursuant thereto, as disclosed by Quit Claim Deed recorded December 22, 1975 in Book 690 of Deeds at page 503 as Document Number 374430.
(For further particulars, see record.)
(Affects Parcel V).
- AP 8. NOTE: Concerning the removal of minerals under the North 50 feet of the Lot 4 and the South 10 feet of Lot 5, we find the following in a Quit Claim Deed recorded December 22, 1975 in Book 690 at page 503 as Document Number 374430 running from Illinois Central Gulf Railroad Co. to Martin Tisckos and Marinilla Tisckos: "Grantee will release for itself, its successors or assigns, the Grantor, its successors or assigns, from any liability for any damages attributable to removing said minerals and this release shall run with the land. (For further particulars, see record.) (Affects Parcel V).
- AO 9. Reservation contained in Quit Claim Deed dated September 30, 1986 and recorded October 15, 1986 as Document Number 41294, made by Illinois Central Gulf Railroad Company, a Delaware corporation, Grantor, to Peter Albanese, as follows:
Grantor reserves for itself, its successors and assigns, all coal, oil, gas, ores, and any other minerals whether similar or dissimilar or now known to exist or hereafter discovered of every kind in, on or under said premises, together with the right at any time to explore, drill for, mine, remove and market all such products in any manner which will not damage structures on the surface of the premises. Grantee will release itself, its successors or assigns for any damages attributable to removing said minerals and this release shall run with the land. (Affects Parcel V).
- AR 10. Encroachment of improvement from Tract A over and across the West line of Tract A as shown on unrecorded survey dated May 14, 1996 by Vasconcelles Engineering Corporation being Job No. 480-951 (being shown therein as "Detail C"). (Affects Parcel V).
- AS 11. Terms, provisions, conditions and limitations contained in the Parking, Ingress and Egress Easement dated May 24, 1996 and recorded May 24, 1996 as Document Number 96-21015. (For further particulars, see record.) (Affects

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

Parcel V).

- AT 12. Rights of other parties to the Parking and Ingress and Egress Agreement recorded May 24, 1996 as Document Number 96-21015 to the concurrent use thereof, as specified in said agreement. (For further particulars, see record.) (Affects Parcel V).
- AO 13. We find no conveyance of title to Lots 9 and 10 of Block 4, although the Tax Assessment billing indicates that ownership lies with St. John's Hospital. (Affects Parcel VI).
- AX 14. Note: The following item, while appearing on this commitment/policy, is provided solely for your information.
The following environmental disclosure document(s) for transfer of real property appear of record which include a description of the land insured or a part thereof:
Document Number: 90J011341 Date of Recording: May 3, 1990
Document Number: 92054679 recorded December 30, 1992.
(Affects Parcel XI).
- BL 15. Illinois EPA Letter of Remediation recorded July 5, 2005 as Document 2005R26804. (Affects Parcel XI).
- BO 16. Terms, conditions and provisions contained in an air rights lease as provided in Ordinance 124-2-86. (Affects Parcels II, III and XIII).
- BN 17. Confirmed special assessments, if any, constructive note of which is not imparted by the records of the Recorder of Deeds.
- NOTE: Drainage assessments, drainage taxes, water rentals and water taxes are included in General Exception (5) herein before shown and should be considered when dealing with the land.
- Financing Statements, if any.
- Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highway.
- Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.
- Rights of parties in possession, encroachments, overlaps, boundary line disputes, and any such matters as would be disclosed by an accurate survey and inspection of the land, and easements or claims of easements not shown by the public records.
- BO 18. Note: It appears that the amount of insurance stated in Schedule A may be less than 80 percent of the lesser of: (1) the value of the insured estate or

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

interest or (2) the full consideration paid for the land. Your attention is directed to those provisions of paragraph 7(b) of the conditions and stipulations of the owner's policy which provide that in such case, the company may only be obligated to pay part of any loss insured against under the terms of the policy.

The above note is shown for your information with respect to the owner's policy only and will not appear on such policy. Nevertheless, such omission should not be construed to mean that such policy is not subject to those provisions of Paragraph 7(b) of the conditions and stipulations referred to in the note. If, however, the note is stamped "waived" on the face of this commitment, such waiver shall be deemed an acknowledgment by the company that the amount of insurance stated in schedule a herein is, for the purposes of said paragraph 7(b), not less than 80 percent of the lesser of the value of the insured estate or interest or the full consideration paid for the land.

- EQ 19. We note reference to the possible vacation of the alley running North and South through Block 3 of E. Mitchell's Addition to the City of Springfield, in favor of St. John's Hospital. We find no evidence of said vacation at this time. (Affects Parcel X).
- ER 20. Easement Agreement for Ingress and Egress recorded August 23, 2005 as Document 2005R34346, by and between St. John's Hospital and The Salvation Army, providing for use by the Salvation Army of an easement lying within Parcel X herein.
- EW 21. NOTE: Do to time constraints and parameters established by the Owner, the search results and examination conducted herein are preliminary, and cannot be relied upon for the issuance of an Owners or Lenders Policy at this time.
- BX 22. Copies of the commitment have been sent to:

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Richard Wilderson

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Nancy Martin

Effective Date: May 1, 2008

**Fidelity National Financial, Inc.
Privacy Statement**

Fidelity National Financial, Inc. and its subsidiaries ("FNF") respect the privacy and security of your non-public personal information ("Personal Information") and protecting your Personal Information is one of our top priorities. This Privacy Statement explain FNF's privacy practices, including how we use the Personal Information we receive from you and from other specified sources, and to whom it may be disclosed. FNF follows the privacy practices described in the Privacy Statement and, depending on the business performed, FNF companies may share information as described herein.

Personal Information Collected

- We may collect Personal Information about you from the following sources:
- Information we receive from you on applications or other forms, such as your name, address, social security number, tax identification number, asset information and income information;
- Information we receive from you through our Internet websites, such as your name, address, Internet Protocol address, the website links you used to get to our websites, and your activity while using or reviewing our websites.
- Information about your transactions with or services performed by us, our affiliates, or others, such as information concerning your policy, premiums, payment history, information about your home or other real property, information from lenders and other third parties involved in such transactions, account balances, and credit card information; and
- Information we receive from consumer or other reporting agencies and publicly recorded.

Disclosure of Personal Information

- We may provide your Personal Information (excluding information we receive from our consumer or other credit reporting agencies) to various individuals and companies, as permitted by law, without obtaining your prior authorization. Such laws do not allow consumers to restrict these disclosures. Disclosures may include, without limitation, the following:
- To insurance agents, brokers, representatives, support organizations, or others to provide you with services you have requested, and to enable us to detect or prevent criminal activity, fraud, material misrepresentation, or nondisclosure in connections with an insurance transactions.
- To third-party contractors or service providers for the purpose of determining your eligibility for an insurance benefit or payment and/or providing you with services you have requested.
- To an insurance regulatory, or law enforcement or other governmental authority, in a civil action, in connection with a subpoena or a governmental investigation
- To companies that perform marketing services on our behalf or to other financial institutions with which we have had joint marketing agreements and/or
- To lenders, lien holders, judgement creditors, or other parties claiming an encumbrance or an interest in title whose claim or interest must be determined, settled, paid or released prior to a title or escrow closing

We may also disclose your Personal Information to others when we believe, in good faith, that such disclosure is reasonably necessary to comply with the law or to protect the safety of our customers, employees, or property and/or to comply with a judicial proceeding, court order or legal process.

Disclosure to Affiliated Companies - We are permitted by law to share your name, address and facts about your transaction with other FNF companies, such as insurance companies, agents, and other real estate service providers to provide you with services you have requested, for marketing or product development research, or to market products or services to you. We do not, however, disclose information we collect from consumer or credit reporting agencies with our affiliates or others without your consent, in conformity with applicable law, unless such disclosure is otherwise permitted by law.

Disclosure to Nonaffiliated Third Parties - We do not disclose Personal Information about our customers or former customers to nonaffiliated third parties, except as outlined herein or as otherwise permitted by law.

Confidentiality and Security of Personal Information

We restrict access to Personal Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulation to guard Personal Information.

Access to Personal Information/**Requests for Correction, Amendment, or Deletion of Personal Information**

As required by applicable law, we will afford you the right to access your Personal Information, under certain circumstances to find out to whom your Personal Information has been disclosed, and request correction or deletion of your Personal Information. However, FNF's current policy is to maintain customers' Personal Information for no less than your state's required record retention requirements for the purpose of handling future coverage claims.

For your protection, all requests made under this section must be in writing and must include your notarized signature to establish your identity.

Where permitted by law we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

Chief Privacy Officer
Fidelity National Financial, Inc.
601 Riverside Avenue
Jacksonville, FL 32204

Changes to this Privacy Statement

This Privacy Statement may be amended from time to time consistent with applicable privacy laws. When we amend this Privacy Statement, we will post a notice of such changes on our website. The effective date of this Privacy Statement, as stated above, indicates the last time this Privacy Statement was revised or materially changed.



To all to whom these Presents Shall Come, Greeting:

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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.



Authentication #: 1003202760

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE

I.
Organizational Relationships

This project has 3 co-applicants: St. John's Hospital, Hospital Sisters Services, Inc. (HSSI), and Hospital Sisters Health System.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 10, HSSI is the sole corporate member of St. John's Hospital, and Hospital Sisters Health System is the sole corporate member of HSSI.

St. John's Hospital will provide equity funding for this project.

St. John's Hospital is part of the HSSI obligated group. Debt financing for the project will be issued on behalf of HSSI.

Hospital Sisters Health System

Hospital Sisters Foundation, Inc.

Hospital Sisters Services, Inc.

St. Joseph's Hospital, Brescia, IL

St. Mary's Hospital, DePaul, IL

St. Anthony's Memorial Hospital, Elmhurst, IL

St. Vincent Hospital, Green Bay, WI

St. Francis Hospital, Litchfield, IL

St. John's Hospital, Springfield, IL

Hospital Sisters Healthcare - West - WI

HSMS Medical Group, Inc.

St. Elizabeth's Hospital, Belleville, IL

St. Joseph's Hospital, Chippewa Falls, WI

Sacred Heart Hospital, Eau Claire, WI

St. Mary's Hospital, Green Bay, WI

St. Joseph's Hospital, Highland, IL

St. Nicholas Hospital, Sheboygan, WI

St. Mary's Hospital, Streator, IL

HSMS Wisconsin Medical Group, Inc.

Klara, Inc. Springfield, IL

La-Santo, Inc. Springfield, IL

La-Santo Wisconsin Springfield, IL

Prairie Cardiovascular Consultants



Hospital Sisters Health System

CURRENT ORGANIZATION CHART



Member of Master Trust Indenture Obligated Group

I.
Flood Plain Requirements

The following pages of this Attachment include the most recent Special Flood Hazard Area Determination for the St. John's Hospital campus as well as the most recent Flood Insurance Rate Map for this site. It should be noted that the Federal Emergency Management Agency (FEMA) has not issued a projected distribution date for a new Flood Insurance Rate Map for this location.

A statement from David Olejniczak, Chief Operating Officer of St. John's Hospital, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, is found on Attachment 4, Pages 4 and 5.



Illinois State Water Survey

Main Office • 2204 Griffith Drive • Champaign, IL 61820-7495 • Tel (217) 333-2210 • Fax (217) 333-6540
Peoria Office • P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3196 • Fax (309) 671-3106



Special Flood Hazard Area Determination pursuant to Governor's Executive Order 4 (1979)

Requester: Suzanne Gallo, Diversified Health Resources, Inc.
Address: 875 North Michigan Ave., Suite 3250
City, state, zip: Chicago, IL 60611 Telephone: (312) 266-0466

Site description of determination:

Site address: St. John's Hospital main campus, 800 E. Carpenter St./419 N. 9th St.
City, state, zip: Springfield, IL 62702
County: Sangamon Sec $\frac{1}{4}$: S $\frac{1}{2}$ Section: 27 T. 16 N. R. 5 E. PM: 3rd
Subject area: Within area bounded by Carpenter St. on the north, Jefferson St. on the south, the Illinois Central Railroad on the west, and the Norfolk Western Railroad on the east.

The property described above IS NOT located in a Special Flood Hazard Area (SFHA).

Floodway mapped: N/A Floodway on property: No
Sources used: FEMA Flood Insurance Rate Map (FIRM) Index Map 5/3/2004; USGS Terraserver aerial photo 4/14/1998.
Community name: City of Springfield, IL Community number: 170604
Panel/map number: 17167C0242 E* Effective Date: May 3, 2004
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

- N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP); State and Federal grants as well as flood insurance may not be available.
- *X b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or X).
- N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:

- N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.
- N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.
- X f. Is not located in a Special Flood Hazard Area. Flood insurance may be available at non-floodplain rates.
- N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.
- N/A h. Exact structure location is not available or was not provided for this determination.

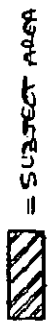
Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 4 (1979), or State floodplain regulations, may be directed to Paul Osman (217/782-3862) at the IDNR Office of Water Resources.

William Saylor
William Saylor, CFM, Illinois State Water Survey

Title: ISWS Surface Water and Floodplain Information Date: 8/10/2005

PANEL NOT PRINTED - NO SPECIAL FLOOD HAZARD AREA



(No Scale)

1 2

NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP

SANGAMON COUNTY, ILLINOIS AND INCORPORATED AREAS (SEE LISTING OF COMMUNITIES TABLE)

MAP INDEX

PANELS PRINTED: 25, 50, 75, 100, 125, 185, 200, 220, 225, 230, 236, 237, 239, 240, 241, 243, 255, 260, 266, 270, 300, 325, 350, 375, 400, 404, 405, 410, 415, 420, 435, 450, 475, 500, 520, 525, 535, 545, 550, 555, 575

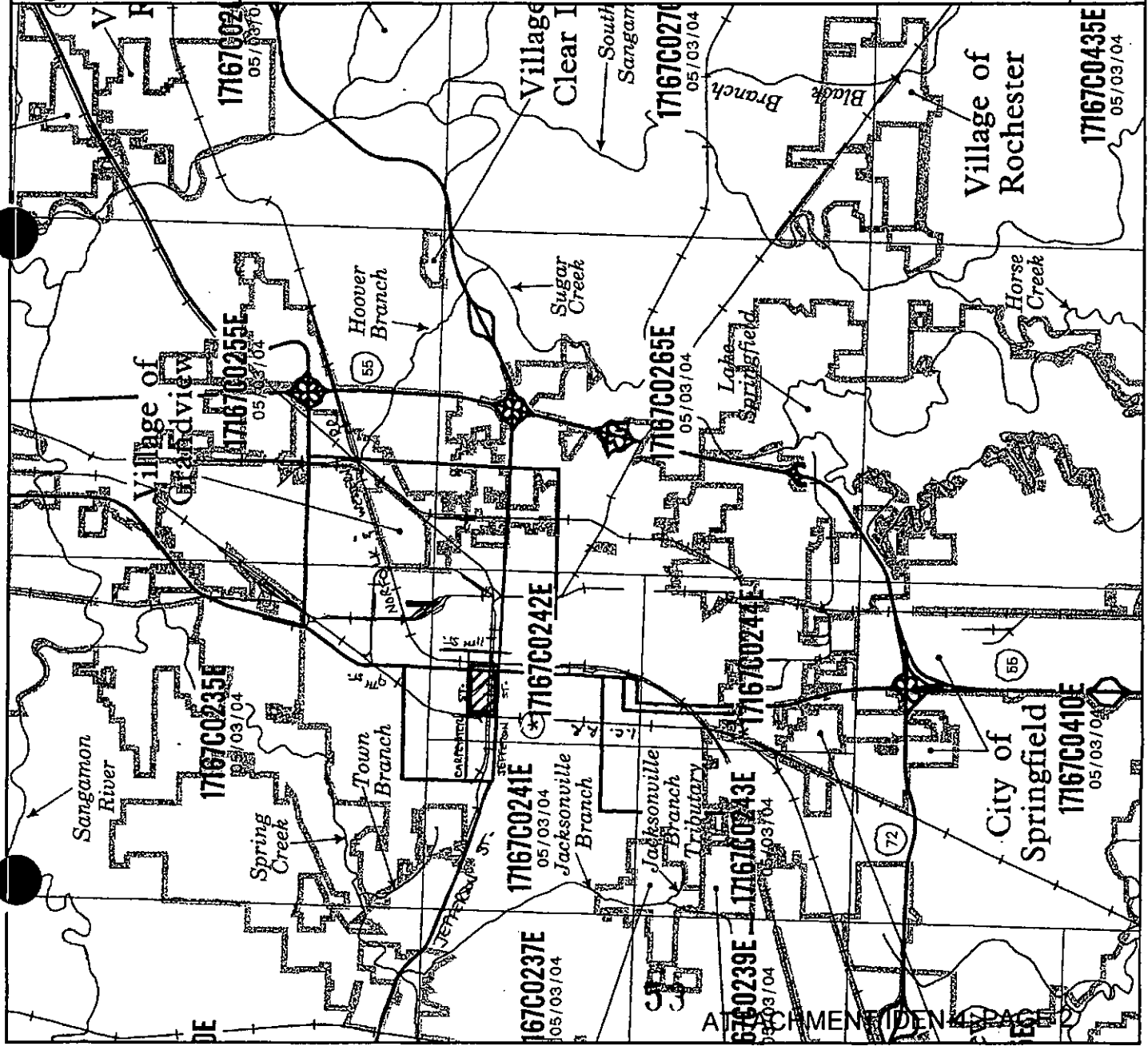
MAP NUMBER 17167CIND00A

EFFECTIVE DATE: MAY 3, 2004



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov





**St. John's
Hospital**

800 E. Carpenter Street
Springfield, Illinois 62769
(217) 544-6464 • www.st-johns.org

February 12, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities and Services Review Board
525 West Jefferson
Springfield, Illinois 62702

Re: Compliance with Requirements of Illinois Executive Order #2006-5 regarding
Construction Activities in Special Flood Hazard Areas

Dear Mr. Constantino:

The undersigned are authorized representatives of St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, the owner of the site on which St. John's Hospital is located.

We hereby attest that this site is not located in a flood plain, as identified by the most recent FEMA Flood Insurance Rate Map for this location, and that this location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-5, "Construction Activities in Special Flood Hazard Areas."

Signed and dated as of February 12, 2010

St. John's Hospital of the Third Order of St. Francis
An Illinois Not-For-Profit Corporation

By: David Olejniczak
Its: Chief Operating Officer



An Affiliate of Hospital Sisters Health System

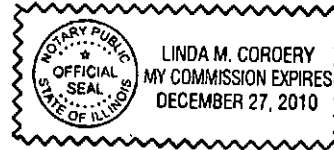
Mr. Michael Constantino
Page Two
February 12, 2010

State of Illinois
County of Sangamon

Dated this 12th day of February, 2010.

Linda M. Cordey

Notary Public



I.
Historic Resources Preservation Act Requirements

The following pages of this Attachment document St. John's Hospital's compliance with the requirements of the Historic Resources Preservation Act.

Page 2 of this Attachment documents that this project has been found to be in compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.).

Verification that the project that is the subject of this CON application is the same project approved by the Illinois Historic Preservation Agency is found in the letter requesting the review, which appears on Page 3 of this Attachment.



Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Sangamon County
Springfield

Rehabilitation & Demolition and New Construction of Addition, St. Johns Hospital
800 E. Carpenter St.
IHPA Log #002021010

March 1, 2010

Andrea Rozran
Diversified Health Resources
875 N. Michigan Ave., Suite 3250
Chicago, IL 60611

Dear Ms. Rozran:

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 me at 217/785-5027.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

**DIVERSIFIED
HEALTH
RESOURCES INC.**

875 North Michigan Avenue, Suite 3250, Chicago, IL 60611
312/266-0466 Fax 312/266-0715

October 26, 2009

Ms. Anne E. Haaker
Deputy State Historic Preservation Officer
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: IHPA LOG #032080904
St. Johns Hospital, Springfield
Demolition, Addition, Modernization

Dear Ms. Haaker:

I am seeking a re-determination letter concerning the applicability of the Historic Preservation Act to a site that has previously received a determination letter.

St. John's Hospital is planning to undertake 2 projects. One of these projects will include the demolition of part of one or more existing buildings, the construction of a new hospital addition, and the modernization of an existing building. The other project will modernize existing hospital buildings.

These hospital buildings do not have their own addresses. The hospital's address is 800 E. Carpenter Street, Springfield.

I have attached a copy of a determination letter from the Illinois Historic Preservation Agency concerning a previous project which was never undertaken.

I have also attached maps of the St. John's Hospital campus and the location of the proposed projects in the hospital buildings.

I would appreciate it if you would send the determination letter to me by e-mail at arozran@diversifiedhealth.net or by fax to 312-266-0715.

Thank you for your assistance in this matter. Please contact me if you have any questions.

Sincerely,



Andrea R. Rozran
Principal

Attachments

I.
Description of Project: Project Outline

<u>Clinical Service Areas</u>	<u>Number and Type of Stations/Key Rooms</u>
Surgery (Operating Rooms)	
Main Surgery	16
Prairie Heart Institute	7
Pavilion (Outpatient Only)	<u>5</u>
Total Operating Rooms	28 Operating Rooms
Post-Anesthesia Recovery (PACU) (Recovery Bays)	
Main Surgery (includes Pediatrics)	29
Prairie Heart Institute	16
Pavilion	<u>5</u>
Total PACU Recovery Bays	50 Recovery Bays
Surgical Prep/Stage II Recovery (Cubicles)	
Main Surgery (includes Pediatrics)	35
Prairie Heart Institute	5
Pavilion	<u>15</u>
Total Surgical Prep/Stage II Recovery Cubicles	55 Cubicles
Pre-Admission/Pre-Surgical Testing	7 Exam Rooms plus 4 Blood Draw Stations
Emergency Department Shell Space	for 29 Exam/Treatment Rooms

ATTACHMENT 7

ATTACHMENT 7

St. John's Hospital Itemized Project Costs

<u>USE OF FUNDS</u>	<u>UNRECORDED ASSETS</u>	<u>NON-CLINICAL SERVICE ASSETS</u>	<u>TOTAL</u>
Pre-Planning Costs:			
Architectural Programming Costs	\$ 84,000	\$ 36,000	
Architectural (Schematic Design) Costs	\$ 707,605	\$ 303,260	
Total Pre-Planning Costs	\$ 791,605	\$ 339,260	\$ 1,130,865
Site Survey and Soil Investigation:			
Geotechnical Investigation	\$ 14,000	\$ 6,000	
Site Survey	\$ 8,400	\$ 3,600	
Environmental Assessment	\$ 7,000	\$ 3,000	
Total Site Survey and Soil Investigation	\$ 29,400	\$ 12,600	\$ 42,000
Site Preparation:			
Site Civil/Mechanical Utilities	\$ 1,634,850	\$ 700,650	
Site Electrical Utilities	\$ 382,774	\$ 164,046	
Total Site Preparation	\$ 2,017,624	\$ 864,696	\$ 2,882,320
Off Site Work:			
Site Improvements	\$ -	\$ 1,422,753	
Total Off Site Work	\$ -	\$ 1,422,753	\$ 1,422,753
New Construction Contracts:	\$ 29,539,006	\$ 18,439,175	\$ 47,978,181
Modernization Contracts:	\$ 8,686,325	\$ 1,455,213	\$ 10,141,538
Contingencies:			
New Construction Contingencies	\$ 2,937,214	\$ 1,800,228	
Modernization Contingencies	\$ 944,539	\$ 104,949	
Total Construction Contingencies	\$ 3,881,753	\$ 1,905,177	\$ 5,786,930
Architectural and Engineering Fees	\$ 2,122,817	\$ 909,778	\$ 3,032,595
Consulting and Other Fees:			
Pre-Construction Services	\$ 115,372	\$ 49,445	
Design Team Construction Administration	\$ 707,606	\$ 303,260	
Architecture Reimbursables	\$ 353,803	\$ 151,630	
Program Management	\$ 827,923	\$ 354,824	
Program Management Reimbursables	\$ 81,257	\$ 34,825	
Hazardous Materials Survey	\$ 52,372	\$ 22,445	
Graphics Design	\$ 170,224	\$ 72,953	
Graphics Design Reimbursables	\$ 13,185	\$ 5,651	
Medical Equipment Planning	\$ 195,872	\$ 83,945	
Medical Equipment Planning Reimbursables	\$ 31,500	\$ 13,500	
Shielding Consulting	\$ 37,697	\$ 16,156	
Legal Fees	\$ 77,597	\$ 33,256	
CON Planning and Consultation	\$ 155,622	\$ 66,695	
CON Application Processing Fee	\$ 70,000	\$ 30,000	
IDPH Plan Review Fee	\$ 28,000	\$ 12,000	
Building Permit Fee	\$ 14,000	\$ 6,000	
Materials Testing Fee	\$ 608,802	\$ 260,915	
Total Consulting and Other Fees	\$ 3,540,832	\$ 1,517,500	\$ 5,058,332

Other Funds	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Movable or Other Equipment			
(not in Construction Contracts):			
Medical Equipment	\$ 17,748,165	\$	
Furniture/Furnishings incl. Systems/Modular	\$ 2,832,207	\$	1,128,089
Telecom. Equipment	\$ 1,773,968	\$	760,272
Artwork & Plants	\$ 342,772	\$	146,902
Signage and Graphics	\$ 685,545	\$	293,805
Total Movable or Other Equipment	\$ 23,382,657	\$	2,329,068 \$ 25,711,725
Bond Issuance Expense (project related):			
Underwriting Fees	\$ 511,734	\$	219,314
Bond Counsel	\$ 62,103	\$	26,616
Issuer Fees	\$ 74,524	\$	31,939
IFA Counsel Fees	\$ 9,937	\$	4,258
Financial Advisor to Hospital Sisters Services, Inc.	\$ 62,103	\$	26,616
Auditor Fees	\$ 49,683	\$	21,293
Underwriter's Counsel	\$ 49,683	\$	21,293
Trustee	\$ 2,484	\$	1,065
Printer	\$ 2,484	\$	1,065
Rating Agencies' Fees	\$ 74,523	\$	31,939
Total Bond Issuance Expense	\$ 899,258	\$	385,398 \$ 1,284,656
Other Costs to be Capitalized:			
Building Demolition	\$ -	\$	1,072,600
Exterior Canopy	\$ -	\$	150,000
Exterior Canopy Footings	\$ -	\$	25,000
Temporary Walkway	\$ -	\$	250,000
Special Construction	\$ -	\$	980,000
Departmental Relocations	\$ -	\$	7,740,156
IT Relocation Work	\$ -	\$	1,000,000
Internal Move Costs	\$ -	\$	489,674
Hazardous Material Removal	\$ 154,000	\$	66,000
Total Other Costs to be Capitalized	\$ 154,000	\$	11,773,430 \$ 11,927,430

ST. JOHN'S HOSPITAL MEDICAL EQUIPMENT

Clinical Services

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
Surgical Suite	OR - Cystoscopy Imaging System	\$ 350,000	2	\$ 700,000		
	OR - Med. Gas Column	\$ 11,000	2	\$ 22,000		
	OR - Med. Gas Articulating Boom	\$ 33,672	2	\$ 67,344		
	OR - Video Monitor	\$ 5,000	4	\$ 20,000		
	OR - Surgical Light	\$ 37,000	2	\$ 74,000		
	OR - Video System, Scope Accessory	\$ 350,000	2	\$ 700,000		
	OR - Physiological Monitor	\$ 49,832	2	\$ 99,664		
	OR - Anesthesia Machine	\$ 75,000	2	\$ 150,000		
	OR - Anesthesia Cart	\$ 32,682	2	\$ 65,324		
	OR - Warming Cabinet	\$ 4,372	2	\$ 8,744		
	OR - Inst. Supply Cabinet	\$ 5,300	8	\$ 42,400		
	OR - Illuminator Cabinet	\$ 781	2	\$ 1,522		
	OR - Apion Rack	\$ 120	2	\$ 240		
	OR - Work Table	\$ 505	2	\$ 1,011		
	OR - Utility Table	\$ 369	2	\$ 738		
	OR - Stand	\$ 250	2	\$ 500		
	OR - Revolving Stool	\$ 1,547	2	\$ 3,094		
	OR - Med. Gas Column	\$ 11,000	2	\$ 22,000		
	OR - Med. Gas Articulating Boom	\$ 33,672	2	\$ 67,344		
	OR - Surgical Light w/Flat Screen Arm	\$ 37,000	2	\$ 74,000		
	OR - Surgical Light	\$ 25,000	2	\$ 50,000		
	OR - Surgical Camera	\$ 24,000	2	\$ 48,000		
	OR - A/V System Integrated Surgery	\$ 175,000	2	\$ 350,000		
	OR - Video System, Scope Accessory	\$ 80,000	2	\$ 160,000		
	OR - Surgical Table	\$ 38,400	2	\$ 76,800		
	OR - Desk/Table	\$ 1,795	2	\$ 3,590		
	OR - Physiological Monitor	\$ 49,832	2	\$ 99,664		
	OR - Video Monitor	\$ 5,000	2	\$ 10,000		
	OR - Video Monitor	\$ 10,000	2	\$ 20,000		
	OR - Anesthesia Machine	\$ 75,000	2	\$ 150,000		
	OR - Anesthesia Cart	\$ 32,682	2	\$ 65,324		
	OR - Warming Cabinet	\$ 4,372	2	\$ 8,744		
	OR - Illuminator Cabinet	\$ 761	2	\$ 1,522		
	OR - Work Table	\$ 505	2	\$ 1,011		
	OR - Utility Table	\$ 369	2	\$ 738		
	OR - Stand	\$ 250	2	\$ 500		
	OR - Revolving Stool	\$ 1,547	4	\$ 6,188		
	OR - Electrosurgical Unit	\$ 39,820	2	\$ 79,640		
	OR - Cardiac Resuscitation Cart	\$ 1,950	1	\$ 1,950		
	OR - Cystoscopy Imaging System	\$ 350,000	1	\$ 350,000		
OR - Urology Table	\$ 35,000	1	\$ 35,000			
OR - C-Arm	\$ 196,500	1	\$ 196,500			
OR - Med. Gas Articulating Boom	\$ 26,680	1	\$ 26,680			
OR - Med. Gas Articulating Boom	\$ 33,672	1	\$ 33,672			
OR - Surgical Light w/Flat Screen Arm	\$ 37,000	1	\$ 37,000			
OR - Surgical Light	\$ 25,000	1	\$ 25,000			
OR - Surgical Camera	\$ 24,000	1	\$ 24,000			
OR - A/V Integrated Surgery System	\$ 175,000	1	\$ 175,000			
OR - Desk/Table	\$ 1,795	1	\$ 1,795			
OR - Video System, Scope Accessory	\$ 80,000	1	\$ 80,000			
OR - Video Monitor	\$ 5,000	1	\$ 5,000			
OR - Video Monitor	\$ 10,000	1	\$ 10,000			
OR - Physiological Monitor	\$ 49,832	1	\$ 49,832			
OR - Anesthesia Machine	\$ 75,000	1	\$ 75,000			
OR - Anesthesia Cart	\$ 32,682	1	\$ 32,682			
OR - Waste Mngt. System	\$ 22,844	1	\$ 22,844			
OR - Illuminator Cabinet	\$ 781	1	\$ 781			
OR - Warming Cabinet	\$ 4,372	1	\$ 4,372			
OR - Cart	\$ 6,081	1	\$ 6,081			
OR - Electrosurgical Unit	\$ 39,820	1	\$ 39,820			
OR - Work Table	\$ 505	1	\$ 505			
OR - Utility Table	\$ 369	1	\$ 369			
OR - Stand	\$ 250	1	\$ 250			
OR - Revolving Stool	\$ 1,547	2	\$ 3,094			

OR - Foot Stool	\$ 172	1	\$ 172	
OR - Imaging System	\$ 2,000,000	1	\$ 2,000,000	
OR - Med. Gas Articulating Boom	\$ 28,680	1	\$ 28,680	
OR - Med. Gas Articulating Boom	\$ 33,672	1	\$ 33,672	
OR - Surgical Light w/Flat Screen Arm	\$ 37,000	1	\$ 37,000	
OR - Surgical Light	\$ 25,000	1	\$ 25,000	
OR - Surgical Camera	\$ 24,000	1	\$ 24,000	
OR - AV Integrated Surgery System	\$ 175,000	1	\$ 175,000	
OR - Surgical Table	\$ 38,400	1	\$ 38,400	
OR - Desk/Table	\$ 1,795	1	\$ 1,795	
OR - Video System, Scope Accessory	\$ 80,000	1	\$ 80,000	
OR - Video Monitor	\$ 5,000	1	\$ 5,000	
OR - Video Monitor	\$ 10,000	1	\$ 10,000	
OR - Physiological Monitor	\$ 49,832	1	\$ 49,832	
OR - Anesthesia Machine	\$ 75,000	1	\$ 75,000	
OR - Anesthesia Cart	\$ 32,662	1	\$ 32,662	
OR - Illuminator Cabinet	\$ 761	1	\$ 761	
OR - Warming Cabinet	\$ 4,372	1	\$ 4,372	
OR - Cart	\$ 6,081	1	\$ 6,081	
OR - Electro-surgical Unit	\$ 39,820	1	\$ 39,820	
OR - Work Table	\$ 505	1	\$ 505	
OR - Utility Table	\$ 369	1	\$ 369	
OR - Stand	\$ 750	1	\$ 750	
OR - Revolving Stool	\$ 1,547	2	\$ 3,094	
Generic OR - Med. Gas Articulating Boom	\$ 25,680	10	\$ 256,800	
Generic OR - Med. Gas Articulating Boom	\$ 33,672	10	\$ 336,720	
Generic OR - Surgical Light w/Flat Screen Arm	\$ 37,000	10	\$ 370,000	
Generic OR - Surgical Light	\$ 25,000	10	\$ 250,000	
Generic OR - Surgical Camera	\$ 24,000	10	\$ 240,000	
Generic OR - AV Integrated Surgery System	\$ 175,000	10	\$ 1,750,000	
Generic OR - Video System, Scope Accessory	\$ 80,000	10	\$ 800,000	
Corridor - Scrub Sink	\$ 8,627	16	\$ 138,032	
Sterile Core - Sterilizer	\$ 42,756	2	\$ 85,512	
Corridor - Resuscitation Cart	\$ 1,950	1	\$ 1,950	
Corridor - Procedure Cart	\$ 1,515	1	\$ 1,515	
Surgical Path - Lab Hood	\$ 1,516	1	\$ 1,516	
Surgical Path - Upright Refrigerator	\$ 5,073	1	\$ 5,073	
Anesth - Shelving	\$ 2,196	2	\$ 4,392	
Anesth - Cart	\$ 32,862	2	\$ 65,724	
Anesth - Med. Gas Cylinder Cart	\$ 127	1	\$ 127	
Anesth - Cart	\$ 2,348	4	\$ 9,392	
Anesth - Pharmaceutical Waste Disposal Container	\$ 125	1	\$ 125	
			\$ 11,506,775	
PACU (Post-Anesthesia Recovery)				
Pacu - Patient Headwall	\$ 6,000	20	\$ 120,000	
Pacu - Adult Stretcher	\$ 5,040	20	\$ 100,800	
Pacu - Physiological Monitor	\$ 49,832	20	\$ 996,640	
Pacu - Monitor Accessory	\$ 800	20	\$ 16,000	
Pacu - Oxygen Flowmeter	\$ 48	20	\$ 960	
Pacu - Air Flowmeter	\$ 55	20	\$ 1,100	
Pacu - Suction Regulator	\$ 718	50	\$ 35,900	
Pacu Isolation - Adult Stretcher	\$ 5,040	4	\$ 20,160	
Pacu Isolation - Physiological Monitor	\$ 49,832	4	\$ 199,328	
Pacu Isolation - Monitor Accessory	\$ 800	4	\$ 3,200	
Pacu Isolation - Oxygen Flowmeter	\$ 48	4	\$ 192	
Pacu Isolation - Air Flowmeter	\$ 55	4	\$ 220	
Pacu Isolation - Suction Regulator	\$ 718	12	\$ 8,616	
Above - Supply Cart	\$ 1,400	4	\$ 5,600	
Peds Pacu Isol. - Patient Headwall	\$ 6,000	1	\$ 6,000	
Peds Pacu Isol. - Stretcher/Bed	\$ 9,333	1	\$ 9,333	
Peds Pacu Isol. - Physiological Monitor	\$ 49,832	1	\$ 49,832	
Peds Pacu Isol. - Monitor Accessory	\$ 800	1	\$ 800	
Peds Pacu Isol. - Oxygen Flowmeter	\$ 48	1	\$ 48	
Peds Pacu Isol. - Air Flowmeter	\$ 55	1	\$ 55	
Peds Pacu Isol. - Suction Regulator	\$ 718	1	\$ 718	
Peds Pacu - Patient Headwall	\$ 6,000	4	\$ 24,000	
Peds Pacu - Stretcher/Bed	\$ 9,333	4	\$ 37,332	
Peds Pacu - Physiological Monitor	\$ 49,832	4	\$ 199,328	

	Peds Pacu - Monitor Accessory	\$ 800	4	\$ 3,200	
	Peds Pacu - Oxygen Flowmeter	\$ 48	4	\$ 192	
	Peds Pacu - Air Flowmeter	\$ 55	4	\$ 220	
	Peds Pacu - Suction Regulator	\$ 718	4	\$ 2,872	
	Peds Pacu - Soiled	\$ 1,605	1	\$ 1,605	
	Peds Pacu - Linen Bin	\$ 1,095	2	\$ 2,190	
	Peds Pacu Alcove - Cardiac Resuscitation Can	\$ 1,402	1	\$ 1,402	
	Peds Pacu Alcove - Defibrillator	\$ 18,000	1	\$ 18,000	
	Peds Pacu Nurses Station - Cardiac Resuscitation Cart	\$ 1,402	1	\$ 1,402	
	Peds Pacu Nurses Station - Defibrillator	\$ 18,000	1	\$ 18,000	
	Peds Pacu Meds - Medication Dispenser	\$ 38,000	1	\$ 38,000	
	Peds Meds - Monitor	\$ 3,900	1	\$ 3,900	
					\$ 1,927,145
Surgical Prep/Stage II Recovery					
	Pre-An Isol - Patient Headwall	\$ 6,000	2	\$ 12,000	
	Pre-An Isol - Adult Stretcher	\$ 6,000	2	\$ 12,000	
	Pre-An Isol - Physiological Monitor	\$ 49,832	2	\$ 99,664	
	Pre-An Isol - Monitor Accessory	\$ 800	2	\$ 1,600	
	Pre-An Isol - Oxygen Flowmeter	\$ 48	2	\$ 96	
	Pre-An Isol - Air Flowmeter	\$ 55	2	\$ 110	
	Pre-An Isol - Suction Regulator	\$ 718	2	\$ 1,436	
	Pre-An - Patient Headwall	\$ 6,000	27	\$ 162,000	
	Pre-An - Adult Stretcher	\$ 5,040	27	\$ 138,080	
	Pre-An - Oxygen Flowmeter	\$ 48	27	\$ 1,296	
	Pre-An - Air Flowmeter	\$ 55	27	\$ 1,485	
	Pre-An - Suction Regulator	\$ 718	27	\$ 19,386	
	Nurses Station - Warming Cabinet	\$ 4,372	1	\$ 4,372	
	Clean - Linen Cart	\$ 1,032	1	\$ 1,032	
	Clean - Warming Cabinet	\$ 5,889	1	\$ 5,889	
	Holding - Adult Stretcher	\$ 5,040	4	\$ 20,160	
	Holding - Oxygen Flowmeter	\$ 48	4	\$ 192	
	Holding - Suction Regulator	\$ 718	4	\$ 2,872	
	Meds - Medication Dispenser	\$ 38,000	2	\$ 76,000	
	Meds - Medication Dispenser	\$ 26,958	2	\$ 53,912	
	Meds - Undercounter Refrigerator	\$ 294	2	\$ 588	
	Meds - Medication Dispenser Accessory	\$ 3,964	2	\$ 7,928	
	Meds - Accessory Refrigerator	\$ 96	2	\$ 192	
	Peds Pre-An - Patient Headwall	\$ 6,000	6	\$ 36,000	
	Peds Pre-An - Physiological Monitor	\$ 49,832	6	\$ 298,992	
	Peds Pre-An - Monitor Accessory	\$ 800	6	\$ 4,800	
	Peds Pre-An - Stretcher/Bed	\$ 9,333	6	\$ 55,998	
	Peds Pre-An - Oxygen Flowmeter	\$ 48	6	\$ 288	
	Peds Pre-An - Air Flowmeter	\$ 55	6	\$ 330	
	Peds Pre-An - Suction Regulator	\$ 718	6	\$ 4,308	
					\$ 1,021,006
Pre-Surgical Testing					
	Exam Room - Exam Table	\$ 2,700	6	\$ 16,200	
	Lab Draw - Blood Draw Chair	\$ 1,019	1	\$ 1,019	
	Lab Draw - Blood Draw Chair	\$ 1,495	2	\$ 2,990	
	Lab Draw - Cart	\$ 851	3	\$ 2,553	
	Lab Draw - Oxygen Flowmeter	\$ 48	1	\$ 48	
	Lab Draw - Suction Regulator	\$ 718	1	\$ 718	
	Lab Draw - Vital Signs Monitor	\$ 5,200	1	\$ 5,200	
					\$ 28,758
Satellite Pharmacy					
	Biological Safety Cabinet	\$ 12,500	1	\$ 12,500	
					\$ 12,500
Central Sterile Processing and Distribution					
	Sterad - Gas Plasma Sterilizer	\$ 187,200	1	\$ 187,200	
	Sterad - Gas Plasma Sterilizer	\$ 160,000	2	\$ 320,000	
	ETO - Sterilizer	\$ 49,730	1	\$ 49,730	
	ETO - Sterilizer Aerator	\$ 21,000	1	\$ 21,000	
	Sterilizers - Sterilizer	\$ 570,000	2	\$ 1,140,000	
	Sterilizers - Cart Allowance	\$ 100,000	1	\$ 100,000	
	Sterilizers - Install	\$ 25,000	1	\$ 25,000	
	Clean Assembly - Washer/Disinfecter	\$ 350,000	2	\$ 720,000	

Clean Assembly - Decontam Dryer Tube	\$ 10,750	1	\$ 10,750	
Clean Assembly - Rack	\$ 912	1	\$ 912	
Clean Assembly - Incubator	\$ 989	1	\$ 989	
Clean Assembly - Sealing Unit	\$ 1,557	1	\$ 1,557	
Clean Assembly - Computer Accessory	\$ 100,000	2	\$ 200,000	
Clean Assembly - Instrument/Supply Cabinet	\$ 1,800	1	\$ 1,800	
Decontam - Ultrasonic Cleaner	\$ 28,440	1	\$ 28,440	
Decontam - Pass Thru Window	\$ 3,872	1	\$ 3,872	
Decontam - Clean up Counter	\$ 17,000	2	\$ 34,000	
Decontam - Washer Accessory	\$ 3,860	4	\$ 15,440	
Decontam - Washer Accessory / ATS	\$ 113,773	1	\$ 113,773	
Decontam - Waste Management System	\$ 12,000	1	\$ 12,000	
Decontam - Work Table	\$ 3,827	2	\$ 7,654	
Decontam - Flammable Stor. Cabinet	\$ 491	1	\$ 491	
Cart Washer	\$ 150,000	1	\$ 150,000	
Cart Hold - Case Cart	\$ 2,543	11	\$ 27,973	
Cart Staging - Case Cart	\$ 2,543	30	\$ 76,290	
			\$ 3,249,981	
				\$ 17,748,165

*Surgery includes Anesthesia, Waiting Rooms, Support/Staff Lockers, Sterile Supply & Processing in Surgical Suite, Department Administration & Management.

ST. JOHN'S FURNITURE AND FURNISHINGS

Clinical Services

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services	
Surgical Suite	OR - Waste Receptacle	\$ 96	16	\$ 1,536			
	Surgical Pathology - C-Lockers	\$ 3,453	7	\$ 24,171			
	Equipment Storage - Wire Shelving	\$ 1,111	6	\$ 6,666			
	Surgical Services - F/S Furniture	\$ 875,000	1	\$ 875,000			
	Anesth. Clean Workroom - Wire Shelving	\$ 1,111	6	\$ 6,666			
	Anesth. Office - Ice Maker	\$ 5,145	1	\$ 5,145			
	Anesth. Office - Upright Refrigerator/Freezer	\$ 479	1	\$ 479			
	Anesth. Office - Coffee Maker	\$ 578	1	\$ 578			
	Anesth. Office - Microwave	\$ 335	1	\$ 335			
	Anesth. Office - Waste Receptacle	\$ 79	1	\$ 79			
	Anesth. Office - Waste Recycling Receptacle	\$ 72	1	\$ 72			
	Anesth. Office - F/S Furniture	\$ 184,784	1	\$ 184,784			
	Anesth. Storage - Wire Shelving	\$ 1,111	2	\$ 2,222			
	Modular Systems Furniture	\$ 1,000	1	\$ 1,000			
	Clinical Lab - F/S Furniture	\$ 100,000	1	\$ 100,000			
					\$	1,208,713	
PACU (Post-Anesthesia Recovery)	Corridor - Waste Receptacle	\$ 79	2	\$ 158			
	Pacu - Waste Receptacle	\$ 79	20	\$ 1,580			
	Solled Holding - Waste Receptacle	\$ 1,605	2	\$ 3,210			
	Clean Linen - Linen Cart	\$ 1,032	1	\$ 1,032			
	Clean Supply - Waste Receptacle	\$ 79	1	\$ 79			
	Clean Supply - Linen Cart	\$ 1,032	1	\$ 1,032			
	Clean Supply - Shelving	\$ 4,759	1	\$ 4,759			
	Pacu Isol. - Waste Receptacle	\$ 79	4	\$ 316			
	Meds - UIC Refrigerator	\$ 294	1	\$ 294			
	Nourishment - Ice Maker	\$ 5,145	1	\$ 5,145			
	Nourishment - Upright Refrigerator/Freezer	\$ 479	1	\$ 479			
	Nourishment - Coffee Maker	\$ 578	1	\$ 578			
	Nourishment - Microwave	\$ 335	1	\$ 335			
	Nourishment - Waste Receptacle	\$ 79	1	\$ 79			
	Nourishment - Waste Recycling Receptacle	\$ 72	1	\$ 72			
	Lounge - Upright Refrigerator/Freezer	\$ 479	1	\$ 479			
	Lounge - Coffee Maker	\$ 578	2	\$ 1,156			
	Lounge - Microwave	\$ 335	2	\$ 670			
	Lounge - Waste Receptacle	\$ 79	2	\$ 158			
	Lounge - Waste Recycling Receptacle	\$ 72	1	\$ 72			
	Waste - Waste Receptacle	\$ 95	2	\$ 192			
	Pacu - F/S Furniture	\$ 334,552	1	\$ 334,552			
					\$	358,427	
	Surgical Prep/Stage II Recovery	Pre-An Isol. - Waste Receptacle	\$ 96	2	\$ 192		
		Pre-An - Waste Receptacle	\$ 96	27	\$ 2,592		
		Meds - UIC Refrigerator	\$ 294	2	\$ 588		
Nourishment - Ice Maker		\$ 4,899	3	\$ 14,697			
Nourishment - Undercounter Refrigerator/Freezer		\$ 155	3	\$ 465			
Nourishment - Coffee Maker		\$ 578	1	\$ 578			
Nourishment - Microwave		\$ 335	3	\$ 1,005			
Nourishment - Waste Receptacle		\$ 81	3	\$ 273			
Nourishment - Waste Recycling Receptacle		\$ 72	1	\$ 72			
Peds Pre-An Isol. - Waste Receptacle		\$ 96	1	\$ 96			
Peds Pre-An - Waste Receptacle		\$ 96	4	\$ 384			
Peds Pre-An Solled - Waste Receptacle		\$ 96	1	\$ 96			
Peds Nourishment - Ice Maker		\$ 5,145	1	\$ 5,145			
Peds Nourishment - Upright Refrigerator/Freezer		\$ 479	1	\$ 479			
Peds Nourishment - Coffee Maker		\$ 578	1	\$ 578			
Peds Nourishment - Microwave		\$ 335	1	\$ 335			
Peds Nourishment - Waste Receptacle		\$ 81	1	\$ 81			
Peds Nourishment - Waste Recycling Receptacle		\$ 72	1	\$ 72			
Peds Meds - UIC Refrigerator		\$ 294	1	\$ 294			
Pre-An - F/S Furniture		\$ 588,012	1	\$ 588,012			
					\$	584,044	

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
Pre-Surgical Testing						
	Exam - Waste Receptacle	\$ 91	6	\$ 546		
	Lab Draw - Waste Receptacle	\$ 44	1	\$ 44		
	Storage - Wire Shelving	\$ 1,111	3	\$ 3,333		
	Pre-Admission - F/S Furniture	\$ 75,283	1	\$ 75,283		
					\$ 79,206	
Satellite Pharmacy						
	Modular Systems Furniture	\$ 1,000	1	\$ 1,000		
	Upright Refrigerator	\$ 5,073	1	\$ 5,073		
	Upright Refrigerator	\$ 6,953	1	\$ 6,953		
	Wire Shelving	\$ 1,111	5	\$ 5,555		
	Pharmacy - F/S Furniture	\$ 100,000	1	\$ 100,000		
					\$ 118,581	
Central Sterile Processing and Distribution						
	Linens - Wire Shelving	\$ 1,111	6	\$ 6,666		
	Soil - Linen Cart	\$ 1,095	2	\$ 2,190		
	Soil Draw - Waste Receptacle	\$ 78	1	\$ 78		
	Storage - Vendor Lockers and Shelving	\$ 30,000	1	\$ 30,000		
	Entry/Locker - Waste Receptacle	\$ 91	1	\$ 91		
	Entry/Locker - Linen Hamper	\$ 238	2	\$ 472		
	Breakout - Wire Shelving	\$ 1,111	4	\$ 4,444		
	Sterad - Wire Shelving	\$ 1,111	1	\$ 1,111		
	Break Room - Upright Refrigerator/Freezer	\$ 479	1	\$ 479		
	Break Room - Coffee Maker	\$ 578	2	\$ 1,156		
	Break Room - Microwave	\$ 335	2	\$ 670		
	Break Room - Waste Receptacle	\$ 79	1	\$ 79		
	Break Room - Waste Recycling Receptacle	\$ 72	1	\$ 72		
	Supply - Shelving Allowance	\$ 30,000	1	\$ 30,000		
	Supply - Wire Shelving	\$ 1,111	4	\$ 4,444		
	Sterilizers - Shelving Allowance	\$ 100,000	1	\$ 100,000		
	Clean Assembly - Wire Shelving	\$ 1,111	6	\$ 6,666		
	Decontam - Waste Receptacle	\$ 79	4	\$ 316		
	Pan Hold - Wire Shelving	\$ 1,111	14	\$ 15,554		
	Central Supply - Shelving Allowance	\$ 30,000	4	\$ 120,000		
	Central Sterile - F/S Furniture	\$ 150,748	1	\$ 150,748		
					\$ 475,236	
					\$ 2,832,907	

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
Non-Clinical Services						
Biomedical Engineering	Biomed - F/S Furniture	\$ 10,000	1	\$ 10,000		
					\$ 10,000	
On-Call Rooms	On-Call - F/S Furniture	\$ 20,000	1	\$ 20,000		
					\$ 20,000	
Medical Education	Medical Education - F/S Furniture	\$ 79,206	1	\$ 79,206		
					\$ 79,206	
Nursing Education	Nursing Education - F/S Furniture	\$ 79,206	1	\$ 79,206		
					\$ 79,206	
Nursing Administration	Nursing Administration - F/S Furniture	\$ 19,801	1	\$ 19,801		
					\$ 19,801	
Administration	Administration - F/S Furniture	\$ 75,000	1	\$ 75,000		
					\$ 75,000	
Relocated Administrative Departments	F/S Furniture	\$ 350,000	1	\$ 350,000		
					\$ 350,000	
Computer Laboratory	IT - F/S Furniture	\$ 19,801	1	\$ 19,801		
					\$ 19,801	
General Stores	General Stores - F/S Furniture	\$ 10,000	1	\$ 10,000		
					\$ 10,000	
Lobbies, Public Space	Lobbies/Public Space - F/S Furniture	\$ 455,075	1	\$ 455,075		
					\$ 455,075	
						\$ 1,128,089
*Surgery Includes Anesthesia, Waiting Rooms, Support/Staff Lockers, Sterile Supply & Processing in Surgical Suite, Lab in Surgical Suite, Department Administration & Management						

ST. JOHN'S HOSPITAL
Space Requirements

Department	Cost	Total Gross Square Footage*					Vacated as a Result of this Project
		Entire Hospital		This Project			
		Existing	Upon Project Completion	New	Modernized	As Is	
Clinical Service Areas:							
Surgery: (entire hospital)			35,880	25,560	10,320	0	23,470
Main Surgery		32,985	35,880	25,560	10,320	0	23,470
PHI (Cardiovascular Surgery)		14,520	14,520	0	0	14,520	0
Pavilion Operating Rooms		<u>7,383</u>	<u>7,383</u>	0	0	<u>7,383</u>	0
TOTAL SURGERY	\$36,680,724	54,888	57,783	25,560	10,320	21,903	23,470
Pharmacy (entire hospital)	\$810,911	7,360	6,402	0	1,042	7,360	0
Post-Anesthesia Recovery (PACU):(entire hospital)			10,625	10,625	0	0	7,340
Main Surgery		7,340	10,625	10,625	0	0	7,340
PHI (Cardiovascular Surgery)		7,330	7,330	0	0	7,330	0
Pavilion		<u>1,472</u>	<u>1,472</u>	0	0	<u>1,472</u>	0
TOTAL POST-ANESTHESIA RECOVERY (PACU)	\$8,724,704	16,142	19,427	10,625	0	8,802	7,340
Surgical Prep/Stage II Recovery: (entire hospital)			17,677	6,060	11,617	0	13,046
Main Surgery		13,046	17,677	6,060	11,617	0	13,046
PHI (Cardiovascular Surgery)		1,215	1,215	0	0	1,215	0
Pavilion		<u>4,418</u>	<u>4,418</u>	0	0	<u>4,418</u>	0
TOTAL SURGICAL PREP/STAGE II RECOVERY	\$13,060,313	16,679	23,310	6,060	11,617	5,633	13,046
Pre-Surgical Testing	\$1,551,654	2,325	2,189	0	2,189	0	2,325
Central Sterile Processing/Distribution: (entire hospital)			14,113	14,113	0	0	5,880
Basement		5,980	14,113	14,113	0	0	5,880
Third Floor		2,175	270	270	0	0	2,175
Pavilion - Outpatient Surgery		<u>1,442</u>	<u>1,442</u>	0	0	<u>1,442</u>	0
TOTAL CENTRAL STERILE PROCESSING/DISTRIBUTION	\$12,689,684	9,607	15,825	14,383	0	1,442	8,185
Shell Space for future Emergency Department	<u>\$1,887,307</u>	0	<u>18,405</u>	<u>18,405</u>	0	0	0
TOTAL CLINICAL SERVICE AREAS	\$78,405,277	109,001	145,341	76,033	25,168	45,140	54,346
TOTAL PROJECT (CLINICAL + NON-CLINICAL SERVICE AREAS)	\$121,199,325	120,779	217,005	140,264	31,602	45,140	61,381

Department	Cost	Total Gross Square Footage*					Vacated as a Result of this Project
		Entire Hospital		This Project			
		Existing	Upon Project Completion	New	Modernized	As Is	
Non-Clinical Service Areas:							
Biomedical Engineering (this project)	\$1,245,723	0	583	0	583	0	0
Medical Education (this project)							
3rd Floor		0	524	0	524	0	0
4th Floor		760	1,469	1,469	0	0	760
TOTAL MEDICAL EDUCATION (this project)	\$1,900,638	760	1,993	1,469	524	0	760
Nursing Education (this project)	\$1,237,627	3,270	2,437	2,437	0	0	3,270
Nursing Administration (this project)	\$76,347	500	123	123	0	0	500
Administration (this project)	\$2,831,855	0	5,530	5,530	0	0	0
Computer Laboratory	\$92,863	675	155	155	0	0	675
Storage (this project)	\$820,352	1,830	2,400	2,400	0	0	1,830
Public Space (this project)	\$7,748,468	4,229	4,229	0	4,229	0	0
Elevator Lobbies: (this project)							
Basement		0	0	0	0	0	0
1st Floor		0	0	0	0	0	0
3rd Floor		127	1,246	789	457	0	0
4th Floor		0	581	581	0	0	0
TOTAL ELEVATOR LOBBIES	\$1,619,665	127	1,827	1,370	457	0	0
Connector(s) to Existing Buildings: (this project)							
Basement		0	3,636	3,636	0	0	0
1st Floor		0	2,673	2,673	0	0	0
2nd Floor		0	930	930	0	0	0
3rd Floor		0	5,188	5,188	0	0	0
4th Floor		0	3,500	3,500	0	0	0
TOTAL CONNECTOR(S) TO EXISTING BUILDINGS	\$8,736,483	0	16,007	16,007	0	0	0
Mechanical/Electrical Space and Equipment (this project)	\$12,629,462	0	27,918	27,918	0	0	0
Elevator Shafts: (this project)							
Basement		0	548	548	0	0	0
1st Floor		0	548	548	0	0	0
3rd Floor		110	658	548	110	0	0
4th Floor		0	453	453	0	0	0
TOTAL ELEVATOR SHAFTS	\$633,533	110	2,207	2,097	110	0	0
Stairwells: (this project)							
Basement		0	401	401	0	0	0
1st Floor		0	1,043	1,043	0	0	0
2nd Floor		0	1,352	1,352	0	0	0
3rd Floor		168	1,229	965	264	0	0
4th Floor		0	737	737	0	0	0
TOTAL STAIRWELLS	\$2,885,754	168	4,762	4,496	264	0	0
Mechanical/Electrical/Data Shafts: (this project)							
Basement		0	0	0	0	0	0
1st Floor		0	309	309	0	0	0
3rd Floor		109	837	570	267	0	0
4th Floor		0	348	348	0	0	0
TOTAL MECHANICAL/ELECTRICAL/DATA SHAFTS	\$535,278	109	1,494	1,227	267	0	0
TOTAL NON-CLINICAL SERVICE AREAS	\$42,794,045	11,778	71,865	65,231	6,434	0	7,035

PROPOSED REUSE OF VACATED SPACE

- a. Surgery will vacate 23,470 gross square feet (GSF), of which 12,254 GSF will be reused as the Satellite Pharmacy, Biomedical Engineering and part of the modernization of the Surgical Suite.

The balance of the space that will be vacated by Surgery 3 years after the CON permit is granted is being considered for reuse for the following purposes:

- Replacement of the Gastro-Intestinal Laboratory (GI Lab);
- Construction of a satellite Physical Therapy/Occupational Therapy Gym located near the Orthopedic Nursing Unit;
- Medical Education, which would include use of vacated operating rooms for surgical clinical education for the 215 medical students at the Southern Illinois University School of Medicine who study at St. John's Hospital during their second through fourth years of medical school and the 226 residents and fellows who participate in 21 different specialty programs;
- Nursing Education for students in St. John's College's Department of Nursing, including use of vacated operating rooms for surgical clinical education.

Since the current Main Surgery Suite will not vacate its existing space for 3 years following the approval of this CON permit, architectural plans have not been finalized for the reuse of the space that will be vacated, and a plan for funding the costs required to implement this project has not yet been developed. When the plans are finalized, for the reuse of the vacated space, the co-applicants will apply for one or more CON permits, if they are required.

- b. The Post-Anesthesia Recovery Unit (PACU) and Surgical Prep/Stage II Recovery will vacate 20,386 GSF in the hospital's bed tower (7,340 GSF in the PACU and 13,046 GSF in Surgical Prep/Stage II Recovery). The space that will be vacated by the PACU and Surgical Prep/Stage II Recovery will be included in a future CON application to complete the modernization of the Bed Tower.

No plan for funding the costs required to implement this project has been developed at this time. When the plans are finalized and the funds for the project are available, the co-applicants will apply for a CON permit to implement this project.

- c. Pre-Surgical Testing will vacate 2,325 GSF. This space is planned to be reused as part of a public corridor within the existing hospital.

Since Pre-Surgical Testing will not vacate its existing space for 3 years following the approval of this CON permit, the architectural planning for the reuse of this space has not been finalized and is not part of this project.

- d. Central Sterile Processing and Distribution will vacate space on the 3rd floor of the hospital, adjacent to the Main Surgical Suite, and in the hospital basement.

Central Sterile Processing and Distribution will vacate 2,175 GSF on the 3rd floor of the hospital, which will be modernized as part of the support space for the Surgical Suite. The modernization of the vacated space is included in this project.

Central Sterile Processing and Distribution also currently occupies 5,990 GSF in the Basement. This space is planned to be reused as Storage. Since the space will not be vacated for 3 years following the approval of this CON permit, a plan for funding any costs required to implement these plans has not yet been developed.

- e. The following Non-Clinical Service Areas will vacate a total of 7,035 GSF in the bed tower: Medical Education; Nursing Education; Nursing Administration; Computer Laboratory; Storage.

All of this space is identified in this CON application because replacement space for each of these departments is being constructed as part of this project.

The reuse of the space that these Non-Clinical Service Areas will vacate will be included in a CON application to modernize the Bed Tower (the first phase of the modernization of the Bed Tower) that will be submitted shortly. The vacated space will be proposed for reuse as part of that project, in which the replacement of Medical/Surgical Nursing Units is the only Clinical Service Area.

III.

Criterion 1110.230 - Background of Applicant

1. Hospital Sisters Health System is the sole corporate member of Hospital Sisters Services, Inc. (HSSI), the sole corporate member of St. John's Hospital.

HSSI or an affiliate of HSSI also are the sole corporate members of the following Illinois health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

The identification numbers of each of these health care facilities is shown below, along with their names and locations.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
St. John's Hospital, Springfield	Illinois License ID #0002451 JCAHO ID #7432
St. Anthony's Memorial Hospital, Effingham	Illinois License ID #0002279 JCAHO ID #7335
St. Elizabeth's Hospital, Belleville	Illinois License ID #0002345 JCAHO ID #7242
St. Francis Hospital, Litchfield	Illinois License ID #0002386 JCAHO ID #7374
St. Joseph's Hospital, Breese	Illinois License ID #0002527 JCAHO ID #7250
St. Joseph's Hospital, Highland	Illinois License ID #0002543 JCAHO ID #2825
St. Mary's Hospital, Decatur	Illinois License ID #0002592 JCAHO ID #4605
St. Mary's Hospital, Streator	Illinois License ID #0002659 JCAHO ID #7436
Prairie Diagnostic Center, LLC, Springfield	Illinois License ID #7003114 Accreditation Association for Ambulatory Health Care ID #76792

Proof of the current licensure and accreditation of each of the facilities identified above will be found on the following pages of this Attachment.

- 2, 3. A letter from Hospital Sisters Health System certifying that St. John's Hospital and the other hospitals that are affiliated with HSSI have not had any adverse action taken against them during the past three years and authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection will be found on the final page of this Attachment.
4. This item is not applicable to this application.



State of Illinois 1927332
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 06/30/10	CATEGORY BGBD	ID. NUMBER 0002451
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 07/01/09		

BUSINESS ADDRESS

ST. JOHN'S HOSPITAL
800 EAST CARPENTER

SPRINGFIELD ILL 62769

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

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DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION

State of Illinois 1927332
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE 06/30/10	CATEGORY BGBD	ID. NUMBER 0002451
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 07/01/09		

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/09

05/02/09

ST. JOHN'S HOSPITAL
 800 EAST CARPENTER

SPRINGFIELD ILL 62769

FEE RECEIPT NO.



February 12, 2009

Robert Ritz
President and CEO
St. John's Hospital
800 East Carpenter Street
Springfield, IL 62769

Joint Commission ID #: 7432
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 2/12/2009

Dear Mr. Ritz:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care
- Comprehensive Accreditation Manual for Hospitals
- Medicare/Medicaid Certification-Based Long Term Care Accreditation

This accreditation cycle is effective beginning November 17, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations



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

Organization Identification Number: 7432

Measure of Success Received: 2/12/2009

PROGRAM(S)

Hospital Accreditation Program
Medicare/Medicaid Certification-Based Long Term
Care Accreditation
Home Care Program

Executive Summary

There is no follow-up due to The Joint Commission as a result of the accreditation activity conducted on the above date.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.



August 22, 2008

Robert Ritz
President and CEO
St. John's Hospital
800 East Carpenter Street
Springfield, IL 62769

Joint Commission ID #: 7432
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 8/22/2008

Dear Mr. Ritz:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- [Comprehensive Accreditation Manual for Home Care](#)
- [Comprehensive Accreditation Manual for Hospitals](#)
- [Medicare/Medicaid Certification-Based Long Term Care Accreditation](#)

This accreditation cycle is effective beginning November 17, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Linda S. Murphy-Knoll
Interim Executive Vice President
Division of Accreditation and Certification Operations

State of Illinois 1954453
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 12/31/10	CATEGORY BGBD	I.D. NUMBER 0002279
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 01/01/10		

BUSINESS ADDRESS

ST. ANTHONY'S MEMORIAL HOSPITAL
503 NORTH MAPLE STREET

EFFINGHAM IL 62401
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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1954453

Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. ANTHONY'S MEMORIAL HOSPITAL

EXPIRATION DATE 12/31/10	CATEGORY BGBD	I.D. NUMBER 0002279
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 01/01/10		

11/07/09

ST. ANTHONY'S MEMORIAL HOSPITAL
503 NORTH MAPLE STREET
EFFINGHAM IL 62401

FEE RECEIPT NO.



February 3, 2009

Daniel J. Woods
Executive Vice President/Administrator
St. Anthony's Memorial Hospital
503 North Maple Street
Effingham, IL 62401

Joint Commission ID #: 7335
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 2/3/2009

Dear Mr. Woods:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- . Comprehensive Accreditation Manual for Home Care
- . Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning August 23, 2008. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 1954455
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
12/31/10	BGBD	0002345
FULL LICENSE GENERAL HOSPITAL		
EFFECTIVE: 01/01/10		

BUSINESS ADDRESS

ST. ELIZABETH'S HOSPITAL
211 SOUTH 3RD STREET
BELLEVILLE IL 62221

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State of Illinois 1954455
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/10	BGBD	0002345
FULL LICENSE GENERAL HOSPITAL		
EFFECTIVE: 01/01/10		

11/07/09

ST. ELIZABETH'S HOSPITAL
211 SOUTH 3RD STREET

BELLEVILLE IL 62221

FEE RECEIPT NO.



April 23, 2008

Timothy F. Brady
Administrator
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220

Joint Commission ID #: 7242
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 4/23/2008

Dear Mr. Brady:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning December 22, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Linda S. Murphy-Knoll
Interim Executive Vice President
Division of Accreditation and Certification Operations

cc: Admin Council



St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220

Organization Identification Number: 7242

Evidence of Standards Compliance Received: 4/23/2008

PROGRAM(S)

Hospital Accreditation Program

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit a Measure of Success (MOS) within four (4) months from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

Program	Standard	Level of Compliance
HAP	LD.3.50	Compliant
HAP	HR.1.20	Compliant
HAP	LD.3.90	Compliant
HAP	EC.5.20	Compliant
HAP	EC.6.20	Compliant
HAP	MM.4.30	Compliant
HAP	MM.4.40	Compliant
HAP	PC.8.10	Compliant
HAP	PC.13.20	Compliant
HAP	IM.6.30	Compliant
HAP	NPSG Requirement 8B	Compliant
HAP	UP Requirement 1C	Compliant



State of Illinois 1954456

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	I.D. NUMBER
12/31/10	BGBD	0002386
FULL LICENSE CRITICAL ACCESS HOSP EFFECTIVE: 01/01/10		

BUSINESS ADDRESS

ST. FRANCIS HOSPITAL
P. O. BOX 1215
1215 FRANCISCAN DR.

LITCHFIELD IL 62056

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February 13, 2009

Daniel Perryman
CEO
St. Francis Hospital of the Hospital Sisters
1215 Franciscan Drive
Litchfield, IL 62056

Joint Commission ID #: 7374
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 2/11/2009

Dear Mr. Perryman:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Accreditation Manual for Critical Access Hospitals

This accreditation cycle is effective beginning February 11, 2009. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION →

State of Illinois 1927333
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
06/30/10	BGBD	0002527
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 07/01/09		

BUSINESS ADDRESS

ST. JOSEPH'S HOSPITAL
9815 HOLY CROSS LANE

BREESE
The State of Illinois has a colored background for the State of Illinois - 497.

State of Illinois 1927333
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/10	BGBD	0002527

FULL LICENSE
GENERAL HOSPITAL

EFFECTIVE: 07/01/09

05/02/09

ST. JOSEPH'S HOSPITAL
JAMESTOWN ROAD

BREESE IL 62230

FEE RECEIPT NO.



January 6, 2010

Mark Reifsteck
Interim President/CEO
St. Joseph's Hospital
9515 Holy Cross Lane
Breese, IL 62230

Joint Commission ID #: 7250
Program: Hospital Accreditation
Accreditation Activity: Unannounced
Extension Event New Service
Accreditation Activity Completed: 12/07/2009

Dear Mr. Reifsteck:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning November 16, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1927334
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	IL NUMBER
06/30/10	BGBD	0002543
FULL LICENSE		
CRITICAL ACCESS HOSP		
EFFECTIVE: 07/01/09		

BUSINESS ADDRESS

ST. JOSEPH'S HOSPITAL
1515 MAIN STREET

HIGHLAND IL 62249
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State of Illinois 1927334
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	IL NUMBER
06/30/10	BGBD	0002543
FULL LICENSE		
CRITICAL ACCESS HOSP		
EFFECTIVE: 07/01/09		

ST. JOSEPH'S HOSPITAL

CRITICAL ACCESS HOSP
EFFECTIVE: 07/01/09

05/02/09

ST. JOSEPH'S HOSPITAL
1515 MAIN STREET
HIGHLAND IL 62249

FEE RECEIPT NO.



September 14, 2009

Joint Commission ID#: 2825
CCN: 14-1336
Program: Critical Access Hospital
Accreditation Expiration Date: September 17, 2012

Dennis Hutchison
Interim CEO
St. Joseph's Hospital
1515 Main Street
Highland, Illinois 62249

Dear Mr. Hutchison:

This letter confirms that your June 15-16, 2009 unannounced full survey was conducted for the purposes of assessing compliance with the Medicare conditions for critical access hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on September 8, 2009, the Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of June 17, 2009.

The Joint Commission is also recommending your organization for Medicare certification. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13.

This recommendation also applies to the following location(s):

- St. Joseph's Family Practice Clinic
- St. Joseph's Hospital

We direct your attention to some important Joint Commission policies. First, your Medicare report is publicly accessible as required by the Joint Commission's agreement with the Centers for Medicare and Medicaid Services. Second, Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or health care services you provide.

Sincerely,

Ann Scott Blouin RN, Ph.D.

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office V /Survey and Certification Staff

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



September 14, 2009

Dennis Hutchison, BS, MBA
Interim CEO
St. Joseph's Hospital
1515 Main Street
Highland, IL 62249

Joint Commission ID #: 2825
Program: Critical Access Hospital
Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 09/10/2009

Dear Mr. Hutchison:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Accreditation Manual for Critical Access Hospitals

This accreditation cycle is effective beginning June 17, 2009. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations



St. Joseph's Hospital
1515 Main Street
Highland, IL 62249

Organization Identification Number: 2825

Evidence of Standards Compliance (60 Day) Submitted: 9/8/2009

Program(s)

Critical Access Hospital Accreditation

Executive Summary

Critical Access Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

If you have any questions, please do not hesitate to contact your Account Representative.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

**The Joint Commission
Summary of Compliance**

Program	Standard	Level of Compliance
CAH	EC.02.03.01	Compliant
CAH	EM.02.02.13	Compliant
CAH	IC.03.01.01	Compliant
CAH	LS.02.01.10	Compliant
CAH	LS.02.01.20	Compliant
CAH	MS.08.01.01	Compliant
CAH	RI.01.05.01	Compliant



State of Illinois 1927335

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
06/30/10	BGBD	0002592
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 07/01/09		

BUSINESS ADDRESS

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE

DECATUR

IL 62521 3883

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September 17, 2009

Joint Commission ID:# 4605

CCN: 14-0166

Program: Hospital

Accreditation Expiration Date: September 4, 2012

Kevin Kast
Administrator/CEO
St. Mary's Hospital
1800 East Lake Shore Drive
Decatur, Illinois 62521-3883

Dear Mr. Kast:

This letter confirms that your June 2-4, 2009 unannounced full survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process. The services at your hospital were found to be in substantial compliance with the Medicare Conditions.

Based upon the submission of your evidence of standards compliance on September 3, 2009, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of June 5, 2009.

The Joint Commission is also recommending your organization for Medicare certification. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13.

This recommendation applies to the following locations:

- St. Mary's Hospital, 1800 E Lake Shore Drive, Decatur, IL, 62521-3883
- Lake Shore Urology at St. Mary's , 1770 East Lake Shore Drive, Suite 202, Decatur, IL, 62521
- Neurosurgical Specialists/Ortho at St. Mary's, 1750 East Lake Shore Drive, Decatur, IL, 62521
- Sports Medicine Clinic at St. Mary's 1900 East Lake Shore Drive, Suite 200, Decatur, IL, 62521
- St. Mary's Cancer Care Center, 1990 East Lake Shore Drive, Decatur, IL, 62521
- St. Mary's Health Center - Arthur, 525 N. Vine Street, Arthur, IL, 61911
- St. Mary's Health Center - Blue Mound, 113 E. Seiberling, Blue Mound, IL, 62513
- St. Mary's Health Center - Forsyth Commons, 133 Barnett Ave., Suite 4, Forsyth, IL, 62535
- St. Mary's Health Center - North Decatur, 2981 North Main Street, Forsyth, IL, 62535
- St. Mary's Neuropsychology Department, 1900 East Lake Shore Drive, Suite 200, Decatur, IL, 62521

We direct your attention to some important Joint Commission policies. First, your Medicare report is publicly accessible as required by the Joint Commission's agreement with the Centers for Medicare and Medicaid Services. Second, Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or health care services you provide.

Sincerely,

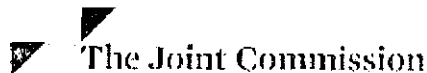
Ann Scott Blouin RN, Ph.D

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 5 /Survey and Certification Staff

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 592 5900 ext



September 17, 2009

Kevin Kast
Administrator/CEO
St. Mary's Hospital
1800 East Lake Shore Drive
Decatur, IL 62521-3883

Joint Commission ID #: 4605
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 09/17/2009

Dear Mr. Kast:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning June 05, 2009. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations



St. Mary's Hospital
1800 East Lake Shore Drive
Decatur, IL 62521-3883

Organization Identification Number: 4605

Evidence of Standards Compliance (60 Day) Submitted: 9/3/2009

Program(s)
Hospital Accreditation

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

You will have follow-up in the area(s) indicated below:

- Measure of Success (MOS) – A follow-up Measure of Success will occur in four (4) months.

If you have any questions, please do not hesitate to contact your Account Representative.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission
Summary of Compliance

Program	Standard	Level of Compliance
HAP	HR.01.02.05	Compliant
HAP	IC.01.03.01	Compliant
HAP	LD.04.03.09	Compliant
HAP	LS.02.01.10	Compliant
HAP	LS.02.01.20	Compliant
HAP	MM.03.01.01	Compliant
HAP	MS.08.01.03	Compliant
HAP	PC.02.01.05	Compliant
HAP	PC.02.03.01	Compliant

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1927336

State of Illinois

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. MARY'S HOSPITAL

EXPIRATION DATE	CATEGORY	ITA NUMBER
06/30/10	BGBD	0002659

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/09

05/02/09

ST. MARY'S HOSPITAL
111 SPRING STREET

STREATOR IL 61364

FEE RECEIPT NO.

State of Illinois 1927336

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 I. ARNOLD, M. D.
DIRECTOR

EXPIRATION DATE	CATEGORY	ITA NUMBER
06/30/10	BGBD	0002659

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/09

BUSINESS ADDRESS

ST. MARY'S HOSPITAL
111 SPRING STREET

STREATOR IL 61364

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



May 14, 2009

Joanne Fenton, FACHE
CEO/President
St. Mary's Hospital
111 Spring Street
Streator, IL 61364

Joint Commission ID #: 7436
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 05/14/2009

Dear Ms. Fenton:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning November 10, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,



Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1939674
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	LP NUMBER
09/26/10	BGBD	7003114
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 09/27/09		

BUSINESS ADDRESS

PRAIRIE DIAGNOSTIC CENTER, LLC
401 E. CARPENTER STREET
SPRINGFIELD IL 62702

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State of Illinois 1939674
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	LP NUMBER
09/26/10	BGBD	7003114

FULL LICENSE

AMBUL SURGICAL TREAT CNTR
EFFECTIVE: 09/27/09

07/25/09

PRAIRIE DIAGNOSTIC CENTER, LLC
401 E. CARPENTER STREET
401 E. CARPENTER STREET
SPRINGFIELD IL 62702

FEE RECEIPT NO.

1719



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

November 7, 2007

Organization #: 76792 Accreditation Expires: September 20, 2010

Organization: Prairie Diagnostic Center, LLC
Address: 401 East Carpenter Street
City, State, Zip: Springfield, IL 62702

Decision Recipient: **Jonna Herring, RN** Survey Chair: **Godofredo Herzog, MD**
Survey Contact: **Jonna Herring, RN**

Survey Date: September 19-20, 2007

It is a pleasure to inform you that the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) Accreditation Committee has awarded **Prairie Diagnostic Center, LLC a three-year term of accreditation**. The dedication and effort necessary for an organization to be accredited is substantial, and your organization is to be commended for this accomplishment.

Granting accreditation reflects confidence, based on evidence from this recent survey that you meet, and will continue to demonstrate throughout the accreditation term, the attributes of an accreditable organization as reflected in the standards found in the *Accreditation Handbook for Ambulatory Health Care*. The compliance with those standards implies a commitment to continual self-evaluation and continuous improvement.

The organization is encouraged to use the enclosed Survey Report as a guide to the ongoing process of self-evaluation. Standards that are marked as "PC" (Partially Compliant) or "NC" (Non-Compliant) must be corrected promptly. Subsequent surveys by the AAAHC will seek evidence that deficiencies from this survey have been addressed without delay and that the intent of the standards has been continuously evident during the term of accreditation. Statements in the "Consultative Comments" section of the report are representative of the "consultative" component of the survey and are not considered deficiencies, and do not affect the accreditation decision.

AAAHC trusts that you will continue to find the accreditation experience meaningful, not only from the benefit of having carefully reviewed your own operation, but also from the recognition that your participation in this survey process brings.

If you have any questions or comments about any portion of the accreditation process, please contact the AAAHC Accreditation Services department at (847) 853-6060.

Surveyor Confidentiality Statement

I hereby affirm that I represent the Accreditation Association for Ambulatory Health Care herein known as the AAAHC. I acknowledge and agree that I have been granted permission by:

 Petric Diagnostic Center
Name of Surveyed Organization

 401 E Carpenter Springfield, IL 62707
Address City State Zip

to survey and audit its facilities and offices and all applicable documentation.

I agree to respect and maintain the confidentiality of all discussions, records and information generated in connection with the survey process, to adhere to the procedures established by the surveyed entity to safeguard against improper uses and disclosures of private health information (PHI) in accordance with HIPAA medical privacy regulations, and not to disclose such information except to authorized representatives of the AAAHC, or as otherwise required by state or federal law or regulations.

 [Signature]
Surveyor Signature

 Godfredo Harzo (M)
Surveyor Printed Name

 11-19-07
Date



ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE, INC.

grants this

CERTIFICATE OF ACCREDITATION

to

PRAIRIE DIAGNOSTIC CENTER, LLC

401 EAST CARPENTER STREET
SPRINGFIELD, IL 62702

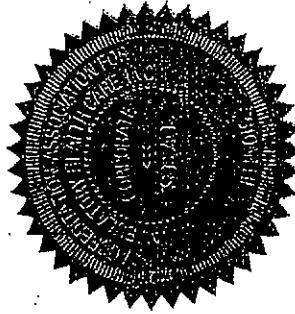
*In recognition of its commitment to high quality of care and substantial compliance
with the Accreditation Association standards for ambulatory health care organizations.*

President, Accreditation Association

Raymond E. Grundman
RAYMOND E. GRUNDMAN

76792

Organization Identification Number



Executive Director, Accreditation Association

John E. Burke
JOHN E. BURKE, PhD

SEPTEMBER 20, 2010

This Award of Accreditation expires on the above date

MEMBER ORGANIZATIONS OF THE ACCREDITATION ASSOCIATION

American Academy of Cosmetic Surgery • American Academy of Dental Group Practice • American Academy of Dermatology
American Academy of Facial Plastic and Reconstructive Surgery • American Academy of Ophthalmology • American Association of Oral and Maxillofacial Surgeons
American College of Gastroenterology • American College Health Association • American College of Mohs Surgery • American College of Obstetrics & Gynecologists
American Gastroenterological Association • American Society of Anesthesiologists • American Society for Dermatologic Surgery • American Society for Gastrointestinal Endoscopy
Foundation for Ambulatory Surgery in America • Medical Group Management Association • Society for Ambulatory Anesthesia

5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077
WWW.AAAHC.ORG



Hospital Sisters
Health System

January 6, 2010

*Belleville, IL
St. Elizabeth's Hospital*

*Breese, IL
St. Joseph's Hospital*

*Decatur, IL
St. Mary's Hospital*

*Effingham, IL
St. Anthony's
Memorial Hospital*

*Highland, IL
St. Joseph's Hospital*

*Litchfield, IL
St. Francis Hospital*

*Springfield, IL
St. John's Hospital*

*Streator, IL
St. Mary's Hospital*

*Chippewa Falls, WI
St. Joseph's Hospital*

*Eau Claire, WI
Sacred Heart Hospital*

*Green Bay, WI
St. Mary's Hospital
Medical Center
St. Vincent Hospital*

*Sheboygan, WI
St. Nicholas Hospital*

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Dear Mr. Constantino:

St. John's Hospital of the Hospital Sisters of St. Francis is a licensed, JCAHO-accredited hospital in Springfield. Its sole corporate member is Hospital Sisters Services, Inc, a not for profit corporation ("HSSI"). Hospital Sisters Health System is the sole corporate member of HSSI.

HSSI or an affiliate of HSSI also are the sole corporate members of the following Illinois Health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

St. Anthony's Memorial Hospital, Effingham
St. Elizabeth's Hospital, Belleville
St. Francis Hospital, Litchfield
St. Joseph's Hospital, Breese
St. Joseph's Hospital, Highland
St. Mary's Hospital, Decatur
St. Mary's Hospital, Streator
Prairie Diagnostic Center, LLC

We hereby certify that there has been no adverse action taken against any of the Illinois health care facilities identified above during the three years prior to the filing of this application.

This letter is also sent to authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Sincerely,

Larry P. Schumacher,
Chief Operating Officer

P.O. Box 19456 • Springfield, Illinois 62794-9456
(217) 523-4747 • Fax (217) 523-0542

Sponsored by the Hospital Sisters of the Third Order of St. Francis

III.

Criterion 1110.230 - Purpose of Project

1. This project will improve the health care and well-being of the market area population by replacing St. John's Hospital's 40 year old and increasingly functionally obsolescent Surgical Services with new, appropriately sized and configured departments that will meet the current and future needs of the hospital's market area. In addition, this project will construct shell space that will be part of a replacement Emergency Department which will not be constructed until after the project is completed.

St. John's Hospital's market area consists of Sangamon County and nearby counties that are part of Planning Area E-01 and adjacent Planning Areas.

This project is a necessary replacement of existing services at St. John's Hospital.

The project includes the following Clinical Service Areas, all of which currently exist at St. John's Hospital.

- Surgical Suite
- Post-Anesthesia Care Unit (Recovery Suite or PACU)
- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Satellite Pharmacy (adjacent to the Surgical Suite)
- Central Sterile Processing/Distribution
- Pre-Surgical Testing
- Shell space for Future Emergency Department

Specific information regarding the increasing functional obsolescence of the Clinical Service Areas included in this project is presented in Attachments 70-71.

- a. The Surgical Department currently consists of 3 separate Surgical Suites, one of which is known as Main Surgery. This project proposes to replace the Main Surgical Suite, which was constructed 40 years ago. Main Surgery needs to be replaced for a number of reasons, as identified in Attachments 70-71.
- b. The Post-Anesthesia Care Unit (Recovery or PACU) in the Main Surgery Suite needs to be replaced and expanded in order to provide appropriately sized and configured facilities in a location that is adjacent to the operating rooms, as required by the Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250.2440.i.4.A.).

- c. Surgical Prep for both A.M. Admission of Surgical Inpatients and Same-Day Surgical Patients and Stage II Recovery needs to be replaced and expanded in order to provide appropriately sized and configured facilities for patients arriving at the hospital on the day of surgery and either undergoing ambulatory surgery (being discharged within 23 hours) or being admitted to the hospital subsequent to surgery. This Clinical Service needs to meet the requirements for Stage II Recovery specified in the Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250.2440.i.5.).
- d. This hospital Pharmacy needs to be expanded by constructing a Satellite Pharmacy adjacent to Surgery, which will enable surgical staff to secure medication and intravenous (IV) solutions promptly during the peri-operative period. Peri-operative refers to the period of surgical prep prior to surgery, the surgical period, and the post-operative recovery period.
- e. Central Sterile Processing and Distribution, which was constructed 40 years ago and has not been significantly modernized since that time, needs to be replaced and expanded in order to meet current standards and to create a case cart assembly and storage system for the Surgery Department.
- f. Pre-Surgical Testing needs to be replaced in order to create a small department near Surgery in which nurse practitioners can perform their pre-surgical evaluations on scheduled surgical patients prior to the scheduled day of surgery.
- g. This project includes shell space for the future replacement of St. John's Hospital's Emergency Department. The space being constructed as the 1st floor of the new addition will become part of a replacement Emergency Department.

The project to construct a replacement Emergency Department is not anticipated to receive a capital allocation until after the current construction project is completed and operational. In accordance with 77 Ill. Adm. Code 1110.234.d), the project to replace the Emergency Department will be the subject of a future CON application, regardless of the capital thresholds in effect at the time when St. John's Hospital plans to develop and utilize the shell space.

- 2. St. John's Hospital's market area for Surgical Services consists of those zip codes in which 0.5% or more of the surgical cases reside, as shown in the patient origin chart on Page 6 of this Attachment.

This market area is predominantly located within St. John's Hospital's primary and secondary service areas, with 47% of the patients residing in Sangamon County, the county in which the hospital is located, and a total of 64% of the patients residing in zip codes in the hospital's primary and secondary service areas. A majority of these surgical patients (56%) reside in the State-designated planning area in which St. John's Hospital is located, Planning Area E-01.

The patient origin data on Page 6 of this Attachment demonstrate the following market area for St. John's Hospital's Surgical Services.

- Primary Service Area: Sangamon County, which is within the State-designated Planning Area E-01 in which St. John's Hospital is located.

- Secondary Service Area:

- Counties which include zip codes in which more than 0.5% of St. John's surgical cases reside, which are within the State-designated Planning Area E-01 in which St. John's Hospital is located.

Cass
Christian
Logan
Menard

- The following counties which include zip codes in which more than 0.5% of St. John's surgical cases reside.

Macon
Macoupin
Montgomery
Morgan

- As a tertiary care hospital and a major teaching hospital, St. John's Hospital also has a Tertiary Service Area, which includes portions or all of the following counties.

Bond
Brown
Clay
Coles
DeWitt
Effingham
Fayette
Greene

Marion
Mason
Moultrie
Piatt
Pike
Schuyler
Scott
Shelby

Mason County and certain townships within Brown and Schuyler Counties are located in Planning Area E-01, the State-designated planning area in which St. John's Hospital is located.

3. The problems that need to be addressed by this project are discussed in Attachments 70-71. These problems are due to the age of these Clinical Service Areas, their non-conformance with contemporary standards, and the need to expand many of these Clinical Service areas in order to correct these problems.
4. The sources of information provided as documentation are the following:
 - a. Hospital records regarding the age of hospital buildings;
 - b. Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250);
 - c. Illinois Emergency Medical Services and Trauma Center Code (77 Ill. Adm. Code 515.2030, 2035);
 - d. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG (Americans with Disabilities Act [ADA]);
 - e. National Fire Protection Association, NFPA 101: Life Safety Code (2000 Edition);
 - f. The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Health Care Facilities;
 - g. Reports by the hospital's architects;

- h. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by State and County, <http://muafind.hrsa.gov/index.aspx> for Sangamon, Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery, and Morgan Counties in Illinois;
- i. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Health Professional Shortage Areas by State and County, <http://hpsafind.hrsa.gov/HPSASearch.aspx> for Sangamon, Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery, and Morgan Counties in Illinois.

5. This project will address and improve the health care and well-being of residents of St. John's Hospital's Market Area, Planning Area E-01, and the participants in medical education and health professional education programs offered by St. John's Hospital because it will enable St. John's Hospital to provide Surgical Services in facilities that meet contemporary standards with adequate space for medical education and health professional education.

This project will have a particular impact on those areas within St. John's primary and secondary service areas that are identified by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) as Medically Underserved Areas and Health Manpower Shortage Areas.

These designated areas are identified in a chart on Page 7 of this Attachment.

6. St. John's Hospital's goal is to continue providing quality health care to residents of its market area.

The hospital will be able to meet these goals by FY2014 by completing this project and having new, contemporary facilities in which to provide Surgical Services. Following the completion of this project, St. John's Hospital plans to meet this goal by replacing its Emergency Department in shell space that will be created by the construction project.

Evidence of the community's support for St. John's historic provision of quality health care and of the need for the proposed project is found in the support letters that appear beginning on Page 7 of this Attachment.

ST. JOHN'S HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS
MEDICALLY UNDERSERVED AREAS AND HEALTH MANPOWER PROFESSIONAL SHORTAGE AREAS
AS DESIGNATED BY U.S. DEPT. OF HEALTH AND HUMAN SERVICES, HRSA

<u>County</u>	<u>P.A.</u>	<u>Medically Underserved Areas¹</u>	<u>Health Manpower Shortage Areas</u>
Primary Service Area:			
Sangamon	E1	8 census tracts in Springfield 53.20	21 census tracts in Springfield
Secondary Service Area:			
Cass	E1	County 57.40	County
Christian	E1	Pana/Ricks Service Area (9 townships) 60.60	County
Logan	E1	Eminence Service Area (Eminence township) 52.60	2 census tracts in Lincoln
Menard	E1		County
Macon	D4	Macon Service Area (5 census tracts) 49.30	17 census tracts in Decatur
Macoupin	E2	South Palmyra Service Area (S. Palmyra Township) 60.70 Hillyard Service Area ((Hillyard Township) 60.90 Gillespie Service Area (2 census tracts) 60.60	County
Montgomery	E2	Irving/Witt Service Area (5 townships) 57.60 South Litchfield Service Area (South Litchfield Township) 59.60	County
Morgan	E4	Waverly Precinct #1 0	4 census tracts in Jacksonville

¹Scores of 0-100 are assigned according to the Index of Medical Underservice, with 0 the lowest and 100 the highest. Under the established criteria, a score of 62.0 or less qualifies an area for designation as a Medically Underserved Area.

RICHARD J. DURBIN
ILLINOIS

COMMITTEE ON APPROPRIATIONS

COMMITTEE ON THE JUDICIARY

COMMITTEE ON RULES
AND ADMINISTRATION

ASSISTANT MAJORITY
LEADER

United States Senate
Washington, DC 20510-1304

March 8, 2010

308 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-1304
(202) 224-2152
TTY (202) 224-8180

230 SOUTH DEARBORN, 38TH FLOOR
CHICAGO, IL 60604
(312) 353-4952

525 SOUTH EIGHTH STREET
SPRINGFIELD, IL 62703
(217) 492-4062

PAUL SIMON FEDERAL BUILDING
250 W. CHERRY STREET
SUITE 115-0
CARBONDALE, IL 62901
(618) 351-1122

durbin.senate.gov

Mr. Michael Constantino
Project Review Supervisor
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Dear Michael:

I am writing in support of St. John's Hospital's Certificate of Need application for modernization of its Surgery Department.

St. John's Hospital has been serving central and southern Illinois for over 135 years, as a teaching hospital and a Level 1 Trauma Center. Modernization of its Surgery Department will enable St. John's to provide modern, high quality care in a more efficient manner.

In addition to the role St. John's plays in providing exceptional care for the residents of the area, it is also a major employer in the community. We are fortunate to have an organization that is committed to high quality care that is accessible to all who seek it.

In order to continue the good work that St. John's Hospital does every day, I believe that it is vital that the hospital be allowed to upgrade its facility to meet the health care needs of those it serves. I urge you to give St. John's Hospital Certificate of Need application the most serious consideration.

Thank you for your attention to this matter.

Sincerely,



Richard J. Durbin
U.S. Senator

JOHN M. SHIMKUS
19TH DISTRICT, ILLINOIS

2452 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5271

ENERGY AND COMMERCE
COMMITTEE

SUBCOMMITTEES:
ENERGY AND ENVIRONMENT
HEALTH
COMMUNICATIONS,
TELECOMMUNICATIONS, AND
THE INTERNET

Congress of the United States
House of Representatives
Washington, DC 20515-1319

March 5, 2010

3130 CHATHAM ROAD, SUITE C
SPRINGFIELD, IL 62704
(217) 492-5090

240 REGENCY CENTRE
COLLINSVILLE, IL 62234
(618) 344-3065

221 EAST BROADWAY, SUITE 102
CENTRALIA, IL 62801
(618) 532-9676

CITY HALL, ROOM 12
110 EAST LOCUST
HARRISBURG, IL 62946
(618) 252-8271

120 SOUTH FAIR STREET
OLNEY, IL 62450
(618) 392-7737

www.house.gov/shimkus

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
C/o Mr. Bob Ritz, President And C.E.O.
St. John's Hospital
Springfield, IL 62769-0001


Dear Mr. Constantino:

I am writing in strong support of St. John's Hospital and its efforts to modernize its surgery department.

St. John's has been a community institution in Springfield, providing high quality patient care for 135 years. It is a major employer in our community, but most importantly it plays a critical role in caring for the residents of the greater Springfield area and surrounding counties. Modernizing the surgery department at St. John's will help the hospital to maintain its status as a Level I Trauma Center, thus allowing St. John's to continue providing the high quality of care which residents of Central Illinois have come to expect.

I appreciate your consideration of St. John's Hospital in Springfield for this project. If I may be of further assistance to you, please contact my Projects Director, Rodney Davis, at 217-492-5090 or rodney.davis@mail.house.gov.

Sincerely,


JOHN SHIMKUS
Member of Congress

JMS:3c

PHIL HARE
U.S. Congressman - Illinois

1050 CONGRESS HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1317
PHONE: (202) 225-5905
FAX: (202) 225-5906
<http://hare.house.gov>
(Email through Website)

**SENIOR WHIP
REGIONAL WHIP**



Congress of the United States
House of Representatives
Washington, DC 20515-1317

EDUCATION AND LABOR
COMMITTEE

SUBCOMMITTEE ON HEALTH,
EAGER CARE, LABOR, AND PENSIONS

SUBCOMMITTEE ON WORKING
PROTECTIONS

TRANSPORTATION AND
INFRASTRUCTURE COMMITTEE

SUBCOMMITTEE ON HIGHWAYS AND TRANSIT

SUBCOMMITTEE ON
WATER RESOURCES AND ENVIRONMENT

March 12, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz
President and CEO
St. John's Hospital
800 East Carpenter Street
Springfield, Illinois 62769

Dear Mr. Constantino:

I am writing to express my strong support for the approval of St. John's Hospital's Certificate of Need application to permit the modernization of its Surgery Department.

St. John's Hospital is a health care leader in central Illinois. As one of the congressmen who represent patients of St. John's, I recognize the valuable contributions the hospital makes to overall health and wellness of our residents. As demands for health care continue to increase, it is critical that St. John's is allowed to modernize its facility.

This project is not only vital for the long term ability to deliver high quality health care to our residents, but is also important to help spur economic development in the near term. At a time when our economy faces challenges, this project would help create jobs in Illinois.

I thank you for your careful consideration of St. John's Hospital's Certificate of Need application for the modernization of its Surgery Department and look forward to its favorable review.

Sincerely,

PHIL HARE
Member of Congress

PH:ar

Please Reply To:

PHIL HARE, U.S. CONGRESSMAN
1050 CONGRESS HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1317
(202) 225-5905

PHIL HARE, U.S. CONGRESSMAN
1050 CONGRESS HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1317
(202) 225-5905

PHIL HARE, U.S. CONGRESSMAN
1050 CONGRESS HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1317
(202) 225-5905

PHIL HARE, U.S. CONGRESSMAN
1050 CONGRESS HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1317
(202) 225-5905

DISTRICT OFFICE: 300 327-6300

PRINTED ON RECYCLED PAPER

AARON SCHOCK
18TH DISTRICT, ILLINOIS

DEPUTY REPUBLICAN WHIP

COMMITTEE ON TRANSPORTATION
AND INFRASTRUCTURE

COMMITTEE ON OVERSIGHT
AND GOVERNMENT REFORM

COMMITTEE ON SMALL BUSINESS

Congress of the United States
House of Representatives
Washington, DC 20515-1602

March 1, 2010

- 509 CANNON HOB
WASHINGTON D.C. 20515
(202) 225-6201
- 100 N.E. MONROE, ROOM 100
PEORIA, IL 61602
(309) 671-7027
- 209 WEST STATE STREET
JACKSONVILLE, IL 62650
(217) 245-1431
- 235 SOUTH 6TH STREET
SPRINGFIELD, IL 62701
(217) 670-1653

WWW.SCHOCK.HOUSE.GOV

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino:

I am writing to express my support of St. John's Hospital's Certificate of Need application to permit the modernization of its Surgery Department.

St. John's Hospital plays a critical role in caring for the constituents I represent. By providing easy access to the highest quality of care, St. John's Hospital plays a crucial role in improving the health and wellbeing of the people of central Illinois. The planned improvements to the Surgery Department will enable St. John's Hospital to modernize its facility to meet a growing demand for its health care services.

The Surgery Department project will not only enable St. John's to provide health care in a more effective and efficient manner, it will also create new jobs for the people of Springfield and surrounding communities. With our economy continuing to face challenges, this project is important not only for the long term health of our region, but also to help spur economic development in the near term.

I strongly support St. John's Hospital's Certificate of Need application and will look forward to the outcome with interest.

Sincerely,



Aaron Schock
Member of Congress

AJS/br

DISTRICT OFFICE/CAPITOL OFFICE
307 STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
217/782-0228
FAX: 217/782-5406
EMAIL: senatorbomke@yahoo.com

ILLINOIS STATE SENATE



COMMITTEES:
MINORITY SPOKESMAN:
TRANSPORTATION
MEMBER:
FINANCIAL INSTITUTIONS
STATE GOVERNMENT

LINCOLN OFFICE
120 S. MCLEAN STREET
LINCOLN, ILLINOIS 62656
217/782-0228
FAX: 217/782-5406
EMAIL: senatorbomke@yahoo.com

LARRY K. BOMKE
STATE SENATOR · 50TH DISTRICT

March 2, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit new construction for the modernization of its Surgery Department.

St. John's Hospital has been serving our community for more than 135 years, providing exceptional health care to all who seek it. Because St. John's Hospital has been such an important partner in improving the quality of life for the residents of central Illinois, it is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also create new jobs for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only vital for the long term health of our region, but is critical to help spur economic development in the near term.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry K. Bomke".

Larry K. Bomke
State Senator
50th District

ILLINOIS HOUSE OF REPRESENTATIVES

- SPRINGFIELD OFFICE:
1128-E STRATTON BUILDING
SPRINGFIELD, IL 62706
(217) 782-0053 - PHONE
(217) 782-0897 - FAX
- LEGISLATIVE SERVICE OFFICE:
1128-E STRATTON BUILDING
SPRINGFIELD, IL 62706
(217) 782-2480 or (217) 782-0053 - PHONE
(217) 782-0897 - FAX



RICH BRAUER
STATE REPRESENTATIVE
100TH DISTRICT

COMMITTEES:

- TRANSPORTATION, REGULATIONS, ROADS & BRIDGES - MINORITY SPOKESPERSON
- ACCESS TO FEDERAL FUNDING
- APPROPRIATIONS - GENERAL SERVICES
- APPROPRIATIONS - HIGHER EDUCATION
- PERSONNEL & PENSIONS
- LEGISLATIVE AUDIT COMMISSION
- STATE EMPLOYEES SUGGESTION AWARD BOARD

March 2, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

Please consider this as my letter of support for the approval of St. John's Hospital's Certificate of Need application to permit new construction for the modernization of its Surgery Department.

St. John's Hospital has been serving Springfield and the surrounding communities for more than 135 years. The hospital provides outstanding health care to all who seek it. St. John's Hospital has been such an important partner in improving the quality of life for the residents of central Illinois. It is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services and continue providing such quality care.

St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also create new jobs for the citizens of Springfield and surrounding communities. In this economy, this project is not only vital for the long term health of our region, but is critical to help spur economic development in the future.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

I appreciate your advance consideration in this matter. If you have any questions, please feel free to contact me at 217/782-0053.

Sincerely,

A handwritten signature in black ink that reads "Rich Brauer".

Rich Brauer
State Representative
100th District

SPRINGFIELD OFFICE:

E-1 Stratton Building
Springfield, Illinois 62706
217/782-0044
FAX: 217/782-0897



RAYMOND POE
STATE REPRESENTATIVE - 99TH DISTRICT

COMMITTEES:

- Appropriations - Higher Education
- Personnel & Pensions
Minority Spokesperson
- Environment & Energy
- Prison Reform
- State Government Administration
- Transportation, Regulation,
Roads, & Bridges
- Commission on Government
Forecasting & Accountability

March 1, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit new construction for the modernization of its Surgery Department.

St. John's Hospital has been serving our community for more than 135 years, providing compassionate healing to patients from across southern and central Illinois. St. John's is a teaching hospital with a strong commitment to providing quality care to all. It is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

Modernization of St. John's Surgery Department will enable St. John's to provide modern, high quality care in a more efficient manner. Central Illinois benefits from the care provided by St. John's Hospital and approval of this project will help ensure that they continue to receive first-rate surgical services and care in Springfield and surrounding areas.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond Poe".

Raymond Poe
Illinois State Representative
99th District



SIU School of Medicine

March 3, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the modernization of its Surgery Department.

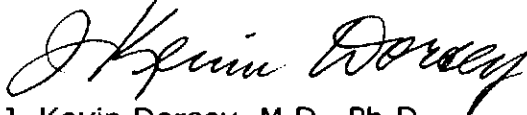
St. John's Hospital is an anchor partner of Southern Illinois University School of Medicine, serving as one of our teaching facilities and collaborating with our surgeons to provide high quality health care for the residents of central and southern Illinois. SIU School of Medicine and St. John's also collaborate on the operation of St. John's Children's Hospital and the Southern Illinois Trauma Center, which is our region's Level I Trauma Center.

Over the past 135 years St. John's has been at the forefront of medical advancements in our community. Because St. John's Hospital has been such an important partner in improving the quality of health care offered to the residents of central Illinois, it is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

St. John's Surgery Department modernization project will not only enable St. John's to provide health care in a more efficient manner, it will also further strengthen our health care sector, which is leading the way in creating new jobs for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only vital for the long term health of our region, but is important for our local economy today.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,



J. Kevin Dorsey, M.D., Ph.D.
Dean and Provost



**SANGAMON COUNTY
COUNTY BOARD OFFICE**

200 South Ninth Street, Suite 201 • Springfield, IL 62701 • Tel. (217) 753-6650 • Fax (217) 753-6651

March 9, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

**RE: St. John's Hospital, Springfield, IL
Surgery Department Modernization**

I am writing this letter in strong support of the application by St. John's Hospital to modernize its Surgery Department, and continue its long standing tradition of providing state of the art care to the residents of Sangamon County.

St. John's Hospital has been serving our community for more than 135 years, and that service has grown far beyond the traditional role of a healthcare provider. St. John's application, much like the hospital itself, will benefit Sangamon County in many different ways.

Foremost, modernization of the Surgery Department will enable St. John's to continue to provide high quality, compassionate surgical care, in a far more efficient manner. Our community is fortunate that St. John's has not only made high quality care a top priority, but has also made sure that such care is accessible to all those who seek it.

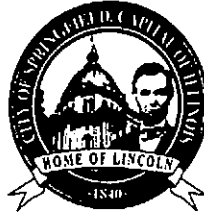
During its many years of service, St. John's has not only become a leader in healthcare delivery, but also has grown to be one of the largest employers in Sangamon County. Nearly every resident of our community is touched by St. John's in one way or another. Whether as a recipient of top notch medical care, as a member of the hospital staff or literally helping to build the future of the hospital as a member of a construction crew, St. John's improves the lives of many residents of southern and central Illinois.

From the unique perspective of the Sangamon County Board, St. John's has also been a valuable partner with the Sangamon County Department of Public Health. The Board appreciates St. John's dedication to serving the most vulnerable of our residents and values the collaboration they bring to the healing process.

The Sangamon County Board proudly stands in support of St. John's application to modernize its Surgery Department, and anxiously looks forward to the many benefits such a project will provide to our community.

Sincerely,

Andy Van Meter
Chairman
Sangamon County Board



Office of the Mayor
City of Springfield, Illinois
Timothy J. Davlin
Mayor

March 3, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

RE: Surgery Department Modernization for St. John's Hospital, Springfield, IL

Dear Mr. Constantino:

On behalf of the City of Springfield, I am writing in strong support of St. John's Hospital's application to you to modernize its Surgery Department. St. John's Hospital is an anchor institution in this region, having served our community with its quality health care for more than 135 years. The Hospital is an exemplar of corporate citizenship in our city as well.

St. John's Hospital provides exceptional health care to all who seek it. My constituents benefit from this excellent care and approval of this project will help ensure that they continue to receive high quality surgical services and care. It is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also create new jobs for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only vital for the long term health of our region, but is also critical to help spur economic development in the near term.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application. If I can be of any further assistance, please feel free to contact my office.

Sincerely,

Timothy J. Davlin
Mayor

300 Municipal Center East • Springfield, Illinois 62701 • (217) 789-2200 • Fax (217) 789-2109



CITY OF SPRINGFIELD, ILLINOIS

SAM CAHNMAN
ALDERMAN - WARD 5

March 11, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter Street
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino:

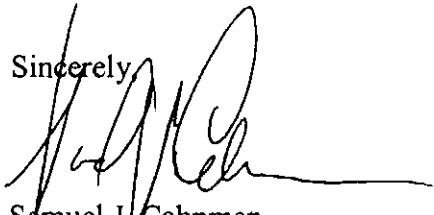
Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the modernization of its Surgery Department.

As the alderman representing St. John's Hospital, I appreciate all the hospital does not only for my constituents, but for residents across the region. St. John's Hospital is a leader when it comes to improving our quality of life. Therefore, it is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

This project is not only vital for the long term health of our region, but is critical to help spur economic development in the near term. St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also create economic opportunity for the citizens of Springfield and surrounding communities.

At a time when our economy faces challenges, this project would help create jobs in Springfield. I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely

A handwritten signature in black ink, appearing to read 'Samuel J. Cahnman', with a long horizontal flourish extending to the right.

Samuel J. Cahnman
Alderman-Ward 5

SJC:jmb



SANGAMON COUNTY
DEPARTMENT OF PUBLIC HEALTH

JAMES D. STONE, M.A., DIRECTOR OF PUBLIC HEALTH

March 8, 2010

Dirksen Parkway Office
2501 North Dirksen Parkway
Springfield, Illinois 62702

- **Administrative Office:**
Phone: (217) 535-3100
Fax: (217) 535-3104
- **Environmental Health:**
Phone: (217) 535-3101
Fax: (217) 535-3104
- **Clinic/Personal Health Services:**
Phone: (217) 535-3102
Fax: (217) 535-4155

Jefferson Street Office
1415 East Jefferson Street
Springfield, Illinois 62703

Phone: (217) 789-2182
Fax: (217) 789-2203

Chatham Road Office
3130 Chatham Road, Suite B
Springfield, Illinois 62704

- **Child & Family Connections**
Phone: (217) 793-3990
Fax: (217) 793-3991
Toll-free: 1-888-217-3505
- **Healthy Families Illinois**
Phone: (217) 793-3990
Fax: (217) 793-3991

Animal Control Center
2100 Shale Road
Springfield, Illinois 62703

Phone: (217) 535-3065
Fax: (217) 535-3067

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the modernization of its Surgery Department.

St. John's Hospital has been an important partner in Springfield's medical for more than 135 years. During that time, St. John's has been at the forefront of medical advancements in our community. Because St. John's Hospital has been such an important partner in improving the quality of health care offered to the residents of central Illinois, it is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

The Sangamon County Public Health Department works closely with St. John's and applauds its commitment to not only delivering high quality medical care, but also to promoting health and wellness in our community. Recognizing the significant contribution that St. John's Hospital makes to the health of our community, we firmly believe that it is vital that the hospital be allowed to upgrade its facility so that it may continue to meet the health care needs of those it serves.

St. John's Surgery Department project is needed so that St. John's can offer patients a more modern and comfortable setting, while also being able to more efficiently operate as a hospital. We believe this project will help St. John's continue to lead efforts to promote health and wellness in our community.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

James D. Stone, M.A., C.P.H.A.
Director of Public Health



CENTRAL COUNTIES HEALTH CENTERS, INC.

March 1, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

Please accept this letter as a statement of Central Counties Health Centers Inc's (CCHC) full support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

CCHC is Springfield and Sangamon County's sole Federally Qualified Health Center whose specific mission is to provide care for our area's un and under-insured as well as Medicaid recipients and anyone who is disenfranchised or lacks access to basic care in any form. Our organization is proud to call St. John's Hospital an equal partner in our effort to expand high quality, culturally sensitive care in locations that reduce access barriers for all patients. We regularly meet and work with St. John's Hospital representatives to identify areas of collaboration. CCHC is greatly appreciative of the leadership St. John's provides in these discussions and are truly pleased when an important access expansion is identified.

Because St. John's Hospital has been such an important partner in improving the quality of health care offered to the residents of central Illinois, it is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also further strengthen our region's health care infrastructure.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application. If any questions arise regarding this communication, please feel free to contact me directly at (217) 788-2311.

Sincerely,



Forrest N. Olson,
President & CEO



SANGAMON COUNTY SHERIFFS OFFICE
"Keeping the Peace Since 1821"

Administration - (217) 753-6855 -
Civil Process/Records - (217) 753-6846

NEIL M. WILLIAMSON
#1 Sheriffs Plaza
Springfield, Illinois 62701

Investigations - (217) 753-6840
Corrections - (217) 753-6886

March 3, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino,

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit new construction for the modernization of its Surgery Department.

St. John's Hospital has been serving our community for more than 135 years, providing exceptional health care to all who seek it. Because St. John's Hospital serves as a Level I trauma center for the region, it is critical that the hospital is allowed to modernize its facility in order to meet the ongoing need for specialized health care services.

The Sangamon County Sheriff's Office has a strong working relationship with St. John's in areas such as public safety, injury prevention and homeland security. We appreciate the important role the hospital plays in making our community a better place to live.

St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also create a more modern facility that will be a better suited to handle an influx of patients who would likely seek services from St. John's during a natural or man-made disaster.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Neil M. Williamson
Sheriff of Sangamon County

NMW/jb

127

IN PARTNERSHIP WITH THE COMMUNITY



SPRINGFIELD FIRE DEPARTMENT

825 EAST CAPITOL
SPRINGFIELD, IL 62701
Phone: 788-8474 Fax: 788-8442

March 2, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter Street
Springfield, Illinois 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino:

St. John's Hospital has been a fixture in our community for more than 135 years, providing exceptional health care to all who seek it. Because St. John's Hospital has been such an important partner in improving the quality of life for the residents of central Illinois, it is imperative that the hospital is allowed to update its facility in order to meet the growing demand for health care services.

I'm sending this letter as a plea of my support for the approval of St. John's Hospital's Certificate of Need application to permit new construction for the modernization of its Surgery Department.

St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also create new jobs for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only vital for the long term health of our region, but is critical to help spur economic development in the near term.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

John Kulek
Fire Chief



**SPRINGFIELD POLICE DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS**

**Robert L. Williams, Jr.
Chief Of Police**

March 2, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

The Springfield Police Department hereby submits this letter of support for the approval of St. John's Hospital's Certificate of Need application to permit new construction for the modernization of its Surgery Department.

St. John's Hospital has been providing exceptional health care to our community for more than 135 years. Springfield, as the capitol city of Illinois, is home to more than 111,000 residents. That number more than doubles as visitors and tourists come to our fine city to enjoy the various sites and events, such as Abraham Lincoln's home, tomb and library, the Illinois Capital Complex and the Illinois State Fair. Since St. John's Hospital has been such an important partner in improving the quality of life for the residents of central Illinois, it is critical that the hospital is allowed to modernize its facility in order to meet the growing demand for health care services.

Due to the nature of our profession, members of the Springfield Police Department have frequent occasion to interact with St. John's Hospital personnel, and we have always had a good working relationship with them. Also, St. John's Hospital has always been a willing participant to partner with us on various Homeland Security Projects. Therefore, we feel that any improvement to enhance their capabilities will assist us in our efforts to help keep Springfield a safe place to live and work.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Robert L. Williams, Jr.
Chief of Police

RLW/lsw

Cc: File

123

Sangamon County Medical Society

230 W. Carpenter Street • Springfield, IL 62702 • (217) 525-0765 • Fax (217) 525-0334 • www.scmsdocs.org • E-mail Exec@cillnet.com

Isabel Manker, *Executive Director*



March 10, 2010

2010 OFFICERS

Lawrence J. Smith, M.D.
President
Gayle E. Woodson, M.D.
Vice President
Kenneth L. Kraudel, M.D.
Treasurer
Laura K. Shea, M.D.
Secretary
Dennis Q. McManus, M.D.
Immediate Past President

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Subhash Chaudhary, M.D.
Merry C. Downer, M.D.
Barry T. Mulshine, M.D.
Neni Prasad, M.D.
Dareen D. Siri, M.D.
Robert L. Vautrain, M.D.

EX OFFICIO MEMBERS

Dean J. Kevin Dorsey, M.D., Ph.D.
SIU School of Medicine
James D. Stone, M.A., C.P.H.A.
Director of Public Health
Sangamon County Dept. of
Public Health

ISMS VICE SPEAKER

Donald R. Graham, M.D.

ISMS DISTRICT V TRUSTEES

Craig A. Backs, M.D.
David J. Bitzer, M.D.

ISMS DELEGATES

Eric Bleyer, M.D.
Thomas B. Cahill, M.D.
Howard B. Chodash, M.D.
Sam Gaines, M.D.
Leonard Giannone, M.D.
Jane L. Jackman, M.D.
Dennis Q. McManus, M.D.
Sumanta Mitra, M.D.
Dora B. Ramos, M.D.
Laura K. Shea, M.D.
Lawrence J. Smith, M.D.
Stephen P. Stone, M.D.
Gayle E. Woodson, M.D.

ISMS ALTERNATE DELEGATES

Alan J. Deckard, M.D.
Mark Kuhnke, M.D.
Neni Prasad, M.D.
Bradley F. Schwartz, D.O.
Michael Sinha, MSIII
Dareen D. Siri, M.D.
Robert L. Vautrain, M.D.

ALLIANCE PRESIDENT

Kathryn O'Marro

PRESIDENT REPRESENTATIVES

John Froelich, M.D.
Virginia Hernandez, M.D.

STUDENT REPRESENTATIVES

Michael Sinha, MSIII
Sameer Vohra, MSIII

Mr. Michael Constantino
Project Review Supervisor
Illinois Department of Public Health
Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Fl.
Springfield, IL 62761

RE: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino:

As President of the Board of Directors of the Sangamon County Medical Society (SCMS), which has over 1,000 physician, resident and medical student members, I wish to express our support for the approval of St. John's Hospital's Certificate of Need application to permit modernization of their Surgery Department.

St. John's Hospital has steadfastly served our community for more than 135 years, providing compassionate healing to patients from across central Illinois. Long at the forefront of medical advancements in our community, St. John's continues as a teaching hospital with a strong commitment to providing quality care to all. Such modernization would remain consistent with St. John's status as a Level 1 Trauma Center.

Our patients would benefit significantly from the expanded care this modernization would provide, and approval of this project would help ensure that patients receive high quality surgical services and care in central Illinois.

As physicians, we appreciate St. John's dedication to serving the most vulnerable of our residents and value the collaboration they bring to healing. Because St. John's Hospital has been our decades-long partner in improving the quality of health care for our patients, it is critical the hospital be allowed to modernize its facility so they may continue to meet the health care needs of those it serves.

This expansion of their Surgery Department would enable St. John's Hospital to provide health care in a more efficient manner, and further strengthen our health care sector, which leads the way in job creation for citizens of Springfield and surrounding communities.

We appreciate your consideration of this application, and strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Lawrence J. Smith, M.D.
President

cc: Mr. Bob Ritz, President & CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62679



March 10, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter Street
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

I write in support of St. John's Hospital Surgery Department modernization.

Coventry Health Care, Inc. provides health insurance coverage for over 18,000 members in and around the Springfield area. Both St. John's Hospital and Memorial Medical Center are strategic partners. We believe it is important they both remain vibrant competitors.

To that end, we believe it is vital that the hospital be allowed to upgrade its facilities so that it may continue to be a strong competitor in the market place.

Sincerely,

A handwritten signature in black ink, appearing to read "Todd A. Petersen".

Todd A. Petersen, SVP
Coventry Health Care, Inc.
President and CEO
PersonalCare Insurance of Illinois

TAP:pm

Champaign:
2110 Fox Drive, Suite A
Champaign, Illinois 61820
(888) 366-6730

Rockford:
307 Amphitheater Drive
Rockford, Illinois 61107
(866) 841-8496

Chicago:
3200 Highland Avenue
Downers Grove, Illinois 60515
(800) 445-1425

Peoria:
4507 N. Sterling Avenue, Suite 205
Peoria, Illinois 61615
(866) 895-7412



Central Illinois Building and Construction Trades Council

THE COUNTIES OF SANGAMON, LOGAN, MORGAN, CASS, SCOTT,
MENARD, CHRISTIAN AND PART OF MASON

IN AFFILIATION WITH

BUILDING AND CONSTRUCTION TRADES DEPARTMENT
AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS
www.centralilbctc.com

ALLAN LAUHER
PRESIDENT
alauher@sbcglobal.net

DAVID BURNS
VICE PRESIDENT

STEVE CLEMENT
FIN. SEC. TREAS.

March 8, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

On behalf of The Central Illinois Building and Construction Trades Council, please accept this letter as a statement of our support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital has been serving our community for more than 135 years, providing not only high quality health care but also thousands of job opportunities to our residents. Because St. John's Hospital has been such an important partner in improving the quality of life for the residents of central Illinois, it is vital that the hospital be allowed to modernize its facility in order to meet the growing demand for health care services.

St. John's Surgery Department project will not only enable St. John's to provide health care in a more efficient manner, it will also create new jobs for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only critical for the long term health of our region, but is needed to help spur economic development in the near term.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

International Brotherhood
Electrical Workers
Local Union No. 193



AFFILIATED WITH AMERICAN FEDERATION OF LABOR AND ALL CENTRAL BODIES IN SANGAMON, MORGAN AND LOGAN COUNTIES
Phone: Area Code 217/544-3479 Office and Meeting Hall, 3150 Wide Track Drive Springfield, Illinois 62703

March 9, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities
and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Dear Mr. Constantino:

St. John's Hospital has been a reliable friend in the central Illinois area since 1875. The service provided is next to none, and the forward thinking direction of St. John's over the years has kept it as the vanguard in providing the best in medical technology. The modernization of St. John's is critical in keeping pace with the ongoing role of medical provider. The project of modernizing the Surgery Department is consistent with St. John's commitment to being the finest medical facility.

I, as well as all of the members of IBEW, Local 193, whole heartedly support St. John's endeavor of modernizing the Surgery Department. This is a win-win for the medical community, as well as the community of central Illinois.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. David Burns, Jr.", written in dark ink.

R. David Burns, Jr.
Bus. Mgr. & Fin. Sec.

RDB/ln
Seiu#73

United Association of Journeymen and Apprentices
of the
Plumbing and Piping Industry
of the
United States and Canada
Local #137

JAMES W. FLEMMING
BUSINESS MANAGER

JOHN A. HAINES
FINANCIAL SECRETARY



2880 EAST COOK STREET • P. O. BOX 3526 • SPRINGFIELD, ILLINOIS 62708
(217) 544-2724 • FAX (217) 744-6855

March 3, 2010

Mr. Michael CONSTANTION, Project Review Supervisor

Illinois Health Facilities and Services Review Board

C/o Mr. Bob Ritz, President and CEO

St. John's Hospital 800 E. Carpenter St.

Springfield, IL. 62769

Re: St. John's Hospital, Springfield, IL.

Surgery Department Modernization

Dear Mr. Constantion

U.A. Local 137 Plumbers and Steamfitters are in support of the approval of St. John's Hospital Certificate of need application to allow the Construction of a New Surgery Department.

Local 137 and St. Johns Hospital have been and will continue to serve our community for many years to come .It is paramount that St. John's Hospital is authorize to construct a new surgery department in order to meet the growing need for quality health care services.

St.John's surgery project will create jobs for Local 137 members, Springfield and the surrounding communities. This will enable St. John's to supply a more proficient and caring health care system. IT IS IMPERATIVE THAT THE SURGEONS HAVE THE MOST UP TO DATE SURGERY SUITE AVAILABLE!!

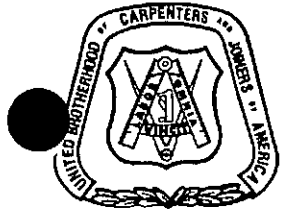
I STRONGLY ENCOURAGE YOUR SUPPORT AND APPROVAL OF ST.JOHN'S CERTIFICATE OF NEED APPLICATION!

SINCERELY

James W. Flemming

Business Manager

Local 137 Plumbers and Steamfitters



UNITED BROTHERHOOD OF
CARPENTERS & JOINERS OF AMERICA

Local Union No. 16

CHARTERED NOVEMBER 14, 1887

211 W. LAWRENCE AVENUE
SPRINGFIELD, ILLINOIS 62704

AREA CODE 217
Phone 528-7572

Fax Number
217-528-9364

(Demand This Label)



(Demand This Label)

March 1, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter Street
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino:

Please accept this letter as a statement of our support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital has been a vital part of our community for more than 135 years, providing not only high quality health care but also thousands of job opportunities to our residents. Because St. John's Hospital has been such an important partner in improving the quality of life for the residents of central Illinois, we believe that the hospital be allowed to modernize its facility in order to meet the growing demand for high quality health care services.

St. John's Surgery Department project will not only enable St. John's to provide quality health care in a more efficient manner, it will also create hundreds of badly needed new jobs not only during the construction, but also for many years to come for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only critical for the long-term health of our region, but is needed to help spur economic development in the near term.

We strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Jeff Burnett
Business Representative
Carpenters Local No. 16

JB/vl

 **Benedictine University**[®]
at Springfield

1500 N. Fifth Street • Springfield, Illinois 62702

March 4, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino,

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital is an important partner in the Springfield community. Our organization appreciates St. John's ongoing commitment to education and to providing career opportunities in the health care sector for our residents. Because St. John's Hospital has been such an important partner in our community, we want to ensure that it continues as a vibrant organization for many years to come. We recognize that modernizing its facility is critical to its long term success.

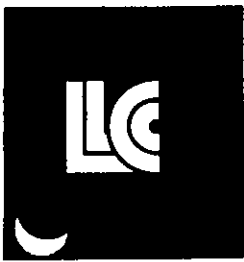
St. John's Surgery Department project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,



Michael Bromberg
Dean of Academic Affairs



Lincoln Land Community College

5250 Shepherd Rd. P.O. Box 19256 Springfield, IL 62794-9256
217/786-2200 • 800/727-4161 • TDD 217/786-2798 • www.llcc.edu

Charlotte J. Warren, Ph.D., President

March 2, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino:

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital is an important partner in the Springfield community. Our organization appreciates St. John's ongoing commitment to education and to providing career opportunities in the health care sector for our residents. Because St. John's Hospital has been such an important partner in our community, we want to ensure that it continues as a vibrant organization for many years to come. We recognize that modernizing its facility is critical to its long term success.

St. John's Surgery Department project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Charlotte J. Warren, Ph.D.
President

CJW/js

137

BOARD OF TRUSTEES

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Virginia



Lincoln Land Community College

5250 Shepherd Rd. P.O. Box 19256 Springfield, IL 62794-9256
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Charlotte J. Warren, Ph.D., President

March 2, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its surgery department.

St. John's Hospital is an important partner in the Springfield community. Our organization appreciates St. John's ongoing commitment to education and to providing career opportunities in the health care sector for our students. Because St. John's Hospital has been such an important partner in our community, we want to ensure that it continues as a vibrant organization for many years to come. We recognize that modernizing its surgical department is critical to its long term success.

St. John's surgery department renovation project is consistent with its status as a Level I Trauma Center. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn. St. John's currently provides learning experiences for not only Lincoln Land nursing students but also EMS, radiography, occupational therapy assistant, medical coding and paramedic. Lincoln Land also works in partnership with St. John's for delivery of the Respiratory Care Program and the Electroneurodiagnostic Program. These learning resources are invaluable to our community.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Cynthia L. Maskey RN, PhDc, CNE
Dean of Health Professions
Office: 217-786-2436
Fax: 217-786-2776
Email: cynthia.maskey@llcc.edu

138

BOARD OF TRUSTEES

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Justin Reichert
Springfield

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Jacksonville

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Wayne Rosenthal
Morrisonville

Jerry Wesley
Witt

STUDENT
Mary Beth Clark
Virginia



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

Memorite College of Nursing
Office of the Dean
Campus Box 5810
Normal, IL 61790-5810
Phone: (309) 438-2174

March 12, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital is an important partner in the Springfield community. Our organization appreciates St. John's ongoing commitment to education and to providing career opportunities in the health care sector for our students. Because St. John's Hospital has been such an important partner in our community, we want to ensure that it continues as a vibrant organization for many years to come. We recognize that modernizing its facility is critical to its long term success.

St. John's Surgery Department project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janet Wessel Krejci".

Janet Wessel Krejci, PhD, RN
Dean & Professor

MacMurray
COLLEGE

March 3, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

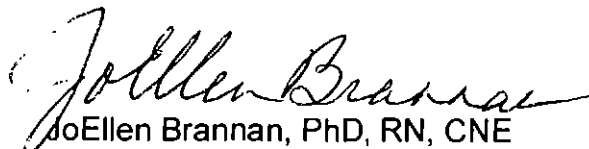
Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital is an important partner in the Springfield community. Our organization appreciates St. John's ongoing commitment to education and to providing career opportunities in the health care sector for our residents. Because St. John's Hospital has been such an important partner in our community, we want to ensure that it continues as a vibrant organization for many years to come. We recognize that modernizing its facility is critical to its long term success.

St. John's Surgery Department project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,



JoEllen Brannan, PhD, RN, CNE
Director and Chair of the Division of Nursing



Capital Area Career Center

March 4, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital is an important partner in the Springfield community. Our organization appreciates St. John's ongoing commitment to education and to providing clinical opportunities to our high school and adult students. They also provide career opportunities in the health care sector for our graduates. Because St. John's Hospital has been such an important partner in our community, we want to ensure that it continues as a vibrant organization for many years to come. We recognize that modernizing its facility is critical to its long term success.

St. John's Surgery Department project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Cindy Stover, Director

**Springfield
Public Schools**



March 9, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Dr. Walter Milton, Jr.
Superintendent

Re: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino,

Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital is an important partner in the Springfield community. Springfield Public Schools appreciates St. John's ongoing commitment to education and to providing career opportunities in the health care sector for our residents. Because St. John's Hospital has been such an important partner in our community, we want to ensure that it continues as a vibrant organization for many years to come. We recognize that modernizing its facility is critical to its long-term success.

Strong public schools thrive in a strong community that provides support to the schools. St. John's Hospital is a glowing example of a vital community organization that strongly supports the schools and the community at large. We are fortunate to have partnerships between Springfield Public Schools and St. John's Hospital that support the youth in our schools and strengthen the community as a whole.

St. John's Surgery Department project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Walter Milton, Jr.", written in a cursive style.

Dr. Walter Milton, Jr.
Superintendent of Schools

Working Together to Achieve Outstanding Results

Administrative Center • 1900 West Monroe Street • Springfield, Illinois 62704-1599
217/525-3000 • FAX 217/525-3005 • TDD 217/525-3023 • www.springfield.k12.il.us



Sacred Heart-Griffin High School

Office of the President

1200 West Washington Street • Springfield, Illinois 62702-4749 • (217) 787-9732 • Fax: (217) 726-9791

March 4, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,


Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the construction of a new Surgery Department.

St. John's Hospital is an important partner in the Springfield community. Sacred Heart-Griffin High School (SHG) appreciates St. John's ongoing commitment to education and to providing career opportunities in the health care sector for our residents. This very day, we have entered in to a partnership with St. John's Hospital which will provide SHG students with innovative health care curricular opportunities developed by SHG faculty and St. John's staff. We want to ensure that St. John's continues as a vibrant organization for many years to come. We recognize that modernizing its facility is critical to its long term success.

St. John's Surgery Department project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn.

I strongly encourage your approval of St. John's Hospital's Certificate of Need application.

Sincerely,


Sister Katherine O'Connor, O.P.
President



Academic Excellence in a Community of Faith . . .

United Way of Central Illinois
999 Wabash, Suite 109
Springfield, IL 62704
Phone: (217) 726-7000
Fax: (217) 726-9690
E-mail: unitedway@uwcil.org
Web Site: www.uwcil.org



United Way
of Central Illinois

March 3, 2010

UNITED WAY
MEMBER ORGANIZATIONS

- American Red Cross, IL Capital Area Chapter
- Big Brothers Big Sisters of the Illinois Capital Region
- Boys & Girls Clubs of Central Illinois
- Catholic Charities
- Central Counties Health Center
- Central Illinois Foodbank, Inc.
- Computer Banc
- Contact Ministries
- Family Service Center of Sangamon County
- Girl Scouts of Central Illinois
- Gift for Humanity - Sangamon County
- Gripping Hands of Springfield, Inc.
- Kids Hope United
- Land of Lincoln Goodwill Industries, Inc.
- Land of Lincoln Legal Assistance Foundation, Inc.
- Lutheran Child & Family Services of Illinois
- Memorial Home Services
- Mental Health Centers of Central Illinois
- M.E.R.C.Y Communities
- Mini O'Beirne Crisis Nursery
- The Parent Place
- P.O.R.A. (Positive Options, Referrals & Alternatives)
- Prairie Center Against Sexual Assault
- Rutledge Youth Foundation, Inc.
- Senior Services of Central Illinois
- Sojourn Shelter & Services, Inc.
- Sparc
- Springfield Jewish Federation
- Springfield Urban League, Inc
- Springfield Y.M.C.A.
- Triangle Center
- Land of Lincoln
- Youth Service Bureau

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Dear Mr. Constantino,

The United Way of Central Illinois is pleased to support the proposal put forth by St. John's Hospital to modernize their facilities. We believe the modernization of St. John's Surgery Department will enable our community hospital to provide modern, high quality care in a more efficient manner.

St. John's plays a critical role in caring for the residents of our community. We are fortunate to have an organization that is committed to high quality care that is accessible to all who seek it. We believe this project will help St. John's continue to lead efforts to promote health and wellness in our community.

Many individuals and families who rely on United Way and the community services we support benefit from the care provided by St. John's Hospital and approval of this project will help ensure they receive high quality surgical services and care in central Illinois.

In addition to St. John's having served our community for more than 135 years, they are a teaching hospital and one of Springfield's largest employers. Recognizing the good work St. John's Hospital does every day, we firmly believe it is vital the hospital be allowed to upgrade its facilities so it may continue to meet the health care needs of those it serves.

Sincerely,


John P. Kelker
President



Catholic Charities
Diocese of Springfield in Illinois

SPRINGFIELD AREA OFFICE
120 S. Eleventh St. 62703
(217) 525-0500
Fax (217) 525-0554

CHILD WELFARE SERVICES
120 S. Eleventh St. 62703
(217) 525-0500
Fax (217) 525-6554
---Adoptions
---Foster Care
---Family First Preservation

**CRISIS ASSISTANCE
& ADVOCACY**
1023 E. Washington St. 62703
(217) 523-4551
Fax (217) 523-8425

St. John's Breadline
430 N. Fifth St. 62702
(217) 528-6098
Fax (217) 528-3605

Holy Family Food Pantry
1023 E. Washington St. 62703
(217) 523-2450

St. Clare's Health Clinic
700 N. Seventh St.,
Suite A. 62702
(217) 523-1474
Fax (217) 523-0194
---Clinic for Kids
---Vision & Dental Clinics

MedAssist
700 N. Seventh St.,
Suite A. 62702
(217) 241-0214
Fax (217) 523-0194

4 March 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board

c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter Street
Springfield, Illinois 62769

RE: St. John's Hospital, Springfield, Illinois
Surgery Department Modernization

Dear Mr. Constantino,

The following is a letter of support for St. John's Hospital, Springfield, Illinois in its efforts to modernize the hospital's surgery department.

One of the most important attributes of this hospital is their vigilant and ever expanding focus on wellness. They are the leader in this community with balancing preventive care with healthcare. Additionally, I greatly admire their ongoing support of the poor and vulnerable. Again, they lead by example and are consistently present "at the table" in our community.

This hospital plays a critical role in caring for our residents. We fully support their efforts to modernize their surgery department to better meet the needs of our citizens.

Please do not hesitate to contact me if you need further information.

Sincerely,

Danielle K. Zellers

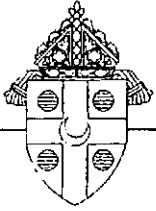
Danielle K. Zellers
Springfield Area Director
Office of Catholic Charities
(217) 525-0500



ACCREDITED
Council on Accreditation
for Children and Family Services



United Way
Certified Agency



Diocese of Springfield in Illinois

Catholic Pastoral Center • 1615 West Washington Street • P.O. Box 3187 • Springfield, Illinois 62708-3187
www.dio.org 217-698-8500 FAX 217-698-0802

March 8, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
Saint John's Hospital
800 East Carpenter Street
Springfield, Illinois 62769

Re: Saint John's Hospital, Springfield, Illinois
Surgery Department modernization

Dear Mr. Constantino,

Please accept this letter as a statement of my strong support for the approval of Saint John's Hospital's Certificate of Need application to permit the modernization of its Surgery Department.

The Catholic Diocese of Springfield in Illinois and Saint John's Hospital work closely together to provide social services to our most vulnerable residents. Saint John's Hospital has always and will continue to care for all who seek health care services. Their unwavering dedication to compassionate healing has had a profound impact on our community for the past 135 years. We are truly fortunate to have an organization that is not only committed to delivering high quality medical care, but is also a leader in promoting health and wellness in our community.

Recognizing Saint John's Hospital's positive contributions to the community, the diocese firmly believe that it is vital that the hospital be allowed to upgrade its facility so that it may continue to meet the health care needs of all it serves.

Saint John's Surgery Department project is needed so that it can serve patients in a more contemporary and comfortable setting. The project will also allow it to more efficiently operate as a hospital. We believe this project will enhance Saint John's ability to promote health and wellness in our community while continuing to serve all who seek compassionate medical care.

I strongly encourage your approval of Saint John's Hospital's Certificate of Need application.

Sincerely yours in Christ,

Mons. Carl A. Kemme

Reverend Monsignor Carl A. Kemme
Diocesan Administrator



Enos Park Neighborhood Improvement Association

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board

c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino,

On behalf of the Enos Park Neighborhood Improvement Association, I want to confirm our support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its Surgery Department.

The modernization of St. John's facility in order to meet the growing demand for health care services is a major component of not only St. John's Hospital but the overall development of the Mid Illinois Medical District. As the only residential neighborhood enclosed within the medical district we look forward to the continued growth and development of Springfield's medical community.

The historical tie between the neighborhood and St. John's Hospital goes back to the 1800's. During that time St. John's has been an important partner in the growth and development of the neighborhood. Many of our residents are employed by St. John's and the other health care providers in the District. Modernizing St. John's Surgery Department will not only enable St. John's to provide health care in a more efficient manner, it will also continue to lead the way in creating new jobs for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only vital for the long term health of our region, but is important for the economy of our neighborhood today!

EPNIA strongly endorses your approval of St. John's Hospital's Certificate of Need application.

Sincerely,

Steve Combs
President, Enos Park Neighborhood Improvement Association

Enos Park Neighborhood Improvement Association, Inc.
837 North 8th Street
Springfield, Illinois 62702



American Red Cross
Illinois Capital Area Chapter

March 15, 2010

Mr. Michael Constantino,
Project Review Supervisor
Illinois Health Facilities and Services Review Board

c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

I am pleased to write this letter of support regarding a proposed modernization of the surgery wing for St. John's Hospital. As a partner with St. John's in serving our community, we believe there are several key points that are most relevant in our endorsement:

Modernization is consistent with St. John's status as a Level I Trauma Center and will enable St. John's to provide modern, high quality care in a more efficient manner. In addition, the hospital is a major employer and teaching hospital. They play a critical role in caring for all our citizens, particularly the most vulnerable.

We have valued our partnership with St. John's over the year in collaborating on efforts to educate area citizens about safety, health maintenance and disaster response. Particularly noteworthy efforts have been the Safe Family Saturday promotions to distribute bike helmets to young people and their provision of support to acquire personal care items for disaster victims.

Recognizing the good work that St. John's Hospital does every day, we firmly believe that it is vital that the hospital be allowed to upgrade its facility so that it may continue to meet the health care needs of those it serves.

Sincerely,

Roger E. Dahl
Chief Executive Officer



The Chamber

The Greater Springfield
Chamber of Commerce



QUANTUM GROWTH
PARTNERSHIP 2007-2011

Transforming the economy
of Sangamon County.

March 9, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, IL 62769

Dear Mr. Constantino,

St. John's Hospital has been serving our community for more than 135 years, providing compassionate healing to patients from across southern and central Illinois.

Modernization of St. John's Surgery Department will enable St. John's to provide modern, high quality care in a more efficient manner. Our community, including members of The Chamber, benefit from the care provided by St. John's Hospital and approval of this project will help ensure that they receive high quality surgical services and care in Sangamon County.

Modernization of St John's Hospital is not only a critical to our community's health care needs. The hospital also is a major employer in our community and is a partner in our community's economic growth.

The Greater Springfield Chamber of Commerce supports the modernization of St. John's Surgery Department.

Sincerely,

Gary Plummer
President & CEO

1 South Second Street
Springfield, IL 62704

Ph: 217.525.1173

Fax: 217.525.8768

www.gsc.org



w w w . d o w n t o w n s p r i n g f i e l d . o r g

March 5, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter Street
Springfield, IL 62769

Re: St. John's Hospital, Springfield, IL
Surgery Department modernization

Dear Mr. Constantino:

Please consider this correspondence as Downtown Springfield, Inc.'s enthusiastic support of St. Johns Hospital's proposal to modernize its Surgery Department.

Downtown Springfield, Inc. frequently works hand in hand with the health care community on issues of importance to the City's central district. St. John's has been an outstanding partner in our efforts and has helped make many of our goals a success.

Their status as a Level 1 Trauma Center is vital to Springfield and critical to this community's health care needs. We are very fortunate to have St. John's dedication and commitment to high quality health care serving those that need their services the most. Not only are they a leading employer in our community but they are truly a leader in giving back to Springfield.

We believe this project will continue the momentum achieved by this world class health care facility and pledge our support to St. John's Hospital and its health care initiatives.

Sincerely,

Jane Mosey-Nicoletta, Board President
Downtown Springfield, Inc.

Victoria Clemons, Executive Director
Downtown Springfield, Inc.

Downtown Springfield, Inc.
3 West Old State Capitol Plaza, Suite 15
Springfield, Illinois 62701

Phone: 217/544-1723
Fax: 217/544-1725
E-mail: dsi@downtownspringfield.org



GENERAL OFFICE
Bunn Park
2500 South Eleventh Street
Springfield, IL 62703
www.springfieldparks.org
P. 217-544-1751
F. 217-544-1811

March 9, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President & CEO
St. John's Hospital
800 East Carpenter Street
Springfield, IL 62769

ADMINISTRATION
Michael Stratton, CPRP
Executive Director

Elliott McKinley
Director of Parks

Derek Harms, CPRP
Director of Recreation

Mark Bartolozzi
Director of Finance & HR

Diane Mathis
Director of Marketing
& Development

RE: St. John's Hospital, Springfield, IL
Surgery Department Modernization

Dear Mr. Constantino:

On behalf of the Springfield Park District and its Board of Trustees please accept this letter as a support for the modernization of St. John's Surgery Department.

The Springfield Park District is the single public provider of parks and recreation services to a growing and aging population of over 140,000 residents in the greater Springfield area. Our organization is very familiar with and continues to provide a wealth of direct and indirect support for health and wellness programs in conjunction with other partnering organizations that includes St. John's Hospital.

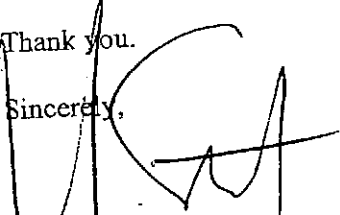
We recognize the good work that St. John's Hospital does every day and see the high quality of life that is being provided through their community efforts and vital service to our community. It is critical St. John's Hospital be allowed to upgrade its facility so that it may continue to meet the growing health care needs of all they serve.

As a partner with St. John's on many health and wellness programs and services that is critical to the continued support of the persons we serve together we believe this project will help St. John's continue to lead efforts to promote health and wellness in our community.

Again, we recommend approval for modernization of St. John's Surgery Department.

Thank you.

Sincerely,


Michael Stratton, CPRP
Executive Director/Secretary-Board of Trustees
Springfield Park District

TRUSTEES
Leslie A. Sgro
President

Willis (Bill) Logan
Vice President

Mark Beagles
Jim Fulgenzi, Jr.
Tina Jannazzo
Gray Herndon Noll
Brian Reardon

OFFICERS
Michael Stratton
Secretary

Robert C. Walbaum
Attorney

Joseph W. Hills
Treasurer



A mission of healing. A passion for caring.



St. Francis
HOSPITAL

March 16, 2010

Mr. Michael Constantino, Project Review Supervisor
Illinois Health Facilities and Services Review Board
c/o Mr. Bob Ritz, President and CEO
St. John's Hospital
800 E. Carpenter St.
Springfield, Illinois 62769

Re: St. John's Hospital, Springfield, Illinois
Surgery Department Modernization

Dear Mr. Constantino:

I would like to express my support of the Certificate of Need application for the Surgery Department modernization project for St. John's Hospital in Springfield, Illinois. St. John's Hospital serves St. Francis Hospital and the Litchfield, Illinois community as its primary tertiary referral center.

St. John's Hospital has the reputation of providing high quality surgical services and care to all who come to them for treatment. We need to continue to provide the residents of central Illinois the opportunity for state of the art medical technology.

I believe it is vital that St. John's Hospital be allowed to upgrade its Surgery Department so that it may provide modern, high quality care in a more efficient manner and to meet the health care needs of those it serves.

Sincerely,

Daniel L. Perryman
President and CEO

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • www.stfrancis-litchfield.org

III.
Criterion 1110.230 - Alternatives

1. The following alternatives to the proposed project were considered and found to be infeasible.
 - a. Modernize the services included in this project in their existing space without replacing or expanding any service.
 - b. Modernize and expand the services included in this project within existing hospital space, including underutilized nursing units, without constructing a new addition.
 - c. Construct a replacement hospital and replace and expand the services included in this project in the replacement hospital.
2. Each of these alternatives was found to be infeasible for the following reasons.
 - a. Modernize the services included in this project in their existing space without replacing or expanding any service.

Capital Costs: \$24,200,000

This alternative was considered to be infeasible for the following reasons.

- 1) This project is designed to correct a number of deficiencies, including those caused by inadequate space and undesirable configuration of clinical services. It would be financially imprudent for St. John's to undertake a project that would modernize its Surgical Services without correcting the deficiencies that currently exist in these services.

The specific deficiencies of the Clinical Service Areas included in this project, which justify the modernization and expansion of these services, are discussed in Attachments 70-71 of this application.
- 2) Some of the deficiencies of the existing Main Surgery Suite, which is 40 years old, could not be corrected by modernizing the existing department.
 - a) The column placement is too narrow to permit the construction of operating rooms that meet contemporary licensing standards and standards of care.

- b) The floor-to-floor height of the building is too low to permit the installation of contemporary surgical equipment and imaging and robotic equipment.
- 3) Implementation of this alternative would be disruptive to the hospital's continued operations and might result in unforeseen consequences.
- a) In order to minimize disruption, the project would need to be accomplished in 8 phases.
 - b) Even with the phasing of this project, St. John's Hospital would need to decrease its surgical caseload during the remodeling process.
 - c) Remodeling surgical facilities while the Surgical Department continued to operate would result in a risk of infection control.
- 4) Implementation of this alternative would preclude the expansion of Central Sterile Supply to develop a case cart system for Surgery. The justification for the development of a case cart system and the expansion of this Department are discussed in Attachments 70-71 of this application.
- 5) Implementation of this alternative would preclude the establishment of a Pre-Surgical Testing Department near the Surgical Suite and Surgical Prep/Stage II Recovery since this Department is currently located on a different floor of the hospital.

By relocating the Pre-Surgical Testing Department, the Nurse Practitioners who staff this department will be able to conduct their pre-surgical assessments on all patients, both those who present themselves prior to the day of their scheduled surgery and those who do not have their pre-surgical assessments until they come to the hospital on the day of surgery, where they are assessed in Surgical Prep/Stage II Recovery.

- b. Modernize and expand the services included in this project within existing hospital space, including underutilized nursing units, without constructing a new addition.

Capital Costs: \$45,440,000

This alternative was considered to be infeasible for the following reasons.

ATTACHMENT 12, PAGE 2

- 1) The only space that is adjacent to the departments included in this project that is available to implement this alternative is located in the bed tower, which is a poor location for surgical services.

The 2 hospital buildings that comprise the bed tower, which were constructed in 1938 and 1970, are poor locations for surgical services for the following reasons.

- a) The current column spacing in the patient bed tower is 13' to 16', which is spaced at a module that is too tight for the 18' minimum dimension for an operating room that is required by the Illinois Hospital Licensing Requirements. In addition, the spacing of the columns in the patient bed tower is in a pattern that makes it difficult to create an operating room with a floor area that is clear of columns, as required to accommodate the clearances required for equipment that is used within a modern operating room.
 - b) The existing floor-to-floor spacing of the patient bed tower is approximately 10', which is much too low for contemporary operating room functions. Current standards for operating room functions require a spacing that is closer to a 16' floor-to-floor height in order to accommodate the typical ceiling heights required in operating rooms because of the equipment required to perform surgery.
- 2) The existing clear area of the patient bed tower floor plate, which is the net area on each floor after the elevators, stairs, and vertical shafts have been subtracted, together with the space in the existing Main Surgery Suite, is too small to accommodate the space required for the services included in this project.

If multiple floors of the patient bed tower were to be used to accommodate the proposed program, the Illinois Hospital Licensing Requirements for adjacency of surgical services could not be met.

In addition, the elevator shafts within the patient bed tower are too small to accommodate the trauma elevator that is required to transfer trauma patients between floors of the hospital.

- 3) Implementation of this alternative would use at least 1 entire floor of the patient bed tower, which would interfere with St. John's Hospital's proposed plan to modernize its Medical/Surgical nursing units in a two-phased project that will be accomplished within the existing patient bed tower. The first phase of this project is the

subject of a CON application that will be submitted soon after this application. Modernization of the bed tower for contemporary Medical/Surgical nursing units is a better use of this space.

If the entire patient bed tower were not available for modernization of the hospital's Medical/Surgical nursing units, it would be necessary to construct an additional and costly building as part of that project. That is because the replacement nursing units will require more square footage per bed than currently exists in order to meet contemporary standards for inpatient care and to accommodate St. John's Hospital's students in medical education and other health professional education programs.

- c. Construct a replacement hospital and replace and expand the services included in this project in the replacement hospital.

Capital Costs: \$ 636,158,213 plus an estimated \$8,000,000 for land acquisition and site development costs

This alternative was considered to be infeasible for the following reasons.

- 1) The capital expenditure required to implement this alternative and to abandon the existing hospital buildings would be imprudent and excessive since some hospital departments do not require replacement.
- 2) As a major teaching affiliate of the Southern Illinois University School of Medicine, St. John's Hospital does not want to leave its current location, which is an integral component of a medical corridor in close proximity to the School of Medicine, its faculty, and medical students.

Thus, the current location is optimal for a major tertiary care center involved in patient care, teaching and research.

- 3) St. John's Hospital does not consider it appropriate to abandon the low-income community it serves by moving from its current location, and it is not possible to assemble a parcel of land large enough to replace the hospital near its current location.

- 3. This item is not applicable to this project.

The purpose of this project is to modernize existing services at St. John's Hospital, not to establish new categories of service or a new health care facility.

IV.
Project Scope, Utilization:
Size of Project

This project includes both Clinical and Non-Clinical Service Areas.

The Clinical Service Areas include only Clinical Service Areas Other than Categories of Service. There are no Categories of Service included in this project.

As discussed in Attachments 70-71 and 73, this project includes the following Clinical Service Areas Other than Categories of Service.

- Surgical Suite
- Post-Anesthesia Care Unit (Recovery Suite or PACU)
- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Satellite Pharmacy (adjacent to the Surgical Suite)
- Central Sterile Processing/Distribution
- Pre-Surgical Testing
- Shell space for Future Emergency Department

1. The Illinois certificate of need (CON) Rules include State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

- Surgery
- Recovery
- Pharmacy
- Central Sterile Supply
- Emergency Room

As discussed in Attachment-73, there are no State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas Other than Categories of Service that are included in this project.

- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Pre-Surgical Testing

An analysis of the proposed size (number of rooms or stations and gross square footage) of the Clinical Service Areas for which there are State Norms is found below.

This analysis is based upon historic utilization at St. John's Hospital during CY2009 (January 1 - December 31, 2009) and projected utilization for the first full year of operation after this project is completed for those services for which the approvable number of rooms or stations is based upon utilization. Appended to Attachment 14 are historic and projected utilization for each of the Clinical Service Areas in this project for which there are utilization data.

The following chart identifies the State Norms for each of the Clinical Service Areas included in this project for which State Norms exist.

<u>CLINICAL SERVICE AREA</u>	<u>STATE NORM</u>
Surgery	1,500 hours of surgery per operating room* 2,078 GSF per operating room
Recovery	180 GSF per Recovery Station
Pharmacy	12 GSF per Bed (Total Beds)
Central Sterile Supply	18 GSF per Bed (Total Beds)
Shell Space for Emergency Dept.	2,000 visits per treatment room 744.6 GSF per treatment room

*It should be noted that the State Norm does not consider the Illinois Trauma Center Code requirement for Level I Trauma Centers that "An operating room shall be staffed in-house and available 24 hours a day." (77 Ill. Adm. Code 515.2030.f4))

Justification for the number of key rooms and square footage proposed for each Clinical Service Area for which State Norms exist is presented below.

<u>CLINICAL SERVICE AREA</u>	<u>STATE NORM (UNITS/ROOM)</u>	<u>PROJECTED FY2015 VOLUME</u>	<u>TOTAL EXISTING ROOMS</u>	<u>TOTAL PROPOSED ROOMS</u>
Surgery	1,500 hours/ operating room	45,647 hours	28	28*
Recovery	N/A*	N/A*	N/A**	N/A**
Pharmacy	N/A*	N/A*	N/A**	N/A**
Central Sterile Supply	N/A*	N/A*	N/A**	N/A**
Shell Space for Emergency Department	2,000 visits/ treatment room	61,265 visits	33	29

*The 28 proposed Operating Rooms include the operating room that Level I Trauma Centers are required to keep staffed in-house and available 24 hours a day, as specified in the Illinois Emergency Medical Services and Trauma Center Code (77 Ill. Adm. Code 515.2030.f4))

**N/A refers to there being no State Norm for number of rooms. A State Norm for approvable GSF will be found in the next chart.

The proposed number of rooms for the Clinical Service Areas included in this project for which there are State Norms (i.e., Surgery and Shell Space for a replacement Emergency Department) are justified.

The square footage proposed for each Clinical Service Area for which State Norms exist is shown below.

<u>CLINICAL SERVICE AREA</u>	<u>STATE NORM (GSF/ROOM OR UNIT)</u>	<u>TOTAL PROPOSED ROOMS OR UNITS</u>	<u>TOTAL GSF JUSTIFIED PER PROGRAM</u>	<u>TOTAL PROPOSED GSF</u>
Surgery	2,078 GSF per operating room*	28 operating rooms*	58,184	58,092
Recovery	180 GSF per recovery station	50 Recovery Bays (Stations)	9,000	19,427
Pharmacy	12 GSF per Bed (Total)	539 Beds	6,468	8,402
Central Sterile Supply	18 GSF per Bed (Total)	539 Beds	9,702	15,825
Shell Space for Emergency Department	744.6 GSF per Treatment Room	Shell of 29 Treatment Rooms	21,593	18,405

*The 28 proposed Operating Rooms include the operating room that Level I Trauma Centers are required to keep staffed in-house and available 24 hours a day, as specified in the Illinois Emergency Medical Services and Trauma Center Code (77 Ill. Adm.Code 515.2030.f4))

Space programs for each of the Clinical Service Areas included in this project are appended to this Attachment.

The following published data and studies identify the contemporary standards of care and the scope of services that St. John's Hospital addressed in developing the proposed project.

- Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250.2440);
- Illinois Emergency Medical Services and Trauma Center Code (77 Ill. Adm. Code 515.2030, 2035);
- Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4);

- The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities. 2006: American Institute of Architects.

The Guidelines for departments included in this project are appended to this Attachment.

2. The proposed square footage for the following Clinical Service Areas exceed the State Norm found in 77 Ill. Adm. Code 1110.APPENDIX B.

- Recovery (Post-Anesthesia Recovery or PACU)
- Pharmacy
- Central Sterile Supply

The additional space is needed due to both contemporary standards of care and the scope of services provided at St. John's Hospital. The justification for the proposed square footage of each of these Clinical Service Areas is found in Attachments 13A through 13C and in Attachments 73A through 73C, as indicated below.

Attachments 13A and 73A: Post-Anesthesia Recovery Unit (PACU or Recovery)

Attachments 13B and 73B: Pharmacy

Attachments 13C and 73C: Central Sterile Processing and Distribution

SPACE PROGRAM

SURGICAL SUITE

THIS PROJECT ONLY

4 Inpatient Pre-Surgical Holding Bays

16 Operating Rooms

16 Stretcher/Bed Alcoves, located directly outside each Operating Room

 Sterile Core with 16 Support Rooms

16 Double Scrub Sinks

4 Anesthesia Cart Alcoves

2 Sub-Sterile Areas in Sterile Core with Flash Sterilization

16 Support Rooms in Sterile Core

16 Equipment Storage Areas, allocated to each Operating Room and located in
 Sterile Core

6 Portable Imaging Alcoves for C-Arms, Portable X-Ray Equipment

8 Crash Cart Alcoves

8 Anesthesia Monitoring Equipment Stations in Sterile Core

1 Anesthesia Clean Work Room, used to assemble Anesthesia Carts

1 Anesthesia Soiled Work Room

1 Anesthesia Equipment Work Room and Storage Area

2 Frozen Section Workstations for Surgical Pathology

1 Grossing Workstation for Surgical Pathology

1 Microscope Workstation for Surgical Pathology

1 Equipment/Supply Storage Room for Surgical Pathology

 Control Desk with Space for 3

 Scheduler's Work Area with Space for 2

1 Patients' Tracking Board

 Nursing Station for Inpatient Holding

3 Physician Dictation Stations

2 Staff Toilets

1 Soiled Holding Room

1 Biohazard/Red Bag Holding Room

2 Docking Stations with Suction Canisters

2 Medical Gas Storage Rooms

SPACE PROGRAM (CONTINUED)

SURGICAL SUITE (CONTINUED)

THIS PROJECT ONLY

1 Secure Inventory Storage Room, kept at sub-zero temperature, required for implantable tissue and devices

1 Pneumatic Tube Station

2 Conference Rooms

1 Lounge

15 additional Full Changing Lockers for Males with 2 additional urinals

65 additional Full Changing Lockers for Females

1 Anesthesia Office with work stations for up to 20 people and conference table

1 Operating Room Manager's Office

4 Managers' Offices

1 Director's Office

1 Operating Room Team Leader's Office

1 Radiology Tech's Office

1 Administrative Conference Room

1 Utility Office

1 Storage Room

1 Administrative Toilet Room

4 On-Call Rooms, each with Toilet and Shower Room

3 Housekeeping Closets

SPACE PROGRAM
SATELLITE PHARMACY
THIS PROJECT ONLY

Dispensing Window for Pick-Up

Workstations for 3 Pharmacists and Pharmacy Technicians

Ante-Room with a Sink and Eyewashing Area

2 Multi-Purpose Laminar Flow Hoods for Preparation of Medications and IV Solutions

Space for a Large Refrigerator

Space for a Medium-Sized Freezer

Storage Space for Narcotics and Controlled Medication

Storage Space for Medication

Storage Space for Bone and Tissue Products

Storage Space for 2 Delivery Carts to Transport Items between the
Central Pharmacy and the Surgical Satellite Pharmacy

Storage Space for Staff's Personal Items and Lab Coats

SPACE PROGRAM

POST-ANESTHESIA RECOVERY UNIT (PACU OR RECOVERY)

THIS PROJECT ONLY

- 24 PACU Private Recovery Cubicles
- 5 Isolation PACU Recovery Cubicles, each with an Ante Room and Toilet Room
- 1 Patient Toilet

- 5 Nursing Stations with Work Areas

- 4 Physician Charting and Work Areas

- 2 Clean Utility Rooms
- 1 Clean Linen Room
- 1 Soiled Holding Room
- 2 Soiled Utility Rooms
- 2 Equipment Storage Areas

- 1 Medication Preparation Area
- 2 Nourishment Areas

- 2 Housekeeping Closets

- 1 Manager's Office

- 3 Staff Toilets

SPACE PROGRAM

SURGICAL PREPARATION FOR A.M. ADMITS/SAME-DAY SURGERY PATIENTS
AND STAGE II RECOVERY

THIS PROJECT ONLY

29 Surgical Prep/Stage II Private Recovery Cubicles
29 Purse Lockers for patient valuables

6 Isolation Prep/Stage II Private Recovery Cubicles, each with a Toilet Room
6 Ante Rooms for Isolation Prep/Stage II Recovery Cubicles

33 Patient Toilet Rooms

Pediatric Reception Area

2 Registration Workstations
1 Workstation for Unit Secretary
4 Workstations
6 Nurse Work/Substations

1 Physician Work Area

4 Physician/Family Consultation Rooms

2 Clean Supply Rooms
1 Soiled Holding Room
2 Medication Rooms + 1 Pediatric Medication Station Shared with Pediatric PACU
3 Nourishment Stations

1 Equipment Storage Room

1 Pneumatic Tube Station

1 Code/Airway/Hypothermia Cart
1 Medical Gases Closet
1 Crib Storage Alcove
1 Wheelchair Storage Alcove
1 Stretcher Alcove
1 Crash Cart Alcove
1 Pediatric Crash Cart Alcove
2 Blanket Warmer Alcoves
2 IV Warmer Alcoves

SPACE PROGRAM (CONTINUED)

SURGICAL PREPARATION FOR A.M. ADMITS/SAME-DAY SURGERY PATIENTS
AND STAGE II RECOVERY

THIS PROJECT ONLY

1 Housekeeping Closet

1 Staff Toilet

Waiting Areas for Pre-Surgical Patients and Families of Surgical Patients

Pediatric Waiting Room/Playroom

Children's Theatre/Playroom

4 Public Computer Stations

4 Unisex Toilets

SPACE PROGRAM
PRE-SURGICAL TESTING
THIS PROJECT ONLY

7 Exam/Discussion Rooms

4 Lab Draw Stations

2 Patient Toilets

1 Office

4 Workstations

1 Utility Office

1 Supply Room

1 Pneumatic Tube Station

SPACE PROGRAM

CENTRAL STERILE PROCESSING AND DISTRIBUTION

THIS PROJECT ONLY

Central Supply Area:

- 1 Sterile Supply/Instrumentation Area
- 1 Delivery/Decasing Area (Breakout Room)
- 1 Dispatch/Pick-Up Window
- 1 Pneumatic Tube Station
- 1 Clean Cart Station Elevator
- Storage Area

Decontamination Area:

- 1 Soiled Cart Station Elevators
- 1 Anteroom for Soiled Holding
- 1 Transition Room for dirty materials
- 20 Dirty Cart Holding Stations
- 1 Cart Operation Workstation
- 1 Metal Detector for lost instruments
- 1 Counter/Sink
- 1 Hopper
- 1 Safety Shower/Eye Wash
- 4 Washers/Decontaminators with automatic loading (passthroughs)
- 2 Sonic Washers
- 2 Two-Tank Large Sonic Washers
- 2 Rinsers
- 1 Storage Area for Cleanser/Detergent
- 2 Double-Wide Cart Washers/Sanitizers with automatic load/unload module and passthrough support cart
- 1 Soiled Equipment Staging Area
- 2 Counters/Sinks
- 1 Pass Through Window for instrument trays
- 1 Safety Shower/Eyewash
- 1 Clean Supply Room

Sterilization/Clean Assembly:

- 1 Clean Cart Station Elevator
- 6 Clean Workroom and Assembly Workstations
- 1 Negative Pressure Decasing Area
- 1 Power Equipment Station
- Area for 10 Supply Carts

SPACE PROGRAM (CONTINUED)

CENTRAL STERILE PROCESSING AND DISTRIBUTION

THIS PROJECT ONLY

- 4 Packaging and Assembly Workstations
- 8 Sterilizing Carriages
- 2 Sterile Linen Holding Areas
- 3 Liquid Sterilizers (2 located in Central Sterile in Surgery)
- 4 Steam Terminal Sterilizers
- 3 Plasma Terminal Sterilizers
- 2 Deionizer Unit Rooms for all Washers
- 8 Cart Staging Areas/Transfer Loads
- 1 ETO
- 1 Cart Staging/Unloading Area
 - Clean Case Cart Staging/Holding Area and Workstation for 68 clean case carts waiting for case picking
- 1 Master Control Station
- 1 File Storage

Support Area:

- 1 Office shared by 3 people
- 1 Conference Room
- 1 Shared Female Locker Room with half-sized lockers and a toilet/shower room
- 1 Shared Male Locker Room with half-sized lockers and a toilet/shower room

- 2 Housekeeping Closets

2006

Guidelines

for Design and Construction of Health Care Facilities

The Facility
Guidelines Institute

The American
Institute of Architects
Academy of Architecture
for Health

With assistance from the
U.S. Department of Health
and Human Services



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mother's area shall be provided for infant stabilization and resuscitation.

4.4.3.2 Renovation. When renovation work is undertaken, every effort shall be made to meet the above minimum standards. If it is not possible to meet the above square-foot standards, existing LDR or LDRP rooms shall be permitted to have a minimum clear area of 200 square feet (18.58 square meters).

4.4.4 Patient Privacy

Windows or doors within a normal sightline that would permit observation into the room shall be arranged or draped as necessary for patient privacy.

4.4.5 Hand-Washing Stations

Each room shall be equipped with hand-washing stations. (Hand-washing stations with hands-free operation are acceptable for scrubbing.)

4.4.6 Patient Bathroom

Each LDR or LDRP room shall have direct access to a private toilet with shower or tub.

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A5.1 Surge Capacity

In preparation for the emergence of highly infectious patients, hospitals should have the capacity to handle a surge of up to ten or a fourfold increase above the current emergency department capacity for such patients.

- a. This preparation should include the provision of adjacent space for triage and management of infectious patients.
- b. Utility upgrades for these areas (oxygen, water, electrical) should be considered.
- c. The area should provide for depressurization to help control aerosolized infectious particles with 100 percent exhaust capability. If 100 percent exhaust cannot be achieved, appropriate proven technology should be utilized to reduce airborne particles by > 95 percent. If patient care areas are to be utilized in the hospital to house these patients, the route to the patient care unit should minimize the potential for cross-contamination. Existing smoke control areas could be utilized to meet the ventilation requirements. Air-handling systems should be designed to provide required pressure differentials. Written protocols must be developed to ensure

4.4.7 Medical Gas Outlets

4.4.7.1 See Table 2.1-5 for medical gas outlet requirements.

4.4.7.2 These outlets shall be located in the room so they are accessible to the mother's delivery area and infant resuscitation area.

4.4.8 Finishes

Finishes shall be selected to facilitate cleaning and to resist strong detergents.

4.4.9 Lighting

Portable examination lights shall be permitted, but must be immediately accessible.

5 Diagnostic and Treatment Locations

*5.1 Emergency Service

5.1.1 General

*5.1.1.1 Definition

Levels of emergency care range from initial emergency management to definitive emergency care.

proper performance of the means to accomplish the intended goals. DHHS, the Office of Emergency Preparedness, will have more up-to-date information.

A5.1.1.1 Classification of emergency departments/ services/trauma centers

Basic aspects of previous Level I-IV emergency department/ services classifications are still recognizable in current criteria statements but have evolved substantially to address changes in practice, needs, and technologies. The following publications are especially useful references for understanding and listing current refined and expanded requirements:

American College of Surgeons. "Trauma Center Descriptions and Their Roles in a Trauma System," chapter 2 in *Resources for Optimal Care of the Injured Patient* (ACS, 1999). This reference provides detailed descriptions of Level I–Level IV trauma centers. (www.facs.org)

Riggs, Leonard M., Jr., ed. *Emergency Department Design* (American College of Emergency Physicians, 1993). The author discusses planning for various levels of treatment acuity. (www.acep.org)

- (1) Initial emergency management is care provided to stabilize a victim's condition and to minimize potential for further injury during transport to an appropriate service. Patients may be brought to the "nearest hospital," which may or may not have all required services for definitive emergency management. In those cases, it is important that the hospital be able to assess and stabilize emergent illnesses and injuries and arrange for appropriate transfer.
- (2) Emergency care may range from the suturing of lacerations to full-scale emergency medical procedures. Facilities that include personnel and equipment for definitive emergency care provide for 24-hour service and complete emergency care leading to discharge to the patient's home or direct admission to the appropriate hospital.

5.1.1.2 Applicability. The extent and type of emergency service to be provided depends on community needs and the availability of other services in the area.

- (1) While initial emergency management shall be available at every hospital, full-scale definitive emergency services may be impractical and/or an unnecessary duplication.
- (2) All services need adequate equipment and 24-hour staffing to ensure no delay in essential treatment.

5.1.1.3 Requirements

- (1) The following standards are intended only as minimums. Additional facilities, as needed, shall be as required to satisfy the functional program.
- (2) Provisions for facilities to provide non-emergency treatment of outpatients are covered in Chapter 3.2.

5.1.2 Initial Emergency Management

5.1.2.1 General

- (1) At a minimum, each hospital shall have provisions for emergency treatment for staff, employees, and visitors, as well as for persons who may be unaware of or unable to immediately reach services in other facilities. This is not only for patients with minor illnesses or injuries that may

require minimal care but also for persons with severe illness and injuries who must receive immediate emergency care and assistance prior to transport to other facilities.

- (2) Provisions for initial emergency management shall include the following:

5.1.2.2 Entrance. A well-marked, illuminated, and covered entrance shall be provided at grade level. The emergency vehicle entry cover shall provide shelter for both the patient and the emergency medical crew during transfer from an emergency vehicle into the building.

5.1.2.3 Reception, triage, and control station. This shall be located to permit staff observation and control of access to treatment area, pedestrian and ambulance entrances, and public waiting area.

5.1.2.4 Communication system. Communication hookups to the Poison Control Center and regional emergency medical service (EMS) system.

5.1.2.5 A treatment room

- (1) Space requirements
 - (a) This shall have not less than 120 square feet (11.15 square meters) of clear area, exclusive of toilets, waiting area, and storage.
 - (b) The treatment room may have additional space and provisions for several patients with cubicle curtains for privacy. Multiple-bed treatment rooms shall provide a minimum of 80 square feet (7.43 square meters) per patient cubicle.
- (2) Facility requirements. Each treatment room shall contain an examination light, work counter, hand-washing stations, medical equipment, cabinets, medication storage, adequate electrical outlets above floor level, and counter space for writing.

5.1.2.6 Airborne infection control. At least one airborne infection isolation room shall be provided as described in Table 2.1-2 and Sections 2.1-3.2.2.2, 2.1-3.2.2.4 (2)(a) and (b), and 3.2.2.4 (4). The need for additional airborne infection isolation rooms or

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for protective environment rooms as described in Section 2.1-3.2.3 shall be determined by an ICRA.

5.1.2.7 Equipment and supply storage. Storage for general medical/surgical emergency supplies, medications, and equipment such as ventilator, defibrillator, splints, etc. This shall be located out of traffic and under staff control.

5.1.2.8 Waiting room. Provisions for reception, control, and public waiting. These shall include a public toilet with hand-washing station(s) and a telephone.

5.1.2.9 Patient toilet. A patient toilet room with hand-washing station(s). This shall be convenient to the treatment room(s).

*5.1.3 Definitive Emergency Care

5.1.3.1 General. Where 24-hour emergency service is to be provided, the type, size, and number of the services shall be as defined in the functional program. As a minimum, the following shall be provided:

5.1.3.2 Emergency access. Paved emergency access to permit discharge of patients from automobiles and ambulances and temporary parking convenient to the entrance shall be provided.

5.1.3.3 Entrance. A well-marked, illuminated, and covered entrance shall be provided at grade level.

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A5.1.3 Fast-Track Area

A separate fast-track area when annual emergency department visits exceed 20,000-30,000 visits should be considered. This area should include space for registration, discharge, triage, and waiting, as well as a physician/nurse work station. Storage areas for supplies and medication should be included. A separate treatment/procedure room of 120 square feet (11.15 square meters) of clear floor space should be provided. Examination/treatment areas should be 100 square feet (9.29 square meters) of clear floor space, with hand-washing stations, vacuum, oxygen, and air outlets, and examination lights. At least one treatment/examination room should be designated for pelvic examinations.

A5.1.3.4 The design of the emergency department is critical, particularly at the main public access point, to ensure that emergency medical staff and hospital security personnel maintain control of

(1) This shall provide direct access from public roads for ambulance and vehicle traffic.

(2) Entrance and driveway shall be clearly marked.

(3) If a raised platform is used for ambulance discharge, a ramp shall be provided for pedestrian and wheelchair access.

*5.1.3.4 Reception, triage, and control station

(1) Reception, triage, and control station shall be located to permit staff observation and control of access to treatment area, pedestrian and ambulance entrances, and public waiting area. (See Table 2.1-5.)

(2) The triage area requires special consideration. As the point of entry and assessment for patients with undiagnosed and untreated airborne infections, the triage area shall be designed and ventilated to reduce exposure of staff, patients, and families to airborne infectious diseases. (See Table 2.1-2.)

5.1.3.5 Communications center. The communications center shall be convenient to the nursing station and have radio, telephone, and intercommunication systems. (See Section 2.1-8.1.3.)

5.1.3.6 Public waiting area

access at all times. In the event of a disaster, terrorist event, or infectious disease outbreak, the emergency service must remain under the control of the hospital and limit contamination to ensure its continued availability as a resource.

a. Efforts will be made to separate patients waiting for triage in a secure area with appropriate ventilation that is clearly visible from the triage station. This area will be separate from the post-triage waiting area to limit the spread of contamination and/or contagion.

b. Although the triage station must have unobstructed visibility of the waiting area to permit observation of patients waiting for treatment, a reception and control or security function must be provided to monitor the main entrance to the department and all public areas. Public access points to the treatment area shall be minimal in number, and under direct observation by the reception and control or security function.

- (1) This shall have toilet facilities, drinking fountains, and telephones.
- (2) If so determined by the hospital ICRA, the emergency department waiting area shall require special measures to reduce the risk of airborne infection transmission. These measures may include enhanced general ventilation and air disinfection similar to inpatient requirements for airborne infection isolation rooms. See the CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Facilities."

5.1.3.7 Diagnostic, treatment, and service areas

- (1) Examination and treatment room(s)
 - (a) Space requirements. Each examination room shall have a minimum clear floor area of 120 square feet (11.15 square meters), exclusive of fixed casework.
 - (b) Facility requirements. Each examination room shall contain work counter(s); cabinets; hand-washing stations; supply storage facilities; examination lights; a desk, counter, or shelf space for writing; and a vision panel adjacent to and/or in the door.
 - (c) Renovation. Where renovation work is undertaken, every effort shall be made to meet these minimum standards. In such cases, each room shall have a minimum clear area of 100 square feet (9.29 square meters), exclusive of fixed or wall-mounted cabinets and built-in shelves.
 - (d) Treatment cubicles
 - (i) Where treatment cubicles are in open multiple-bed areas, each cubicle shall have a minimum of 80 square feet (7.43 square meters) of clear floor space and shall be separated from adjoining cubicles by curtains.
 - (ii) Hand-washing stations shall be provided for each four treatment cubicles or major fraction thereof in multiple-bed areas.

- (e) For oxygen and vacuum, see Table 2.1-5.
- (f) Treatment/examination rooms used for pelvic exams shall allow for the foot of the examination table to face away from the door.

* (2) Trauma/cardiac rooms for emergency procedures, including emergency surgery

- (a) Space requirements
 - (i) Each room shall have at least 250 square feet (23.23 square meters) of clear floor space.
 - (ii) Additional space with cubicle curtains for privacy may be provided to accommodate more than one patient at a time in the trauma room.
- (b) Facility requirements. The room shall contain cabinets and emergency supply shelves, x-ray film illuminators, examination lights, and counter space for writing.
- (c) Patient monitoring. Provisions shall be made for monitoring the patients.
- (d) Supply storage. Storage shall be provided for immediate access to attire used for universal precautions.
- (e) Door width. Doorways leading from the ambulance entrance to the cardiac trauma room shall be a minimum of 5 feet (1.52 meters) wide to simultaneously accommodate stretchers, equipment, and personnel.
- (f) Renovation. In renovation projects, every effort shall be made to have existing cardiac/trauma rooms meet the above minimum standards. If it is not possible to meet the above square-foot standards, the authorities having jurisdiction may grant approval to deviate from this requirement. In such cases, these rooms shall

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A5.1.3.7 (2) Access should be convenient to the ambulance entrance.

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be no less than a clear area of 240 square feet (22.30 square meters), and doorways leading from the ambulance entrance to the room may be 4 feet (1.22 meters) wide.

(3) Provisions for orthopedic and cast work. These may be in separate room(s) or in the trauma room.

(a) Space requirements. The clear floor space for this area shall be dependent on the functional

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A5.1.3.7 (4) When advanced imaging technologies such as CT are available, the emergency department should have convenient access.

A5.1.3.7 (5) Decontamination area on the exterior perimeter

a. Ideally 150 feet (45.72 meters) from the ambulance entrance (if required by the constraints of the structures involved, this may be no less than 30 feet (9.14 meters) from the ambulance entrance).

b. At a location where no windows or doors abut the defined area or where all doors are securable from the outside and all windows are capable of being shuttered.

c. Boundaries shall be defined on the paved ground surface with a yellow paint line and the word "DECON" painted within these boundaries.

d. At least two shower heads, temperature-controlled and separated by at least 6 feet (1.83 meters); a separate spigot for attachment of a hose.

e. Semipermanent or portable/collapsible structures (curtains, tents, etc.) that will provide shelter from the environment, privacy, and some containment of the contaminant/infectious agent.

f. Secured access to the hospital telephone system and a duplex electrical outlet for each two shower heads and no closer than 4 feet (1.22 meters) to any shower.

g. Exterior lighting to maximize visibility; appropriate for wet/shower facilities.

h. Negative airflow and ventilation system on the hospital perimeter wall but drawing air within the confines of the decontamination structure; exhausted directly to the outdoors, no less than 50 feet (15.24 meters) away from the decontamination site with no recirculation of air. This system shall be defunctionalized when the decontamination structure is not in use.

i. Water runoff shall be contained and disposed of safely to ensure that it does not enter community drainage systems. This shall be accomplished either by graded floor structures leading to a drain with a collection system separate from that of the hospital or by the use of plastic pools or specialized decontamination stretchers.

Decontamination room within the facility

a. Separate, independent, secured external entrance adjacent to

the ambulance entrance, but no less than 30 feet (9.14 meters) distant; lighted and protected from the environment in the same way as the ambulance entrance; a yellow painted boundary line 3 feet (0.91 meter) from each side of the door and extending 6 feet (1.83 meters) from the hospital wall; the word "DECON" painted within these boundaries.

b. Internal entrance to a corridor within the emergency area.

c. It shall have spatial requirements and the medical support services of a standard emergency area airborne infection isolation room, with air externally exhausted separate from the hospital system. It shall contain a work counter, hand-washing station with hands-free controls, an area for personnel gowning, and a storage area for supplies, as well as equipment for the decontamination process.

d. Ceiling, wall, and floor finishes shall be smooth, nonporous, scrubbable, nonadsorptive, nonperforated, capable of withstanding cleaning with and exposure to harsh chemicals, nonslip, and without crevices or seams. Floors shall be self-coving to a height of 6 inches (15.24 centimeters). The surface of the floor shall be self-finished and require no protective coating for maintenance.

e. Two hospital telephones; two duplex electrical outlets, secured appropriately for a wet environment.

f. At least two hand-held shower heads, temperature-controlled; curtains or other devices to allow patient privacy, to the extent possible.

g. Appropriately heated and air-cooled for a room with an external door and very high relative humidity.

h. Water drainage must be contained and disposed of safely to ensure that it does not enter the hospital or community drainage systems. There should be a "saddle" at the floor of the door buck to prevent efflux.

i. A certified physicist or other qualified expert representing the owner or the state agency shall specify the type, location, and amount of radiation protection to be installed in accordance with final approved department layout and the functional program. These specifications shall be incorporated into the plans.

j. The decontamination area may function as an isolation room or a patient hygiene room under routine departmental function.

program and the procedures and equipment accommodated here.

- (b) Plaster trap. If a sink is used for the disposal of plaster of paris, a plaster trap shall be provided.
- (c) Equipment and supply storage. They shall include storage for splints and other orthopedic supplies, traction hooks, x-ray film illuminators, and examination lights.

* (4) Diagnostic service areas. Convenient access to radiology and laboratory services shall be provided.

* (5) Decontamination area

- (a) Location. In new construction, a decontamination room shall be provided with an outside entry door as far as practical from the closest other entrance. The internal door of this room shall open into a corridor of the emergency department, swing into the room, and be lockable against ingress from the corridor.
- (b) Space requirements. The room shall provide a minimum of 80 square feet (7.43 square meters) clear floor area.
- (c) Facility requirements
 - (i) The room shall be equipped with two hand-held shower heads with temperature

controls and dedicated holding tank with floor drain.

- (ii) Portable or hard-piped oxygen shall be provided. Portable suction shall also be available.
- (d) Construction requirements. The room shall have all smooth, nonporous, scrubable, nonadsorptive, nonperforated surfaces. Fixtures shall be acid resistant. The floor of the decontamination room shall be self-coving to a height of 6 inches (15.24 centimeters).
- (e) This section does not preclude decontamination capability at other locations or entrances immediately adjacent to the emergency department.

* (6) Pediatric care

5.1.3.8 Special patient care areas

- (1) Airborne infection isolation room. At least one airborne infection isolation room shall be provided as described in Table 2.1-2 and Sections 2.1-3.2.2.2, 3.2.2.4 (2)(a) and (b), and 3.2.2.4 (4). The need for additional airborne infection isolation rooms or for protective environment rooms as described in Section 2.1-3.2.3 shall be determined by an ICRA.

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A5.1.3.7 (6) Pediatric treatment rooms. Provisions for the treatment of pediatric cases in dedicated pediatric room(s) within the unit should be provided. The quantity of dedicated rooms should depend on the census of the particular institution.

a. This area should include space for registration, discharge, triage, waiting, and a playroom. Pediatric designated rooms should be adjacent to a family waiting area and toilet. An area for the nurse station and physician station, storage for supplies and medication, and one to two isolation rooms should also be included.

b. Each examination/treatment room should have 100 square feet (9.29 square meters) of clear floor space, with a separate procedure/trauma room of 120 square feet (11.15 square meters) of

clear floor space. Each of these rooms should have hand-washing stations; vacuum, oxygen, and air outlets; examination lights; and wall/column-mounted ophthalmoscopes/otoscopes.

Where possible, rooms should be sized larger than 120 square feet (11.15 square meters) of clear area (exclusive of casework) to accommodate the additional equipment and escorts that accompany pediatric cases.

c. Particular attention should be paid to the soundproofing of these treatment rooms.

d. At least one room for pelvic examinations should be included.

e. X-ray illuminators should be available.

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*(2) Observation units

- (a) Each patient bed area shall have space at each bedside for visitors, and provision for visual privacy from casual observation by other patients and visitors.
 - (b) Hand-washing stations. Hand-washing stations shall be provided for each four treatment cubicles or major fraction thereof. Hand-washing stations shall be convenient to nurse stations and patient bed areas.
 - (c) Toilet room. One toilet room shall be provided for each eight treatment cubicles or major fraction thereof.
 - (d) Shower room. One shower room shall be provided for each sixteen treatment cubicles or major fraction thereof; the shower room and toilet room may be combined into the same room.
 - (e) Nourishment area. A nourishment station that may be shared shall be provided. It shall include a sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishment between scheduled meals.
- (3) Secure holding room. When required by the functional program, there shall be a secure holding

room. This room shall be designed to prevent injury to patients.

- (a) All finishes, light fixtures, vents and diffusers, and sprinklers shall be tamper resistant.
- (b) There shall not be any electrical outlets, medical gas outlets, or similar devices.
- (c) There shall be no sharp corners, edges, or protrusions, and the walls shall be free of objects or accessories of any kind.
- (d) Patient room doors shall swing out and shall have hardware on the exterior side only. Doors shall have an electric strike that is tied into the fire alarm.

5.1.3.9 Support areas for definitive emergency management facilities

- (1) Administrative center or nurse station for staff work and charting.
 - (a) These areas shall have space for counters, cabinets, and medication storage, and shall have convenient access to hand-washing stations.
 - (b) They are permitted to be combined with or

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A5.1.3.8 (2) Observation/holding units for patients requiring observation up to 23 hours or admission to an inpatient unit should be located separately but near the main emergency department. The size will depend upon the function (observation and/or holding), patient acuity mix, and projected utilization.

- a. As defined by the functional plan, this area should consist of a centralized nurse station; 100 square feet (9.29 square meters) of clear floor space for each cubicle, with vacuum, oxygen, and air outlets, monitoring space, and nurse call buttons.
- b. A patient bathroom should be provided.
- c. Storage space for medical and dietary supplies should be included.
- d. X-ray illuminators should be available.

A5.1.3.9 (2) A security station and/or system should be located to maximize visibility of the treatment areas, waiting areas, and key entrance sites.

- a. The system should include visual monitoring devices installed both internally in the emergency department as well as externally at entrance sites and parking lots.
- b. Special requirements for a security station should include accommodation for hospital security staff, local police officers, and monitoring equipment.
- c. Design consideration should include installation of silent alarms, panic buttons, and intercom systems, and physical barriers such as doors to patient entry areas.
- d. The security monitoring system should be included on the hospital's emergency power backup system.

include centers for reception and communication or poison control.

- (c) Nursing stations decentralized near clusters of treatment rooms are permitted.
- (d) Where feasible, visual observation of all traffic into the unit and of all patients shall be provided from the nursing station.
- *(2) Security station. Where dictated by local needs, a security system shall be located near the emergency entrances and triage/reception area.
- (3) Poison control center and EMS communications center. If provided, they shall be permitted to be part of the staff work and charting area.
- (4) Scrub stations. Scrub stations located in or adjacent and convenient to each trauma and/or orthopedic room.
- (5) Provisions for disposal of solid and liquid waste. This may be a clinical sink with bedpan flushing device within the soiled workroom.
- (6) Clean workroom or clean supply room. A clean workroom or clean supply room shall be provided in accordance with Section 2.1-2.3.7. If the area serves children, additional storage shall be provided to accommodate supplies and equipment in the range of sizes required for pediatrics.
- *(7) Soiled workroom or soiled holding room. A soiled workroom or soiled holding room shall be provided in accordance with Section 2.1-2.3.8 for the exclusive use of the emergency service.

(8) Equipment and supply storage

- (a) Wheelchair and stretcher storage. Storage for wheelchairs and stretchers for arriving patients shall be located out of traffic with convenient access from emergency entrances.
- (b) Emergency equipment storage. Sufficient space shall be provided for emergency equipment (e.g., a CPR cart, pumps, ventilators, patient monitoring equipment, and portable x-ray unit) in accordance with Section 2.1-2.3.9.4.

- (9) Housekeeping room. A housekeeping room shall be directly accessible from the unit and shall contain a service sink or floor receptor and provisions for storage of supplies and housekeeping equipment.

5.1.3.10 Support areas for staff

- (1) Staff lounge. Convenient and private access to staff toilets, lounge, and lockers shall be provided.
- (2) Staff storage facilities. Securable closets or cabinet compartments shall be provided for the personal effects of emergency service personnel in accordance with Section 2.1-2.4.3.

*5.1.3.11 Support areas for patients

- *(1) Bereavement room
- (2) Patient toilet room. A minimum of one patient toilet room per eight treatment rooms or fraction thereof shall be provided, with hand-washing station(s) in each toilet room.

5.2 Freestanding Emergency Service

5.2.1 Definition

Freestanding emergency service shall mean an extension of an existing hospital emergency department that is physically separate from the main hospital emergency department and that is intended to provide comprehensive emergency service. A service that does not provide 24-hour-a-day, seven-day-a-week operation

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A5.1.3.9 (7) Disposal space for regulated medical waste (e.g., gauzes/linens soaked with body fluids) should be separate from routine disposal space.

A5.1.3.11 Other space considerations. Provision of a patient hygiene room with shower and toilet facilities should be considered.

A5.1.3.11 (1) At least one bereavement room should be provided. This room should be accessible from both the emergency treatment corridor and the emergency waiting area. This room should be comfortable enough to provide respite to the bereaved family and should be equipped with a sound transmission coefficient equivalent to 65 for the walls and 45 for the floors and ceiling.

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or that is not capable of providing basic services as defined for hospital emergency departments shall not be classified as a freestanding emergency service and shall be described under other portions of this document.

5.2.1.1 Physically separate from the main hospital means not located on the same campus.

5.2.2 Facility Requirements

Except as noted in the following sections, the requirements for freestanding emergency service shall be the same as for hospital emergency service as described in Section 2.1-5.1.

5.2.2.1 General. See Section 2.1-5.1.1.

5.2.2.2 Initial emergency management. See Section 2.1-5.1.2.

5.2.2.3 Definitive emergency care. See Section 2.1-5.1.3.

5.2.2.4 Support areas. See Sections 2.1-5.1.3.9 through 2.1-5.1.3.11.

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A5.3 Surgery

a. The size and location of the surgical procedure rooms shall be determined by the level of care to be provided. The levels of care as defined by the American College of Surgeons are as follows:

Class A: Provides for minor surgical procedures performed under topical, local, or regional anesthesia without pre-operative sedation. Excluded are intravenous, spinal, and epidural routes; these methods are appropriate for Class B and Class C facilities.

Class B: Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

Class C: Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

b. When invasive procedures are performed on patients known or suspected to have pulmonary tuberculosis, these procedures should not be performed in the operating suite. They should be performed in a room meeting airborne infection isolation room ventilation requirements or in a space using local exhaust ventilation. If the procedure must be performed in the operating suite, see the "CDC Guidelines for Preventing the Transmission of *Mycobacterium Tuberculosis* in Health Care Facilities."

5.2.3 Additional Requirements

The freestanding emergency service shall have the following capabilities and/or functions within the facility:

5.2.3.1 Diagnostic and treatment areas

- (1) Diagnostic imaging. This shall include radiography and fluoroscopy.
- (2) Observation beds. At least one of these shall have full cardiac monitoring.
- (3) Laboratory. These facilities shall accommodate those functions described in Section 2.1-5.11.

5.2.3.2 Service areas

- (1) Pharmacy
- (2) Provision for serving patient and staff meals shall be provided. A kitchen or a satellite serving facility shall be permitted.
- (3) Support services and functions shall include housekeeping, laundry, general stores, maintenance and plant operations, and security.

*5.3 Surgery

5.3.1 Surgical Suites

Note: Additions to, and adaptations of, the following elements shall be made for the special procedure operating rooms found in larger facilities.

5.3.1.1 Size. The number of operating rooms and recovery beds and the sizes of the support areas shall be based on the expected surgical workload.

5.3.1.2 Layout

- (1) The surgical suite shall be located and arranged to prevent nonrelated traffic through the suite.
- (2) The clinical practice setting shall be designed to facilitate movement of patients and personnel into, through, and out of defined areas within the surgical suite. Signs shall clearly indicate the surgical attire required.

- (3) An operating room suite design with a sterile core shall provide for no cross-traffic of staff and supplies from the soiled/decontaminated areas to the sterile/clean areas. The use of facilities outside the operating room for soiled/decontaminated processing and clean assembly and sterile processing shall be designed to move the flow of goods and personnel from dirty to clean/sterile without compromising universal precautions or aseptic techniques in both departments.
- (4) The surgical suite shall be divided into three designated areas—unrestricted, semirestricted, and restricted—defined by the physical activities performed in each area.
- (a) Unrestricted area
- (i) The unrestricted area includes a central control point established to monitor the entrance of patients, personnel, and materials.
- (ii) Street clothes are permitted in this area and traffic is not limited.
- (b) Semirestricted area
- (i) The semirestricted area includes the peripheral support areas of the surgical suite. It has storage areas for clean and sterile supplies, work areas for storage and processing of instruments, and corridors leading to the restricted areas of the surgical suite.
- (ii) Traffic in this area is limited to authorized personnel and patients. Personnel are required to wear surgical attire and cover all head and facial hair.
- (c) Restricted area
- (i) The restricted area includes operating and procedure rooms, the clean core, and scrub sink areas.
- (ii) Surgical attire and hair coverings are required. Masks are required where open

sterile supplies or scrubbed persons may be located.

5.3.1.3 Provision of outpatient surgery. In the functional program, the size, location, and configuration of the surgical suite and support areas shall reflect the projected volume of outpatients. This may be achieved by designing either an outpatient surgery facility or a combined inpatient/outpatient surgical suite.

- (1) Hospital surgical suite. Where outpatient surgery is provided in the surgical suite of the hospital facility, it shall comply with the requirements for outpatient surgery in Chapter 3.7, Outpatient Surgical Facility.
- (2) Separate hospital unit or outpatient surgical facility. Where outpatient surgery and post-anesthetic care is provided in a separate unit of the hospital facility or in a separate outpatient surgical facility, it shall comply with the requirements for outpatient surgery in Chapter 3.7.

5.3.2 Operating and Procedure Rooms

5.3.2.1 General operating room(s)

- (1) New construction
- (a) Space requirements. Each room shall have a minimum clear area of 400 square feet (37.16 square meters) exclusive of fixed or wall-mounted cabinets and built-in shelves, with a minimum of 20 feet (6.10 meters) clear dimension between fixed cabinets and built-in shelves.
- (b) Communication system. Each room shall have a system for emergency communication with the surgical suite control station.
- (c) X-ray viewers. X-ray film viewers for handling at least four films simultaneously or digital image viewers shall be provided.
- (d) Construction requirements. Operating room perimeter walls, ceiling, and floors, including penetrations, shall be sealed. (See Glossary.)

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* (2) 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 square-footage standards, each room shall have a minimum clear area of 360 square feet (33.45 square meters), exclusive of fixed or wall-mounted cabinets and built-in shelves, with a minimum of 18 feet (5.49 meters) clear dimension between fixed cabinets and built-in shelves.

5.3.2.2 Room(s) for cardiovascular, orthopedic, neurological, and other special procedures that require additional personnel and/or large equipment

- (1) Space requirements. When included, these room(s) shall have, in addition to the above requirements for general operating rooms, a minimum clear area of 600 square feet (55.74 square meters), with a minimum of 20 feet (6.10 meters) clear dimension exclusive of fixed or wall-mounted cabinets and built-in shelves.
- (2) Pump room. Where open-heart surgery is performed, an additional room in the restricted area of the surgical suite, preferably adjoining this operating room, shall be designated as a pump room where extra corporeal pump(s), supplies, and accessories are stored and serviced.
- (3) Equipment storage rooms. Where complex orthopedic and neurosurgical surgery is performed, additional rooms shall be in the restricted area of the surgical suite, preferably adjoining the specialty operating rooms, which shall be designated as equipment storage rooms for the large equipment used to support these procedures.
- (4) Plumbing and electrical connections. Appropriate plumbing and electrical connections shall be

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A5.3.2.1 (2) The functional program may require additional clear space, plumbing, and mechanical facilities to accommodate special functions in one or more of these rooms. When existing functioning operating rooms are modified, and it is impractical to increase the square footage because of walls or structural members, the operating room may continue in use when requested by the hospital.

provided in the cardiovascular, orthopedic, neurosurgical, pump, and storage rooms.

(5) 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 square-footage standards, the following standards shall be met:

- (a) Orthopedic surgical rooms shall have a minimum clear area of 360 square feet (33.45 square meters), with a minimum dimension of 18 feet (5.49 meters).
- (b) Rooms for cardiovascular, neurological, and other special procedures shall have a minimum clear area of 400 square feet (37.16 square meters).

5.3.2.3 Additional requirements for orthopedic surgery

- (1) Equipment storage. Where included, this room shall, in addition to the above requirements, have enclosed storage space for splints and traction equipment. Storage may be outside the operating room but must be conveniently located.
- (2) Plaster trap. If a sink is used for the disposal of plaster of paris, a plaster trap shall be provided.

5.3.2.4 Room(s) for surgical cystoscopic and other endourologic procedures

- (1) Space requirements
 - (a) This room shall have a minimum clear area of 350 square feet (32.52 square meters) exclusive of fixed or wall-mounted cabinets and built-in shelves, with a minimum of 15 feet (4.57 meters) clear dimension between fixed cabinets and built-in shelves.
 - (b) In renovation projects, rooms for surgical cystoscopy shall be permitted to have a minimum clear area of 250 square feet (23.23 square meters).
- (2) X-ray viewer. X-ray viewing capability to accommodate at least four films simultaneously shall be provided.

5.3.2.5 Endoscopy suite. See Chapter 3.9, Gastrointestinal Endoscopy Facilities.

5.3.3 Pre- and Postoperative Holding Areas

5.3.3.1 Preoperative patient holding area(s). In facilities with two or more operating rooms, areas shall be provided to accommodate stretcher patients as well as sitting space for ambulatory patients.

- (1) Location. These areas shall be under the direct visual control of the nursing staff and may be part of the recovery suite to achieve maximum flexibility in managing surgical caseloads.
- (2) Space requirements. Each stretcher station shall be a minimum of 80 square feet (7.43 square meters) exclusive of general circulation space through the ward and shall have a minimum clearance of 4 feet (1.22 meters) on the sides of the stretchers and the foot of the stretchers.
- (3) Patient privacy. Provisions such as cubicle curtains shall be made for patient privacy.
- (4) Provisions shall be made for the isolation of infectious patients.
- (5) An airborne infection isolation room is not required in a preoperative holding area. Provisions for the recovery of a potentially infectious patient with an airborne infection shall be determined by an ICRA.

*5.3.3.2 Post-anesthetic care units (PACUs)

- (1) Space requirements. The design shall provide a minimum of 80 square feet (7.43 square meters) for each patient bed, exclusive of general circulation space within the PACU, with a space for additional equipment described in the functional program and for clearance of at least 5 feet (1.52 meters) between patient beds and 4 feet (1.22 meters) between patient bedsides and adjacent walls.
- (2) Layout. In new construction, at least one door to the recovery room shall provide access directly from the surgical suite without crossing public hospital corridors.

- (3) Patient privacy. Provisions for patient privacy such as cubicle curtains shall be made.
- (4) Facility requirements. Each PACU shall contain a medication station; hand-washing stations; nurse station with charting facilities; clinical sink; provisions for bedpan cleaning; and storage space for stretchers, supplies, and equipment.
 - (a) Hand-washing station(s). At least one hand-washing station with hands-free or wrist blade-operable controls shall be available for every four beds, uniformly distributed to provide equal access from each bed.
 - (b) Staff toilet. A staff toilet shall be located within the working area to maintain staff availability to patients.
- (5) Provisions shall be made for the isolation of infectious patients.
- (6) An airborne infection isolation room (AIIR) is not required in a PACU. Provisions for the recovery of a potentially infectious patient with an airborne infection shall be determined by an ICRA.

5.3.3.3 Phase II recovery. Where outpatient surgeries are to be part of the surgical suite, and where outpatients receive Class B or Class C sedation, a separate Phase II or step-down recovery room shall be provided.

- (1) Layout. In new construction, at least one door shall access the PACU without crossing unrestricted corridors of the hospital.
- (2) Space requirements
 - (a) The design shall provide a minimum of 50 square feet (4.65 square meters) for each patient in a lounge chair, with space for additional equipment described in the functional

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A5.3.3.2 Separate and additional recovery space may be necessary to accommodate patients. If children receive care, recovery space should be provided for pediatric patients and the layout of the surgical suite should facilitate the presence of parents in the PACU.

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- program and for clearance of 4 feet (1.22 meters) on the sides of the lounge chairs and the foot of the lounge chairs.
- (b) A minimum clear floor area of 100 square feet (9.29 square meters) shall be provided in single-bed rooms.
- (3) Patient privacy. Provisions for patient privacy such as cubicle curtains shall be made.
- (4) Facility requirements. The room shall contain hand-washing stations, a nurse station with charting facilities, clinical sink, provision for bedpan cleaning, and storage space for supplies and equipment.
- (a) Hand-washing stations
 - (i) A hand-washing station shall be provided in each room.
 - (ii) At least one hand-washing station with hands-free operable controls shall be provided for every four lounge chairs, uniformly distributed to provide equal access from each lounge chair.
 - (b) Toilet rooms
 - (i) Staff toilet. A staff toilet shall be provided with direct access to the working area to maintain staff availability to patients.
 - (ii) Patient toilet. A patient toilet shall be provided with direct access to the Phase II recovery unit for the exclusive use of patients.
- (5) Provisions shall be made for the isolation of infectious patients.
- (6) An airborne infection isolation room is not required in a Phase II recovery area. Provisions for the recovery of a potentially infectious patient with an airborne infection shall be determined by an ICRA.
- ### 5.3.4 Diagnostic and Treatment Locations
- #### 5.3.4.1 Examination provisions. Provisions shall be made for patient examination, interviews, preparation, testing, and obtaining vital signs of patients for outpatient surgery.
- #### 5.3.4.2 Area for preparation and examination of frozen sections. This area may be part of the general laboratory if immediate results are obtainable without unnecessary delay in the completion of surgery.
- ### 5.3.5 Support Areas for the Surgical Suite
- Support areas, except for the enclosed soiled workroom mentioned in Section 2.1-5.3.5.10 and the housekeeping room in Section 2.1-5.3.5.14, may be shared with the obstetrical facilities in accordance with the functional program. Support areas, where shared with delivery rooms, shall be designed to avoid the passing of patients or staff between the operating room and the delivery room areas. The following shall be provided:
- #### 5.3.5.1 A control station. This shall be located to permit visual observation of all traffic into the suite.
- #### 5.3.5.2 A supervisor office or station. The number of offices, stations, and teaching areas in the surgical suite shall depend upon the functional program.
- #### 5.3.5.3 Documentation area. The dictation and report preparation area may be accessible from the lounge area.
- #### 5.3.5.4 Scrub facilities. Two scrub positions shall be provided near the entrance to each operating room.
- (1) Two scrub positions may serve two operating rooms if both positions are adjacent to the entrance of each operating room.
 - (2) Scrub facilities shall be arranged to minimize incidental splatter on nearby personnel, medical equipment, or supply carts.
 - (3) In new construction, view windows at scrub stations permitting observation of room interiors shall be provided.
 - (4) The scrub sinks shall be recessed into an alcove out of the main traffic areas. The alcove shall be

located off the semirestricted or restricted areas of the surgical suite.

5.3.5.5 Medication station. Provision shall be made for storage and distribution of drugs and routine medications in accordance with Section 2.1-2.3.4.

5.3.5.6 Ice machine. An ice machine shall be provided in accordance with Section 2.1-2.3.6.

5.3.5.7 Patient holding area. In facilities with two or more operating rooms, an area shall be provided to accommodate stretcher patients waiting for surgery. This holding area shall be under the visual control of the nursing staff.

5.3.5.8 A substerile service areas(s). This area acts as a service area between two or more operating or procedure rooms. Other facilities for processing and sterilizing reusable instruments, etc., are typically located in another hospital department, such as central services.

- (1) It shall be equipped with a flash sterilizer, warming cabinet, sterile supply storage area, and hand-washing station with hands-free controls.
- (2) A sterilizing facility(ies) with high-speed sterilizer(s) or other sterilizing equipment for immediate or emergency use shall be grouped to service several operating rooms for convenient, efficient use.
- (3) A work space and hand-washing station shall be provided if required by the functional program.

5.3.5.9 Clean workroom or clean supply room. Soiled and clean workrooms or holding rooms shall be separated. The clean workroom or supply room shall not be used for food preparation.

- (1) Storage space for sterile and clean supplies shall be sized to meet the functional program. The space shall be moisture and temperature controlled and free from cross-traffic.
- (2) Clean workroom. A clean workroom shall be provided when clean materials are assembled within the surgical suite prior to use or following the decontamination cycle.

(a) It shall contain a work counter, a hand-washing station, storage facilities for clean supplies, and a space to package reusable items.

(b) The storage for sterile supplies must be separated from this space.

- (3) Clean supply room. If the room is used only for storage and holding as part of a system for distribution of clean and sterile supply materials, the work counter and hand-washing station may be omitted.

5.3.5.10 Soiled workroom or holding room. Soiled and clean workrooms or holding rooms shall be separated.

- (1) An enclosed soiled workroom (or soiled holding room that is part of a system for the collection and disposal of soiled material) shall be provided for the exclusive use of the surgical suite.
- (2) The room shall be located in the restricted area.
- (3) The soiled workroom shall contain a flushing-rim clinical sink or equivalent flushing-rim fixture, a hand-washing station, a work counter, and space for waste receptacles and soiled linen receptacles. Rooms used only for temporary holding of soiled material may omit the flushing-rim clinical sink and work counters. However, if the flushing-rim clinical sink is omitted, other provisions for disposal of liquid waste shall be provided.
- (4) The room shall not have direct connection with operating rooms or other sterile activity rooms.

5.3.5.11 Anesthesia workroom. An anesthesia workroom for cleaning, testing, and storing anesthesia equipment.

- (1) This room shall contain work counter(s) and sink(s) and racks for cylinders.
- (2) Provisions shall be made for separate storage of clean and soiled items.
- (3) In new construction, depending on the functional and space programs, the anesthesia workroom shall provide space for anesthesia case carts and other anesthesia equipment.

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5.3.5.12 Storage for blood, organs, and pathological specimens

- (1) Provisions for refrigerated blood bank storage that meets the standards of the American Blood Banking Association shall be provided.
- (2) Storage for harvested organs. Where applicable, refrigeration facilities for harvested organs shall be provided.

5.3.5.13 Storage for pathological specimens. Provisions for storage of pathological specimens prior to transfer to pathology section shall be provided.

5.3.5.14 Equipment and supply storage

- *(1) Storage room(s) shall be provided for equipment and supplies used in the surgical suite. Each surgical suite shall provide sufficient storage area to keep its required corridor width free of equipment and supplies, but not less than 150 square feet (13.94 square meters) or 50 square feet (4.65 square meters) per operating room, whichever is greater.
- (2) Storage areas shall be provided for portable x-ray equipment, stretchers, fracture tables, warming devices, auxiliary lamps, etc. These areas shall be out of corridors and traffic.
- (3) Medical gas storage. Main storage of medical gases may be outside or inside the facility in accordance with NFPA 99. Provision shall be made for additional separate storage of reserve gas cylinders necessary to complete at least one day's procedures.

5.3.5.15 Housekeeping facilities. Housekeeping facilities shall be provided for the exclusive use of the surgical suite. They shall be directly accessible from the suite and shall contain a service sink or floor receptor and

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5.3.5.14 (1) Equipment storage room(s) for equipment and supplies used in the surgical suite should be strategically located and sized for convenient access and utilization. In larger surgical suites, storage spaces should be located for ready access to specialty rooms.

provisions for storage of supplies and housekeeping equipment.

5.3.6 Support Areas for Staff

5.3.6.1 Staff lounge and toilet facilities

- (1) Separate or combined lounges shall be provided for male and female staff.
- (2) Lounge(s) shall be designed to minimize the need to leave the suite and to provide convenient access to the recovery room.

5.3.6.2 Staff clothing change areas. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite.

- (1) The areas shall contain lockers, showers, toilets, hand-washing stations, and space for donning surgical attire.
- (2) These areas shall be arranged to encourage a one-way traffic pattern so that personnel entering from outside the surgical suite can change and move directly into the surgical suite.

5.3.7 Support Areas for Patients

5.3.7.1 Patient clothing change areas. If the functional program defines outpatient surgery as part of the surgical suite, a separate area shall be provided where outpatients and same-day admission patients may change from street clothing into hospital gowns and be prepared for surgery.

- (1) It shall include a waiting room, locker(s), toilet(s), and clothing change or gowning area.
- (2) Where private holding room(s) or cubicle(s) are provided, a separate change area is not required.

5.4 Interventional Imaging Facilities

5.4.1 Cardiac Catheterization Lab (Cardiology)

5.4.1.1 Location. The cardiac catheterization lab is normally a separate suite, but location in the imaging suite shall be permitted provided the appropriate sterile environment is provided. See Section 2.1-5.5.7.

- (a) The blood collection area shall have a work counter, space for patient seating, and hand-washing stations.
- (b) The urine and feces collection facility shall be equipped with a water closet and hand-washing station.

5.11.2.5 Support areas for staff. Lounge, locker, and toilet facilities shall be conveniently located for male and female laboratory staff. Location of these areas outside the laboratory area and sharing of these areas with other departments shall be permitted.

5.12 Morgue

5.12.1 Location

These facilities shall be accessible through an exterior entrance and shall be located to avoid the need for transporting bodies through public areas.

*5.12.2 Autopsy Facilities

If autopsies are performed in the hospital, the following elements shall be provided:

5.12.2.1 Refrigerated facilities for body holding. Body-holding refrigerators shall be equipped with temperature-monitoring and alarm signals.

5.12.2.2 An autopsy room. This shall contain the following:

- (1) A work counter with a hand-washing station
- (2) A storage space for supplies, equipment, and specimens
- (3) An autopsy table
- (4) A deep sink for washing specimens

5.12.2.3 Housekeeping facilities. A housekeeping service sink or receptor shall be provided for cleanup and housekeeping.

5.12.3 Body-Holding Room

If autopsies are performed outside the facility, a well-ventilated, temperature-controlled body-holding room shall be provided.

6 Service Areas

6.1 Pharmacy

6.1.1 General

6.1.1.1 Functional program. The size and type of services to be provided in the pharmacy will depend upon the type of drug distribution system used, number of patients to be served, and extent of shared or purchased services. These factors shall be described in the functional program.

6.1.1.2 Location. The pharmacy room or suite shall be located for convenient access, staff control, and security.

6.1.1.3 Facility requirements

- (1) Facilities and equipment shall be as necessary to accommodate the functional program. (Satellite facilities, if provided, shall include those items required by the program.)
- (2) As a minimum, the following elements shall be provided:

6.1.2 Dispensing Facilities

6.1.2.1 A room or area for receiving, breakout, and inventory control of materials used in the pharmacy

6.1.2.2 Work counters and space for automated and manual dispensing activities

*6.1.2.3 An extemporaneous compounding area. This shall include a sink and sufficient counter space for drug preparation.

6.1.2.4 An area for reviewing and recording

6.1.2.5 An area for temporary storage, exchange, and restocking of carts

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A5.12.2 Autopsy rooms should be equipped with downdraft local exhaust ventilation.

A6.1.2.3 Floor drainage may also be required, depending on the extent of compounding conducted.

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6.1.2.6 Security provisions for drugs and personnel in the dispensing counter area, if one is provided

6.1.3 Manufacturing Facilities

6.1.3.1 A bulk compounding area

6.1.3.2 Provisions for packaging and labeling

6.1.3.3 A quality-control area

6.1.4 Storage

Cabinets, shelves, and/or separate rooms or closets shall be provided.

6.1.4.1 Bulk storage

6.1.4.2 Active storage

6.1.4.3 Refrigerated storage

6.1.4.4 Storage for volatile fluids and alcohol. This shall be constructed according to applicable fire safety codes for the substances involved.

6.1.4.5 Storage for narcotics and controlled drugs. Secure storage shall be provided for narcotics and controlled drugs

6.1.4.6 Equipment and supply storage. Storage shall be provided for general supplies and equipment not in use.

6.1.5 Support Areas for the Pharmacy

6.1.5.1 Patient information. Provision shall be made for cross-checking medication and drug profiles of individual patients.

6.1.5.2 Pharmacological information. Poison control, reaction data, and drug information centers

6.1.5.3 Office. A separate room or area shall be provided for office functions. This room shall include space to accommodate a desk, filing capabilities, communication equipment, and reference materials.

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A6.2.1.1 Consideration may also be required for meals to VIP suites and for cafeterias for staff, ambulatory patients, and visitors, as well as providing for nourishments and snacks between scheduled meal service.

6.1.5.4 Provisions for patient counseling and instruction. A room separate from the pharmacy shall be permitted to meet this requirement.

6.1.5.5 A room for education and training. A multi-purpose room shared with other departments shall be permitted to serve this purpose.

6.1.5.6 Outpatient consultation/education area. If the functional program requires dispensing of medication to outpatients, an area for consultation and patient education shall be provided.

6.1.5.7 Hand-washing stations. Hand-washing stations shall be provided within each separate room where open medication is prepared for administration.

6.1.5.8 Sterile work area. If intravenous (IV) solutions are prepared in the pharmacy, a sterile work area with a laminar-flow workstation designed for product protection shall be provided. The laminar-flow workstation shall include a nonhydroscopic filter rated at 99.97 percent (HEPA), as tested by dioctyl-phthalate (DOP) tests, and have a visible pressure gauge for detection of filter leaks or defects.

6.1.5.9 Additional equipment and supply storage. If unit dose procedure is used, additional space and equipment for supplies, packaging, labeling, and storage, as well as for the carts.

6.1.6 Support Areas for Staff

6.1.6.1 Staff toilet. Convenient access to toilet shall be provided.

6.1.6.2 Staff storage. Convenient access to locker shall be provided.

6.2 Dietary Facilities

6.2.1 General

***6.2.1.1** Applicability. Food service facilities shall provide food service for staff, visitors, inpatients, and outpatients in accordance with the functional program.

6.2.1.2 Location. Patient food preparation areas shall be located adjacent to delivery, interior transportation, and storage facilities.

be closed in and sealed tight for ease of cleaning.

- (3) Additional storage rooms. These shall be provided as necessary for the storage of cooking wares, extra trays, flatware, plastic and paper products, and portable equipment.
- (4) Cleaning supplies storage. A separate storage room shall be provided for the storage of nonfood items such as cleaning supplies that might contaminate edibles.

6.2.3.4 Housekeeping rooms

- (1) These shall be provided for the exclusive use of the dietary department and shall contain a floor sink and space for mops, pails, and supplies.
- (2) Where hot water or steam is used for general cleaning, additional space within the room shall be provided for the storage of hoses and nozzles.

6.2.4 Support Areas for Staff

6.2.4.1 Toilets, lockers, and lounges. Toilets, lockers and lounge facilities shall be convenient to the dietary department. These facilities shall be permitted to be shared with adjacent services provided they are adequately sized.

6.3 Central Services

The following shall be provided:

6.3.1 Soiled and Clean Work Areas

The soiled and clean work areas shall be physically separated.

6.3.1.1 Soiled workroom

- (1) This room shall be physically separated from all other areas of the department.
- (2) Work space shall be provided to handle the cleaning and initial sterilization/disinfection of all medical/surgical instruments and equipment. Work tables, sinks, flush-type devices, and washer/sterilizer decontaminators shall be provided.
- (3) Pass-through doors and washer/sterilizer decontaminators shall deliver into clean processing area/workrooms.

***6.3.1.2 Clean assembly/workroom.** This workroom shall contain hand-washing stations, work space, and equipment for terminal sterilizing of medical and surgical equipment and supplies.

6.3.2 Equipment and Supply Storage Areas

6.3.2.1 Clean/sterile medical/surgical supplies

- (1) A room for breakdown shall be provided for manufacturers' clean/sterile supplies. The clean processing area shall not be in this area but in an adjacent space.
- (2) Storage for packs, etc., shall include provisions for ventilation, humidity, and temperature control.

6.3.2.2 Storage room for patient care and distribution carts. This area shall be adjacent and easily available to clean and sterile storage and close to the main distribution point to keep traffic to a minimum and ease work flow.

6.3.3 Support Areas for Staff

6.3.3.1 Administrative/changing room. If required by the functional program, this room shall be separate from all other areas and provide for staff to change from street clothes into work attire.

6.3.3.2 Staff accommodations. Lockers, hand-washing

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A6.3.1.2 Sterilization room. This room is used exclusively for the inspection, assembly, and packaging of medical/surgical supplies and equipment for sterilization.

- a. Access to the sterilization room should be restricted.
- b. This room should contain Hi-Vacuum or gravity steam sterilizers and sterilization equipment to accommodate heat-sensitive equipment (ETO sterilizer) and ETO aerators.
- c. It should contain worktables, counters, a hand-washing station, ultrasonic storage facilities for backup supplies and instrumentation, and a drying cabinet or equipment.
- d. The area should be spacious enough to hold sterilizer carts for loading of prepared supplies for sterilization.

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station, and showers shall be made available within the immediate vicinity of the department.

6.4 Linen Services

6.4.1 General

Each facility shall have provisions for storing and processing of clean and soiled linen for appropriate patient care. Processing may be done within the facility, in a separate building on- or off-site, or in a commercial or shared laundry.

6.4.2 Internal Linen Processing

Facilities and equipment shall be as required for cost-effective operation as described in the functional program. At a minimum, the following elements shall be provided:

6.4.2.1 Soiled linen holding room. A separate room shall be provided for receiving and holding soiled linen until ready for pickup or processing.

6.4.2.2 Clean linen storage. A central clean linen storage and issuing room(s) shall be provided in addition to the linen storage required at individual patient units.

6.4.2.3 Cart storage area(s). These shall be provided for separate parking of clean- and soiled-linen carts out of traffic.

6.4.2.4 A clean linen inspection and mending room or area. If not provided elsewhere, a clean linen inspection, delinting, folding, assembly, and packaging area shall be provided as part of the linen services.

- (1) Mending shall be provided for in the linen services department.
- (2) A space for tables, shelving, and storage shall be provided.

6.4.2.5 Hand-washing stations. These shall be provided in each area where unbagged, soiled linen is handled.

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A6.4.4.3 This may require a capacity for processing a seven-day supply in a 40-hour week.

6.4.3 Additional Areas for Outside Laundry Services
If linen is processed outside the building, provisions shall also be made for:

6.4.3.1 Service entrance. A service entrance, protected from inclement weather, shall be provided for loading and unloading of linen.

6.4.3.2 Control station. A control station shall be provided for pickup and receiving.

6.4.4 On-Site Laundry Facility

If linen is processed in a laundry facility that is part of the project (within or as a separate building), the following shall be provided in addition to the requirements for internal processing facilities in Section 2.1-6.4.2.

6.4.4.1 Layout. Equipment shall be arranged to permit an orderly work flow and minimize cross-traffic that might mix clean and soiled operations.

6.4.4.2 Control and distribution room. A receiving, holding, and sorting room shall be provided for control and distribution of soiled linen. Discharge from soiled linen chutes shall be received in a separate room adjacent to it.

***6.4.4.3 Laundry processing room.** This shall have commercial or industrial-type equipment that can process at least a seven-day supply within the regular scheduled work week.

6.4.4.4 Hand-washing stations. Employee hand-washing stations shall be provided in each room where clean or soiled linen is processed and handled.

6.4.4.5 Storage for laundry supplies

6.4.4.6 Staff support locations. Conveniently accessible staff lockers, showers, and lounge shall be provided.

6.4.5 Linen Chutes

If provided, these shall meet or exceed the following standards:

6.4.5.1 Standards

- (1) Service openings to chutes shall comply with NFPA 101.

IV.

Project Scope, Utilization:

Size of Project - Post-Anesthesia Recovery Unit (PACU or Recovery)

The appropriate floor area for Recovery (PACU) was determined by considering the following factors.

1. St. John's Hospital (St. John's) will have 28 operating rooms that will treat all surgical cases, both inpatients and outpatients.
2. All surgical patients will use the PACU, except for those patients receiving local anesthesia for surgery.
3. Two existing PACUs that currently have a total of 21 PACU bays will remain unchanged, and only the PACU in Main Surgery will be replaced.

The existing PACUs, including one with 16 bays that is used for post-surgical recovery for patients undergoing Cardiac Surgery, currently have a total of 16,142 gross square feet (GSF).

4. The only PACU affected by this project is the PACU in Main Surgery, which will be replaced by a PACU with 29 stations that will have 10,625 GSF.
5. Space is needed for recovery stations and support space to provide post-anesthesia recovery for both inpatients and outpatients.
 - a. 24 PACU Private Recovery Cubicles;
 - b. 5 Isolation PACU Recovery Cubicles, each with an Ante Room and Toilet Room;
 - c. 5 Nursing Stations with Work Areas;
 - d. 4 Physician Charting and Work Areas;
 - e. 2 Clean Utility Rooms;
 - f. 1 Clean Linen Room;
 - g. 1 Soiled Holding Room;
 - h. 2 Soiled Utility Rooms;
 - i. 2 Equipment Storage Areas;

- j. 1 Medication Preparation Area;
 - k. 2 Nourishment Areas;
 - l. 2 Housekeeping Closets;
 - m. 1 Manager's Office;
 - n. 3 Staff Toilets.
6. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i., were considered.
 7. The PACU must comply with the requirements of the Americans with Disabilities Act for medical care facilities stated in the standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4.
 8. The guidelines for a Surgical Post-Anesthetic Care Unit (PACU), which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.
 9. The space program was then developed for the PACU.
 10. Once the space program for the PACU was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities Planning Board's "State and National Norms on Square Footage by Department" (77 Ill. Adm. Code, Chapter II, Section 1100, Appendix B) to verify that the Department would be within the range of previously approved projects.

The following methodologies were used for verification.

- a. Number of PACU recovery stations:
Hospital licensure requires a minimum of 1 PACU recovery station per operating room

28 operating rooms x
minimum of 1 PACU recovery station per operating room
= minimum of 28 PACU recovery stations

Proposed: 50 PACU recovery stations in the entire hospital

- b. Floor Area for Recovery:
180 Gross Square Feet per recovery station

180 Gross Square Feet per recovery station x
50 PACU recovery stations
= 9,000 Approvable Gross Square Feet

Proposed: 19,427 Gross Square Feet

11. Upon completion of this project, the floor area of the PACU will exceed the guidelines utilized by the Illinois Health Facilities Planning Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B, for the following reasons.

- a. There are 3 PACUs in the hospital, 2 of which will remain unchanged as a result of this project.

- 1) The size of the existing PACU for Cardiac Recovery far exceeds the Illinois Health Facilities Planning Board's guidelines. However, this PACU was approved by the Illinois Health Facilities Planning Board and granted a CON permit prior to its construction.

The existing Cardiac Recovery Unit, which treats patients after cardiac surgery, has 16 stations with a total of 7,330 GSF, which is an average of 458 square feet per station. This PACU will remain unchanged and will not be part of this project.

The size of the Cardiac Recovery Unit is necessary to accommodate the staff and equipment needed to treat post-cardiac surgical patients.

- 2) The PACU in the Outpatient Surgery Suite has 5 stations with a total of 1,472 GSF, which is an average of 294 square feet per station. This PACU is new and will remain unchanged and will not be part of this project.

- b. This project will include the construction of a PACU with 29 cubicles for the Main Surgery Suite.

- 1) There will be separate PACUs for adult and pediatric surgical patients because of St. John's large pediatric surgical caseload due to its identification as a Children's Hospital in partnership with the Southern Illinois University School of Medicine.

- 2) All PACU stations will be in cubicles, rather than in open bays. Additional square footage is required to provide circulation around each PACU station that is located in a cubicle.

Cubicles are necessary in order to provide greater privacy for patient care as a result of the federal government's HIPPA requirements.

The adult PACU cubicles will each have 110 net square feet (NSF), while the pediatric PACU cubicles will each have 143 NSF.

The pediatric recovery cubicles will be larger than the adult recovery cubicles because they must be able to accommodate the patients' parents as well as the nurse, who needs rapid and easy access to the patient.

In the Pediatric PACU, parents are encouraged to stay in the recovery bay with their children so they can be with them as they awaken, which makes the experience much less traumatic for children.

- 3) The PACUs will have a total of 5 isolation recovery cubicles, each of which will have an ante-room and a patient toilet room, and 2 of the isolation recovery cubicles will have negative pressure.

The adult isolation recovery cubicles will each have a total of 243 NSF and the pediatric isolation recovery cubicle will have 238 NSF. This size is due to the addition of an ante-room and a patient toilet room to each isolation recovery cubicle, as well as to the increased size of the adult isolation cubicles themselves.

- 4) The individual recovery cubicles need to be large enough to accommodate hospital beds, not simply patient stretchers.

That is because a large percentage of surgical patients are placed on their hospital beds in the operating room in order to significantly reduce the jostling they would experience in the critical immediate post-surgical recovery period, when they are transported to the PACU and later to their patient rooms. If patients were to be placed on stretchers in the operating room and then transferred to their hospital beds after a stay in the PACU, they would risk an adverse shift in vital signs, damage to the surgical repair, and unnecessary pain.

The following examples illustrate the importance of transferring surgical patients directly into their hospital beds in the operating room.

- a) Approximately 23% of St. John's surgical patients undergo orthopedic surgery, with many of these patients having major procedures, such as total knee and total hip replacements, extensive spine surgery, and extensive repairs.

Movement of these patients needs to be kept to a minimum immediately after surgery.

- b) Many of the orthopedic patients have fixation devices, large casts, and continuous passive motion (CPM) devices placed immediately after surgery, while they are still in the operating room. These devices also require large bars for orthopedic attachments and mobility assistive devices.

These devices will not fit on a regular stretcher, usually extend beyond the edge of hospital beds, and require additional attachments for support.

- c) A large number of additional surgical patients have extensive neurological and major vascular procedures, in whom it is critical to minimize movement during the immediate post-operative period.
 - d) As a Trauma Center, St. John's frequently performs surgery on patients with multiple injuries. These patients would be significantly compromised with movement immediately post-operatively.
 - e) St. John's Hospital has an active bariatric surgery program. Large patients will not fit easily or comfortably on carts during the post-surgical recovery period.
- 5) The recovery cubicles need to be large enough to accommodate portable x-ray machines that are used in the PACU when post-surgical patients require x-rays.

The need to perform x-rays on patients in the PACU occurs frequently for those who have had orthopedic, neurological, and major vascular procedures.

- 6) The recovery cubicles need to be large enough to accommodate the equipment needed to treat tertiary care patients in the PACU.

As a tertiary care center, many of St. John's surgical patients are very ill. Both the instability of their condition and the extra monitoring and support equipment needed during the immediate recovery period (such as sequential compression boots, respirators, and irrigation devices) require additional space in the recovery cubicle.

- 7) The recovery cubicles need to be large enough to accommodate the numerous monitors, other support devices, and ICU or specialty beds needed for the recovery of patients who are coming from and/or returning to Intensive Care Units.

ICU beds are generally larger than regular hospital beds, which do not fit in small recovery bays.

- 8) The recovery cubicles need to be large enough to accommodate the additional caregivers and large equipment needed to care for patients undergoing bariatric surgery.

The additional space required for these patients is largely due to the size of patients undergoing bariatric surgery.

- 9) The pediatric recovery cubicles need to be large enough to accommodate the patients' parents as well as the nurse, who needs rapid and easy access to the patient.

In the Pediatric PACU, parents are encouraged to stay in the recovery cubicle with their children so they can be with them as they awaken, which makes the experience much less traumatic for children.

The following guidelines were used in determining the appropriate floor area for the PACU:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.;

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Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-5.3.3.2. and A5.3.3.2.

IV.

Project Scope, Utilization:
Size of Project - Pharmacy

The appropriate floor area for the Pharmacy was determined by considering the following factors.

1. The existing hospital Pharmacy will remain unchanged.
2. This project will include the construction of a Satellite Pharmacy adjacent to the Main Surgical Suite, which will serve the Surgical Department, Post-Anesthesia Recovery Unit, and Surgical Prep/Stage II Recovery.
3. Space is needed for the following programmatic areas in the Surgical Satellite Pharmacy.
 - a. Dispensing window for pick-up
 - b. Workstations for 3 pharmacists and pharmacy technicians
 - c. Ante-room with a sink and eyewashing area
 - d. 2 multi-purpose laminar flow hoods for preparation of medications and IV solutions
 - d. Space for a large refrigerator and a medium-sized freezer
 - e. Storage space for narcotics and controlled medication
 - f. Storage space for medication
 - g. Storage space for bone and tissue products
 - h. Storage space for 2 delivery carts to transport items between the Central Pharmacy and the Surgical Satellite Pharmacy
 - l. Storage space for staff's personal items and lab coats
4. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.c.4., were considered.
5. The guidelines for Pharmacy, which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for

Health with assistance from the U.S. Department of Health and Human Services, were considered.

6. The space program was then developed for the Surgical Satellite Pharmacy.
7. Once the space program for the Surgical Satellite Pharmacy was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation for the total space proposed for the Surgical Satellite Pharmacy as well as the existing Pharmacy was checked against the Illinois Health Facilities Planning Board's "State and National Norms on Square Footage by Department" (77 Ill. Adm. Code, Chapter II, Section 1100, Appendix B) to verify that the Department would be within the range of previously approved projects.

The following methodologies were used for verification.

Floor Area for Pharmacy:

12 Gross Square Feet per Bed

12 Gross Square Feet per Bed x

539 Total Authorized Beds

= 6,468 Approvable Gross Square Feet

Proposed:

Existing Pharmacy:	7,360 Gross Square Feet
+ Surgical Satellite Pharmacy:	<u>1,042 Gross Square Feet</u>
Total	8,402 Gross Square Feet

7. Upon completion of this project, the floor area of the Pharmacy will exceed the guidelines utilized by the Illinois Health Facilities Planning Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B.

The floor area will exceed the State guidelines for the following reasons.

- a. The existing Pharmacy exceeds the State Norm, so it is not possible to add a Surgical Satellite Pharmacy and remain within the guidelines utilized by the Illinois Health Facilities Planning Board.
- b. The State guideline for Pharmacy, which is 12 gross square feet per bed, undercounts the required space for this department because it does not consider outpatient utilization.

St. John's outpatient caseload is significant, and this increases the amount of space that is needed for the storage, compounding,

preparation, and processing of pharmaceutical products throughout the hospital as well as for surgical patients.

For example, 65% of St. John's current surgical cases are outpatients, so their use of pharmaceuticals is never taken into account when computing the approvable floor area of this department according to the State guideline.

Similarly, St. John's outpatient caseload in other departments is not considered in computing the approvable floor area of this department according to the State guideline.

The following guidelines were used in determining the appropriate floor area for Pharmacy:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.c.4.;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-6.1.

IV.

Project Scope, Utilization:

Size of Project - Central Sterile Processing and Distribution

The appropriate floor area for the Central Sterile Processing and Distribution Department was determined by considering the following factors.

1. The existing Central Sterile Processing and Distribution Department, which is currently located in 3 different locations, will be consolidated into 2 locations by replacing the Central Sterile departments that currently exist in the basement of the hospital and in the Main Surgical Suite with a single department located in the basement of the new addition, underneath the new Main Surgery Suite.

An elevator will bring surgical supplies and instruments directly to the new Main Surgery Suite from the new Central Sterile Processing and Distribution Department.

The new Central Sterile Processing and Distribution Department will perform all sterile supply functions, processing and distributing all instruments, reusable utensils and supplies, and disposable utensils and supplies used throughout the hospital for both inpatients and outpatients, except for those processed and distributed to the Outpatient Surgical Suite in the Pavilion through an existing Central Sterile Department that will be unchanged by this project.

Instrument processing includes decontamination, cleaning, sterilizing, inspection, sorting, and packaging of instruments and reusable utensils, as described in Attachment 70-71.

2. Additional space is needed to accommodate the space needed to institute a case cart system for instruments, utensils, and supplies used in surgical cases.

Case carts transport sterile supplies and instruments from Central Sterile Processing and Distribution to the operating room, remain in the operating room during the surgical procedure, and return the soiled supplies and instruments from the operating room back to Central Sterile Processing and Distribution at the end of a surgical procedure. When a case cart system is used, the supplies and instruments needed for a surgical procedure are selected in Central Sterile Distribution, they are stored in a case cart, and the case cart is delivered to the Surgical Suite before surgery is performed.

Pathological waste obtained during surgery is sometimes placed in the case cart before it is returned to Central Sterile Processing for decontamination. When the soiled case cart arrives at Central Sterile Processing, it is emptied, the contents and the cart itself are washed and sterilized, and the case cart is returned to its

storage area in Central Sterile Processing and Distribution, where the cycle is repeated.

A case cart system is highly desirable for the following reasons.

- a. The case carts are designed to reduce the potential for contamination of sterile supplies and to the risk of soiled supplies spreading contamination because the supplies are stored within a sealed case. The case carts contain tamper-evident locks and seals that increase this protection.
- b. Case carts reduce the risk of airborne contamination because traffic in and out of the operating rooms during a surgical procedure is reduced. That is because the supplies for a given case are protected in a sealed case cart that is kept within the operating room during the surgical procedure.

The use of a case cart system requires additional square footage beyond that formerly required in Central Sterile Processing when surgical trays were prepared and distributed to the Surgical Suite. This additional space is required to sanitize and store the case carts. Space is required to store a sufficient number of case carts to accommodate a day's scheduled surgical cases plus the emergency cases that may occur.

A case cart system requires space for the following functions.

- Case Cart Assembly Area
 - Case Cart Holding and Storage Areas
 - Case Cart Washing Machine
 - Circulation Space within the assembly and storage areas, in front of the elevators that will transfer the case carts between Central Sterile and the Surgical Suite, and for cart washing access/staging and exiting from the cart washing equipment.
3. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.6., were considered.
 4. The guidelines for Central Services, which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.

5. The space program was then developed for the new Central Sterile Processing and Distribution Department.
6. Once the space program for the expansion of Central Sterile Processing and Distribution was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities Planning Board's "State and National Norms on Square Footage by Department" (77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B) to verify that the Department would be within the range of previously approved projects.

The following methodologies were used for verification.

Floor Area for Central Sterile Supply:
18 Gross Square Feet per Bed

18 Gross Square Feet per Bed x
539 Total Authorized Beds
= 9,702 Approvable Gross Square Feet

Proposed: 15,825 Gross Square Feet

7. Upon completion of this project, the floor area of the Central Sterile Processing and Distribution Department will exceed the guidelines utilized by the Illinois Health Facilities Planning Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B.

The floor area will exceed the State guidelines for the following reasons.

- a. The State guideline for Central Sterile Supply, which is 18 gross square feet per bed, undercounts the required space for this department because it does not consider outpatient utilization.

St. John's outpatient caseload is significant, and this increases the amount of space that is needed for the processing, distribution, and storage of instruments, utensils, and supplies that comprise this department.

For example, 65% of St. John's current surgical cases are outpatients, and these patients never use an inpatient bed, so their use of the instruments and supplies that are part of Central Sterile Processing and Distribution is never considered in computing the approvable floor area of this department according to the State guideline.

Similarly, St. John's outpatient caseload in other departments is not considered in computing the approvable floor area of this department according to the State guideline.

- b) One of the reasons for including the replacement and expansion of a significant portion of the Central Sterile Processing and Distribution Department in this project is to permit St. John's Hospital to establish a case cart system.

Case cart systems, although they are very desirable, take up a significant amount of space. St. John's Hospital will need space for 68 case carts in the Central Sterile Processing and Supply Department.

The space required for case cart systems does not appear to have been considered in the development of the State Norm for this department many years ago.

The following guidelines were used in determining the appropriate floor area for Central Sterile Supply:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Sections 250.2440.i.7 and 250.2440.m.4.;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-6.3.

IV.
Criterion 1110.234 - Project Services Utilization

This project includes the following Clinical Service Areas, none of which is a Category of Service, and all of which currently exist at St. John's Hospital.

This modernization project is being proposed as a replacement and expansion of St. John's Hospital's Surgical Services and the construction of shell space that will be part of a replacement Emergency Department which will not be constructed until after this project is completed.

The project includes the following Clinical Service Areas Other than Categories of Service, all of which currently exist at St. John's Hospital.

- Surgical Suite
- Post-Anesthesia Care Unit (Recovery Suite or PACU)
- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Satellite Pharmacy (adjacent to the Surgical Suite)
- Central Sterile Processing/Distribution
- Pre-Surgical Testing
- Shell space for Future Emergency Department

The Illinois certificate of need (CON) Rules include State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas Other than Categories of Service that are included in this project.

- Surgery (Surgical Suite)
- Recovery (Post-Anesthesia Care Unit or PACU)
- Pharmacy (Satellite Pharmacy adjacent to the Surgical Suite)
- Central Sterile Supply (Central Sterile Processing/Distribution)
- Shell space for Future Emergency Department

There are no State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Pre-Surgical Testing

The chart at the top of the next page identifies the State Norms for each of the Clinical Service Areas included in this project for which State Norms exist.

<u>CLINICAL SERVICE AREA</u>	<u>STATE NORM</u>
Surgery	1,500 hours of surgery per operating room* 2,078 GSF per operating room
Recovery	180 GSF per Recovery Station
Pharmacy	12 GSF per Bed (Total Beds)
Central Sterile Supply	18 GSF per Bed (Total Beds)
Shell Space for Emergency Dept.	2,000 visits per treatment room 744.6 GSF per treatment room

*It should be noted that the State Norm does not consider the Illinois Trauma Code requirement for Level I Trauma Centers that "An operating room shall be staffed in-house and available 24 hours a day." (77 Ill. Adm. Code 515.2030.f)4))

The only Clinical Service Areas included in this project for which there are State Norms based upon utilization are Surgery and the shell space for the Emergency Department.

As noted in the footnote to the chart above, the State Norm does not consider the fact that Level I Trauma Centers, including St. John's Hospital, are required to maintain an available operating room at all times for trauma cases, which by their nature, arrive on an unscheduled basis (77 Ill. Adm. Code 515.2030.f)4)).

The following chart identifies historic utilization (Surgical hours, Emergency visits) for the past 2 years and projected utilization for the first 2 years of operation for these Clinical Service Areas. This chart documents that these Clinical Service Areas will meet the utilization standards specified in 77 Ill. Adm. Code 1110.APPENDIX B.

<u>CLINICAL SERVICE AREAS</u>	<u>HISTORIC YEARS</u>		<u>PROJECTED YEARS</u>	
	<u>CY2008</u>	<u>CY2009</u>	<u>FY2015</u>	<u>FY2016</u>
Surgical Cases	15,494	15,961	17,730	18,059
Surgery Hours	38,702	39,124	45,647	46,335
Emergency Visits	59,281	57,162	61,265	62,496

Justification for the number of key rooms and square footage proposed for each Clinical Service Area for which there are State Norms based on utilization is presented on the next page.

CLINICAL SERVICE AREA	STATE NORM (UNITS/ROOM)	PROJECTED FY2015 VOLUME	TOTAL EXISTING ROOMS	TOTAL PROPOSED ROOMS
Surgery	1,500 hours/ operating room*	45,647 hours	28	28**
Shell Space for Emergency Department	2,000 visits/ treatment room	61,265 visits	33	29

*As noted previously, the State Norm does not consider the Illinois Trauma Code requirement for Level I Trauma Centers that "An operating room shall be staffed in-house and available 24 hours a day."

(77 Ill. Adm. Code 515.2030.f4))

**The 28 proposed Operating Rooms include the operating room that Level I Trauma Centers are required to keep staffed in-house and available 24 hours a day, as specified in the Illinois Emergency Medical Services and Trauma Center Code. (77 Ill. Adm. Code 515.2030.f4))

The proposed number of rooms for the Clinical Service Areas included in this project for which there are State Norms based on utilization standards (i.e., Surgery and Shell Space for a replacement Emergency Department) are justified, and the project square footage for these Clinical Service Areas is within the State Norm for the justified number of rooms, as shown in the chart below.

CLINICAL SERVICE AREA	STATE NORM (GSF/ROOM OR UNIT)	TOTAL PROPOSED ROOMS OR UNITS	TOTAL GSF JUSTIFIED PER PROGRAM	TOTAL PROPOSED GSF
Surgery	2,078 GSF per operating room	28 operating rooms*	58,184	58,092
Shell Space for Emergency Department	744.6 GSF per Treatment Room	Shell of 29 Treatment Rooms	21,593	18,405

*The 28 proposed Operating Rooms include the operating room that Level I Trauma Centers are required to keep staffed in-house and available 24 hours a day, as specified in the Illinois Emergency Medical Services and Trauma Center Code. (77 Ill. Adm. Code 515.2030.f4))

The assumptions underlying the projected increase in Surgery Hours are presented below and in Attachments 70-71.

1. St. John's Hospital has been actively engaged in developing new surgical programs and recruiting surgeons, as a result of which projected surgical utilization will increase by 1,769 surgical visits and 6,523 surgical hours by FY2015.

This increase represents an 11.1% increase in surgical cases and a 16.7% increase in surgical hours between CY2009 and FY2015, the first

complete fiscal year of operation of the new Main Surgery Suite, and an additional 1.9% increase in surgical cases between FY2015 and FY2016 and an additional 1.5% increase in surgical hours between FY2015 and FY2016.

The projected increase in surgical cases and surgical hours is due to the following.

- Strengthening of the Pediatric Surgery Programs at St. John's Hospital, which operates a Children's Hospital as a pavilion on the hospital campus. The Children's Hospital is operated in partnership with the Southern Illinois University School of Medicine and has more than 60 pediatric specialists and surgeons on its medical staff.
 - A new Pediatric Orthopedic Surgeon has been recruited, who is anticipated to begin practicing at St. John's Hospital in July, 2010.
 - One Pediatric Surgeon intends to increase his Pediatric Surgery practice in Springfield by increasing his surgical activity at St. John's Hospital.
 - Two Pediatric Gastroenterologists have made a commitment to increase the volume of Pediatric Endoscopic procedures that they intend to perform in St. John's Hospital's Surgical Suite.
- Development of a Neurosurgical Program that includes anticipated increases in the following neurosurgical procedures, which have not been performed at St. John's Hospital:
 - Crani-Tumor Work - endoscopic/minimally invasive brain tumor surgery;
 - V-P shunts and shunt revisions;
 - Deep Brain Stimulator program.

The development of this Neurosurgical Program is made possible by the recruitment of two Neurosurgeons: one started practicing at St. John's Hospital on January 25, 2010, and another will be starting to practice at St. John's Hospital on July 1, 2010.

- Strengthening of St. John's Hospital's Gastro-Intestinal Surgery Program, with an increase in Colon-Rectal and other Gastro-Intestinal Surgical Procedures.

The development of these Gastro-Intestinal Surgical Programs is due to one Gastroenterologist transferring his practice to St. John's Hospital.

- An increased number of Orthopedic cases due to increases in the number of total joint replacement cases performed because of new partnerships with Orthopedic surgeons.

- An increased number of Bariatric Surgery cases due to St. John's Hospital's application for designation of its Center for Metabolic and Weight Loss Surgery (its Bariatrics Program) as a Center of Excellence.
- Growth of the Robotic Surgery program at St. John's Hospital, which increases the average surgical time per case although it results in shorter post-surgical recovery time for patients.

2. The assumptions underlying the projected increase in Emergency Visits are presented below.

St. John's Hospital projects that Emergency Department visits will increase by 4,103 by FY2015, the first complete fiscal year of operation of this project, which includes the construction of shell space for the future relocation of the Emergency Department.

This represents a 7.2% increase in emergency visits between CY2009 and FY2015 and an additional 2.0% increase in emergency visits between FY2015 and FY2016.

The projected increase in emergency visits is approximately 1% per year, with an additional impact in alternate years due to the increased cases that occur when St. John's Hospital is designated as the Level I Trauma Center for Region 3. It should be noted that St. John's Hospital and Memorial Medical Center rotate annually in serving as the designated Level I Trauma Center for EMS Region 3.

The projected increases in emergency visits are due to the following programmatic initiatives that St. John's intends to implement.

- Development of a Pediatric "Emergency/Urgent Care Service.
- Seeking designation as a Certified Chest Pain Center
- Development of a regional Call Center with a focus on Emergency Departments
- Expansion of St. John's helicopter and ambulance service
- Development of service Lines of Excellence in Cardiology, Oncology, Orthopedics, Surgery, and Women's and Children's Services

There are no State Norms based on utilization for Surgical Prep/Stage II Recovery or for Pre-Surgical Testing.

For informational purposes, the historic and projected utilization for these Clinical Service Areas, which have the same caseload of Same-Day Surgical Patients and A.M. admits (surgical patients who present themselves at the hospital the day of surgery and are prepped as inpatients, but are admitted as inpatients subsequent to surgery), are presented on the next page.

CLINICAL SERVICE AREAS	HISTORIC YEARS		PROJECTED YEARS	
	CY2008	CY2009	FY2015	FY2016
Surgical Prep/Stage II Recovery Cases	12,868	12,971	13,769	13,907
Pre-Surgical Testing Cases	12,868	12,971	13,769	13,907

The projected increase in the workload for both Surgical Prep/Stage II Recovery and Pre-Surgical Testing is due to the reasons provided above for the projected increases in the surgical caseload.

IV.
Project Scope, Utilization, and Unfinished/Shell Space:
Unfinished or Shell Space

1. The proposed shell space will total 18,405 gross square feet.
2. All of the shell space is proposed to be used for the future replacement of St. John's Hospital's Emergency Department.
3. The shell space is being constructed for the future replacement of the hospital's Emergency Department because it will be located directly beneath the new Main Surgery Suite, a location that is identified in the hospital's Master Facility Plan as the appropriate site for this department.

St. John's Hospital's Emergency Department is classified as a Level I Trauma Center. It is a regional resource for both pediatric and adult emergency and trauma patients.

Furthermore, by creating this shell space while the new addition is being constructed, it will be possible to save \$1,325,000 in future construction costs (calculated in current dollars) for the proposed Emergency Department.

The shell space will be built out in the future to accommodate the various program elements required for licensure of an Emergency Department, including replacement exam/treatment rooms and non-clinical support space. This shell space is insufficient to accommodate the full space requirements for a replacement Emergency Department at St. John's Hospital, and it is intended that the build-out of this shell space will also include the construction of additional contiguous space to accommodate the full Emergency Department.

- 4.a. Historic utilization for St. John's Hospital's Emergency Department for the most recent five-year period for which data are available is presented below.

<u>Year</u>	<u>Historic Emergency Visits</u>
CY2005	61,333
CY2006	60,480
CY2007	59,618
CY2008	59,281
CY2009	57,162

St. John's Hospital's CY2009 utilization justifies an Emergency Department with 29 exam/treatment rooms, which would justify 21,593 gross square feet under the current State Norm (77 Ill. Adm. Code 1110.APPENDIX B), a floor area that is larger than the shell space proposed for this project.

- b. Projected utilization for St. John's Emergency Department through FY2020, the anticipated date when the shell space will be placed into operation, is found below.

<u>Year</u>	<u>Projected Emergency Visits</u>
FY2010	56,502
FY2011	58,067
FY2012	57,638
FY2013	59,214
FY2014	58,796
FY2015	61,265
FY2016	62,496
FY2017	61,578
FY2018	61,184
FY2019	62,929

The assumptions underlying the projected increase in Emergency Visits is presented below.

St. John's Hospital projects that Emergency Department visits will increase by 5,767 by FY2019, the first complete fiscal year of operation of the replacement Emergency Department. This represents a 10.1% increase in emergency visits between CY2009 and FY2019, an average annual increase of 1% in emergency visits.

The projected increase in emergency visits is projected to average 1% per year and reflects the impact in alternate years due to the increased cases that occur when St. John's Hospital is designated as the Level I Trauma Center for Region 3.

That is because St. John's Hospital and Memorial Medical Center rotate annually (on a calendar year basis since 2008) in serving as the designated Level I Trauma Center for EMS Region 3, as discussed in Attachment 14.

The projected increase in emergency visits is due to the following programmatic initiatives that St. John's intends to implement.

- Development of a Pediatric "Emergency/Urgent Care Service.
- Seeking designation as a Certified Chest Pain Center
- Development of a regional Call Center with a focus on Emergency Departments
- Expansion of St. John's helicopter and ambulance service
- Development of service Lines of Excellence in Cardiology, Oncology, Orthopedics, Surgery, and Women's and Children's Services

St. John's Hospital's projected utilization for FY2019 justifies an Emergency Department with 32 exam/treatment rooms with 23,824 gross square feet, based on current State Norms (77 Ill. Adm. Code 1110.APPENDIX B), which is larger in both the number of exam/treatment rooms and square footage than the shell space proposed for this project.

IV.
Project Scope, Utilization, and Unfinished/Shell Space:
Assurances

An assurance from David Olejniczak, Chief Operating Officer of St. John's Hospital, is appended to this Attachment.

This assurance documents the following:

1. Verification that St. John's Hospital will submit to the Illinois Health Facilities and Services Review Board a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at that time or the categories of service involved;
2. The subsequent CON application (to develop and utilize the subject shell space) is estimated to be submitted by October, 2015; and
3. The shell space is estimated to be completed and placed into operation by April, 2018.



800 E. Carpenter Street
Springfield, Illinois 62769
(217) 544-6464 • www.st-johns.org

January 25, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Dear Mr. Constantino:

The purpose of this letter is to verify that the co-applicants for this project (i.e., St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis; Hospital Sisters Services, Inc.; and Hospital Sisters Health System) are submitting a CON application for a project that includes unfinished or shell space.

In accordance with 77. Ill. Adm. Code 1110.234.c., I hereby attest to the understanding of the co-applicants for this project that the co-applicants will submit to the Illinois Health Facilities and Services Review Board a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

The estimated time by which the subsequent CON application to develop and utilize the subject shell space will be submitted is October 2015.

The anticipated date when the shell space will be completed and placed in operation is April 2018.

Sincerely,

David Olejniczak
Chief Operating Officer



An Affiliate of Hospital Sisters Health System

Mr. Michael Constantino
Page Two
January 25, 2010

State of Illinois
County of Sangamon

Dated this 25th day of January, 2010.

Linda M. Cordery

Notary Public



VIII.R.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Service Modernization

This modernization project is being proposed as a replacement and expansion of St. John's Hospital's Surgical Services and the construction of shell space that will be part of a replacement Emergency Department which will not be constructed until after this project is completed.

The project includes the following Clinical Service Areas, all of which currently exist at St. John's Hospital.

- Surgical Suite
- Post-Anesthesia Care Unit (Recovery Suite or PACU)
- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Satellite Pharmacy (adjacent to the Surgical Suite)
- Central Sterile Processing/Distribution
- Pre-Surgical Testing
- Shell space for Future Emergency Department

The project will include the construction of an addition to St. John's Hospital that will have 3 floors (Basement, 3rd Floor, 4th Floor), a shelled-in 1st floor, a 2nd floor of interstitial space and mechanical systems, and the modernization of existing space that is adjacent to the new addition.

These Attachments will address the replacement and expansion of the Clinical Service Areas. It should be noted that only the following Clinical Service Areas are listed in 77 Ill. Adm. Code 1110.3030.a)1) as being subject to these Attachments, although utilization standards for some of the other Clinical Service Areas are listed in Appendix B.

- Surgery
- Pharmacy
- Emergency Services and Trauma

The proposed project meets both of the specified review criteria: Deteriorated Facilities (77 Ill. Adm. Code 1110.3030.c)1)) and Necessary Expansion (77 Ill. Adm. Code 1110.3030.c)2)).

A. These clinical service areas are deteriorated, functionally obsolescent, and undersized and need to be replaced and expanded for the following reasons.

1. Surgical Suite

The Surgical Department currently consists of 3 separate Surgical Suites, one of which is known as Main Surgery. This project proposes to replace the Main Surgical Suite, which was constructed 40 years ago. The other Surgical Suites are identified as the Cardiovascular Surgical Suite and the Pavilion Surgical Suite.

a. Modernization of the Main Surgery Suite is necessary because a number of the existing operating rooms in this Surgical Suite are undersized rooms.

- 1) Some of the operating rooms are too small to accommodate laparoscopic booms, computers, other contemporary surgical equipment, and laminar flow.

These rooms need to be replaced with operating rooms that are large enough to accommodate laparoscopic booms and other contemporary surgical equipment.

- 2) Many of the operating rooms are inadequately sized to accommodate medical students, residents, and fellows, all of whom must be able to view and participate in surgical procedures as part of their clinical training.

St. John's Hospital is a major teaching affiliate of the Southern Illinois University (SIU) School of Medicine. The SIU School of Medicine has 215 medical students studying in Springfield during their second through fourth years of medical school and 226 residents and fellows participating in 21 different specialty programs. Participants in these medical education and post-graduate medical education programs spend 50% of their clinical education time at St. John's Hospital.

St. John's Hospital provides educational opportunities in the Surgical Suites for medical students, and residents and fellows in General Surgery, Gynecology (Obstetrics/ Gynecology), Orthopedics, Otolaryngology, Plastic Surgery, Urology, Vascular Surgery, and Family Practice.

- 3) Many of the operating rooms are also inadequately sized to accommodate students in St. John's College's Department of Nursing, other schools of nursing in Central Illinois, and in St. John's Hospital's educational programs for Surgical Technicians and Registered Nurse Anesthetists.

Approximately 300 undergraduate nursing students and 6 graduate nursing students receive clinical experiences at St. John's Hospital each semester. These students rotate through the nursing departments, including Surgery.

A total of 3 to 6 students studying to become Surgical Technicians in programs sponsored by Richland Community College and Sanford-Brown College receive clinical training at St. John's Hospital each semester.

Ten students studying to become certified Registered Nurse Anesthetists in programs sponsored by Bradley University and Southern Illinois University - Edwardsville receive clinical experience at St. John's Hospital on a year round basis.

- b. Replacement of some of the operating rooms in the Main Surgery Suite is necessary in order to construct additional operating rooms that have laminar flow and to increase the size of the existing operating rooms that have laminar air flow.

Laminar air flow creates a protective environment within the operating room, which reduces infections at the surgical site.

At the present time, only 3 operating rooms have laminar air flow, and these operating rooms need to be replaced with larger rooms, while additional operating rooms need to be constructed with this feature.

- c. Modernization of the Main Surgery Suite with the retention of all of the 28 existing operating rooms is necessary in order to meet the requirements of the Illinois Emergency Medical Services and Trauma Center Code and to accommodate the projected surgical caseload by the time that the replacement Main Surgical Suite becomes operational.

- 1) As a Level I Trauma Center, St. John's Hospital is required by Illinois Emergency Medical Services and Trauma Center code to keep an operating room "staffed in-house and available 24 hours a day." (77 Ill. Adm. Code 515.2030.f)4))

St. John's Hospital has been designated by the Illinois Department of Public Health as a Level I Trauma Center, alternating each year with Memorial Medical Center as the State-Designated Trauma Center for Region 3 (Source: Illinois Department of Public Health, Emergency Medical Systems and Highway Safety, December, 2009).

Level I Trauma Centers, including St. John's Hospital, are required to maintain an available operating room at all times for trauma cases because, by their very nature, trauma cases arrive on an unscheduled basis. The requirement is specified in 77 Ill. Adm. Code 515.2030.f)4).

- 2) St. John's Hospital has been actively engaged in developing new surgical programs and recruiting surgeons, as a result of which projected surgical utilization will increase by 1,769 surgical visits and 6,523 surgical hours by FY2015. This increase represents an increase of 11.1% in surgical cases and 16.7% in surgical hours between CY2009 and FY2015, the first complete fiscal year of operation of the new Main Surgery Suite, with an additional projected increase of 1.9% in surgical cases and 1.5% in surgical hours between FY2015 and FY2016.

The projected increase in surgical cases and surgical hours is due to the following.

- Strengthening of the Pediatric Surgery Programs at St. John's Hospital, which operates a Children's Hospital in partnership with the Southern Illinois University School of Medicine and has more than 60 pediatric specialists and surgeons on its medical staff.
 - A new Pediatric Orthopedic Surgeon has been recruited, who is anticipated to begin practicing at St. John's Hospital in July, 2010.

- One Pediatric Surgeon intends to increase his Pediatric Surgery practice in Springfield by increasing his surgical activity at St. John's Hospital.
- Two Pediatric Gastroenterologists have made a commitment to increase the volume of Pediatric Endoscopic procedures that they intend to perform in St. John's Hospital's Surgical Suite.
- Development of a Neurosurgical Program that includes anticipated increases in the following neurosurgical procedures, which have not been performed at St. John's Hospital:
 - Crani-Tumor Work - endoscopic/minimally invasive brain tumor surgery;
 - V-P shunts and shunt revisions;
 - Deep Brain Stimulator program.

The development of this Neurosurgical Program is made possible by the recruitment of two Neurosurgeons: one started practicing at St. John's Hospital on January 25, 2010, and another will be starting his practice at St. John's Hospital on July 1, 2010.

- Strengthening of St. John's Hospital's Gastro-Intestinal Surgery Program, with an increase in Colon-Rectal and other Gastro-Intestinal Surgical Procedures.

The development of these Gastro-Intestinal Surgical Programs is the result of a Gastroenterologist transferring his practice to St. John's Hospital.

- An increased number of Orthopedic cases due to increases in the number of total joint replacement cases performed because of new partnerships with Orthopedic surgeons.

- An increased number of Bariatric Surgery cases due to St. John's Hospital's application for designation of its Center for Metabolic and Weight Loss Surgery (its Bariatrics Program) as a Center of Excellence.
 - Growth of the Robotic Surgery program at St. John's Hospital, which increases the average surgical time per case although it results in shorter post-surgical recovery time for patients.
- d. Modernization of the Main Surgery Suite is necessary in order to accommodate a case cart system for surgical supplies and instruments.
- e. Modernization of the Main Surgical Suite is necessary in order to provide additional space for the storage of supplies and equipment.
- There is inadequate storage space , which results in supplies and equipment being stored in corridors throughout the Surgical Suite.
- f. There is inadequate staff support space in the Main Surgical Suite.
- 1) Although there is a locker room for male surgeons, there is no locker room for female surgeons.
 - 2) One staff Locker Room lacks shower facilities.
 - 3) The Surgeons' Lounge is too small and has inadequate toilet facilities.
- g. Surgical Pathology, which is located in the Main Surgical Suite, needs to be replaced and expanded because the Main Surgical Suite is being replaced.
- 1) The presence of Surgical Pathology in the Surgical Suite permits the examination of frozen sections during surgical procedures, as a result of which surgeons are able to secure rapid results from specimens taken during surgery and will be able to confer with pathologists in a timely fashion.
 - 2) It is more efficient to have Surgical Pathology in the Surgical Suite so that biopsies taken during surgery are able to be delivered to the laboratory in a time-saving manner, thus saving time needed to transport these tissue samples.

St. John's Hospital operates a very active Surgery Department with 28 operating rooms, and the amount of time saved by having Surgical Pathology adjacent to the Surgical Suites is significant.

- 3) Surgical Pathology needs to be expanded from its current size when it is replaced because contemporary laboratory equipment is larger and more extensive than it was in the past.

2. Post-Anesthesia Care Unit (Recovery Suite or PACU)

The PACU in the Main Surgery Suite at St. John's Hospital was determined to require replacement and expansion in order to provide appropriately sized and configured facilities that are able to treat patients who undergo surgery in this Surgical Suite.

- a. Since the Recovery Room must be located adjacent to the Operating Rooms to meet hospital licensing requirements for transferring post-surgical patients (77 Ill. Adm. Code 250.2440.i.4.A.), the replacement of St. John's Hospital's Main Surgery Suite requires the replacement of this department adjacent to the Main Surgical Suite.
- b. As a Level III Perinatal Center with an active tertiary Pediatric Surgery program and as a designated Children's Hospital that is an institutional member (full member) of The National Association of Children's Hospitals and Related Institutions, the national network of Children's Hospitals, St. John's Hospital needs a dedicated Pediatric PACU for its Pediatric surgery patients.

Pediatric Surgical subspecialties at St. John's Children's Hospital include the following: Pediatric Surgery; Pediatric Dermatology; Pediatric Gastroenterology; Pediatric Orthopedic Surgery; Pediatric Otolaryngology; Pediatric Plastic Surgery; Pediatric Urology.

3. Surgical Prep (for both A.M. Admission of Surgical Inpatients and Same-Day Surgical Patients) and Stage II Recovery

Surgical Prep/Same Day Surgery includes the following functions.

- Pre-surgical preparation and holding for ambulatory surgical patients and A.M. surgical admissions, as well as Pre-Surgical Testing for any patients in these categories who have not had Pre-Surgical Testing in advance of their scheduled surgical date.

A.M. surgical admissions are surgical patients who arrive at the hospital the morning of surgery and are admitted as inpatients. They receive the same pre-operative care as ambulatory surgical patients and are admitted to an inpatient bed after surgery and their discharge from the PACU.

- Stage II Recovery for ambulatory surgical patients.

Surgical Prep/Stage II Recovery for the Main Surgery Suite was determined to require replacement and expansion in order to provide appropriately sized and configured facilities for patients arriving at the hospital on the morning of surgery who will either undergo ambulatory surgery and be discharged to their homes or be admitted to the hospital subsequent to surgery.

- a. The Surgical Prep/Stage II Recovery Department for the Main Surgical Suite is currently undersized for its caseload of ambulatory surgical patients and A.M. surgical admissions.

Adequate space consisting of an appropriate number of patient bays that are sized and configured for this function is required.

The Ambulatory Surgical Support Department needs to be expanded in order to provide Stage II recovery facilities that meet current Illinois Hospital Licensing Requirements, as stated in 77 Ill. Adm. Code 250.2440.i.5.

- b. The current Surgical Prep/Stage II Recovery Department for the Main Surgical Suite is inappropriately configured and does not meet contemporary standards of care. This department consists of 3 multi-cart rooms, each accommodating 5 or 6 patients, plus 1 isolation room. These rooms are used routinely for Stage II recovery for outpatients.

- 1) The 19 spaces for patients are inadequate to accommodate the current patient volume, and the number of spaces does not meet Illinois Hospital Licensing Requirements for Stage II Recovery, which specifies a minimum of 4 Stage II Recovery stations per operating room (77 Ill. Adm. Code 250.2440.i.5.B.).
 - a) The patient bays are used for both pre-operative and post-surgical patients, and there must be a sufficient number of patient bays to accommodate patients both before surgery and after their stay in the PACU.

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- b) Ambulatory surgery patients require varying lengths of time for Stage II recovery before they are discharged to their homes, and there must be an adequate number of patient bays to permit patients to stay in this department as long as necessary before discharge.
 - 2) The multi-cart rooms lack privacy and do not provide for patient confidentiality, as required under the federal Health Insurance Portability and Accountability Act (HIPAA).
 - 3) There is no changing area in this department. As a result, patients must change from street clothes to surgical gowns in the pre-operative area, which lacks privacy because each room accommodates 5 or 6 patients with only curtains separating the surgical carts.
 - 4) There is no place to perform pre-operative functions, such as shaving patients.
 - 5) This department lacks the space to permit family members to visit with post-operative patients who use this department for Stage II recovery.
4. Satellite Pharmacy

St. John's Hospital's Pharmacy needs to be expanded in order to construct a Satellite Pharmacy adjacent to Surgery.

The construction of this Satellite Pharmacy is necessary for the following reasons.

- a. The presence of a Satellite Pharmacy will enable surgical staff to secure medication and intravenous (IV) solutions promptly during the peri-operative period. Peri-operative refers to the period of surgical prep prior to surgery, the surgical period, and the post-operative recovery period.
- b. It will be more effective to have a Satellite Pharmacy adjacent to Surgery since medication will be able to be delivered to the surgical facilities (Surgical Suite, Recovery or PACU, and Surgical Prep and Stage II Recovery) in a time-saving manner, thus saving staff time that would otherwise be needed to transport the medication.

As noted above, St. John's Hospital operates a very active Surgery Department with 28 operating rooms and multiple surgical procedures in each operating room on a daily basis, and the amount of time saved by having a Satellite Pharmacy adjacent to the Surgical Suites is significant.

5. Central Sterile Processing/Distribution

Central Sterile Processing and Distribution will include the following functions.

- Receipt and holding of soiled items and case carts
- Decontamination, washing, and sanitization areas for soiled supplies, instruments, and case carts
- Packaging, sterilization, prep, and staging areas for sterile supplies and instruments (this area will have 10 different sterilizers for liquid sterilization, steam sterilization, and plasma sterilization)
- Clean case cart staging and holding area with workstation and space for 100 case carts
- Receipt and break-out areas for sterile supplies and instruments
- Dispatch and pick-up areas for sterile supplies and instruments

- a. The Central Sterile Processing and Distribution Department needs to be modernized to meet current standards.

The department was constructed 40 years ago in 1970 and has not been significantly modernized since that time.

- b. St. John's Hospital needs to replace and expand its Central Sterile Processing and Distribution Department in order to be able to create a case cart assembly and storage system for the Surgery Department.

St. John's Hospital does not currently have a case system for surgery, and there is no space available to assemble, hold, and store case carts. The establishment of a case cart system would be advantageous for the following reasons.

- 1) A case cart system increases the efficiency of the surgical supply distribution system because the supplies and surgical instruments for each surgical case are able to be prepared in advance and placed in a case cart where they are brought into the operating room during the set-up for that operation.

A case cart system cannot be instituted in the current Central Sterile Processing and Distribution Department because there is no excess space available for assembling and holding case carts before they are taken to the operating rooms, and the decontamination and washing area of the department is inadequately sized to wash the case carts after they are used.

- 2) The use of a case cart system would facilitate the flow of both clean and soiled surgical instruments.

Surgical instruments need to be decontaminated (cleaned) and sterilized following their use and before being packaged for use on new surgical trays, which will then be assembled in case carts for use in operating rooms.

When a case cart system is used, the surgical instruments and supplies for each case are assembled in advance and taken in a closed, sterile container to the Surgical Department before the day's surgical cases begin.

- 3) In order to have a case cart system, it will be necessary to construct areas in which the case carts may be prepared and assembled, held, and stored.

Because St. John's Hospital has 28 operating rooms and multiple surgical cases in its operating rooms each day, it is necessary to have space for 100 case carts in order to have sufficient case carts for use for the current day and for cleaning and preparation for the following day's cases.

6. Pre-Surgical Testing

Pre-Surgical Testing needs to be replaced in order to create a small department near Surgery in which nurse practitioners can perform their pre-surgical evaluations on scheduled surgical patients.

The Nurse Practitioners will perform the following pre-surgical patient evaluations prior to the scheduled surgical dates.

- Case Histories
- Anesthesia Consultations
- Phlebotomy
- Electrocardiography
- Chest X-Rays

The construction of a Pre-Surgical Testing Department adjacent to the Main Surgery Suite is necessary for the following reasons.

- a. A dedicated space for pre-surgical evaluations and testing is needed which is near the Surgery Department.

Pre-Surgical Testing currently takes place in a small department near the Clinical Laboratories with only 2 exam rooms. Patients must travel to different departments for pre-surgical testing, to Radiology for a chest x-ray and to the Outpatient Lab (Outpatient Specimen Procurement) for blood draws and urine sampling.

- 1) This space is inadequately sized to accommodate the surgical caseload that needs to be brought to St. John's Hospital for pre-surgical testing prior to the day of surgery. At the present time, only 10% of the pre-surgical patients come to St. John's Hospital for pre-surgical testing prior to the day of surgery.
- 2) It is confusing to patients to have to travel to multiple departments for pre-surgical testing.

- b. Space is needed in the Pre-Surgical Testing Department to provide all of the diagnostic modalities in a single location.
- c. There is no dedicated space for pre-surgical testing for patients who wait for the day of surgery before having this testing.

Either because of their own schedules or the distance that patients must travel, some patients will always have pre-surgical testing performed the day of surgery. Those patients currently receive this testing in the Surgical Prep department because they cannot be accommodated in the remote Pre-Surgical Testing Department on the day of surgery.

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By constructing a Pre-Surgical Testing Department near the Surgery Department, it will be possible for patients who require pre-surgical testing on the day of surgery to have this testing in the Pre-Surgical Testing Department.

7. Shell Space for a Future Emergency Department

This project includes shell space for the future replacement of St. John's Hospital's Emergency Department. The space being constructed as the 1st floor of the new addition will become part of a replacement Emergency Department.

The project to construct a replacement Emergency Department is not anticipated to receive a capital allocation until after the current construction project is completed and operational. In accordance with 77 Ill. Adm. Code 1110.234.d) and as discussed in Attachments 15 and 16 of this CON application, the replacement of the Emergency Department will be the subject of a future CON application, regardless of the capital thresholds in effect at the time when St. John's Hospital plans to develop and utilize the shell space.

VIII.R.3.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Utilization - Service or Facility

This modernization project is being proposed as a replacement and expansion of St. John's Hospital's Surgical Services and the construction of shell space that will be part of a replacement Emergency Department which will not be constructed until after this project is completed.

The project includes the following Clinical Service Areas Other than Categories of Service, all of which currently exist at St. John's Hospital.

- Surgical Suite
- Post-Anesthesia Care Unit (Recovery Suite or PACU)
- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Satellite Pharmacy (adjacent to the Surgical Suite)
- Central Sterile Processing/Distribution
- Pre-Surgical Testing
- Shell space for Future Emergency Department

Space programs for all Clinical Service Areas included in this project are found in Attachment-13 and in this Attachment. The project does not include any Categories of Service.

The Illinois certificate of need (CON) Rules include State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas Other than Categories of Service that are included in this project.

- Surgery (Surgical Suite)
- Recovery (Post-Anesthesia Care Unit or PACU)
- Pharmacy (Satellite Pharmacy adjacent to the Surgical Suite)
- Central Sterile Supply (Central Sterile Processing/Distribution)
- Shell space for Future Emergency Department

There are no State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Pre-Surgical Testing

The chart at the top of the next page identifies the State Norms for each of the Clinical Service Areas included in this project for which State Norms exist.

CLINICAL SERVICE AREA	STATE NORM
Surgery	1,500 hours of surgery per operating room* 2,078 GSF per operating room
Recovery	180 GSF per Recovery Station
Pharmacy	12 GSF per Bed (Total Beds)
Central Sterile Supply	18 GSF per Bed (Total Beds)
Shell Space for Emergency Dept.	2,000 visits per treatment room 744.6 GSF per treatment room

*It should be noted that the State Norm does not consider the Illinois Trauma Code requirement for Level I Trauma Centers that "An operating room shall be staffed in-house and available 24 hours a day." (77 Ill. Adm. Code 515.2030.f)4))

The only Clinical Service Areas included in this project for which there are State Norms based upon utilization are Surgery and the shell space for the Emergency Department. The shell space for the Emergency Department will not be built out and completed until after this project is completed and operational.

As noted in the footnote to the chart above, the State Norm does not consider the fact that Level I Trauma Centers, including St. John's Hospital, are required to maintain an available operating room at all times for trauma cases, which by their nature, arrive on an unscheduled basis (77 Ill. Adm. Code 515.2030.f)4)). This requirement is for adult Trauma Centers, and a separate but identical requirement applies to Pediatric Trauma Centers (77 Ill. Adm. Code 515.2035.f)4)).

The following chart identifies historic utilization (Surgical hours, Emergency visits) for the past 2 years and projected utilization for the first 2 years of operation of this project for these Clinical Service Areas. This chart documents that these Clinical Service Areas will meet the utilization standards specified in 77 Ill. Adm. Code 1110.APPENDIX B.

CLINICAL SERVICE AREAS	HISTORIC YEARS		PROJECTED YEARS	
	CY2008	CY2009	FY2015	FY2016
Surgical Cases	15,494	15,961	17,730	18,059
Surgery Hours	38,702	39,124	45,647	46,335
Emergency Visits	59,281	57,162	61,265	62,496

The assumptions underlying the projected increase in Surgery Hours are presented in Attachments 70-71 and repeated below.

St. John's Hospital has been actively engaged in developing new surgical programs and recruiting surgeons, as a result of which projected surgical utilization will increase by 1,769 surgical visits and 6,523 surgical hours by FY2015.

This increase represents an 11.1% increase in surgical cases and 16.7% increase in surgical hours between CY2009 and FY2015, the first complete fiscal year of operation of the new Main Surgery Suite, and an additional 1.9% increase in surgical cases between FY2015 and FY2016 and an additional 1.5% increase in surgical hours between FY2015 and FY2016.

The projected increase in surgical cases and surgical hours is due to the following.

- Strengthening of the Pediatric Surgery Programs at St. John's Hospital, which operates a Children's Hospital in partnership with the Southern Illinois University School of Medicine and has more than 60 pediatric specialists and surgeons on its medical staff.
 - A new Pediatric Orthopedic Surgeon has been recruited, who is anticipated to begin practicing at St. John's Hospital in July, 2010.
 - One Pediatric Surgeon intends to increase his Pediatric Surgery practice in Springfield by increasing his surgical activity at St. John's Hospital.
 - Two Pediatric Gastroenterologists have made a commitment to increase the volume of Pediatric Endoscopic procedures that they intend to perform in St. John's Hospital's Surgical Suite.
- Development of a Neurosurgical Program that includes anticipated increases in the following neurosurgical procedures, which has not been performed at St. John's Hospital:
 - Crani-Tumor Work - endoscopic/minimally invasive brain tumor surgery;
 - V-P shunts and shunt revisions;
 - Deep Brain Stimulator program.

The development of this Neurosurgical Program is made possible by the recruitment of two Neurosurgeons: one started practicing at St. John's Hospital on January 25, 2010, and another will be starting to practice at St. John's Hospital on July 1, 2010.

- Strengthening of St. John's Hospital's Gastro-Intestinal Surgery Program, with an increase in Colon-Rectal and other Gastro-Intestinal Surgical Procedures.

The development of these Gastro-Intestinal Surgical Programs is due to one Gastroenterologist transferring his practice to St. John's Hospital.

- An increased number of Orthopedic cases due to increases in the number of total joint replacement cases performed because of new partnerships with Orthopedic surgeons.
- An increased number of Bariatric Surgery cases due to St. John's Hospital's application for designation of its Center for Metabolic and Weight Loss Surgery (its Bariatrics Program) as a Center of Excellence.
- Growth of the Robotic Surgery program at St. John's Hospital, which increases the average surgical time per case although it results in shorter post-surgical recovery time for patients.

The assumptions underlying the projected increase in Emergency Visits is presented below.

St. John's Hospital projects that Emergency Department visits will increase by 4,103 by FY2015, the first complete fiscal year of operation of this project, which includes the construction of shell space for the future relocation of the Emergency Department. This represents a 7.2% increase in emergency visits between CY2009 and FY2015 and an additional 2.0% increase in emergency visits between FY2015 and FY2016.

The projected increase in emergency visits is approximately 1% per year, with an impact in alternate years due to increased cases when St. John's Hospital is designated as the Level I Trauma Center for Region 3. It should be noted that St. John's Hospital and Memorial Medical Center rotate annually in serving as the designated Level I Trauma Center for Region 3. However, St. John's Hospital serves as a Pediatric Trauma Center at all times, even during those years when Memorial Medical Center is the designated Trauma Center for the region.

The projected increases in emergency visits are due to the following programmatic initiatives that St. John's intends to implement.

- Development of a Pediatric "Emergency/Urgent Care Service.
- Seeking designation as a Certified Chest Pain Center
- Development of a regional Call Center with a focus on Emergency Departments
- Expansion of St. John's helicopter and ambulance service

- Development of service Lines of Excellence in Cardiology, Oncology, Orthopedics, Surgery, and Women's and Children's Services

Justification for the number of key rooms and square footage proposed for each Clinical Service Area for which State Norms exist is presented below.

CLINICAL SERVICE AREA	STATE NORM (UNITS/ROOM)	PROJECTED FY2015 VOLUME	TOTAL EXISTING ROOMS	TOTAL PROPOSED ROOMS
Surgery	1,500 hours/ operating room*	45,647 hours	28	28**
Recovery	N/A***	N/A***	N/A***	N/A***
Pharmacy	N/A***	N/A***	N/A***	N/A***
Central Sterile Supply	N/A***	N/A***	N/A***	N/A***
Shell Space for Emergency Department	2,000 visits/ treatment room	61,265 visits	33	29

*As noted previously, the State Norm does not consider the Illinois Trauma Code requirement for Level I Trauma Centers that "An operating room shall be staffed in-house and available 24 hours a day." (77 Ill. Adm. Code 515.2030.f4))

**The 28 proposed Operating Rooms include the operating room that Level I Trauma Centers are required to keep staffed in-house and available 24 hours a day, as specified in the Illinois Emergency Medical Services and Trauma Center Code. (77 Ill. Adm. Code 515.2030.f4))

***N/A refers to there being no State Norm for number of rooms. A State Norm for approvable GSF will be found in the next chart.

The proposed number of rooms for the Clinical Service Areas included in this project for which there are State Norms (i.e., Surgery and Shell Space for a replacement Emergency Department) are justified, as shown in the chart on the next page.

CLINICAL SERVICE AREA	STATE NORM (GSF/ROOM OR UNIT)	TOTAL PROPOSED ROOMS OR UNITS	TOTAL GSF JUSTIFIED PER PROGRAM	TOTAL PROPOSED GSF
Surgery	2,078 GSF per operating room	28 Operating Rooms*	58,184	58,092
Recovery	180 GSF per recovery station	50 Recovery Bays (Stations)	9,000	19,427
Pharmacy	12 GSF per Bed (Total)	539 Beds	6,468	8,402
Central Sterile Supply	18 GSF per Bed (Total)	539 Beds	9,702	15,825
Shell Space for Emergency Department	744.6 GSF per Treatment Room	Shell of 29 Treatment Rooms	21,593	18,405

*As noted previously, the 28 proposed Operating Rooms include the operating room that Level I Trauma Centers are required to keep staffed in-house and available 24 hours a day, as specified in the Illinois Emergency Medical Services and Trauma Center Code. (77 Ill. Adm. Code 515.2030.f4))

The proposed square footage for the following Clinical Service Areas exceed the State Norm found in 77 Ill. Adm. Code 1110.APPENDIX B.

- Recovery (Post-Anesthesia Recovery or PACU)
- Pharmacy
- Central Sterile Supply

The justification for the proposed square footage of each of these Clinical Service Areas is found in Attachments 73A through 73C.

SPACE PROGRAM

SURGICAL SUITE

THIS PROJECT ONLY

4 Inpatient Pre-Surgical Holding Bays

16 Operating Rooms

16 Stretcher/Bed Alcoves, located directly outside each Operating Room

 Sterile Core with 16 Support Rooms

16 Double Scrub Sinks

4 Anesthesia Cart Alcoves

2 Sub-Sterile Areas in Sterile Core with Flash Sterilization

16 Support Rooms in Sterile Core

16 Equipment Storage Areas, allocated to each Operating Room and located in
 Sterile Core

6 Portable Imaging Alcoves for C-Arms, Portable X-Ray Equipment

8 Crash Cart Alcoves

8 Anesthesia Monitoring Equipment Stations in Sterile Core

1 Anesthesia Clean Work Room, used to assemble Anesthesia Carts

1 Anesthesia Soiled Work Room

1 Anesthesia Equipment Work Room and Storage Area

2 Frozen Section Workstations for Surgical Pathology

1 Grossing Workstation for Surgical Pathology

1 Microscope Workstation for Surgical Pathology

1 Equipment/Supply Storage Room for Surgical Pathology

Control Desk with Space for 3

Scheduler's Work Area with Space for 2

1 Patients' Tracking Board

Nursing Station for Inpatient Holding

3 Physician Dictation Stations

2 Staff Toilets

1 Soiled Holding Room

1 Biohazard/Red Bag Holding Room

2 Docking Stations with Suction Canisters

2 Medical Gas Storage Rooms

SPACE PROGRAM (CONTINUED)

SURGICAL SUITE (CONTINUED)

THIS PROJECT ONLY

- 1 Secure Inventory Storage Room, kept at sub-zero temperature, required for implantable tissue and devices
- 1 Pneumatic Tube Station
- 2 Conference Rooms
- 1 Lounge
- 15 additional Full Changing Lockers for Males with 2 additional urinals
- 65 additional Full Changing Lockers for Females
- 1 Anesthesia Office with work stations for up to 20 people and conference table
- 1 Operating Room Manager's Office
- 4 Managers' Offices
- 1 Director's Office
- 1 Operating Room Team Leader's Office
- 1 Radiology Tech's Office
- 1 Administrative Conference Room
- 1 Utility Office
- 1 Storage Room
- 1 Administrative Toilet Room
- 4 On-Call Rooms, each with Toilet and Shower Room
- 3 Housekeeping Closets

SPACE PROGRAM
SATELLITE PHARMACY
THIS PROJECT ONLY

Dispensing Window for Pick-Up

Workstations for 3 Pharmacists and Pharmacy Technicians

Ante-Room with a Sink and Eyewashing Area

2 Multi-Purpose Laminar Flow Hoods for Preparation of Medications and IV Solutions

Space for a Large Refrigerator

Space for a Medium-Sized Freezer

Storage Space for Narcotics and Controlled Medication

Storage Space for Medication

Storage Space for Bone and Tissue Products

Storage Space for 2 Delivery Carts to Transport Items between the
Central Pharmacy and the Surgical Satellite Pharmacy

Storage Space for Staff's Personal Items and Lab Coats

SPACE PROGRAM

POST-ANESTHESIA RECOVERY UNIT (PACU OR RECOVERY)

THIS PROJECT ONLY

- 24 PACU Private Recovery Cubicles
- 5 Isolation PACU Recovery Cubicles, each with an Ante Room and Toilet Room
- 1 Patient Toilet

- 5 Nursing Stations with Work Areas

- 4 Physician Charting and Work Areas

- 2 Clean Utility Rooms
- 1 Clean Linen Room
- 1 Soiled Holding Room
- 2 Soiled Utility Rooms
- 2 Equipment Storage Areas

- 1 Medication Preparation Area
- 2 Nourishment Areas

- 2 Housekeeping Closets

- 1 Manager's Office

- 3 Staff Toilets

SPACE PROGRAM

SURGICAL PREPARATION FOR A.M. ADMITS/SAME-DAY SURGERY PATIENTS
AND STAGE II RECOVERY

THIS PROJECT ONLY

29 Surgical Prep/Stage II Private Recovery Cubicles
29 Purse Lockers for patient valuables

6 Isolation Prep/Stage II Private Recovery Cubicles, each with a Toilet Room
6 Ante Rooms for Isolation Prep/Stage II Recovery Cubicles

33 Patient Toilet Rooms

Pediatric Reception Area

2 Registration Workstations
1 Workstation for Unit Secretary
4 Workstations
6 Nurse Work/Substations

1 Physician Work Area

4 Physician/Family Consultation Rooms

2 Clean Supply Rooms
1 Soiled Holding Room
2 Medication Rooms + 1 Pediatric Medication Station Shared with Pediatric PACU
3 Nourishment Stations

1 Equipment Storage Room

1 Pneumatic Tube Station

1 Code/Airway/Hypothermia Cart
1 Medical Gases Closet
1 Crib Storage Alcove
1 Wheelchair Storage Alcove
1 Stretcher Alcove
1 Crash Cart Alcove
1 Pediatric Crash Cart Alcove
2 Blanket Warmer Alcoves
2 IV Warmer Alcoves

SPACE PROGRAM (CONTINUED)

SURGICAL PREPARATION FOR A.M. ADMITS/SAME-DAY SURGERY PATIENTS
AND STAGE II RECOVERY

THIS PROJECT ONLY

1 Housekeeping Closet

1 Staff Toilet

Waiting Areas for Pre-Surgical Patients and Families of Surgical Patients

Pediatric Waiting Room/Playroom

Children's Theatre/Playroom

4 Public Computer Stations

4 Unisex Toilets

SPACE PROGRAM
PRE-SURGICAL TESTING
THIS PROJECT ONLY

7 Exam/Discussion Rooms

4 Lab Draw Stations

2 Patient Toilets

1 Office

4 Workstations

1 Utility Office

1 Supply Room

1 Pneumatic Tube Station

SPACE PROGRAM

CENTRAL STERILE PROCESSING AND DISTRIBUTION

THIS PROJECT ONLY

Central Supply Area:

- 1 Sterile Supply/Instrumentation Area
- 1 Delivery/Decasing Area (Breakout Room)
- 1 Dispatch/Pick-Up Window
- 1 Pneumatic Tube Station
- 1 Clean Cart Station Elevator
- Storage Area

Decontamination Area:

- 1 Soiled Cart Station Elevators
- 1 Anteroom for Soiled Holding
- 1 Transition Room for dirty materials
- 20 Dirty Cart Holding Stations
- 1 Cart Operation Workstation
- 1 Metal Detector for lost instruments
- 1 Counter/Sink
- 1 Hopper
- 1 Safety Shower/Eye Wash
- 4 Washers/Decontaminators with automatic loading (passthroughs)
- 2 Sonic Washers
- 2 Two-Tank Large Sonic Washers
- 2 Rinsers
- 1 Storage Area for Cleanser/Detergent
- 2 Double-Wide Cart Washers/Sanitizers with automatic load/unload module and passthrough support cart
- 1 Soiled Equipment Staging Area
- 2 Counters/Sinks
- 1 Pass Through Window for instrument trays
- 1 Safety Shower/Eyewash
- 1 Clean Supply Room

Sterilization/Clean Assembly:

- 1 Clean Cart Station Elevator
- 6 Clean Workroom and Assembly Workstations
- 1 Negative Pressure Decasing Area
- 1 Power Equipment Station
- Area for 10 Supply Carts

SPACE PROGRAM (CONTINUED)

CENTRAL STERILE PROCESSING AND DISTRIBUTION

THIS PROJECT ONLY

- 4 Packaging and Assembly Workstations
- 8 Sterilizing Carriages
- 2 Sterile Linen Holding Areas
- 3 Liquid Sterilizers (2 located in Central Sterile in Surgery)
- 4 Steam Terminal Sterilizers
- 3 Plasma Terminal Sterilizers
- 2 Deionizer Unit Rooms for all Washers
- 8 Cart Staging Areas/Transfer Loads
- 1 ETO
- 1 Cart Staging/Unloading Area
 - Clean Case Cart Staging/Holding Area and Workstation for 68 clean case carts waiting for case picking
- 1 Master Control Station
- 1 File Storage

Support Area:

- 1 Office shared by 3 people
- 1 Conference Room
- 1 Shared Female Locker Room with half-sized lockers and a toilet/shower room
- 1 Shared Male Locker Room with half-sized lockers and a toilet/shower room

- 2 Housekeeping Closets

VIII.R.3.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Utilization - Post-Anesthesia Recovery Unit (PACU or Recovery)

The appropriate floor area for Recovery (PACU) was determined by considering the following factors.

1. St. John's Hospital (St. John's) will have 28 operating rooms that will treat all surgical cases, both inpatients and outpatients.
2. All surgical patients will use the PACU, except for those patients receiving local anesthesia for surgery.
3. Two existing PACUs that currently have a total of 21 PACU bays will remain unchanged, and only the PACU in Main Surgery will be replaced.

The existing PACUs, including one with 16 bays that is used for post-surgical recovery for patients undergoing Cardiac Surgery, currently have a total of 16,142 gross square feet (GSF).

4. The only PACU affected by this project is the PACU in Main Surgery, which will be replaced by a PACU with 29 stations that will have 10,625 GSF.
5. Space is needed for recovery stations and support space to provide post-anesthesia recovery for both inpatients and outpatients.
 - a. 24 PACU Private Recovery Cubicles;
 - b. 5 Isolation PACU Recovery Cubicles, each with an Ante Room and Toilet Room;
 - c. 5 Nursing Stations with Work Areas;
 - d. 4 Physician Charting and Work Areas;
 - e. 2 Clean Utility Rooms;
 - f. 1 Clean Linen Room;
 - g. 1 Soiled Holding Room;
 - h. 2 Soiled Utility Rooms;
 - i. 2 Equipment Storage Areas;

- j. 1 Medication Preparation Area;
 - k. 2 Nourishment Areas;
 - l. 2 Housekeeping Closets;
 - m. 1 Manager's Office;
 - n. 3 Staff Toilets.
6. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i., were considered.
 7. The PACU must comply with the requirements of the Americans with Disabilities Act for medical care facilities stated in the standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4.
 8. The guidelines for a Surgical Post-Anesthetic Care Unit (PACU), which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.
 9. The space program was then developed for the PACU.
 10. Once the space program for the PACU was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities Planning Board's "State and National Norms on Square Footage by Department" (77 Ill. Adm. Code, Chapter II, Section 1100, Appendix B) to verify that the Department would be within the range of previously approved projects.

The following methodologies were used for verification.

- a. Number of PACU recovery stations:
Hospital licensure requires a minimum of 1 PACU recovery station per operating room

28 operating rooms x
minimum of 1 PACU recovery station per operating room
= minimum of 28 PACU recovery stations

Proposed: 50 PACU recovery stations in the entire hospital

- b. Floor Area for Recovery:
180 Gross Square Feet per recovery station

180 Gross Square Feet per recovery station x
50 PACU recovery stations
= 9,000 Approvable Gross Square Feet

Proposed: 19,427 Gross Square Feet

11. Upon completion of this project, the floor area of the PACU will exceed the guidelines utilized by the Illinois Health Facilities Planning Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B, for the following reasons.

- a. There are 3 PACUs in the hospital, 2 of which will remain unchanged as a result of this project.

- 1) The size of the existing PACU for Cardiac Recovery far exceeds the Illinois Health Facilities Planning Board's guidelines. However, this PACU was approved by the Illinois Health Facilities Planning Board and granted a CON permit prior to its construction.

The existing Cardiac Recovery Unit, which treats patients after cardiac surgery, has 16 stations with a total of 7,330 GSF, which is an average of 458 square feet per station. This PACU will remain unchanged and will not be part of this project.

The size of the Cardiac Recovery Unit is necessary to accommodate the staff and equipment needed to treat post-cardiac surgical patients.

- 2) The PACU in the Outpatient Surgery Suite has 5 stations with a total of 1,472 GSF, which is an average of 294 square feet per station. This PACU is new and will remain unchanged and will not be part of this project.

- b. This project will include the construction of a PACU with 29 cubicles for the Main Surgery Suite.

- 1) There will be separate PACUs for adult and pediatric surgical patients because of St. John's large pediatric surgical caseload due to its identification as a Children's Hospital in partnership with the Southern Illinois University School of Medicine.

- 2) All PACU stations will be in cubicles, rather than in open bays. Additional square footage is required to provide circulation around each PACU station that is located in a cubicle.

Cubicles are necessary in order to provide greater privacy for patient care as a result of the federal government's HIPPA requirements.

The adult PACU cubicles will each have 110 net square feet (NSF), while the pediatric PACU cubicles will each have 143 NSF.

The pediatric recovery cubicles will be larger than the adult recovery cubicles because they must be able to accommodate the patients' parents as well as the nurse, who needs rapid and easy access to the patient.

In the Pediatric PACU, parents are encouraged to stay in the recovery bay with their children so they can be with them as they awaken, which makes the experience much less traumatic for children.

- 3) The PACUs will have a total of 5 isolation recovery cubicles, each of which will have an ante-room and a patient toilet room, and 2 of the isolation recovery cubicles will have negative pressure.

The adult isolation recovery cubicles will each have a total of 243 NSF and the pediatric isolation recovery cubicle will have 238 NSF. This size is due to the addition of an ante-room and a patient toilet room to each isolation recovery cubicle, as well as to the increased size of the adult isolation cubicles themselves.

- 4) The individual recovery cubicles need to be large enough to accommodate hospital beds, not simply patient stretchers.

That is because a large percentage of surgical patients are placed on their hospital beds in the operating room in order to significantly reduce the jostling they would experience in the critical immediate post-surgical recovery period, when they are transported to the PACU and later to their patient rooms. If patients were to be placed on stretchers in the operating room and then transferred to their hospital beds after a stay in the PACU, they would risk an adverse shift in vital signs, damage to the surgical repair, and unnecessary pain.

The following examples illustrate the importance of transferring surgical patients directly into their hospital beds in the operating room.

- a) Approximately 23% of St. John's surgical patients undergo orthopedic surgery, with many of these patients having major procedures, such as total knee and total hip replacements, extensive spine surgery, and extensive repairs.

Movement of these patients needs to be kept to a minimum immediately after surgery.

- b) Many of the orthopedic patients have fixation devices, large casts, and continuous passive motion (CPM) devices placed immediately after surgery, while they are still in the operating room. These devices also require large bars for orthopedic attachments and mobility assistive devices.

These devices will not fit on a regular stretcher, usually extend beyond the edge of hospital beds, and require additional attachments for support.

- c) A large number of additional surgical patients have extensive neurological and major vascular procedures, in whom it is critical to minimize movement during the immediate post-operative period.
 - d) As a Trauma Center, St. John's frequently performs surgery on patients with multiple injuries. These patients would be significantly compromised with movement immediately post-operatively.
 - e) St. John's Hospital has an active bariatric surgery program. Large patients will not fit easily or comfortably on carts during the post-surgical recovery period.
- 5) The recovery cubicles need to be large enough to accommodate portable x-ray machines that are used in the PACU when post-surgical patients require x-rays.

The need to perform x-rays on patients in the PACU occurs frequently for those who have had orthopedic, neurological, and major vascular procedures.

- 6) The recovery cubicles need to be large enough to accommodate the equipment needed to treat tertiary care patients in the PACU.

As a tertiary care center, many of St. John's surgical patients are very ill. Both the instability of their condition and the extra monitoring and support equipment needed during the immediate recovery period (such as sequential compression boots, respirators, and irrigation devices) require additional space in the recovery cubicle.

- 7) The recovery cubicles need to be large enough to accommodate the numerous monitors, other support devices, and ICU or specialty beds needed for the recovery of patients who are coming from and/or returning to Intensive Care Units.

ICU beds are generally larger than regular hospital beds, which do not fit in small recovery bays.

- 8) The recovery cubicles need to be large enough to accommodate the additional caregivers and large equipment needed to care for patients undergoing bariatric surgery.

The additional space required for these patients is largely due to the size of patients undergoing bariatric surgery.

- 9) The pediatric recovery cubicles need to be large enough to accommodate the patients' parents as well as the nurse, who needs rapid and easy access to the patient.

In the Pediatric PACU, parents are encouraged to stay in the recovery cubicle with their children so they can be with them as they awaken, which makes the experience much less traumatic for children.

The following guidelines were used in determining the appropriate floor area for the PACU:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.;

Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-5.3.3.2. and A5.3.3.2.

VIII.R.3.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Utilization - Pharmacy

The appropriate floor area for the Pharmacy was determined by considering the following factors.

1. The existing hospital Pharmacy will remain unchanged.
2. This project will include the construction of a Satellite Pharmacy adjacent to the Main Surgical Suite, which will serve the Surgical Department, Post-Anesthesia Recovery Unit, and Surgical Prep/Stage II Recovery.
3. Space is needed for the following programmatic areas in the Surgical Satellite Pharmacy.
 - a. Dispensing window for pick-up
 - b. Workstations for 3 pharmacists and pharmacy technicians
 - c. Ante-room with a sink and eyewashing area
 - d. 2 multi-purpose laminar flow hoods for preparation of medications and IV solutions
 - d. Space for a large refrigerator and a medium-sized freezer
 - e. Storage space for narcotics and controlled medication
 - f. Storage space for medication
 - g. Storage space for bone and tissue products
 - h. Storage space for 2 delivery carts to transport items between the Central Pharmacy and the Surgical Satellite Pharmacy
 - l. Storage space for staff's personal items and lab coats
4. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.c.4., were considered.
5. The guidelines for Pharmacy, which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for

Health with assistance from the U.S. Department of Health and Human Services, were considered.

6. The space program was then developed for the Surgical Satellite Pharmacy.
7. Once the space program for the Surgical Satellite Pharmacy was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation for the total space proposed for the Surgical Satellite Pharmacy as well as the existing Pharmacy was checked against the Illinois Health Facilities Planning Board's "State and National Norms on Square Footage by Department" (77 Ill. Adm. Code, Chapter II, Section 1100, Appendix B) to verify that the Department would be within the range of previously approved projects.

The following methodologies were used for verification.

Floor Area for Pharmacy:
12 Gross Square Feet per Bed

12 Gross Square Feet per Bed x
539 Total Authorized Beds
= 6,468 Approvable Gross Square Feet

Proposed:

Existing Pharmacy:	7,360 Gross Square Feet
+ Surgical Satellite Pharmacy:	<u>1,042 Gross Square Feet</u>
Total	8,402 Gross Square Feet

7. Upon completion of this project, the floor area of the Pharmacy will exceed the guidelines utilized by the Illinois Health Facilities Planning Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B.

The floor area will exceed the State guidelines for the following reasons.

- a. The existing Pharmacy exceeds the State Norm, so it is not possible to add a Surgical Satellite Pharmacy and remain within the guidelines utilized by the Illinois Health Facilities Planning Board.
- b. The State guideline for Pharmacy, which is 12 gross square feet per bed, undercounts the required space for this department because it does not consider outpatient utilization.

St. John's outpatient caseload is significant, and this increases the amount of space that is needed for the storage, compounding,

preparation, and processing of pharmaceutical products throughout the hospital as well as for surgical patients.

For example, 65% of St. John's current surgical cases are outpatients, so their use of pharmaceuticals is never taken into account when computing the approvable floor area of this department according to the State guideline.

Similarly, St. John's outpatient caseload in other departments is not considered in computing the approvable floor area of this department according to the State guideline.

The following guidelines were used in determining the appropriate floor area for Pharmacy:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.c.4.;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-6.1.

VIII.R.3.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Utilization - Central Sterile Processing and Distribution

The appropriate floor area for the Central Sterile Processing and Distribution Department was determined by considering the following factors.

1. The existing Central Sterile Processing and Distribution Department, which is currently located in 3 different locations, will be consolidated into 2 locations by replacing the Central Sterile departments that currently exist in the basement of the hospital and in the Main Surgical Suite with a single department located in the basement of the new addition, underneath the new Main Surgery Suite.

An elevator will bring surgical supplies and instruments directly to the new Main Surgery Suite from the new Central Sterile Processing and Distribution Department.

The new Central Sterile Processing and Distribution Department will perform all sterile supply functions, processing and distributing all instruments, reusable utensils and supplies, and disposable utensils and supplies used throughout the hospital for both inpatients and outpatients, except for those processed and distributed to the Outpatient Surgical Suite in the Pavilion through an existing Central Sterile Department that will be unchanged by this project.

Instrument processing includes decontamination, cleaning, sterilizing, inspection, sorting, and packaging of instruments and reusable utensils, as described in Attachment 70-71.

2. Additional space is needed to accommodate the space needed to institute a case cart system for instruments, utensils, and supplies used in surgical cases.

Case carts transport sterile supplies and instruments from Central Sterile Processing and Distribution to the operating room, remain in the operating room during the surgical procedure, and return the soiled supplies and instruments from the operating room back to Central Sterile Processing and Distribution at the end of a surgical procedure. When a case cart system is used, the supplies and instruments needed for a surgical procedure are selected in Central Sterile Distribution, they are stored in a case cart, and the case cart is delivered to the Surgical Suite before surgery is performed.

Pathological waste obtained during surgery is sometimes placed in the case cart before it is returned to Central Sterile Processing for decontamination. When the soiled case cart arrives at Central Sterile Processing, it is emptied, the contents and the cart itself are washed and sterilized, and the case cart is returned to its

storage area in Central Sterile Processing and Distribution, where the cycle is repeated.

A case cart system is highly desirable for the following reasons.

- a. The case carts are designed to reduce the potential for contamination of sterile supplies and to the risk of soiled supplies spreading contamination because the supplies are stored within a sealed case. The case carts contain tamper-evident locks and seals that increase this protection.
- b. Case carts reduce the risk of airborne contamination because traffic in and out of the operating rooms during a surgical procedure is reduced. That is because the supplies for a given case are protected in a sealed case cart that is kept within the operating room during the surgical procedure.

The use of a case cart system requires additional square footage beyond that formerly required in Central Sterile Processing when surgical trays were prepared and distributed to the Surgical Suite. This additional space is required to sanitize and store the case carts. Space is required to store a sufficient number of case carts to accommodate a day's scheduled surgical cases plus the emergency cases that may occur.

A case cart system requires space for the following functions.

- Case Cart Assembly Area
 - Case Cart Holding and Storage Areas
 - Case Cart Washing Machine
 - Circulation Space within the assembly and storage areas, in front of the elevators that will transfer the case carts between Central Sterile and the Surgical Suite, and for cart washing access/staging and exiting from the cart washing equipment.
3. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.6., were considered.
 4. The guidelines for Central Services, which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.

5. The space program was then developed for the new Central Sterile Processing and Distribution Department.
6. Once the space program for the expansion of Central Sterile Processing and Distribution was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities Planning Board's "State and National Norms on Square Footage by Department" (77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B) to verify that the Department would be within the range of previously approved projects.

The following methodologies were used for verification.

Floor Area for Central Sterile Supply:
18 Gross Square Feet per Bed

18 Gross Square Feet per Bed x
539 Total Authorized Beds
= 9,702 Approvable Gross Square Feet

Proposed: 15,825 Gross Square Feet

7. Upon completion of this project, the floor area of the Central Sterile Processing and Distribution Department will exceed the guidelines utilized by the Illinois Health Facilities Planning Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B.

The floor area will exceed the State guidelines for the following reasons.

- a. The State guideline for Central Sterile Supply, which is 18 gross square feet per bed, undercounts the required space for this department because it does not consider outpatient utilization.

St. John's outpatient caseload is significant, and this increases the amount of space that is needed for the processing, distribution, and storage of instruments, utensils, and supplies that comprise this department.

For example, 65% of St. John's current surgical cases are outpatients, and these patients never use an inpatient bed, so their use of the instruments and supplies that are part of Central Sterile Processing and Distribution is never considered in computing the approvable floor area of this department according to the State guideline.

Similarly, St. John's outpatient caseload in other departments is not considered in computing the approvable floor area of this department according to the State guideline.

- b) One of the reasons for including the replacement and expansion of a significant portion of the Central Sterile Processing and Distribution Department in this project is to permit St. John's Hospital to establish a case cart system.

Case cart systems, although they are very desirable, take up a significant amount of space. St. John's Hospital will need space for 68 case carts in the Central Sterile Processing and Supply Department.

The space required for case cart systems does not appear to have been considered in the development of the State Norm for this department many years ago.

The following guidelines were used in determining the appropriate floor area for Central Sterile Supply:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Sections 250.2440.i.7 and 250.2440.m.4.;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-6.3.

FINANCIAL FEASIBILITY

ATTACHMENT 75

JUN 5 2009

The McGraw-Hill Companies

**STANDARD
& POOR'S**

130 East Randolph Street
Suite 2900
Chicago, IL 60601
tel 312 233-7001
reference no.: 40150387

May 28, 2009

Hospital Sisters Health System
4936 LaVerna Road
Springfield, IL 62707
Attention: Mr. Leo A. Lenn, Corporate Treasurer

Re: *\$65,550,000 Illinois Health Facilities Authority (Hospital Sisters Services, Inc.) (FSA)
Hospital Variable Rate Demand Obligations, Series 2003A*

Dear Mr. Lenn:

Standard & Poor's has reviewed the Standard & Poor's underlying rating (SPUR) on the above-referenced obligations. After such review, we have affirmed the "AA" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

This letter constitutes Standard & Poor's permission to you to disseminate the above-assigned rating to interested parties. Standard & Poor's reserves the right to inform its own clients, subscribers, and the public of the rating.

Standard & Poor's relies on the issuer/obligor and its counsel, accountants, and other experts for the accuracy and completeness of the information submitted in connection with the rating. To maintain the rating, Standard & Poor's must receive all relevant financial information as soon as such information is available. Placing us on a distribution list for this information would facilitate the process. You must promptly notify us of all material changes in the financial information and the documents. Standard & Poor's may change, suspend, withdraw, or place on CreditWatch the rating as a result of changes in, or unavailability of, such information. Standard & Poor's reserves the right to request additional information if necessary to maintain the rating.

Mr. Leo A. Lenn
Page 2
May 28, 2009

Please send all information to:
Standard & Poor's Ratings Services
Public Finance Department
55 Water Street
New York, NY 10041-0003

If you have any questions, or if we can be of help in any other way, please feel free to call or contact us at nypublicfinance@standardandpoors.com. For more information on Standard & Poor's, please visit our website at www.standardandpoors.com. We appreciate the opportunity to work with you and we look forward to working with you again.

Sincerely yours,

Standard & Poor's Ratings Services
a division of The McGraw-Hill Companies, Inc.

Standard & Poor's

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SEARCHED
INDEXED

**STANDARD
& POOR'S**

130 East Randolph Street
Suite 2900
Chicago, IL 60601
tel 312 233-7001
reference no.: 40184711

May 28, 2009

Hospital Sisters Health System
4936 LaVerna Road
Springfield, IL 62707
Attention: Mr. Leo A. Lenn, Corporate Treasurer

Re: *\$100,425,000 Illinois Finance Authority (Hospital Sisters Services, Inc.) Hospital Variable Rate Demand Obligations, Series 2007C*

Dear Mr. Lenn:

Standard & Poor's has reviewed the Standard & Poor's underlying rating (SPUR) on the above-referenced obligations. After such review, we have affirmed the "AA" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

This letter constitutes Standard & Poor's permission to you to disseminate the above-assigned rating to interested parties. Standard & Poor's reserves the right to inform its own clients, subscribers, and the public of the rating.

Standard & Poor's relies on the issuer/obligor and its counsel, accountants, and other experts for the accuracy and completeness of the information submitted in connection with the rating. To maintain the rating, Standard & Poor's must receive all relevant financial information as soon as such information is available. Placing us on a distribution list for this information would facilitate the process. You must promptly notify us of all material changes in the financial information and the documents. Standard & Poor's may change, suspend, withdraw, or place on CreditWatch the rating as a result of changes in, or unavailability of, such information. Standard & Poor's reserves the right to request additional information if necessary to maintain the rating.

Mr. Leo A. Lenn
Page 2
May 28, 2009

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Public Finance Department
55 Water Street
New York, NY 10041-0003

If you have any questions, or if we can be of help in any other way, please feel free to call or contact us at nypublicfinance@standardandpoors.com. For more information on Standard & Poor's, please visit our website at www.standardandpoors.com. We appreciate the opportunity to work with you and we look forward to working with you again.

Sincerely yours,

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STANDARD
& POOR'S

264

**STANDARD
& POOR'S**

130 East Randolph Street
Suite 2900
Chicago, IL 60601
tel 312 233-7001
reference no.: 40194937

May 28, 2009

Hospital Sisters Health System
4936 LaVerna Road
Springfield, IL 62707
Attention: Mr. Leo A. Lenn, Corporate Treasurer

Re: *\$72,035,000 Illinois Finance Authority (Hospital Sisters Services, Inc.) Hospital Revenue Bonds, Series 2007A*

Dear Mr. Lenn:

Standard & Poor's has reviewed the rating on the above-referenced obligations. After such review, we have affirmed the "AA" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

This letter constitutes Standard & Poor's permission to you to disseminate the above-assigned rating to interested parties. Standard & Poor's reserves the right to inform its own clients, subscribers, and the public of the rating.

Standard & Poor's relies on the issuer/obligor and its counsel, accountants, and other experts for the accuracy and completeness of the information submitted in connection with the rating. To maintain the rating, Standard & Poor's must receive all relevant financial information as soon as such information is available. Placing us on a distribution list for this information would facilitate the process. You must promptly notify us of all material changes in the financial information and the documents. Standard & Poor's may change, suspend, withdraw, or place on CreditWatch the rating as a result of changes in, or unavailability of, such information. Standard & Poor's reserves the right to request additional information if necessary to maintain the rating.

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& POOR'S

Mr. Leo A. Lenn
Page 2
May 28, 2009

Please send all information to:
Standard & Poor's Ratings Services
Public Finance Department
55 Water Street
New York, NY 10041-0003

If you have any questions, or if we can be of help in any other way, please feel free to call or contact us at nypublicfinance@standardandpoors.com. For more information on Standard & Poor's, please visit our website at www.standardandpoors.com. We appreciate the opportunity to work with you and we look forward to working with you again.

Sincerely yours,

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MAR 10 2009



Moody's Investors Service

7 World Trade Center at 250 Greenwich Street
New York, New York 10007

June 10, 2008

Mr. Leo Lenn
Corporate Treasurer
Hospital Sisters Health System
4936 LaVerna Road
Springfield, IL 62707

Dear Mr. Lenn:

We wish to inform you that Moody's Investors Service has assigned Aa3/VMIG 1 ratings to Hospital Sisters Services Inc.'s Series 2008A bonds to be issued through the Illinois Finance Authority and the Series 2008B bonds to be issued through the Wisconsin Health and Educational Facilities Authority. Concurrently, the rating on the Series 2003B bonds was revised to Aa3 / VMIG 1. The outlook is stable.

Moody's will monitor this rating and reserves the right, at its sole discretion, to revise or withdraw this rating at any time.

The rating as well as any other revisions or withdrawals thereof will be publicly disseminated by Moody's through the normal print and electronic media and in response to verbal requests to Moody's rating desk.

In order for us to maintain the currency of our rating, we request that you provide ongoing disclosure, including annual and quarterly financial and statistical information.

Should you have any questions regarding the above, please do not hesitate to contact me.

Sincerely,

Beth I. Wexler
Vice President/Senior Credit Officer
Phone: 212-553-1384
Fax: 212-298-7155
Email: beth.wexler@moodys.com

BIW:rl

JUN 18 2008

Fitch Ratings

One State Street Plaza
New York, NY 10004

T 212 908 0500 / 800 75 FITCH
www.fitchratings.com

June 10, 2008

Ms. Ann Carr
Assistant Treasurer
Hospital Sisters Services Inc.
P.O. Box 19456
Springfield, IL 62794

Dear Ms. Carr:

Fitch Ratings has assigned one or more ratings and/or otherwise taken rating action(s), as detailed on the attached Notice of Rating Action.

Ratings assigned by Fitch are based on documents and information provided to us by issuers, obligors, and/or their experts and agents, and are subject to receipt of the final closing documents. Fitch does not audit or verify the truth or accuracy of such information.

Ratings are not a recommendation or suggestion, directly or indirectly, to you or any other person, to buy, sell, make or hold any investment, loan or security or to undertake any investment strategy with respect to any investment, loan or security or any issuer. Ratings do not comment on the adequacy of market price, the suitability of any investment, loan or security for a particular investor (including without limitation, any accounting and/or regulatory treatment), or the tax-exempt nature or taxability of payments made in respect of any investment, loan or security. Fitch is not your advisor, nor is Fitch providing to you or any other party any financial advice, or any legal, auditing, accounting, appraisal, valuation or actuarial services. A rating should not be viewed as a replacement for such advice or services.

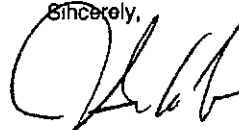
It is important that Fitch be provided with all information that may be material to its ratings so that they continue to accurately reflect the status of the rated issues. Ratings may be changed, withdrawn, suspended or placed on Rating Watch due to changes in, additions to or the inadequacy of information.

Ratings are not recommendations to buy, sell or hold securities. Ratings do not comment on the adequacy of market price, the suitability of any security for a particular investor, or the tax-exempt nature or taxability of payments made in respect of any security.

The assignment of a rating by Fitch shall not constitute a consent by Fitch to use its name as an expert in connection with any registration statement or other filing under U.S., U.K., or any other relevant securities laws.

We are pleased to have had the opportunity to be of service to you. If we can be of further assistance, please feel free to contact us at any time.

Sincerely,



Jeff Schaub
Senior Director
U.S. Public Finance

JS/ka

Enc: Notice of Rating Action
(Doc ID: 106027)

Notice of Rating Action

<u>Bond Description</u>	<u>Rating Type</u>	<u>Action</u>	<u>Rating</u>	<u>Outlook/ Watch</u>	<u>Eff Date</u>	<u>Notes</u>
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) Revenue Refunding Bonds ser 2008A	Long Term	New Rating	AA-	RO:Sta	09-Jun-2008	
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev rfdg bonds ser 2008B	Long Term	New Rating	AA-	RO:Sta	09-Jun-2008	
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev rfdg bonds ser 2008A	Short Term	New Rating	F1+		09-Jun-2008	
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2003B	Short Term	New Rating	F1+		09-Jun-2008	
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev rfdg bonds ser 2008B	Short Term	New Rating	F1+		09-Jun-2008	
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2007C (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007A	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007A (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Health Facilities Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 1998A (insured: MBIA Insurance Corp.)	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Health Facilities Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2003C (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Health Facilities Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2003A (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 1998B (insured: MBIA Insurance Corp.)	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2003D (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2003B (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007B-1 (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007B-2 (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1

Key: RO: Rating Outlook, RW: Rating Watch; Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

Notes

1 The rating is an underlying rating, given without consideration of credit enhancement.

ECONOMIC FEASIBILITY

ATTACHMENT 76



**St. John's
Hospital**

800 E. Carpenter Street
Springfield, Illinois 62769
(217) 544-6464 • www.st-johns.org

Re: St. John's Hospital
Hospital Sisters Services, Inc.
Hospital Sisters Health System

The undersigned, as authorized representatives of St. John's Hospital, Hospital Sisters Services, Inc., and Hospital Sisters Health System, in accordance with 77 Ill. Adm. Code 1120.310.b. and the requirements of Section XXVI.B. of the CON Application for Permit, hereby attest to the following:

The selected form of debt financing for this project will be tax exempt revenue bonds issued through the Illinois Finance Authority.

The selected forms of debt financing for this project will be at the lowest net cost available to the co-applicants.

Signed and dated as of March 12, 2010

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Hospital Sisters Services, Inc.
Hospital Sisters Health System
Illinois Not-for-Profit Corporations

By: [Signature]
Its: President & CEO

By: [Signature]
Its: SYSTEM TREASURER

Notary: [Signature]

Date: 3/16/10



An Affiliate of Hospital Sisters Health System

St. John's Hospital Itemized Project Costs

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Pre-Planning Costs:			
Architectural Programming Costs	\$ 84,000	\$ 36,000	
Architectural (Schematic Design) Costs	\$ 707,605	\$ 303,260	
Total Pre-Planning Costs	\$ 791,605	\$ 339,260	\$ 1,130,865
Site Survey and Soil Investigation:			
Geotechnical Investigation	\$ 14,000	\$ 6,000	
Site Survey	\$ 8,400	\$ 3,600	
Environmental Assessment	\$ 7,000	\$ 3,000	
Total Site Survey and Soil Investigation	\$ 29,400	\$ 12,600	\$ 42,000
Site Preparation:			
Site Civil/Mechanical Utilities	\$ 1,634,850	\$ 700,650	
Site Electrical Utilities	\$ 382,774	\$ 164,046	
Total Site Preparation	\$ 2,017,624	\$ 864,696	\$ 2,882,320
Off Site Work:			
Site Improvements	\$ -	\$ 1,422,753	
Total Off Site Work	\$ -	\$ 1,422,753	\$ 1,422,753
New Construction Contracts:	\$ 29,539,006	\$ 18,439,175	\$ 47,978,181
Modernization Contracts:	\$ 8,686,325	\$ 1,455,213	\$ 10,141,538
Contingencies:			
New Construction Contingencies	\$ 2,937,214	\$ 1,800,228	
Modernization Contingencies	\$ 944,539	\$ 104,949	
Total Construction Contingencies	\$ 3,881,753	\$ 1,905,177	\$ 5,786,930
Architectural and Engineering Fees	\$ 2,122,817	\$ 909,778	\$ 3,032,595
Consulting and Other Fees:			
Pre-Construction Services	\$ 115,372	\$ 49,445	
Design Team Construction Administration	\$ 707,606	\$ 303,260	
Architecture Reimbursables	\$ 353,803	\$ 151,630	
Program Management	\$ 827,923	\$ 354,824	
Program Management Reimbursables	\$ 81,257	\$ 34,825	
Hazardous Materials Survey	\$ 52,372	\$ 22,445	
Graphics Design	\$ 170,224	\$ 72,953	
Graphics Design Reimbursables	\$ 13,185	\$ 5,651	
Medical Equipment Planning	\$ 195,872	\$ 83,945	
Medical Equipment Planning Reimbursables	\$ 31,500	\$ 13,500	
Shielding Consulting	\$ 37,697	\$ 16,156	
Legal Fees	\$ 77,597	\$ 33,256	
CON Planning and Consultation	\$ 155,622	\$ 66,695	
CON Application Processing Fee	\$ 70,000	\$ 30,000	
IDPH Plan Review Fee	\$ 28,000	\$ 12,000	
Building Permit Fee	\$ 14,000	\$ 6,000	
Materials Testing Fee	\$ 608,802	\$ 260,915	
Total Consulting and Other Fees	\$ 3,540,832	\$ 1,517,500	\$ 5,058,332

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Movable or Other Equipment (not in Construction Contracts):			
Medical Equipment	\$ 17,748,165	\$ -	
Furniture/Furnishings incl. Systems/Modular	\$ 2,832,207	\$ 1,128,089	
Telecom. Equipment	\$ 1,773,968	\$ 760,272	
Artwork & Plants	\$ 342,772	\$ 146,902	
Signage and Graphics	\$ 685,545	\$ 293,805	
Total Movable or Other Equipment	\$ 23,382,657	\$ 2,329,068	\$ 25,711,725
Bond Issuance Expense (project related):			
Underwriting Fees	\$ 511,734	\$ 219,314	
Bond Counsel	\$ 62,103	\$ 26,616	
Issuer Fees	\$ 74,524	\$ 31,939	
IFA Counsel Fees	\$ 9,937	\$ 4,258	
Financial Advisor to Hospital Sisters Services, Inc.	\$ 62,103	\$ 26,616	
Auditor Fees	\$ 49,683	\$ 21,293	
Underwriter's Counsel	\$ 49,683	\$ 21,293	
Trustee	\$ 2,484	\$ 1,065	
Printer	\$ 2,484	\$ 1,065	
Rating Agencies' Fees	\$ 74,523	\$ 31,939	
Total Bond Issuance Expense	\$ 899,258	\$ 385,398	\$ 1,284,656
Other Costs to be Capitalized:			
Building Demolition	\$ -	\$ 1,072,600	
Exterior Canopy	\$ -	\$ 150,000	
Exterior Canopy Footings	\$ -	\$ 25,000	
Temporary Walkway	\$ -	\$ 250,000	
Special Construction	\$ -	\$ 980,000	
Departmental Relocations	\$ -	\$ 7,740,156	
IT Relocation Work	\$ -	\$ 1,000,000	
Internal Move Costs	\$ -	\$ 489,674	
Hazardous Material Removal	\$ 154,000	\$ 66,000	
Total Other Costs to be Capitalized	\$ 154,000	\$ 11,773,430	\$ 11,927,430

ST. JOHN'S HOSPITAL MEDICAL EQUIPMENT

Clinical Services						
Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
Surgical Suite	OR - Cystoscopy Imaging System	\$ 350,000	2	\$ 700,000		
	OR - Med. Gas Column	\$ 11,000	2	\$ 22,000		
	OR - Med. Gas Articulating Boom	\$ 33,672	2	\$ 67,344		
	OR - Video Monitor	\$ 5,000	4	\$ 20,000		
	OR - Surgical Light	\$ 37,000	2	\$ 74,000		
	OR - Video System, Scope Accessory	\$ 350,000	2	\$ 700,000		
	OR - Physiological Monitor	\$ 49,832	2	\$ 99,664		
	OR - Anesthesia Machine	\$ 75,000	2	\$ 150,000		
	OR - Anesthesia Cart	\$ 32,662	2	\$ 65,324		
	OR - Warming Cabinet	\$ 4,372	2	\$ 8,744		
	OR - Inst. Supply Cabinet	\$ 5,300	8	\$ 42,400		
	OR - Illuminator Cabinet	\$ 761	2	\$ 1,522		
	OR - Apron Rack	\$ 120	2	\$ 240		
	OR - Work Table	\$ 505	2	\$ 1,011		
	OR - Utility Table	\$ 368	2	\$ 738		
	OR - Stand	\$ 250	2	\$ 500		
	OR - Revolving Stool	\$ 1,547	2	\$ 3,094		
	OR - Med. Gas Column	\$ 11,000	2	\$ 22,000		
	OR - Med. Gas Articulating Boom	\$ 33,672	2	\$ 67,344		
	OR - Surgical Light w/Flat Screen Arm	\$ 37,000	2	\$ 74,000		
	OR - Surgical Light	\$ 25,000	2	\$ 50,000		
	OR - Surgical Camera	\$ 24,000	2	\$ 48,000		
	OR - AV System Integrated Surgery	\$ 175,000	2	\$ 350,000		
	OR - Video System, Scope Accessory	\$ 80,000	2	\$ 160,000		
	OR - Surgical Table	\$ 38,400	2	\$ 76,800		
	OR - Desk/Table	\$ 1,795	2	\$ 3,590		
	OR - Physiological Monitor	\$ 49,832	2	\$ 99,664		
	OR - Video Monitor	\$ 5,000	2	\$ 10,000		
	OR - Video Monitor	\$ 10,000	2	\$ 20,000		
	OR - Anesthesia Machine	\$ 75,000	2	\$ 150,000		
	OR - Anesthesia Cart	\$ 32,662	2	\$ 65,324		
	OR - Warming Cabinet	\$ 4,372	2	\$ 8,744		
	OR - Illuminator Cabinet	\$ 761	2	\$ 1,522		
	OR - Work Table	\$ 505	2	\$ 1,011		
	OR - Utility Table	\$ 368	2	\$ 738		
	OR - Stand	\$ 250	2	\$ 500		
	OR - Revolving Stool	\$ 1,547	4	\$ 6,188		
	OR - Electrosurgical Unit	\$ 39,820	2	\$ 79,640		
	OR - Cardiac Resuscitation Cart	\$ 1,850	1	\$ 1,850		
	OR - Cystoscopy Imaging System	\$ 350,000	1	\$ 350,000		
	OR - Urology Table	\$ 35,000	1	\$ 35,000		
	OR - C-Arm	\$ 186,500	1	\$ 186,500		
	OR - Med. Gas Articulating Boom	\$ 28,680	1	\$ 28,680		
	OR - Med. Gas Articulating Boom	\$ 33,672	1	\$ 33,672		
	OR - Surgical Light w/Flat Screen Arm	\$ 37,000	1	\$ 37,000		
OR - Surgical Light	\$ 25,000	1	\$ 25,000			
OR - Surgical Camera	\$ 24,000	1	\$ 24,000			
OR - AV Integrated Surgery System	\$ 175,000	1	\$ 175,000			
OR - Desk/Table	\$ 1,795	1	\$ 1,795			
OR - Video System, Scope Accessory	\$ 80,000	1	\$ 80,000			
OR - Video Monitor	\$ 5,000	1	\$ 5,000			
OR - Video Monitor	\$ 10,000	1	\$ 10,000			
OR - Physiological Monitor	\$ 49,832	1	\$ 49,832			
OR - Anesthesia Machine	\$ 75,000	1	\$ 75,000			
OR - Anesthesia Cart	\$ 32,662	1	\$ 32,662			
OR - Waste Mngt. System	\$ 22,844	1	\$ 22,844			
OR - Illuminator Cabinet	\$ 761	1	\$ 761			
OR - Warming Cabinet	\$ 4,372	1	\$ 4,372			
OR - Cart	\$ 6,081	1	\$ 6,081			
OR - Electrosurgical Unit	\$ 39,820	1	\$ 39,820			
OR - Work Table	\$ 505	1	\$ 505			
OR - Utility Table	\$ 368	1	\$ 368			
OR - Stand	\$ 250	1	\$ 250			
OR - Revolving Stool	\$ 1,547	2	\$ 3,094			

	OR - Foot Stool	\$	172	1	\$	172		
	OR - Imaging System	\$	2,000,000	1	\$	2,000,000		
	OR - Med Gas Articulating Boom	\$	28,680	1	\$	28,680		
	OR - Med Gas Articulating Boom	\$	33,672	1	\$	33,672		
	OR - Surgical Light w/Flat Screen Arm	\$	37,000	1	\$	37,000		
	OR - Surgical Light	\$	25,000	1	\$	25,000		
	OR - Surgical Camera	\$	24,000	1	\$	24,000		
	OR - AV Integrated Surgery System	\$	175,000	1	\$	175,000		
	OR - Surgical Table	\$	38,400	1	\$	38,400		
	OR - Desk/Table	\$	1,785	1	\$	1,785		
	OR - Video System, Scope Accessory	\$	80,000	1	\$	80,000		
	OR - Video Monitor	\$	5,000	1	\$	5,000		
	OR - Video Monitor	\$	10,000	1	\$	10,000		
	OR - Physiological Monitor	\$	49,832	1	\$	49,832		
	OR - Anesthesia Machine	\$	75,000	1	\$	75,000		
	OR - Anesthesia Cart	\$	32,662	1	\$	32,662		
	OR - Illuminator Cabinet	\$	781	1	\$	781		
	OR - Warming Cabinet	\$	4,372	1	\$	4,372		
	OR - Cart	\$	6,081	1	\$	6,081		
	OR - Electrosurgical Unit	\$	39,820	1	\$	39,820		
	OR - Work Table	\$	505	1	\$	505		
	OR - Utility Table	\$	389	1	\$	389		
	OR - Stand	\$	250	1	\$	250		
	OR - Revolving Stool	\$	1,547	2	\$	3,094		
	Generic OR - Med Gas Articulating Boom	\$	28,680	10	\$	286,800		
	Generic OR - Med Gas Articulating Boom	\$	33,672	10	\$	336,720		
	Generic OR - Surgical Light w/Flat Screen Arm	\$	37,000	10	\$	370,000		
	Generic OR - Surgical Light	\$	25,000	10	\$	250,000		
	Generic OR - Surgical Camera	\$	24,000	10	\$	240,000		
	Generic OR - AV Integrated Surgery System	\$	175,000	10	\$	1,750,000		
	Generic OR - Video System, Scope Accessory	\$	80,000	10	\$	800,000		
	Corridor - Scrub Sink	\$	8,527	16	\$	138,032		
	Sterile Core - Sterilizer	\$	42,756	2	\$	85,512		
	Corridor - Resuscitation Cart	\$	1,950	1	\$	1,950		
	Corridor - Procedure Cart	\$	1,515	1	\$	1,515		
	Surgical Path - Lab Hood	\$	1,516	1	\$	1,516		
	Surgical Path - Upright Refrigerator	\$	5,073	1	\$	5,073		
	Anesth - Shelving	\$	2,186	2	\$	4,372		
	Anesth - Cart	\$	32,662	2	\$	65,324		
	Anesth - Med Gas Cylinder Cart	\$	127	1	\$	127		
	Anesth - Cart	\$	2,348	4	\$	9,392		
	Anesth - Pharmaceutical Waste Disposal Container	\$	125	1	\$	125		
					\$	11,508,775		
PACU (Post-Anesthesia Recovery)								
	Pacu - Patient Headwall	\$	6,000	20	\$	120,000		
	Pacu - Adult Stretcher	\$	5,040	20	\$	100,800		
	Pacu - Physiological Monitor	\$	49,832	20	\$	996,640		
	Pacu - Monitor Accessory	\$	800	20	\$	16,000		
	Pacu - Oxygen Flowmeter	\$	48	20	\$	960		
	Pacu - Air Flowmeter	\$	55	20	\$	1,100		
	Pacu - Suction Regulator	\$	718	50	\$	35,900		
	Pacu Isolation - Adult Stretcher	\$	5,040	4	\$	20,160		
	Pacu Isolation - Physiological Monitor	\$	49,832	4	\$	199,328		
	Pacu Isolation - Monitor Accessory	\$	800	4	\$	3,200		
	Pacu Isolation - Oxygen Flowmeter	\$	48	4	\$	192		
	Pacu Isolation - Air Flowmeter	\$	55	4	\$	220		
	Pacu Isolation - Suction Regulator	\$	718	12	\$	8,616		
	Alcove - Supply Cart	\$	1,400	4	\$	5,600		
	Peds Pacu Isol - Patient Headwall	\$	6,000	1	\$	6,000		
	Peds Pacu Isol - Stretcher/Bed	\$	9,333	1	\$	9,333		
	Peds Pacu Isol - Physiological Monitor	\$	49,832	1	\$	49,832		
	Peds Pacu Isol - Monitor Accessory	\$	800	1	\$	800		
	Peds Pacu Isol - Oxygen Flowmeter	\$	48	1	\$	48		
	Peds Pacu Isol - Air Flowmeter	\$	55	1	\$	55		
	Peds Pacu Isol - Suction Regulator	\$	718	1	\$	718		
	Peds Pacu - Patient Headwall	\$	6,000	4	\$	24,000		
	Peds Pacu - Stretcher/Bed	\$	9,333	4	\$	37,332		
	Peds Pacu - Physiological Monitor	\$	49,832	4	\$	199,328		

	Peds Pacu - Monitor Accessory	\$ 800	4	\$ 3,200	
	Peds Pacu - Oxygen Flowmeter	\$ 48	4	\$ 192	
	Peds Pacu - Air Flowmeter	\$ 55	4	\$ 220	
	Peds Pacu - Suction Regulator	\$ 718	4	\$ 2,872	
	Peds Pacu - Soked	\$ 1,605	1	\$ 1,605	
	Peds Pacu - Linen Bin	\$ 1,095	2	\$ 2,190	
	Peds Pacu Above - Cardiac Resuscitation Cart	\$ 1,402	1	\$ 1,402	
	Peds Pacu Above - Defibrillator	\$ 18,000	1	\$ 18,000	
	Peds Pacu Nurses Station - Cardiac Resuscitation Cart	\$ 1,402	1	\$ 1,402	
	Peds Pacu Nurses Station - Defibrillator	\$ 18,000	1	\$ 18,000	
	Peds Pacu Meds - Medication Dispenser	\$ 38,000	1	\$ 38,000	
	Peds Meds - Monitor	\$ 3,900	1	\$ 3,900	
					\$ 1,827,145
Surgical Prep/Stage II Recovery					
	Pre-An Isol - Patient Headwall	\$ 6,000	2	\$ 12,000	
	Pre-An Isol - Adult Stretcher	\$ 6,000	2	\$ 12,000	
	Pre-An Isol - Physiological Monitor	\$ 48,832	2	\$ 98,664	
	Pre-An Isol - Monitor Accessory	\$ 800	2	\$ 1,600	
	Pre-An Isol - Oxygen Flowmeter	\$ 48	2	\$ 96	
	Pre-An Isol - Air Flowmeter	\$ 55	2	\$ 110	
	Pre-An Isol - Suction Regulator	\$ 718	2	\$ 1,436	
	Pre-An - Patient Headwall	\$ 6,000	27	\$ 182,000	
	Pre-An - Adult Stretcher	\$ 5,040	27	\$ 136,080	
	Pre-An - Oxygen Flowmeter	\$ 48	27	\$ 1,286	
	Pre-An - Air Flowmeter	\$ 55	27	\$ 1,485	
	Pre-An - Suction Regulator	\$ 718	27	\$ 19,386	
	Nurses Station - Warming Cabinet	\$ 4,372	1	\$ 4,372	
	Clean - Linen Cart	\$ 1,032	1	\$ 1,032	
	Clean - Warming Cabinet	\$ 5,889	1	\$ 5,889	
	Holding - Adult Stretcher	\$ 5,040	4	\$ 20,160	
	Holding - Oxygen Flowmeter	\$ 48	4	\$ 192	
	Holding - Suction Regulator	\$ 718	4	\$ 2,872	
	Meds - Medication Dispenser	\$ 38,000	2	\$ 76,000	
	Meds - Medication Dispenser	\$ 28,958	2	\$ 57,912	
	Meds - Undercounter Refrigerator	\$ 294	2	\$ 588	
	Meds - Medication Dispenser Accessory	\$ 3,964	2	\$ 7,928	
	Meds - Accessory Refrigerator	\$ 96	2	\$ 192	
	Peds Pre-An - Patient Headwall	\$ 8,000	6	\$ 48,000	
	Peds Pre-An - Physiological Monitor	\$ 48,832	6	\$ 292,992	
	Peds Pre-An - Monitor Accessory	\$ 800	6	\$ 4,800	
	Peds Pre-An - Stretcher/Bed	\$ 8,333	6	\$ 49,998	
	Peds Pre-An - Oxygen Flowmeter	\$ 48	6	\$ 288	
	Peds Pre-An - Air Flowmeter	\$ 55	6	\$ 330	
	Peds Pre-An - Suction Regulator	\$ 718	6	\$ 4,308	
					\$ 1,021,006
Pre-Surgical Testing					
	Exam Room - Exam Table	\$ 2,700	6	\$ 16,200	
	Lab Draw - Blood Draw Chair	\$ 1,019	1	\$ 1,019	
	Lab Draw - Blood Draw Chair	\$ 1,495	2	\$ 2,990	
	Lab Draw - Cart	\$ 851	3	\$ 2,553	
	Lab Draw - Oxygen Flowmeter	\$ 48	1	\$ 48	
	Lab Draw - Suction Regulator	\$ 718	1	\$ 718	
	Lab Draw - Vital Signs Monitor	\$ 5,200	1	\$ 5,200	
					\$ 26,758
Satellite Pharmacy					
	Biological Safety Cabinet	\$ 12,500	1	\$ 12,500	
					\$ 12,500
Central Sterile Processing and Distribution					
	Sterad - Gas Plasma Sterilizer	\$ 187,200	1	\$ 187,200	
	Sterad - Gas Plasma Sterilizer	\$ 180,000	2	\$ 360,000	
	ETO - Sterilizer	\$ 49,730	1	\$ 49,730	
	ETO - Sterilizer Aerator	\$ 21,000	1	\$ 21,000	
	Sterilizers - Sterilizer	\$ 570,000	2	\$ 1,140,000	
	Sterilizers - Cart Allowance	\$ 100,000	1	\$ 100,000	
	Sterilizers - Install	\$ 25,000	1	\$ 25,000	
	Clean Assembly - Washer/Deinfector	\$ 380,000	2	\$ 760,000	

Clean Assembly - Decontam. Dryer Tube	\$ 10,750	1	\$ 10,750	
Clean Assembly - Rack	\$ 912	1	\$ 912	
Clean Assembly - Incubator	\$ 899	1	\$ 899	
Clean Assembly - Sealing Unit	\$ 1,557	1	\$ 1,557	
Clean Assembly - Computer Accessory	\$ 100,000	2	\$ 200,000	
Clean Assembly - Instrument/Supply Cabinet	\$ 1,800	1	\$ 1,800	
Decontam - Ultrasonic Cleaner	\$ 29,440	1	\$ 29,440	
Decontam - Pass Thru Window	\$ 3,872	1	\$ 3,872	
Decontam - Clean up Counter	\$ 17,000	2	\$ 34,000	
Decontam - Washer Accessory	\$ 3,850	4	\$ 15,400	
Decontam - Washer Accessory / ATS	\$ 113,773	1	\$ 113,773	
Decontam - Waste Management System	\$ 12,000	1	\$ 12,000	
Decontam - Work Table	\$ 3,827	2	\$ 7,654	
Decontam - Flammatite Stor. Cabinet	\$ 491	1	\$ 491	
Cart Washer	\$ 150,000	1	\$ 150,000	
Cart Hold - Case Cart	\$ 2,543	11	\$ 27,973	
Cart Staging - Case Cart	\$ 2,543	30	\$ 76,290	
			\$ 3,245,881	
				\$ 17,748,165

*Surgery includes Anesthesia, Waiting Rooms, Support/Staff Lockers, Sterile Supply & Processing in Surgical Suite, Department Administration & Management

ST. JOHN'S FURNITURE AND FURNISHINGS

Department/Service	Item	Clinical Services			Total for Department/Service	Total for Clinical Services
		Unit Cost	Number	Total Cost		
Surgical Suite	OR - Waste Receptacle	\$ 90	16	\$ 1,536		
	Surgical Pathology - C-Lockers	\$ 3,453	7	\$ 24,171		
	Equipment Storage - Wire Shelving	\$ 1,111	6	\$ 6,666		
	Surgical Services - F/S Furniture	\$ 875,000	1	\$ 875,000		
	Anesth. Clean Workroom - Wire Shelving	\$ 1,111	6	\$ 6,666		
	Anesth. Office - Ice Maker	\$ 5,145	1	\$ 5,145		
	Anesth. Office - Upright Refrigerator/Freezer	\$ 479	1	\$ 479		
	Anesth. Office - Coffee Maker	\$ 578	1	\$ 578		
	Anesth. Office - Microwave	\$ 335	1	\$ 335		
	Anesth. Office - Waste Receptacle	\$ 79	1	\$ 79		
	Anesth. Office - Waste Recycling Receptacle	\$ 72	1	\$ 72		
	Anesth. Office - F/S Furniture	\$ 184,764	1	\$ 184,764		
	Anesth. Storage - Wire Shelving	\$ 1,111	2	\$ 2,222		
	Modular Systems Furniture	\$ 1,000	1	\$ 1,000		
	Clinical Lab - F/S Furniture	\$ 100,000	1	\$ 100,000		
					\$	1,208,713
PACU (Post-Anesthesia Recovery)	Corridor - Waste Receptacle	\$ 79	2	\$ 158		
	Pacu - Waste Receptacle	\$ 79	20	\$ 1,580		
	Soiled Holding - Waste Receptacle	\$ 1,605	2	\$ 3,210		
	Clean Linen - Linen Cart	\$ 1,032	1	\$ 1,032		
	Clean Supply - Waste Receptacle	\$ 79	1	\$ 79		
	Clean Supply - Linen Cart	\$ 1,032	1	\$ 1,032		
	Clean Supply - Shelving	\$ 4,759	1	\$ 4,759		
	Pacu Isol. - Waste Receptacle	\$ 79	4	\$ 316		
	Meds - UIC Refrigerator	\$ 294	1	\$ 294		
	Nourishment - Ice Maker	\$ 5,145	1	\$ 5,145		
	Nourishment - Upright Refrigerator/Freezer	\$ 479	1	\$ 479		
	Nourishment - Coffee Maker	\$ 578	1	\$ 578		
	Nourishment - Microwave	\$ 335	1	\$ 335		
	Nourishment - Waste Receptacle	\$ 79	1	\$ 79		
	Nourishment - Waste Recycling Receptacle	\$ 72	1	\$ 72		
	Lounge - Upright Refrigerator/Freezer	\$ 479	1	\$ 479		
	Lounge - Coffee Maker	\$ 578	2	\$ 1,156		
	Lounge - Microwave	\$ 335	2	\$ 670		
	Lounge - Waste Receptacle	\$ 79	2	\$ 158		
	Lounge - Waste Recycling Receptacle	\$ 72	1	\$ 72		
Waste - Waste Receptacle	\$ 90	2	\$ 180			
Pacu - F/S Furniture	\$ 334,552	1	\$ 334,552			
				\$	358,427	
Surgical Prep/Stage II Recovery	Pre-An Isol. - Waste Receptacle	\$ 90	2	\$ 180		
	Pre-An - Waste Receptacle	\$ 90	27	\$ 2,602		
	Meds - UIC Refrigerator	\$ 294	2	\$ 588		
	Nourishment - Ice Maker	\$ 4,899	3	\$ 14,697		
	Nourishment - Undercounter Refrigerator/Freezer	\$ 155	3	\$ 465		
	Nourishment - Coffee Maker	\$ 578	1	\$ 578		
	Nourishment - Microwave	\$ 335	3	\$ 1,005		
	Nourishment - Waste Receptacle	\$ 81	3	\$ 273		
	Nourishment - Waste Recycling Receptacle	\$ 72	1	\$ 72		
	Peds Pre-An Isol. - Waste Receptacle	\$ 90	1	\$ 90		
	Peds Pre-An - Waste Receptacle	\$ 90	4	\$ 364		
	Peds Pre-An Soiled - Waste Receptacle	\$ 90	1	\$ 90		
	Peds Nourishment - Ice Maker	\$ 5,145	1	\$ 5,145		
	Peds Nourishment - Upright Refrigerator/Freezer	\$ 479	1	\$ 479		
	Peds Nourishment - Coffee Maker	\$ 578	1	\$ 578		
	Peds Nourishment - Microwave	\$ 335	1	\$ 335		
	Peds Nourishment - Waste Receptacle	\$ 91	1	\$ 91		
	Peds Nourishment - Waste Recycling Receptacle	\$ 72	1	\$ 72		
	Peds Meds - UIC Refrigerator	\$ 294	1	\$ 294		
	Pre-An - F/S Furniture	\$ 566,012	1	\$ 566,012		
				\$	584,044	

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
Pre-Surgical Testing	Exam - Waste Receptacle	\$ 81	6	\$ 546		
	Lab Draw - Waste Receptacle	\$ 44	1	\$ 44		
	Storage - Wire Shelving	\$ 1,111	3	\$ 3,333		
	Pre-Admission - F/S Furniture	\$ 75,283	1	\$ 75,283		
					\$ 79,206	
Satellite Pharmacy	Modular Systems Furniture	\$ 1,000	1	\$ 1,000		
	Upright Refrigerator	\$ 5,073	1	\$ 5,073		
	Upright Refrigerator	\$ 6,953	1	\$ 6,953		
	Wire Shelving	\$ 1,111	5	\$ 5,555		
	Pharmacy - F/S Furniture	\$ 100,000	1	\$ 100,000		
				\$ 118,581		
Central Sterile Processing and Distribution	Linen - Wire Shelving	\$ 1,111	6	\$ 6,666		
	Sol - Linen Cart	\$ 1,095	2	\$ 2,190		
	Sol Draw - Waste Receptacle	\$ 78	1	\$ 78		
	Storage - Vendor Lockers and Shelving	\$ 30,000	1	\$ 30,000		
	Entry/Locker - Waste Receptacle	\$ 81	1	\$ 81		
	Entry/Locker - Linen Hamper	\$ 236	2	\$ 472		
	Breakout - Wire Shelving	\$ 1,111	4	\$ 4,444		
	Storage - Wire Shelving	\$ 1,111	1	\$ 1,111		
	Break Room - Upright Refrigerator/Freezer	\$ 479	1	\$ 479		
	Break Room - Coffee Maker	\$ 578	2	\$ 1,156		
	Break Room - Microwave	\$ 325	2	\$ 670		
	Break Room - Waste Receptacle	\$ 79	1	\$ 79		
	Break Room - Waste Recycling Receptacle	\$ 72	1	\$ 72		
	Supply - Shelving Allowance	\$ 30,000	1	\$ 30,000		
	Supply - Wire Shelving	\$ 1,111	4	\$ 4,444		
	Sterilizers - Shelving Allowance	\$ 100,000	1	\$ 100,000		
	Clean Assembly - Wire Shelving	\$ 1,111	6	\$ 6,666		
	DecanHam - Waste Receptacle	\$ 79	4	\$ 316		
	Pen Hold - Wire Shelving	\$ 1,111	14	\$ 15,554		
	Central Supply - Shelving Allowance	\$ 30,000	4	\$ 120,000		
	Central Sterile - F/S Furniture	\$ 150,748	1	\$ 150,748		
					\$ 475,226	
						\$ 2,832,207

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
Non-Clinical Services						
Biomedical Engineering						
	Biomed - F/S Furniture	\$ 10,000	1	\$ 10,000	\$ 10,000	
On-Call Rooms						
	On-Call - F/S Furniture	\$ 20,000	1	\$ 20,000	\$ 20,000	
Medical Education						
	Medical Education - F/S Furniture	\$ 79,206	1	\$ 79,206	\$ 79,206	
Nursing Education						
	Nursing Education - F/S Furniture	\$ 79,206	1	\$ 79,206	\$ 79,206	
Nursing Administration						
	Nursing Administration - F/S Furniture	\$ 19,801	1	\$ 19,801	\$ 19,801	
Administration						
	Administration - F/S Furniture	\$ 75,000	1	\$ 75,000	\$ 75,000	
Relocated Administrative Departments						
	F/S Furniture	\$ 350,000	1	\$ 350,000	\$ 350,000	
Computer Laboratory						
	IT - F/S Furniture	\$ 19,801	1	\$ 19,801	\$ 19,801	
General Stores						
	General Stores - F/S Furniture	\$ 10,000	1	\$ 10,000	\$ 10,000	
Lobbies, Public Space						
	Lobbies/Public Space - F/S Furniture	\$ 465,075	1	\$ 465,075	\$ 465,075	
					\$ 1,129,089	

*Surgery Includes Anesthesia, Waiting Rooms, Support/Staff Lockers, Sterile Supply & Processing in Surgical Suite, Lab in Surgical Suite, Department Administration & Management.

ATTACHMENT-77
SAFETY NET IMPACT STATEMENT

Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Service, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003)

This modernization project will modernize existing Clinical Service Areas that are not Categories of Service, thereby improving St. John's Hospital's ability to provide essential surgical services to all the patients it serves, including the uninsured and underinsured residents of Planning Area E-01, the State-defined planning area in which the hospital is located.

Planning Area E-01 includes Sangamon, Logan, Menard, Mason, Christian, and Cass Counties and selected townships within Brown and Schuyler Counties.

As discussed in Attachment 11, the market area for this project includes those zip codes in which 0.5% or more of St. John's Hospital's surgical cases reside, as shown in the patient origin chart for its surgical patients during the recent 12-month period of November 1, 2008, through October 31, 2009, which is found in Attachment 11, Page 6. This market area is predominantly located within St. John's Hospital's primary and secondary service areas, with 47% of the patients residing in Sangamon County, its primary service area, and a total of 64% of the patients residing in the secondary service area. A majority of these surgical patients (56%) reside in Planning Area E-01.

St. John's Hospital's primary service area is Sangamon County, the county in which the hospital is located, which is in Planning Area E-01.

St. John's Hospital's secondary service area consists of 8 counties. Cass, Christian, Logan, and Menard Counties are within Planning Area E-01. Macon, Macoupin, Montgomery, and Morgan Counties are located in other planning areas.

The patient origin data demonstrate that St. John's Hospital serves Planning Area E-01 as well as its self-defined market area.

This project will enable St. John's Hospital to continue to provide much-needed services to the low income and uninsured that reside and work within the market area for this project.

- a. Many of the patients that are served at St. John's Hospital are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas and/or Health Professional Shortage Areas.

Medically Underserved Areas and Medically Underserved Populations are designated by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) based on the Index of Medical Underservice. Designated Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are eligible for certification and funding under federal programs such as Community Health Center (CHC) grant funds, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (<http://bhpr.hrsa.gov/shortage/muaguide.htm>) (Health Resources and Services Administration, U.S. Department of Health and Human Services).

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care, dental, or mental health providers (<http://bhpr.hrsa.gov/shortage/index.htm> Health Resources and Services Administration, U.S. Department of Health and Human Services).

- Within the City of Springfield, there are 8 census tracts that the federal government has identified as Medically Underserved Areas/Populations and 21 census tracts that the federal government has identified as Health Professional Shortage Areas.

Documentation of this designation is found in the chart on Page 9 of this Attachment and in Attachment 11, Page 7.

- In St. John's Hospital's Secondary Service Area, there are a number of federally-designated Medically Underserved Areas/Populations and Health Professional Shortage Areas, as identified below and in the chart on Page 9 of this Attachment and in Attachment 11, Page 7.

Cass County:

The County is both a Medically Underserved Area/Population and a Health Professional Shortage Area

Christian County:

The County is a Health Professional Shortage Area, and 9 townships in the Pana/Ricks Service Area are a Medically Underserved Area/Population

Logan County:

Eminence Township (Eminence Service Area) is a Medically Underserved Area/Population, and 2 census tracts in Lincoln are a Health Professional Shortage Area

Menard County:

The County is a Health Professional Shortage Area

Macon County:

5 census tracts in the Macon Service Area are Medically Underserved Areas/Populations and 17 census tracts in Decatur are a Health Professional Shortage Area

Macoupin County:

The County is a Health Professional Shortage Area, and 2 townships (South Palmyra Township in the South Palmyra Service Area and Hillyard Township in the Hillyard Service Area) plus 2 census tracts in the Gillespie Service Area are Medically Underserved Areas/Populations

Montgomery County:

The County is a Health Professional Shortage Area, and 5 townships in the Irving/Witt Service Area and South Litchfield Township in the South Litchfield Service Area are Medically Underserved Areas/Populations

Morgan County:

Waverly Precinct #1 is a Medically Underserved Area/Population, and 4 census tracts in Jacksonville are Health Professional Shortage Areas

- b. A significant percentage of the residents of St. John's Hospital's Primary and Secondary Service Areas have been identified in recent studies as being uninsured.

- 1) In a study issued in April, 2009, Gilead Outreach & Referral Center identified Illinois' uninsured in 2005.

A total of 101,020 of Sangamon County residents under age 65, or 15.9% of the county's population in that age group, were uninsured in 2005.

A total of 2,557 of Cass County residents under age 65, or 21.8% of the county's population in that age group, were uninsured in 2005.

A total of 3,174 of Christian County residents under age 65, or 11.3% of the county's population in that age group, were uninsured in 2005.

A total of 2,393 of Logan County residents under age 65, or 10.8% of the county's population in that age group, were uninsured in 2005.

A total of 1,568 of Menard County residents under age 65, or 14.5% of the county's population in that age group, were uninsured in 2005.

A total of 9,766 of Macon County residents under age 65, or 10.9% of the county's population in that age group, were uninsured in 2005.

A total of 6,030 of Macoupin County residents under age 65, or 14.9% of the county's population in that age group, were uninsured in 2005.

A total of 567 of Montgomery County residents under age 65, or 15.4% of the county's population in that age group, were uninsured in 2005.

A total of 2,425 of Morgan County residents under age 65, or 15.6% of the county's population in that age group, were uninsured in 2005.

(Gilead Outreach & Referral Center, "Taking a Closer Look at Illinois' Uninsured," April, 2009)

- 2) In a study issued in June, 2007, Health & Disability Advocates identified Illinois' uninsured by state legislative district in 2005.

A total of 11,140 residents of Illinois State Representative District 99, the State Representative District in which St. John's Hospital is located, were between the ages of 19 and 64 in 2005 and were employed but uninsured. 79.7% of these residents had household incomes of 400% or less of the federal poverty level, while 21.3% had household incomes of 400% or more of the federal poverty level.

Similarly, but covering a broader geographic area, a total of 20,268 residents of Illinois State Senate District 50, the State Senate District in which St. John's Hospital is located, were between the ages of 19 and 64 in 2005 and were employed but

uninsured. 66.7% of these residents had household incomes of 400% or less of the federal poverty level, while 23.3% had household incomes of 400% or more of the federal poverty level.

(Rob Paral and Associates and Health & Disability Advocates, "Uninsured & Employed Persons in Illinois State Legislative Districts," June, 2007)

This project will have a positive impact on essential safety net services in Planning Area E-01 and the market area for this project for those patients requiring Surgical and Emergency Services because St. John's Hospital's Surgical facilities will be modernized and shell space will be constructed for a future replacement of its Emergency Department, thus providing a contemporary environment for the patients receiving care in these departments, a significant percentage of whom are low-income, uninsured, and otherwise vulnerable.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services

This project will not have any impact on other providers or health care systems and, as such, it will not have any impact on other providers' or health care systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

This item is not applicable because St. John's Hospital is not proposing to discontinue any services or facilities.

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

1. The amount of charity care provided by St. John's Hospital for the 3 fiscal years prior to submission of the application

	Total
FY2007	\$ 10,587,721
FY2008	\$ 11,435,615
FY2009	\$ 10,187,094

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

A certification describing the amount of charity care provided is appended to this Attachment.

2. The amount of care provided by St. John's Hospital to Medicaid patients for the three fiscal years prior to submission of the application

	Inpatients	Outpatients	Total
FY2007	\$43,055,736	\$ 8,786,473	\$51,842,209
FY2008	\$41,383,841	\$15,046,446	\$56,430,287
FY2009	\$39,212,274	\$17,269,908	\$56,482,182

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A certification describing the amount of care provided to Medicaid patients is appended to this Attachment.

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

- a. A copy of St. John's Hospital's "Community Benefits Plan Report" for Fiscal Year 2009 (July 1, 2008 – June 30, 2009) is appended to this Attachment.
- b. A copy of St. John's Hospital's "Supplemental Information" to its FY2009 Form 990 (Schedule H, Part VI), which was submitted to the Internal Revenue Service, is appended to this Attachment.
- c. St. John's Hospital is a major teaching affiliate of the Southern Illinois University (SIU) School of Medicine.

The SIU School of Medicine has 215 medical students studying in Springfield during their second through fourth years of medical school and 226 residents and fellows participating in 23 different specialty programs. Participants in these medical education and post-graduate medical education programs spend 50% of their clinical education time at St. John's Hospital.

St. John's Hospital provides educational opportunities in the Surgical Suites for medical students, residents, and fellows in General Surgery, Gynecology (Obstetrics/Gynecology), Orthopedics, Otolaryngology, Plastic Surgery, Urology, Vascular Surgery, and Family Practice through its affiliation with the SIU School of Medicine.

d. St. John's Hospital is actively involved in health professional education.

- 1) Approximately 300 undergraduate nursing students and 6 graduate nursing students from St. John's College's Department of Nursing and other schools of nursing in Central Illinois receive clinical experiences at St. John's Hospital each semester.

These students rotate through the nursing departments, including Surgery.

- 2) Students in educational programs training Surgical Technicians sponsored by St. John's Hospital, Richland Community College, and Sanford-Brown College receive clinical training at St. John's Hospital each semester.
- 3) Students in educational programs training Registered Nurse Anesthetists that are sponsored by St. John's Hospital, Bradley University and Southern Illinois University - Edwardsville receive clinical training at St. John's Hospital each semester.
- 4) St. John's Hospital and Lincoln Land Community College jointly offer an associate's degree program in Electroneurodiagnostic Technology (END).
- 5) St. John's Hospital and Lincoln Land Community College jointly offer an associate's degree program for advanced-level respiratory care practitioners.
- 6) St. John's Hospital operates a 44-week School of Clinical Laboratory Science that fulfills the senior year baccalaureate degree requirement for 12 college/university academic affiliates.

e. St. John's Hospital partners with Memorial Medical Center in supporting Capital Community Health Center (CCHC), which serves as the Federally Qualified Health Center (FQHC) for Sangamon County.

During alternating quarters throughout the year, St. John's Hospital provides inpatient, imaging, and laboratory services to all referred CCHC patients, regardless of the individual's or family's ability to pay.

St. John's Hospital assists CCHC patients in applying for any health reimbursement program for which they may be eligible. If the patient is not able to pay his/her portion of the bill, the amount is forgiven under the hospital's Christian Care (charity care) program.

During the 6 months of FY2009 when St. John's Hospital served CCHC patients, the hospital wrote off \$3,424,993 in charges for more than 2,600 CCHC participants.

- f. St. John's Hospital supports the Pregnancy Care Center of Springfield, which provides prenatal care, physician referrals, counseling, free classes, and access to State services such as All Kids to pregnant women, with an emphasis on serving young women with limited financial means. St. John's Hospital provides this program with an annual stipend, free office space, office supplies, etc.

During FY2009, the Pregnancy Care Center served 401 new clients from Sangamon County and the 5 surrounding counties.

- g. St. John's Hospital operates a HELP line.
- h. St. John's Hospital's residents and nurses participate in screenings in homeless shelters.
- i. St. John's Hospital is part of a team that is designing a new program that would create Medical Homes for approximately 16,000 uninsured people. This program is in the planning stages.

ST. JOHN'S HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS
MEDICALLY UNDERSERVED AREAS AND HEALTH MANPOWER PROFESSIONAL SHORTAGE AREAS
AS DESIGNATED BY U.S. DEPT. OF HEALTH AND HUMAN SERVICES, HRSA

<u>County</u>	<u>P.A.</u>	<u>Medically Underserved Areas¹</u>	<u>Health Manpower Shortage Areas</u>
Primary Service Area:			
Sangamon	E1	8 census tracts in Springfield 53.20	21 census tracts in Springfield
Secondary Service Area:			
Cass	E1	County 57.40	County
Christian	E1	Pana/Ricks Service Area (9 townships) 60.60	County
Logan	E1	Eminence Service Area (Eminence township) 52.60	2 census tracts in Lincoln
Menard	E1		County
Macon	D4	Macon Service Area (5 census tracts) 49.30	17 census tracts in Decatur
Macoupin	E2	South Palmyra Service Area (S. Palmyra Township) 60.70 Hillyard Service Area (Hillyard Township) 60.90	County
Montgomery	E2	Gillespie Service Area (2 census tracts) 60.60 Irving/Witt Service Area (5 townships) 57.60 South Litchfield Service Area (South Litchfield Township) 59.60	County
Morgan	E4	Waverly Precinct #1 0	4 census tracts in Jacksonville

¹Scores of 0-100 are assigned according to the Index of Medical Underservice, with 0 the lowest and 100 the highest. Under the established criteria, a score of 62.0 or less qualifies an area for designation as a Medically Underserved Area.



**St. John's
Hospital**

800 E. Carpenter Street
Springfield, Illinois 62769
(217) 544-6464 • www.st-johns.org

March 10, 2010

Mr. Dale Galassie
Chairman of the Board
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Dear Mr. Galassie:

St. John's Hospital hereby certifies that St. John's Hospital provided the amount of charity care at cost that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

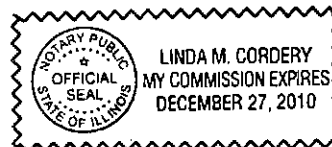
	Total
FY2007	\$ 10,587,721
FY2008	\$ 11,435,615
FY2009	\$ 10,187,094

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

Larry J. Ragel
Chief Financial Officer

Notary Linda M. Cordery
Date: 3/10/10



An Affiliate of Hospital Sisters Health System



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Hospital**

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Springfield, Illinois 62769
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March 10, 2010

Mr. Dale Galassie
Chairman of the Board
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Dear Mr. Galassie:

St. John's Hospital hereby certifies that St. John's Hospital provided the following amount of care to Medicaid patients for the three audited fiscal years prior to submission of this certificate of need application.

	<u>Net Revenue</u>		
	<u>Inpatients</u>	<u>Outpatients</u>	<u>Total</u>
FY2007	\$43,055,736	\$ 8,786,473	\$51,842,209
FY2008	\$41,383,841	\$15,046,446	\$56,430,287
FY2009	\$39,212,274	\$17,269,908	\$56,482,182

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

Sincerely,

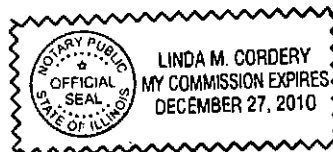
Larry J. Ragel
Chief Financial Officer

Notary:

Linda M. Cordery

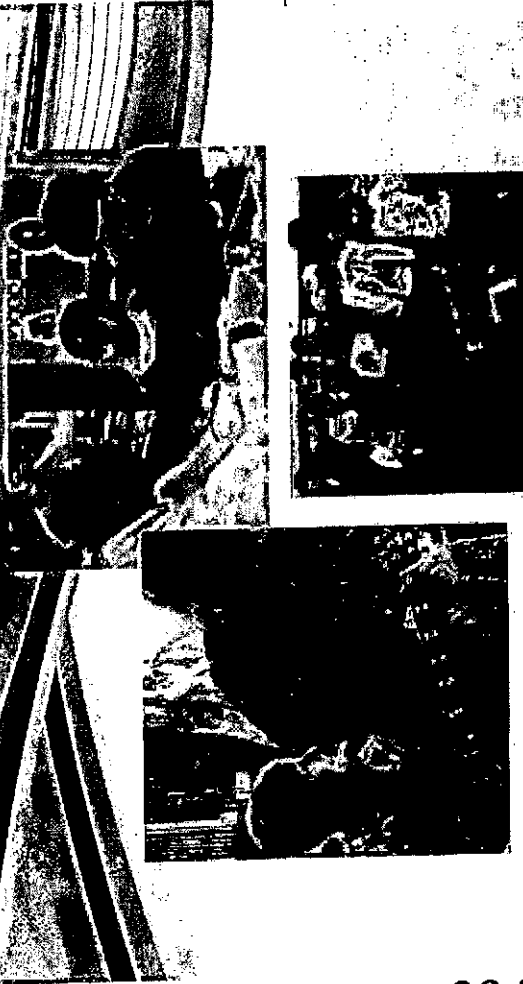
Date:

3/10/10



An Affiliate of Hospital Sisters Health System

COMMUNITY BENEFIT REPORT



TRANSFORMING
Our Community

ST. JOHN'S HOSPITAL

Quantifiable Costs for Community Benefit

FY 2009

	FY 2009
Benefits for the less fortunate:	
Charity care at cost	\$ 10,187,094*
Unpaid cost of Medicaid and other public programs	\$ 10,599,490
Community health services	\$ 366,825
	\$ 21,153,409
Benefits for the broader community:	
Community health services	\$ 851,782
Health professions education	\$ 8,163,751
	\$ 9,015,533
Total community benefit	\$ 30,168,942

*6,750 patients received partial or full charity care in FY 2009

Message from Bob Ritz, President and CEO

St. John's Hospital is proud to outline the results of our Fiscal Year 2009 Community Benefit efforts. This report highlights the different activities our Staff, Medical Staff, Sisters and Samaritans undertake each day to improve the health and wellness of our community. While this report quantifies our financial assistance to those without insurance through our Christian Care program, measures our support for training physicians and clinicians and calculates the funding shortfall for Medicaid reimbursements, it does not allocate a dollar amount on the impact the members of St. John's family make every day in the lives of individuals and the community at large.

Our healing ministry calls us "to serve suffering humanity for His sake." Our commitment to care for the sick, the less fortunate, the elderly and the isolated is at the heart of who we are. Each member of the St. John's family is called to serve others. Our greatest reward for these efforts is simply a smile, a warm gesture or a kind remark. In the pages that follow, we are pleased to share examples of how we serve our community and make a difference in people's lives.

Each member of the St. John's family is called to serve others. Our greatest reward for these efforts is simply a smile, a warm gesture or a kind remark.

Collaborating

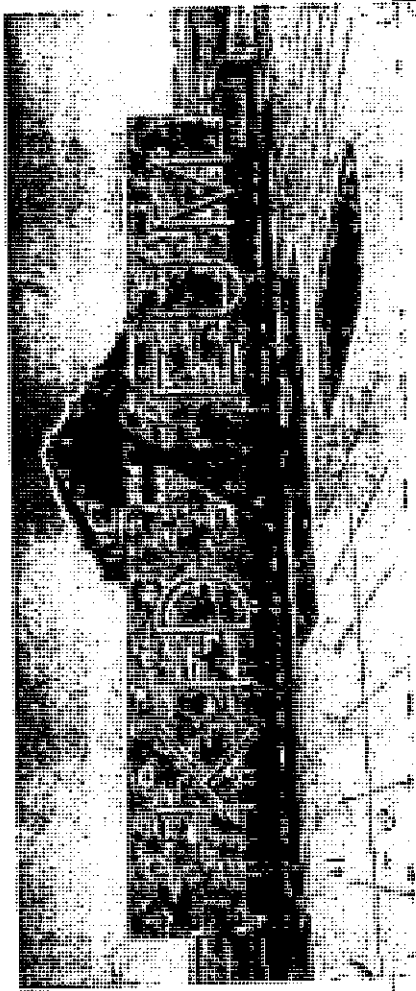
St. John's recognizes that by working together with other organizations we can often do the greatest good. We're proud to partner with dozens of local agencies across Central Illinois to improve the quality of life in these communities. We are happy to share with you some examples of these partnerships.

Kidzeum Donation

To help build a strong community that emphasizes health and wellness, St. John's is partnering with the Kidzeum of Health and Science (KHS) to create a new children's museum in Springfield.

The hospital is committing \$1.25 million to help establish and construct a children's museum at the Edwin Watts Southwind Park in Springfield. St. John's provided staff and physician expertise to help plan and develop exhibits. The idea is to make a kid-friendly and fun learning environment that also provides enjoyment for children with physical limitations. St. John's contributed \$300,000 to Kidzeum as the first payment on this multi-year commitment.

The 20,000 square foot Kidzeum is projected to cost \$6 million. The facility will



"We are very grateful to have the support of St. John's Children's Hospital. We appreciate the hospital's long-term commitment to the community in establishing a children's museum that will be a vibrant family attraction for the capital city."

- Rachael Thomson, Kidzeum Board President



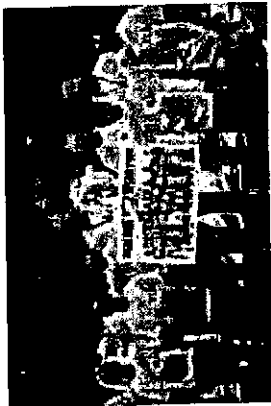
Pregnancy Care Center

The Pregnancy Care Center of Springfield, Inc. provides prenatal care for pregnant women, with an emphasis on serving young women with limited financial means or challenging family dynamics. St. John's supports the Care Center with an annual stipend, free office space, various office needs, speaker engagements and other health professions as needed.

offer hands-on exhibits and programs that will allow visitors to learn about the inter-workings of the body, the value of renewable energy resources and how our community plays an important role in our health and well-being.



Through this collaboration, the Care Center served 401 new clients in FY 2009 from Sangamon and the five surrounding counties. Services provided include physician referrals, prenatal care, free classes and counseling. The Center also helps clients access services provided by State agencies, such as All Kids. The Care Center networks with other agencies in the area to avoid duplication of services.



As part of Breast Cancer Awareness Month in October 2008, St. John's joined a group of area health agencies and local hospitals by offering free mammograms to women without insurance. This effort was organ-

Breast Cancer Awareness
Becoming knowledgeable about breast cancer is one way St. John's Hospital helps our

"I am happy to urge, coax and share information about the importance of early detection. Annual mammograms really do save lives. My wife has urged me to get certain screenings, now it's my turn to help where I can."

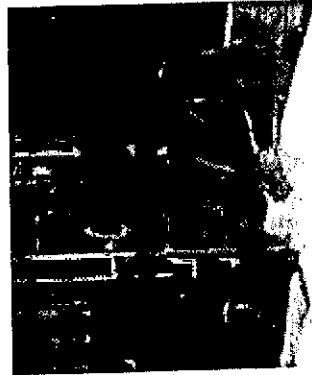
- Scott Elwell, a Real Men Wear Pink participant whose wife and mother-in-law both battled breast cancer

ized by the Regional Cancer Partnership of Illinois (RCP).

During the month of October, St. John's also collaborated with the American Cancer Society to promote the Real Men Wear Pink campaign. Real Men Wear Pink enlists men from the Springfield community to pose for pictures wearing pink attire. The pictures are used in a multi-media public awareness campaign that encourages men to remind the women in their lives to get an annual mammogram.

Mission Outreach

St. John's Hospital works closely with Hospital Sisters Mission Outreach to provide needed medical supplies and equipment



to hospitals and clinics in developing countries. In FY 2009, more than 10,400 pounds and over \$60,000 worth of

"St. John's commitment to Mission Outreach continues to play a vital role in our efforts to change the world, one piece of equipment, one supply and one neighbor at a time."

- Bruce Compton,
President and CEO
of Mission Outreach

materials, such as mattresses, surgery packs, various medical supplies and printed materials were provided to Mission Outreach. Items that used to be thrown away in a landfill are now being shipped overseas to health care facilities in 12 different countries.

Teaching

St. John's staff members and physicians understand that sharing our knowledge with others helps make our community stronger. It is gratifying to share our experience, talents and resources with students ranging from pre-school to resident physicians at the SIU School of Medicine. Programs such as the Health Science Academy, Primed for Life and job shadowing experiences help us invest in our children's future. As mentors, staff members talk to students about their lives and the challenges they face.

St. John's also offers ongoing educational programs on nutrition, asthma and injury prevention. They are:

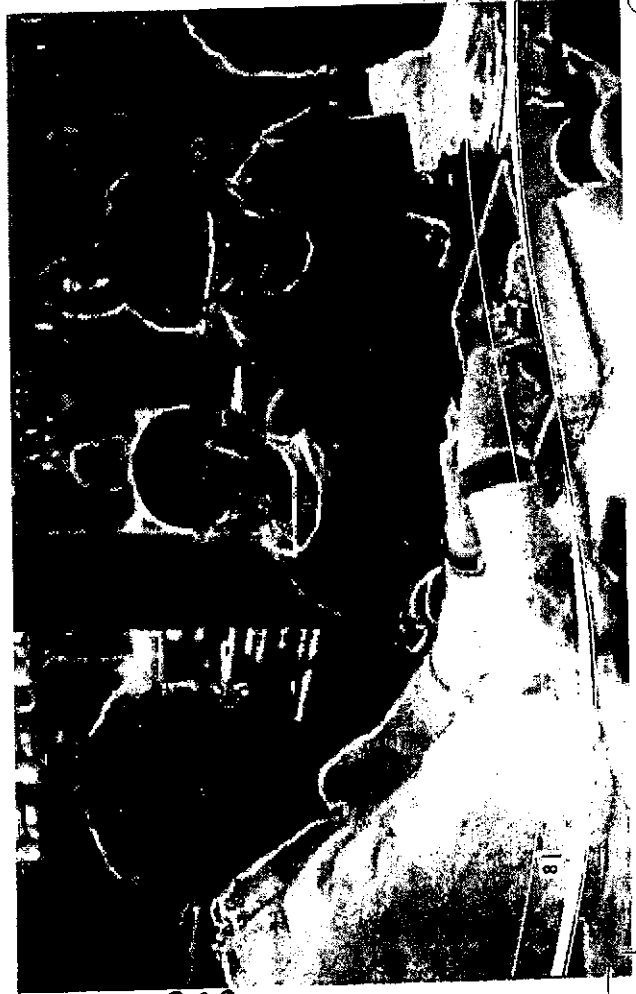
Color Me Healthy is an interactive, hands-on program designed to promote physical activity and healthy eating for children pre-school through first grade. The program, funded

through a grant from Kohl's, is designed to stimulate the five senses so children learn that eating healthy food and physical activity can be fun. Since May 2009, 40 educators from Sangamon County and District 186 have been trained to teach this curriculum.

Huff and Puff uses hands-on learning materials and an animated DVD to help children learn about healthy breathing, asthma awareness and symptom control. Eighty-five families directly benefited from this educational service this past year. Along with these families, almost 2,000 students from 36 schools in Jacksonville, Lincoln, Murrayville, Buffalo and Springfield were educated on asthma awareness. Each student received a free educational handout and bookmark

on the symptoms and triggers of asthma and how to manage the symptoms.

Safe Sitter instructs adolescents in safe and nurturing child care techniques. In FY 2009, 120 students took part in this national program to help teach babysitters how to handle choking or emergency situations, basic first aid techniques, temper tantrums and how to set fees.



Inspiring



St. John's promotes and hosts numerous events to encourage people to get fit and have fun.

For the third year, St. John's sponsored the Lincoln Memorial Half Marathon. This 13.1 mile race is a celebration of perseverance for participants who spend months training for the event. That preparation makes a positive difference in the health and lives of these individuals.

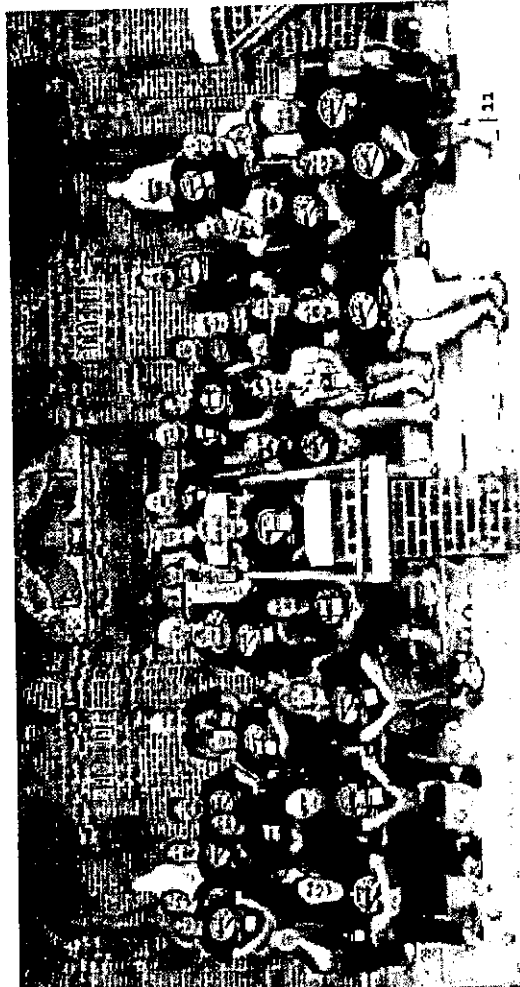
Another example of our commitment to wellness is bringing back Richard Simmons as the special heart month guest



in February. Almost 1,000 people participated in the free exercise session where they "Sweated to the Oldies" and heard firsthand from Richard that you can change lifestyle habits and improve your health by taking it one step at a time.

Stroke Retreat

St. John's hosted nearly 30 stroke survivors, their caregivers and family members at a "Stroke Retreat" at the Chiara Center on the Motherhouse grounds in October 2008. The weekend retreat provided an opportunity for stroke survivors to get together and share their life experiences. Activities included speech and physical therapy education, massages and a golf cart tour of the grounds. A rock and roll party with "Elvis Himselvis," dancing, outdoor games and crafts rounded out the weekend.



Helping

St. John's recognizes the intrinsic value of each person. We believe both large and small efforts can have a significant impact on a person's life. Whether it's taking someone's blood pressure at a health fair or feeding the hungry the goal is the same: improving someone's quality of life.

Partners in Care

St. John's supports the Capitol Community Health Center (CCHC) by providing health care services at no charge to patients needing specialized tests and procedures not offered at the CCHC. St. John's provided \$3.4 million in health care services to more than 2,600 CCHC patients during FY 2009.

Health screenings help save lives

Every August, St. John's clinicians screen thousands of people attending the Illinois State Fair. Often they will hear from repeat visitors, such as George Perry, about how important a simple screening can be.



George stopped by St. John's screenings at the Fair to get his blood pressure checked. After discovering his blood pressure was very high, a nurse suggested he see his doctor. As George

was walking around the fairgrounds, he felt a touch of chest pain and decided to go to a walk-in clinic. George eventually discovered he had a 95 percent blockage in one artery and needed emergency open-heart surgery. He credits the health screening for saving his life.

When Emergency Department (ED) nurse Jane Sims, RN, checked the heart rate of a Vietnam vet named James at a special health fair for veterans, she discovered it was only 40. After re-checking it, the result was the same. "I encouraged James to go to the ED to be evaluated since he said he had been feeling more tired lately,"

Jamaican man gets pacemaker

While on a mission trip to Jamaica with the Mercy Project, Dr. Nilesh Goswami, a cardiologist at Prairie Cardiovascular

"Through the assistance and generosity of many people who've never met Oswald Simpson, we were able to get him medical attention that will improve and prolong his quality of life. This is a great example of what can be accomplished with a little motivation, cooperation and good will."

- Dr. Nilesh Goswami



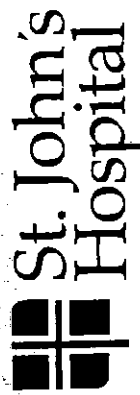
St. John's Breadline

St. John's Hospital has always understood the importance of helping those who are less fortunate. Our ministry of helping feed those who are hungry dates back to the days when the Sisters would hand out sandwiches at the back door of the hospital. Today, St. John's is proud to continue this tradition by supporting St. John's Breadline. From July 2008 to June 2009, the Breadline served 209,882 meals. Leftover items from St. John's cafeteria are packaged and sent to the Breadline, along with one-half pint milk cartons specifically purchased for this use. St. John's also provides maintenance and repair work, painting and clean-up services.

Consultants, saw Oswald Simpson at a rural clinic and discovered he had a heart condition. Through support from individuals in Illinois, St. John's Hospital, Prairie Cardiovascular Consultants and Boston Scientific, Mr. Oswald was flown to Springfield where he had a pacemaker implanted at no expense to him or his family.

Our commitment to care for the sick, the less fortunate, the elderly and the isolated is at the heart of who we are.





800 East Carpenter St. | Springfield, IL 62769
(217) 544-6464 | www.st-johns.org



St. John's Hospital
FY 2009
Form 990
Schedule H
Part VI: Supplemental Information

1/28/2010

2. Needs assessment: Describe how the organization assesses the health care needs of the communities it serves.

Our healing ministry calls us "to serve suffering humanity for His sake." Our commitment to care for the sick, the less fortunate, the elderly and the isolated is at the heart of who we are at St. John's Hospital. Participation in our community and studying information previously provided by the Department of Public Health is what we used to determine our community needs for fiscal year 2009. In 2008 the Department of Public Health provided a Sangamon County Needs Assessment called the iPlan. The IDPH iPlan information indicated that cancer, heart disease, respiratory diseases, diabetes, obesity and maternal/fetal risk are among the leading health threats to the residents of Sangamon County. Currently, St. John's Hospital provides ongoing education and health outreach programs that address six of these top 10 Sangamon County identified needs.

St. John's Hospital involvement with the community has brought together Homeless United for Change (HUC) and the Mayor's Task Force. This group has joined together to help address the problems associated with Springfield's growing public awareness of homeless citizens.

In FY 2009, St. John's Hospital community benefit efforts focused on supporting the current programs already in place, and directed special efforts on addressing the prevention of childhood obesity and homeless.

3. Patient education of eligibility for assistance. Describe how the organization informs and educates patients and person who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

St. John's utilizes various means to inform and educate our patients of financial assistance available to them. 1) Christian Care (Charity) Brochures, describing the program and how to apply, are located at all access points of the hospital. 2) All patient billing statements contain information on how a patient may inquire about receiving help paying their bills; i.e. Business Office telephone number. 3) St. John's employs an outside vendor to assist in assessing Self-Pay patients ability to qualify for various Government programs and/or Charity assistance, including helping the patient apply for state Medicaid, or completing the hospital's Charity application. 4) All Business Office Customer Service staff are trained to assist patients in completing the Public Aid and Charity applications. 5) St. John's website lists available financial assistance and directs patients on how to inquire or apply. Our Charity guidelines are also listed on the website.

4. Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

Nearly 50% of the inpatients treated at St. John's Hospital reside in the Primary Service Area of Sangamon County. Almost 27% of the inpatients live in St. John's Secondary Service Area of consisting of Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery, and Morgan Counties. Fifteen percent of the inpatients treated at St. John's live in the Secondary Service Area consisting of Bond, Brown, Clay, Coles, De Witt, Effingham, Fayette, Greene, Marion, Mason, Moultrie, Piatt, Pike, Schuyler, Scott, and Shelby Counties. The combined population of St. John's Service Areas is 828,668 and this population is projected to decline to 822,041 by 2014. St. John's Service Area population is aging with growth primarily in the 65+ cohort. The current unemployment rate in Sangamon County is 8.2%. The median household income for the entire Service Area is \$45,446.

5. Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

St. John's Hospital is involved in a wide variety of community building activities. Examples include active staff participation during business hours with the following organizations: United Way of Central Illinois, Springfield Park District, District 186 school mentoring program, Central Illinois Community Blood Center, Hospital Sisters Mission Outreach, Homeless United for Change, Greater Springfield Chamber of Commerce, Downtown Springfield Inc, Pregnancy Care Center, Elizabeth Ann Seton Program, Mid Illinois Medical District, Lincoln Land Community College Workforce Investment Board, Sangamon County Public Health Department WIC program, and various State of Illinois advisory boards for Public Health, Information Technology and Emergency Management.

Through our staff's involvement with these and many other groups, we are providing expertise on policy and decisions related to improving the health of the populations we serve. As an example, staff involvement with Downtown Springfield Inc. has led to the development of a vibrant Farmers' Market. The Farmer's Market helps to promote healthy food choices and it is a way local farmers can create business relationships with their surrounding community members. Each year the market continues to grow. This past year, St. John's identified an opportunity at the Farmer's Market to help serve low income families and provide small steps toward helping reduce childhood obesity. St. John's Hospital partnered with Sangamon County Public Health and the recipients of the WIC program. St. John's provided participating vendors at the Farmer's Market with reusable shopping bags. Each week the participating farmers would fill the bags full of fresh produce worth \$10.00. St. John's would purchase these bags from the vendors and then the bags were picked up by WIC recipients during scheduled times throughout the day. Providing fresh produce to low income families help these people to choose healthier foods for themselves and for their children. The Extension Office provides cooking demonstrations on how to prepare these fresh fruits and vegetables at the market. This not only helps

to teach our communities how to use the foods they receive, it also encourages families to choose healthy, fresh foods. At the same time we are helping to support our local farmers.

Another example of how St. John's Hospital is helping to build a stronger community that emphasizes health and wellness of our children is through a partnership with Kidzeum of Health and Science (KHS). The hospital committed \$1.25 million to help establish and construct a children's museum at the Edwin Watts Southwind Park in Springfield. During FY 2009, St. John's contributed staff and physician's expertise to help plan and develop exhibits at Kidzeum. The idea is to make a kid-friendly and fun learning environment that also provides enjoyment for children with physical limitations. In FY 2009, St. John's contributed \$300,000 to Kidzeum as the first payment on this multi-year commitment. The 20,000 square foot Kidzeum is projected to cost \$6 million. The facility will offer hands-on exhibits and programs that will allow visitors to learn about the inter-workings of the body, the value of renewable energy resources and how our community plays an important role in our health and well-being.

St. John's staff members and physicians understand that sharing our knowledge with others helps make our community stronger. It is gratifying to share our experience, talents and resources with students ranging from pre-school to resident physicians at the SIU School of Medicine. Some staff members share an hour over their lunch to serve as mentors to children at local "at risk" schools. Others take the time to talk to students about their lives and the challenges they face as healthcare providers. Programs through Southeast High School, such as the Health Science Academy, help students learn more about the healthcare profession. Everyday life experiences and sharing of our expertise help us invest in our community and our most valuable resources - our children.

Employment education and job skill development are very important for the personal growth of any individual. St. John's Hospital has recognized that not all people are able to jump into life with all of the personal growth skills needed in order to have a successful future. Staff at St. John's Hospital takes the time to help teach job skills to underserved youth and students with special needs. The "Youth with a Purpose" and "Primed for Life" students are assigned to specific areas of the hospital in which they are given job duties. These tasks help the students to enhance their social and employment skills. Many students leave with the satisfaction knowing that they were able to learn a new skill or complete a given task. This self accomplishment is priceless for all of those who are involved.

The Samaritan Guild Line is a service to our community for the elderly, infirm, or those who live alone. We have committed to calling a list of 6 individuals 365 days a year between 900-9:30 a.m. to ensure they are all right. Many are delighted just to hear a friendly voice. If we are unable to reach the individual, then a pre-designed procedure is followed. The Samaritan Guild Line devoted 94 volunteer hours and 52 staff hours in fiscal year 2009 to check on these individuals and just let them know that someone cares.

6. Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

St. John's Hospital is a tertiary care center with a designated Children's Hospital including Neonatal Intensive Care Unit and comprehensive Pediatric Services. St. John's shares designation as a Level I Trauma Center with Memorial Medical Center and SIU School of Medicine. St. John's offers extensive cardiac, oncology, medical, surgical and obstetrical services. St. John's Hospital is affiliated with the Southern Illinois University School of Medicine in the medical education of 200 residents. Programs include Family Practice, Surgery, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Radiology.

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis provides quality medical healthcare to all who need care regardless of race, creed, sex, national origin, handicap, age, religion or ability to pay. Although reimbursement for services rendered is critical to the operation and stability of St. John's Hospital, it is recognized that not all individuals possess the ability to purchase essential medical services. Thus, our Mission to serve the community with respect to providing healthcare services and healthcare education is intrinsic. Inherent to our Mission, we provide care to the poor, the elderly and the needy of the community through various programs and services. These activities include wellness programs, community education programs, and special programs for the elderly, handicapped, medically underserved, and a variety of broad community support activities.

St. John's Hospital serviced 20,293 inpatients or 105,170 days of care and provided 248,089 outpatient services during fiscal year 2009.

St. John's Hospital provides quality medical care to the poor through a free care program, the Medicaid program and other health activities and programs at reduced price or free. Fulfilling our mission to the community, services were provided to 5,029 Medicaid inpatients or 23,922 days of care and provided 47,493 outpatient services.

In FY 2009, St. John's Hospital provided charity care to patients at a cost of \$9,714,623. The total unreimbursed value of providing care to the poor is \$22,812,427.

Through affiliation with Southern Illinois University School of Medicine, St. John's Hospital invests approximately \$12,043,820 for the training of residents and support for clinical programs. Total community benefit net of third party funding provided to the broader community in FY2009 was \$7,875,323.

Responding to our community includes helping take care of those who are most vulnerable. The Pregnancy Care Center of Springfield, Inc. provides prenatal care for pregnant women, with an emphasis on serving young women with limited financial means or challenging family dynamics. St. John's supports the Care Center with an annual stipend, free office space, various office needs, speaker engagements and other health professions as needed. Through this collaboration, the Care Center was able to serve 401 new clients in FY 2009 from Sangamon and the five surrounding counties. Services provided include physician referrals, prenatal care, free classes and counseling. The Center also helps client's access services provided by State agencies, such as All Kids. The Care Center networks with other agencies in the area to avoid duplication of services.

The Elizabeth Ann Seton Program is a non-profit volunteer based organization. The program serves low-income pregnant and parenting women and their children. The program provides mentoring, education and practical assistance. St. John's Hospital has helped to support this program by providing them with free office space, speakers, and various operating needs, such as printing of materials.

St. John's Hospital also partners with Capital Community Health Center whereby low income and/or uninsured patients can be referred to the hospital for healthcare. The hospital assists the patient in applying for whatever means of health care reimbursement they may be eligible. If the patient is not able to pay their portion of the bill, the amount is frequently written off. During fiscal year 2009, \$3,424,993 in charges were written off for over 2,600 CCHC participants.

St. John's Hospital has always understood the importance of helping those who are less fortunate. Our ministry of helping to feed the homeless and the hungry date back to the days when the Sisters provided sandwiches at the back door of the hospital. Today, St. John's is proud to continue this tradition by supporting St. John's Breadline. From July 2008 to June 2009, the Breadline served 209,882 meals. Food items from St. John's cafeteria are packaged and sent to the Breadline, along with one-half pint milk cartons specifically purchased for this use. St. John's also provides maintenance and repair work, pan washing and clean-up services. What seems like such a small donation has a large return for the people who need it the most. In FY 2009, St. John's Hospital donated over \$26,000 in services to the Breadline.

Over the last few years, the City of Springfield has experienced a growth in our homeless population. Through involvement with our community and staff members who have a personal interest in the homeless, St. John's Hospital has taken on possible ways of helping. Collecting personal hygiene items to be distributed out at the local homeless shelter was just a beginning of our efforts. St. John's now has staff members involved and provide food on a rotating basis to the homeless shelter. St. John's is in the beginning stages of working through the homeless issues and we look forward to what is to come.

Group talks and literature help our efforts to get the word out about early detection of breast cancer. As part of Breast Cancer Awareness Month in October 2008, St. John's joined a group of area health agencies and local hospitals by offering free mammograms to women without insurance. This effort was organized by the Regional Cancer Partnership of Illinois (RCP). During the month of October, St. John's also collaborated with the American Cancer Society to promote the Real Men Wear Pink campaign. Real Men Wear Pink enlists men from the Springfield community to pose for pictures wearing pink attire. The pictures are used in a multi-media public awareness campaign that encourages men to remind the women in their lives to get an annual mammogram. This effort has been very successful.

Color Me Healthy is an interactive, hands-on program designed to promote physical activity and healthy eating for children pre-school through first grade. The program, funded through a grant from Kohl's, is designed to stimulate the five senses so children learn that eating healthy food and physical activity can be fun. Since May 2009, 40 educators from Sangamon County and District 186 have been trained by St. John's educators to teach Color Me Healthy curriculum.

Huff and Puff® uses hands-on learning materials and an animated DVD to help children learn about healthy breathing, asthma awareness and symptom control. Eighty-five families directly benefited from this educational service this past year. Along with these families, almost 2,000 students from 36 schools in Jacksonville, Lincoln, Murrayville, Buffalo and Springfield were educated on asthma awareness. Each student received a free educational handout and bookmark on the symptoms and triggers of asthma and how to manage the symptoms.

The Stroke Team at St. John's Hospital set out to educate the public on the signs of a stroke, what to do

and who to call if stroke symptoms appear. Starting with the idea of Community Stroke Education, an open invitation for the public for "Lunch with the Stroke Team" was created. Around 145 people attended the luncheon in May, 2008 at our Dove Conference Center which included a variety of speakers from various areas that treat cardiovascular health issues. Some of the areas included ER, Neurology, Vascular surgery, Physical therapy, Internal medicine and Psychology. There were free blood pressure and cholesterol screenings as well as stroke risk assessments offered before and after the presentations. The luncheon provided information and education on personal risk factors and modification of those risk factors to avoid a stroke.

St. John's Hospital collaborated with the Springfield Road Runners Club to host and organize a half marathon race that highlights Springfield's Lincoln legacy while also promoting health and fitness through running. Many of the participants were individuals who have never run a 13.1 mile race before. One finisher described how through training for the half marathon over several months, she lost 30 pounds, saw her cholesterol drop from 253 to 170 and saw her blood pressure drop to normal levels. Of the non-runners who came to cheer and watch the race participants, they were inspired by seeing friends and family accomplish a challenging athletic feat.

St. John's Hospital organizes and/or partners with many other community organizations to provide numerous health screenings and health fairs throughout the year. St. John's Hospital is a valuable asset to the community of Springfield and to our surrounding communities. We believe that by working together we can make a difference: One step, one event, one life at a time.