

10-021

ORIGINAL

ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

APR 05 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: South Shore Hospital		
Street Address: 8012 S. Crandon Avenue		
City and Zip Code: Chicago 60617		
County: Cook	Health Service Area: 6	Health Planning Area: A03

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220] and insert after this page.]

Exact Legal Name: South Shore Hospital Corporation	
Address: 8012 S. Crandon Avenue, Chicago, IL 60617	
Name of Registered Agent: Jesus M. Ong	
Name of Chief Executive Officer: Jesus M. Ong	
CEO Address: 8012 S. Crandon Avenue, Chicago, IL 60617	
Telephone Number: 773-356-5200	

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	

- 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.

Primary Contact

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

Name: Billie J. Paige
Title: Consultant
Company Name: Shea, Paige & Rogal, Inc.
Address: 547 S. LaGrange Road, LaGrange, IL 60525
Telephone Number: 708-482-4820
E-mail Address: stargazer23@msn.com
Fax Number: 708-482-1091

Additional Contact

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

Name: Timothy A. Caveney
Title: Chief Financial Officer
Company Name: South Shore Hospital Corporation
Address: 8012 S. Crandon Avenue, Chicago, IL 60617
Telephone Number: 773-356-5312
E-mail Address: tcaveney@southshorehospital.com
Fax Number: 773-768-8154

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: Timothy A. Caveney
Title: Chief Financial Officer
Company Name: South Shore Hospital Corporation
Address: 8012 S. Crandon Avenue, Chicago, IL 60617
Telephone Number: 773-356-5312
E-mail Address: tcaveney@southshorehospital.com
Fax Number: 773-768-8154

Site Ownership

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

Exact Legal Name of Site Owner: South Shore Hospital Corporation
Address of Site Owner: 8012 S. Crandon Avenue, Chicago, IL 60617
Street Address or Legal Description of Site: 8012 S. Crandon Ave., Chicago, IL 60617

Operating Identity/Licensee

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

Exact Legal Name: South Shore Hospital Corporation
Address: 8012 S. Crandon Avenue, Chicago, IL 60617
<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
<ul style="list-style-type: none"> 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.

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-1 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 regarding compliance with the requirements of the Flood Plain requirements of Executive Order #5, 2006.

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

Historic Resources Preservation Act Requirements

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

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

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

1. 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	15				15
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					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• 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-4 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.

South Shore Hospital proposes to establish a 15-bed adult Acute Mental Illness Unit to serve geriatric patients. This unit will be located on the fourth floor of the South Shore Hospital West building in 7,800 GSF of space, which is presently occupied by a medical surgical unit and Central Supply. The medical surgical unit will be relocated to the third floor of the South Shore Hospital West building and new space will be built for Central Supply. The fourth floor area will be modernized to meet the requirements of an AMI unit. The program will provide specialized treatment and rehabilitation services to geriatric patients with psychiatric problems that are difficult to manage and require hospitalization.

This is a substantive project which is subject to both a Part 1110 and a Part 1120 review since it establishes a new category of service at the hospital.

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	35,000		35,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts		370,000	370,000
Modernization Contracts	6,263,576		6,263,576
Contingencies	304,356	30,000	334,356
Architectural/Engineering Fees	327,673	36,408	364,081
Consulting and Other Fees	7,500		7,500
Movable or Other Equipment (not in construction contracts)	175,000		175,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	67,901		67,901
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	7,181,006	436,408	7,617,414
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	7,181,006	436,408	7,617,414
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	7,181,006	436,408	7,617,414

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price:	\$ _____	
Fair Market Value:	\$ _____	
The project involves the establishment of a new facility or a new category of service		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \$ <u>272,721</u> .		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:
<input type="checkbox"/> None or not applicable <input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.14012): <u>12/31/2012</u>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.

State Agency Submittals

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits

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: South Shore Hospital			CITY: Chicago		
REPORTING PERIOD DATES: From: 01/01/08 to: 12/31/08					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	117	4,787	29,299	0	117
Obstetrics					
Pediatrics	6	*0	*0	0	6
Intensive Care	8	404	2,408	0	8
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	0			15	15
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	131	5,191	31,707	15	146

* Included in Med/Surg totals

This Application for Permit is filed on the behalf of SOUTH SHORE HOSPITAL CORPORATION 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.

Jesus M. Ong
SIGNATURE

JESUS M. ONG
PRINTED NAME

PRESIDENT
PRINTED TITLE

Timothy A. Caveney
SIGNATURE

TIMOTHY A. CAENEY
PRINTED NAME

CHIEF FINANCIAL OFFICER
PRINTED TITLE

Notarization:

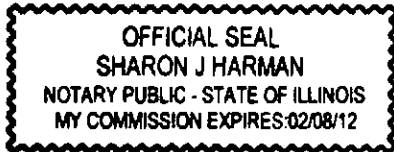
Subscribed and sworn to before me
this 25th day of March, 2010

Notarization:

Subscribed and sworn to before me
this 25th day of March, 2010

Sharon J. Harman
Signature of Notary

Seal



Cook Co

Sharon J. Harman
Signature of Notary

Seal



Cook Co

*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:

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 to 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:
 - a. Historical utilization for the area for the latest five-year period for which data are available;and

- 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.

SECTION VII. - CATEGORY OF SERVICE - REVIEW CRITERIA

1. This Section is applicable to all projects proposing establishment, expansion or modernization of **ALL categories of service that are subject to CON review**, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960], WITH THE EXCEPTION OF:
 - General Long Term Care;
 - Subacute Care Hospital Model;
 - Postsurgical Recovery Care Center Alternative Health Care Model;
 - Children's Community-Based Health Care Center Alternative Health Care Model;
 - and
 - Community-Based Residential Rehabilitation Center Alternative Health Care Model.

If the project involves any of the above-referenced categories of service, refer to " EACH ACTION VIII.- Service Specific Review Criteria" for applicable review criteria, and submit all necessary documentation for each service involved..

2. READ THE APPLICABLE REVIEW CRITERIA FOR EACH OF THE CATEGORIES OF SERVICE INVOLVED [Refer to SECTION VIII regarding the applicable criteria for EACH action proposed, for EACH category of service involved.]
3. After identifying the applicable review criteria for each category of service involved (see the charts in Section VIII), provide the following information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Planning Area Need - Formula Need Calculation:

1. Complete the requested information for each category of service involved:
Refer to 77 Ill. Adm. Code 1100 for information concerning planning areas, bed/station/key room deficits and occupancy/utilization standards.

Planning Area A-03

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
Acute Mental Illness	15	55 (need)	85%

Using the formatting above:

2. Indicate the number of beds/stations/key rooms proposed for each category of service.
3. Document that the proposed number of beds/stations/key rooms is in conformance with the projected deficit specified in 77 Ill. Adm. Code 1100.
4. Document that the proposed number of beds/stations/key rooms will be in conformance with the applicable occupancy/utilization standard(s) specified in Ill. Adm. Code 1100.

B. Planning Area Need - Service to the Planning Area Residents:

1. If establishing or expanding beds/stations/key rooms, document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
2. If expanding an existing category of service, provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, document that at least 50% of the projected patient volume will be from residents of the area.

area.

3. If expanding an existing category of service, submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

APPEND DOCUMENTATION AS ATTACHMENT -19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

C. Service Demand - Establishment of Category of Service

Document "Historical Referrals" and either "Projected Referrals" or "Project Service Demand - Based on Rapid Population Growth" :

1. Historical Referrals

If the applicant is an existing facility, document the number of referrals for the last two years for each category of service, as formatted below:

EXAMPLE:

Year	CY or FY	Category of Service	Patient Origin by Zip Code	Name & Specialty of Referring Physician	Name & Location of Recipient Hospital
2008	CY	Medical/Surgical	62761 [Patient Initials]	Dr. Hyde	Wellness Hospital

2. Projected Referrals

An applicant proposing to establish a category of service or establish a new hospital shall submit physician referral letters containing ALL of the information outlined in Criterion 1110.530(b)(3)

3. Project Service Demand - Based on Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand must be determined, as specified in the Criterion titled "Project Service Demand - Based on Rapid Population Growth".

APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

D. Service Demand - Expansion of an Existing Category of Service

Document "Historical Service Demand" and either "Projected Referrals" or "Project Service Demand - Based on Rapid Population Growth" :

1. Historical Service Demand

Category of Service	Board Occupancy/Utilization Standards	Year One Indicate CY or FY	Year Two Indicate CY or FY
	[Indicate standards for the planning area.]		

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a. As formatted above, document that the average annual occupancy/utilization rate has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years;

b. If patients have been referred to other facilities in order to receive the subject services, provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years

2. Projected Referrals
An applicant proposing to establish a category of service or establish a new hospital shall submit physician referral letters containing ALL of the information outlined in subsection(b)(4) of the criteria for the subject service(s).

3. Projected Service Demand – Based on Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand must be determined, as specified in the criterion titled "Projected Service Demand-Based on Rapid Population Growth" of the criteria for the subject service(s).

APPEND DOCUMENTATION AS ATTACHMENT-21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Service Accessibility - Service Restrictions

1. The applicant shall document that at least one of the factors listed in subsection (b)(5) of the criteria for subject service(s) exists in the planning area.
2. Provide documentation, as applicable, listed in subsection (b)(5) of the criteria for the subject service(s), concerning existing restrictions to service access:

APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Unnecessary Duplication/Maldistribution

1. Document that the project will not result in an unnecessary duplication, and provide the following information:
 - a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
 - b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
 - c. The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2. Document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as presented in subsection (c)(1) and (2) of the criteria for the subject service(s).
3. Document that, within 24 months after project completion, the proposed project:
 - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
 - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

APPEND DOCUMENTATION AS **ATTACHMENT-23**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Category of Service Modernization

1. Document that the inpatient beds areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, citing factors, as listed in subsection (d)(1) of the criteria for the subject service(s), but not limited to the reasons cited in the rule.
2. Provide the following documentation of the need for modernization:
 - A. the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports;
 - B. the most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports;
3. Include other documentation, as applicable to the factors cited above:
 - A. Copies of maintenance reports;
 - B. Copies of citations for life safety code violations; and
 - C. Other pertinent reports and data.
4. Provide the annual occupancy/utilization for each category of service to be modernized, for each of the last three years.

APPEND DOCUMENTATION AS **ATTACHMENT-24**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

APPEND DOCUMENTATION AS **ATTACHMENT-25**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

APPLICATION FORM.**I. Performance Requirements**

READ the subsection titled "Performance Requirements" for the subject service(s).

K. Assurances

Submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy/utilization standards specified in 77 Ill. Adm Code 1100 for each category of service involved in the proposal.

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

C. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness

1. In addition to addressing the Category of Service Review Criteria for ALL category of service projects [SECTION VII], applicants proposing to establish, expand and/or modernize Acute/Chronic Mental Illness must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> Acute Mental Illness	0		15		
<input type="checkbox"/> Chronic Mental Illness					

3. READ the applicable review criteria outlined below:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e(1)) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better? Yes No .

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

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)
	2006	2007	2008	2013
Enter Historical and/or Projected Years:				
Current Ratio	1.4	1.3	1.2	1.2
Net Margin Percentage	4.7	0	-1.4	2.1
Percent Debt to Total Capitalization	3	6	0	0
Projected Debt Service Coverage	53	18	6.8	0
Days Cash on Hand	110	117	101	133
Cushion Ratio	222.5	214.7	102.4	N/A

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)

B. Criterion 1120.210(b), Availability of Funds

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

7,617,414 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

_____ Debt Financing (indicate type(s) _____)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

_____ Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

_____ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

_____ Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

7,617,414 TOTAL FUNDS AVAILABLE

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

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

APPEND DOCUMENTATION AS ATTACHMENT 75, 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:

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.

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

DEPARTMENT	Cost/Square Foot		Gross Square Feet		Construction Costs	
	New	Modern	New	Modern	New	Modern
AMI		\$497.11		7,800		\$3,877,452
Med/Surg		\$497.11		4,800		\$2,386,124
Central Supply	\$159.48		2,320		\$370,000	
Total	\$159.48	\$497.11	2,320	12,600	\$370,000	\$6,263,576
Contingency	\$12.93	\$24.16	2,320	12,600	\$30,000	\$304,356
TOTAL	\$172.41	\$521.26	2,320	12,600	\$400,000	\$6,567,932

N
N

High Cost/Sq. Ft. Due To: Requirement to sprinkle the entire West Building at \$510,000.
Replacing mechanical and electrical systems for the entire west building at \$2,566,000.

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.
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.

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.

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

Is the project classified as a category B project and involve non-patient related services? Yes No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT -76, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



To all to whom these Presents Shall Come, Greeting:

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

SOUTH SHORE HOSPITAL CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 1976, 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 #: 0922301910

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 11TH day of AUGUST A.D. 2009 .

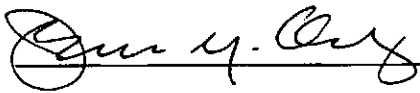
Jesse White

SECRETARY OF STATE

ATTACHMENT 1

South Shore Hospital attests that the project is not in a flood plain and that the location of the proposed project complies with the Flood Plain Rule under Illinois Executive Order #20005-51.

South Shore Hospital

By: 
President/CEO
Title

ATTACHMENT 4



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Cook County
Chicago

CON - Addition of 15 Acute Mental Illness Beds, South Shore Hospital
8012 S. Crandon
IHPA Log #004012010

February 1, 2010

Ira Rogal
Shea, Paige & Rogal, Inc.
547 S. LaGrange Road
LaGrange, IL 60525

Dear Mr. Rogal:

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

ATTACHMENT 5

EXPLANATION OF PROJECT COSTS

PREPLANNING

Feasibility Study

OTHER COSTS TO BE CAPITALIZED

Insurance

Permit Fees

CONSULTING

Layout

ATTACHMENT 7

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	2,362,720	57,030	52,230		4,800	47,430	
Geriatric Psych	4,854,694		7,800		7,800		
Central Services	400,000	3,000	2,230	2,230			3,000
MRI							
Total Clinical	7,617,414	60,030	62,350	2,320	12,600	47,430	3,000
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

Reallocated Space:

Central Services will be relocated to new space to be added to the West building so that the entire 4th floor will be available for the new Geriatric Psych Unit.

High Cost/Sq. Ft. Due To:

Requirement to sprinkle the entire West Building at \$510,000.
 Replacing Air Conditioning and heating units and Electrical Systems for entire West Building at \$2,566,000.

ATTACHMENT 8

Recap of Costs:

	Sq. Ft.	Berglund	Sprinkling	Furniture	Mechanical Systems	Preplanning	Total
Medical Surgical	4,800	\$1,395,000	\$192,520	-0-	\$761,900	13,300	2,362,720
Geriatric Psych	7,800	\$3,107,044	\$312,850	\$175,000	\$1,238,100	21,700	4,854,694
Total	12,600	\$4,502,044	\$505,370	\$175,000	\$2,000,000	\$35,000	\$7,217,414

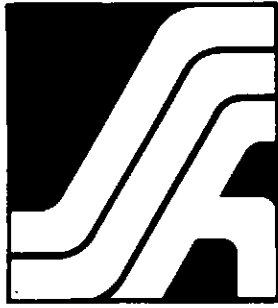
ATTACHMENT 8

BACKGROUND OF APPLICANT

1. FACILITIES OWNED OR OPERATED BY THE APPLICANT:

The only healthcare facility owned and operated by the applicant is South Shore Hospital. The Hospital operates under license #1899768, ID #0003459.

ATTACHMENT 10.1



South
Shore
hospital

March 25, 2010

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street
Springfield, IL 62761

Dear Sir or Madam:

I, Jesus M. Ong, hereby certify that I am the President and Chief Executive Officer of South Shore Hospital located at 8012 South Crandon Avenue, Chicago, Illinois 60627.

In April, 2008, CMS cited the Hospital for building code violations. Following the CMS survey, the Joint Commission placed the Hospital on Conditional Accreditation. All of the violations have been corrected and the Hospital has obtained full accreditation from CMS and the Joint Commission. Letters from CMS and the Joint Commission are included in the application.

On January 21, 2010, CMS completed a survey of the Hospital and determined that the Hospital was not in compliance with the Medicare Condition of Participation for hospitals #42 CFR 482.22 Medical Staff. The Hospital is now under the survey jurisdiction of the IDPH. A plan of correction has been submitted to CMS and the Hospital is awaiting their response.

I certify that to the best of my knowledge that is the only adverse action during the three years prior to filing the application.

In addition, I also hereby give the Illinois Health Facilities and Services Review Board, the Illinois Department of Public Health and its staff authorization to review any available records of South Shore Hospital related to any information submitted with this application.

Sincerely,

Jesus M. Ong
President and CEO

ATTACHMENT 10.2

31

8012 CRANDON AVENUE/CHICAGO, ILLINOIS 60617/773-768-0810



June 22, 2009

Jesus M. Ong
President and CEO
South Shore Hospital
8012 South Crandon Avenue
Chicago, IL 60617

Joint Commission ID #: 7312
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 06/22/2009

Dear Mr. Ong:

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 April 10, 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

ATTACHMENT 10.3

CMS Certification Number (CCN): 14-0181

February 11, 2010
(By Certified Mail)

Jesus M. Ong
President
South Shore Hospital
8012 South Crandon Avenue
Chicago, Illinois 60617

Dear Mr. Ong:

The Centers for Medicare & Medicaid Services (CMS) has received the report of the substantial allegation survey completed by the Illinois Department of Public Health (IDPH) on January 21, 2010. Based on our review of the survey findings, we have determined that South Shore Hospital is not in compliance with the following Medicare Condition of Participation for hospitals:

- 42 CFR 482.22 Medical Staff

We have determined that the deficiencies are significant and limit your hospital's capacity to render adequate care and ensure the health and safety of your patients. Enclosed is a complete listing of all deficiencies cited in the survey of January 21, 2010.

In accordance with Section 1865 of the Social Security Act and implementing regulations at 42 CFR 488.5, a hospital accredited by the Joint Commission (TJC) is deemed to meet Medicare Conditions of Participation with the exception of utilization review. Section 1864(c) of the Act requires the Secretary of Health and Human Services to survey an accredited hospital participating in Medicare if there are allegations which suggest the existence of significant deficiencies which would adversely affect the health and safety of patients.

If, in the course of such a survey, the hospital is found to not meet one or more Conditions of Participation and significant deficiencies exist, Section 1865(b) of the Act provides that a hospital is no longer deemed to meet the Medicare Conditions of Participation. With notification to the accrediting body, the hospital is then placed under the survey jurisdiction of the State survey agency until the hospital is found in compliance with all Medicare Conditions of Participation.

Therefore, based on the determination that your hospital does not comply with the above Conditions and that a significant deficiency exists, your hospital is no longer deemed to meet the Medicare Conditions of Participation and is now under the survey jurisdiction of the IDPH.

ATTACHMENT 10.4

233 North Michigan Avenue
Suite 600
Chicago, Illinois 60601-5519

Richard Bolling Federal Building
601 East 12th Street, Room 235
Kansas City, Missouri 64106-2808

We have authorized the IDPH to conduct a survey of your facility to assess compliance with all of the Medicare Conditions of Participation. After the survey is conducted, we will determine if any additional Conditions are not met. Your hospital is subject to termination from the Medicare program for noncompliance with the Medicare Conditions of Participation. We will notify you of our determination.

A plan of correction is not required at this time for the deficiencies cited at the substantial allegation survey of January 21, 2010, although it may be to your benefit to submit one as noted in the following paragraph. Once the full survey of your hospital has been conducted, you will be notified by our office of any deficiencies cited at that full survey. At that time, an acceptable plan of correction will be required for all deficiencies cited at both surveys in order to return your hospital to substantial compliance with the Medicare Conditions of Participation.

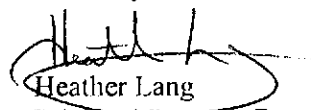
If you wish to submit a plan of correction at this time for the deficiencies cited in the survey of January 21, 2010, you must submit your plan of correction within ten (10) calendar days of your receipt of this letter to both the Centers for Medicare & Medicaid Services (CMS) and the IDPH. Review of this plan of correction prior to the full survey is at the discretion of the IDPH. If this plan of correction is acceptable and all corrections have been completed prior to the full survey as verified by the IDPH, deemed status may be returned based on that survey if no other Medicare Conditions of Participation are found to be out of compliance. (The address for IDPH is 122 S. Michigan Ave, 7th Floor, Chicago, Illinois 60603. Attention: Gloria McDowell, Administrator of Field Office Operations).

Please note that plans of correction must be specific, stating exactly how the deficiency was or will be corrected and with reasonable expected completion dates. A response to each deficiency on the CMS-2567 is required and the right side of the CMS-2567 must be used to document your plan for corrective action. The plan of correction must be signed and dated on the bottom of the first page of the CMS-2567 by the authorized official at your hospital. Additional documentation may be attached to the CMS-2567, when necessary. If a deficiency has been corrected since the survey, this should be indicated on the form along with the date of correction.

Under Federal regulation 42 CFR 498.3(d)(9), removal of deemed status is an administrative action, not an initial determination by the Secretary and, therefore, formal reconsideration and hearing procedures do not apply.

We have advised The Joint Commission of our determination. If you have any questions regarding this matter, please contact me in the Chicago office at (312) 886-5208.

Sincerely,



Heather Lang
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

Enclosure: Form CMS-2567, Statement of Deficiencies

cc: Illinois Department of Public Health
Illinois Department of Healthcare and Family Services
The Joint Commission

Criterion 1110.230, Purpose of the Project

This project is being proposed as a result of our experience within the Hospital and our surrounding community. The South Shore community consists mainly of the south and east side of Chicago. This area borders to the North at the Stevenson Expressway, to the West at Wabash Ave. to the South at 103rd street and to the East at the lake.

Our service area is a densely populated, residential area with a large Geriatric population. Many patients from our area are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in our area or they are not treated for their mental illness. This creates many problems for the patients as well as their family members who are frequently part of the overall treatment program. In addition, many of these patients have secondary medical conditions that need crisis stabilization before an effective geriatric psychiatric inpatient program can be administered. This is one of the primary reasons why our physicians request that inpatient geriatric psychiatric services be developed at our Hospital. A description of the program is included as Attachment 11.2

In 2008, there were over 700 elderly patients treated at our Hospital for medical conditions that also had a psychiatric diagnosis. Most were discharged to home or SNFs without treatment for their mental condition. This same trend has continued through 2009. See Attachment 11.3.

Planning Area A-3 has a need for 55 AMI beds.

This project involves modernization of the Third and Fourth Floors of our West building, constructed in 1952. Currently, the Fourth Floor is used for our Chemical Dependency unit and our Central Supply Department. The cost of relocating those departments is included in the cost of the project. The Fourth Floor will be remodeled specifically for the Geriatric Unit. Also included is the cost to sprinkle the West building and meet all of the patient safety requirements for a psych unit.

PROGRAM DESCRIPTION

Geriatric Psychiatry Inpatient Treatment Program

Scope of Care

The geriatric psychiatry inpatient program is a subspecialty, medically managed psychiatric inpatient unit located within South Shore Hospital. The establishment of the inpatient psychiatric service will address a significant community need to the geriatric population in our community. The program provides a 24-hour intensive, coordinated, flexible therapeutic milieu that delivers cost-efficient and quality clinical care. The program will provide specialized patient care for individuals 65 years and older who have a primary DSM-IV psychiatric diagnosis as well as secondary medical conditions that need crisis stabilization, a multidimensional diagnostic evaluation and short-term psychiatric treatment. Length of stay is approximately 12 days in a safe, therapeutic milieu. The milieu program and physical plant are environmentally and conceptually designed to meet the unique needs of the geriatric adult through foci on adaptation to change and loss.

Program Goals/Outcomes

The geriatric psychiatry program admits and assists all geriatric patients regardless of race, creed, national origin, sexual preference or ability to pay for hospital services who meet admission psychiatric admission criteria to regain lost function, whenever possible, and develop new skills and interests. While old age is a season of loss, and includes preparation for death, it is believed that it is a period of continuing growth and development as important as childhood and adolescence. The geriatric psychiatry program goals are to assess and stabilize the presenting symptoms, improve coping mechanisms, integrate psycho-education on identified issues and develop added supports and aftercare resources. The program will provide highly trained, competent, multidisciplinary psychiatry staff to provide the mental health care needs of the patients admitted to program. Optimal support systems are facilitated through family inclusion in the program and via ongoing discharge planning. Alternative, adaptive coping strategies are integrated by the patient through individual, group and other modalities individualized from the therapeutic milieu programming. Patient treatment outcome include symptom stabilization and/or improved bio-psycho-social functioning.

Specific program goals are:

- All patients will receive interdisciplinary, individualized assessments within specified time frames
- All patients will have an individualized interdisciplinary treatment plan focused on positive patient outcomes
- All patients will receive individualized and age appropriate treatment modalities
- All patients will have rights reviewed upon admission and continuously respected

Attachment 11.2

- Program activities will adequately address the population served with respect to age, gender, ethnic and cultural considerations
- Patients and their families will receive education specific to the patients' assessed needs, abilities and readiness to learn
- Patients who can benefit from the program and meet admission criteria will be accepted for treatment
- All patients will have a discharge plan that will facilitate reentry into their community
- Support a continuous learning environment and continuous Quality Improvement culture
- Provide a safe and therapeutic environment for all patients, staff and visitors

Additionally, the geriatric psychiatry staff will assess the need for and provide community education services addressing the needs of individuals in the later stages of life. These educational services may vary dependent on the community needs but are focused on mental health issues of general interest to the residents of our community. In-services training will be available for other agencies working with the geriatric population or who would like more information in identifying and managing psychiatric illness.

Treatment Framework

An intensive, clinically therapeutic program is developed and adheres to all state, federal and JC standards. The individual program needs are identified following a comprehensive bio-psycho-social spiritual assessment of the patient, family, and environment. The assessment is completed on admission by a licensed and credentialed interdisciplinary team that has significant psychiatric and geriatric expertise. The team is lead by a board certified or eligible psychiatrist who admits the patient, directs the interdisciplinary treatment planning and review, and is on call for the program per stated requirements.

A comprehensive diagnostic workup is a major contribution to the therapeutic understanding and outcomes for the patient, family, and providers. The complex interplay between psychiatric, medical, neurological, social, cultural and developmental issues make patient diagnosis and treatment a major challenge for which the diagnostic assessment provides a conceptual framework. All assessments result in an individualized interdisciplinary treatment plan targeting crisis stabilization and/or short-term treatment goals. The interdisciplinary team delivers full schedule of active individual, group, and family programming. Therapeutic modalities are psychotherapeutic and/or psycho educational.

All patient care is provided by an interdisciplinary team under the direction of a psychiatrist. In order to address the mental health needs, the following disciplines will comprise or support the program:

- Medicine (including psychiatry)
- Nursing (RN's, LPN's, Nursing Assistants)

- Social Work
- Recreation/Activities
- Occupational Therapy
- Physical Therapy
- Psychology
- Pastoral Services
- Nutrition
- Pharmacy
- Laboratory
- Special Procedures (EKG, EEG, Radiology)

Admission Criteria

The geriatric psychiatry program admits senior adults 65 years and older who require an inpatient level of care and have a primary psychiatric DSM- IV TR diagnosis. An inpatient level of care is required if:

- Outpatient or partial hospitalization has not met patient outcome criteria.
- The patient is in actual or potential danger to self or others that cannot be managed at a less intensive level of care.
- The patient requires 24-hour nursing care due to disorientation or impaired reality-testing.
- The patient requires ongoing clinical supervision for medication management.
- The patient requires a differential diagnostic assessment that requires clinical supervision and medical/psychiatric tests which cannot be provided on an outpatient basis.

The unit accepts voluntary or involuntary patients. Diagnostic criteria can be found in the DSM- IV TR and includes:

- Mood disorders
- Delirium, dementia and other cognitive disorders
- Schizophrenia
- Delusional disorders
- Psychotic disorders
- Somatoform disorders
- Primary psychiatric diagnosis with a secondary psychoactive substance abuse disorder

Exclusionary Criteria

Each patient will be individually assessed as to appropriateness for admission. In all presenting cases of apparent mental illness in the elderly, a diligent search for an underlying medical disorder is necessary. Patients must be medically cleared prior to admission. Medical acuity levels must be compatible with active participation in the therapeutic milieu to yield positive psychiatric outcomes.

Exclusionary criteria includes:

- Primary medical diagnosis.
- Primary chemical: dependency diagnosis.
- Level of orientation and/or alertness incompatible with utilizing the therapeutic milieu.
- Sensory and/or mobility deficits that preclude optimal program utilization.

Discharge Criteria

The interdisciplinary team, under the direction of a board eligible or certified psychiatrist, makes discharge recommendations based on the individual outcomes of the patient and family. The following are general guidelines:

- The presenting symptoms and problems requiring hospitalization have stabilized or remitted.
- The stabilization and/or remission of said symptoms and problems is compatible with a less restrictive level of care.
- Family or caregivers have a safe, consistent environment for the patient and will comply or assist the patient with the aftercare plan.
- The discharge plan is complete, understood by the patient, family and referral treatment providers.

Admission Process

A complete assessment determining the most appropriate level of care, coordination of benefits and services is completed on all patients. Patient assessment begins prior to admission. The physicians, nurses and other clinical staff will perform initial patient assessments according to established criteria. Information gathered in the admission assessment will be analyzed and patient needs or problems will be identified and prioritized. Referrals and intakes are reviewed and admitted by the Medical Director or attending physician.

The patients may be admitted to the unit directly after eligibility has been established based on admission criteria. Any privileged psychiatrist may admit to the program. The admission process on the unit is supervised by a registered nurse who determines the presenting needs of the patient prior to delegating his/her care to a nursing staff member, who provides orientation and support. The registered nurse will initiate and individualize the plan of care for the patient and family/significant other. During the admission process, the nursing staff provides information and explanations to patients and/or families.

During the first 72 hours of admission, interdisciplinary clinical assessments are completed and laboratory results and observations are recorded in the medical record. Assessment interpretations are combined with initial information, creating the foundation of the individualized treatment plan. The entire clinical team meets within 5 days to identify problems and design a Master Treatment Plan. Program specific standards exist for the scope of assessment for each discipline.

Diagnostic Assessment

Assessment of the geriatric population is complex due to the interrelationship of psychological, biological, sociological and spiritual factors. The interplay of physiological changes in normal aging, situational or endogenous psychiatric illness and/or coexisting medical problems requires a comprehensive, multidimensional interdisciplinary assessment.

Assessing geriatric individuals requires skill, patience and a thorough knowledge of the aging process. It requires knowledge of universality of aging, its progression and the irreversibility of its effects. A comprehensive assessment will include the individuals adaptive style regarding health problems, functional capacity, cognitive functioning, support systems, living situation, economic situation, recent life events and disease versus illness.

Components of the comprehensive assessment will include: physical assessment, psychiatric history, functional ability, mental status, cognitive impairments and family/support systems. These components will be assessed through specific discipline assessments.

Physical Assessment

The assessment of the patient's physical needs is reflected in a comprehensive medical history and thorough physical examination. This is performed by a board certified or board eligible physician who has an understanding of the age-specific complexities within the first 24 hours after admission. A detailed education history and appropriate laboratory testing also provides basic data on patient's physical status.

Nursing Assessment

A comprehensive nursing assessment is performed on every patient within 8 hours of admission. The nursing assessment includes mental status review, systems review, suicide/self harm assessment, drug/alcohol history, activities of daily living, nutrition and education needs. Based on assessment information, the RN will formulate the initial treatment plan in collaboration with attending physician.

Psychiatric Evaluation

The attending psychiatrist will examine each patient within 24 hours after admission. The physician will state reason for admission, mental status and describe current psychiatric illness. The psychiatric evaluation will identify DSM-IV TR diagnosis Axis I-V, preliminary treatment plan, special management issues and anticipated discharge plan.

Psychosocial Assessment

The psychosocial assessment is completed on each patient within 72 hours of admission, it is performed by program Social Worker. The assessment includes family history and current relationships, brief history of previous psychiatric addiction problems, home environment, religious and cultural background, developmental history, military service, educational and vocational history, financial status, legal history and general environment social and peer/group influences. A detailed

assessment of home environment which includes relationships, caretaking roles, safety and physical barriers will assist in discharge planning. Information should be obtained from patient, family and/or caretaker, the social worker will formulate treatment recommendations and discharge plan based on assessment data.

Recreational/Activity Therapy Assessment

The activities therapist performs an activities/functional assessment within 72 hours of admission. The assessment includes a patients' past and present skills, leisure interests, physical abilities and limitations, social support systems and coping skills.

Nutritional Assessment

The hospital dietician will perform a nutritional assessment of all patients. This assessment will include dietary preferences and nutritional needs, including potential food/drug interactions.

Physical Therapy Assessment (as indicated)

A physical therapist will assess the patient's mobility, motor function and ability to perform activities of daily living upon written order of the attending physician.

Psychological Services

Psychological testing will be available as needed to provide testing of functioning, personality and/or development for the purposes of treatment planning or discharge planning. Psychological testing will be ordered by the attending physician, completed by appropriately credentialed professional, and the results included in the patient's medical record.

Pastoral Services

The geriatric psychiatry program respects the spiritual and cultural diversity of its patients. Spiritual and cultural beliefs and practices will be assessed at admission and conscious efforts will be made to meet the spiritual needs of all patients. Individual pastoral services will be available upon request.

Interdisciplinary Team Overview

An interdisciplinary team is dedicated for a geriatric psychiatry program. The clinical staff encompasses diverse disciplines such as mental health, education, medicine, physical/occupational therapy, nursing, recreational and/or chemical dependency. Staff must possess the appropriate academic degree licensure and credentials experience as defined by the job description and applicable state regulations.

The goals of the interdisciplinary team are to:

- provide a milieu that enhances communication about unit, patient and family issues;
- offer mutual support while enhancing the role of each discipline and to encourage education and training.

The interdisciplinary team has an effect on patient's greater well being than the sum of individual parts. They retain their professional roles while learning other skills and share unit responsibilities in a way that is not confined to traditional boundaries.

Interdisciplinary Team Job Function

The geriatric psychiatry program is staffed by an interdisciplinary team that is experienced, licensed and credentialed in psychiatry and/or geriatrics. The program maintains a sufficient number of qualified professionals to provide care for patients' safety on a 24-hour basis, 7 days a week. Permanent staff are assigned full or part-time to the program. Adjunctive staffs devote selected hours to the program. Consulting staff do specialized testing on a physician order. The job functions are as follows:

- The Medical Director leads the team. He/she approves each admission, provides a psychiatric assessment, history and physical and psychopharmacology evaluation. In collaboration with interdisciplinary team, develops, implements and reviews the interdisciplinary treatment plan. Ongoing medical management and emergency oncall work are other essential job functions. The Medical Director is a liaison between the program team and other members of the medical staff and works closely with program administration. The Medical Director represents psychiatric attending staff with hospital administration regarding medical staff issues. The Medical Director has responsibility for Physician Quality Improvement activities.
- The Program Director has overall operations responsibility for the program. The PD brings significant operational expertise to his/her management of the hospital's psychiatric continuum of care. He/she is accountable for administrative coordination of the program including program development and effective implementation, fiscal responsibility and supervision of staff.
- The Nurse Manager works with the Program Director to deliver quality nursing care that is consistent with program mission and philosophy. The Nurse Manager assesses, plans, implements, and evaluates all aspects of care provided to patients. He/she provides staff supervision, treatment planning coordination, and develops policies/procedures. The Nurse Manager is a liaison with attending physicians and works closely with the Medical Director evaluating patient outcomes.
- The Registered Nurse assesses patient needs, plans and implements patient activities and evaluates patient's response to interventions. The nurse exhibits leadership in coordinating treatment planning for his/her assigned patients. The RN is responsible for safe management of the unit and ongoing effectiveness of the therapeutic milieu. The RN is an active participant in the program treatment modalities.

- The Nursing Assistant performs various nursing and clinical tasks under the direction and supervision of the Registered Nurse.
- The Social Worker is responsible for psychosocial assessments, discharge planning, group and individual therapy. The social worker is an active participant in treatment planning process and promoting a therapeutic milieu.
- The Activities Therapist is responsible for assessing patient's functional ability and leisure interests. He/she participates in treatment planning, group and individual treatment.
- The Clinical Psychologist will be licensed by the state and privileged by medical staff. He/she will provide psychological testing and consultation as requested by the attending psychiatrist.

Treatment Planning/Staffing

Treatment planning staffing occurs daily with all members of the team and reviews the previous day's care and patient response. Interventions are discussed to achieve patient and team goals. Clinical program staff develops and evaluate the interdisciplinary treatment plan weekly. Through an active dialogue, the results of the interdisciplinary assessments are formulated by the psychiatrist into a conceptual understanding and problem list to which patient specific goals and discipline specific interventions are developed to assist the patient in achieving those goals prior to discharge.

The patient and/or family are an integral part of the treatment planning process. They actively participate in the formulation of the treatment plan goals based on their understanding of the reason for admission. Their progress related to achieving treatment goals is discussed with them routinely. Treatment plan interventions and goals are revised based on patient response.

Milieu

The goal of the milieu is to provide a safe environment that is supportive to the geriatric adult and minimizes stress. Careful attention is paid to the environmental stimuli so that the pace of the unit, the level of noise, the quality of human interaction, the use of music, television, seating arrangements, designated quiet space, the timing of meals, and group therapy are carefully coordinated to maximize interaction at manageable levels. The milieu takes into account the particular psychosocial problems of aging. The staff are trained to be sensitive to the balance of dependence versus independence and promote independence whenever possible. The dignity and self respect of the geriatric patient is stressed. The physiological changes of aging with regard to vision, hearing, speech, mobility/gait changes and speed of reaction time and medication sensitivity are incorporated into the milieu design.

Group Schedule and Descriptions

The use of groups is an effective method of providing psychological and social support to the geriatric adult. Treatment themes for this population include fear of loss of independence, isolation and loneliness, helplessness, maintenance of self esteem, physical and mental impairment, fear of pain and suffering, abandonment of caretakers and fear of death.

Several modalities and approaches are successful with this population. The interdisciplinary team delivers a rich combination of groups to maximize changes in cognitive, emotional, life skill, leisure, relationships, activities of daily living and coping strategies.

The program schedule is an integral part of the patient's treatment and is individualized based on individual needs. Patients are encouraged to participate fully. Special needs of the geriatric patient are accommodated.

Some of the core elements of the group schedule would include the following:

Group Therapy allows patient to communicate and resolve emotional difficulties. Patients share ideas, thoughts, feelings, problems and examine how their behavior/response affects themselves and others. Patients learn new ways to communicate more effectively with others. Group therapy occurs daily.

Cognitive Therapy is an effective modality with geriatric patients. It is time limited, active, directive and interpersonally interactive. It is stylistically more comfortable, reassuring and encouraging for the geriatric adult. Cognitive therapy is present oriented, goal and problem oriented. It allows goals to be broken down into manageable steps. It facilitates the achievement of tangible results. Patients learn to reverse their negative cognitive thoughts. The patient learns techniques to rethink adaptively, thus alleviating depressive and anxious symptoms and promotes self-esteem building.

Didactic Therapy is utilized to promote development of symptom identification, coping skills and improved functioning. The emphasis is on basic skills or knowledge that can be learned and transferred to community living.

Health Education and Health Maintenance is provided in group or individual setting with purpose of informing, educating and motivating the patient to adopt personal lifestyles and nutritional practices that promote optimal health.

Family/Marital Therapy is utilized to determine family support and interaction. Family therapy promotes modifying interaction patterns within the family that undermine reality development and independence of the geriatric family member. Family therapy is frequently necessary to deal with issues such as accepting the illness of an aging parent, caring for the patient after discharge, repairing a damaged marriage or help in successful rehabilitation.

Grief and Loss Group focuses on stages of loss. Loss is among the most prominent issues discussed with the geriatric adult. It is a major developmental task to find resolution for the inevitable bio-psycho-social losses associated with this stage of life cycle.

Leisure Therapy assists patients in identifying and developing healthy leisure activities through recreation. Recreation motivates and encourages fun with old/new interests and encourages wellness.

Movement Group stimulates alertness, provides an acceptable outlet for energies or maintains range of motion, strength and general endurance.

Occupational Therapy works with the patient on individual tasks in order to improve functional ability, validation, communication, organizational skills, ability to follow directions, builds self esteem and provides opportunity for self expression.

Reminiscence Group focuses on recalled memories in a free flowing or structured format. The purpose includes image enhancement, problem solving and self understanding. It also allows the formulation of common bonds among peers on these shared experiences.

Art Therapy provides a means to express one self though medium. Art work can help patients express feelings or thoughts they cannot express, overcome fears, identify conflicts and/or reveal personality. It provides skill building, expression and leisure development alternatives.

Medication Group educates patients about medication, its purpose and benefits, side effects and complications of medication abuse. Patients are assessed for understanding and motivation to comply with medication regiment. Patients learn techniques to recall medication dosage and administration times. Families are included in medication education.

Discharge Group assists in identifying and concretizing after care goals. It provides support to patients who are transferring to assisted living situations.

DATE: 08/18/09 @ 0957
USER: FINTRAC

South Shore Hospital ABS LIVE*
PSYCHIATRIC DIAGNOSIS

REPORT: PSYCH
MAJOR SORT: DIS DISPOS
MINOR SORT: PT STATUS
ACCOUNT SORT: NAME
VERSION SORT: YES

COMPILE
STATUS: COMPILED
STARTED: 08/17/09 1520
STOPPED: 08/17/09 1533

SUB FIELD1 SUB FIELD2 SUB FIELD3 SUB FIELD4 SUB FIELD5 SUB FIELD6 SUB FIELD7
DRG/ABG STANDARD REPORT FORMAT
PATIENT STATISTICS

SELECT FIELD	SUB FIELD1	SUB FIELD2	SUB FIELD3	SUB FIELD4	SUB FIELD5	SUB FIELD6	SUB FIELD7	EXACT MATCH	USES INDEX	THRD VALDE	FROM VALDE	INC	HAS NIL	INDEX	ANY	INC	EXC
1 DIS DATE									Y	12/31/2008	01/01/2008	Y	Y	Y	I	I	
2 ABS STATUS									Y	FINAL	FINAL	Y	N	N	I	I	
3 ANY DX									N	290.9	290.0	N	N	N	I	I	
4 ANY DX									N	302.9	293.0	N	N	N	I	I	
5 ANY DX									N	319	306.0	N	N	N	I	I	
6 PT STATUS									Y	INC	INC	Y	Y	Y	I	I	
7 PT STATUS									Y	ER	ER	Y	Y	Y	I	I	

SELECT RELATIONSHIP

46

DRG/APG STANDARD REPORT FORMAT
 COMPILED 08/17/09

VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: PT STATUS

SUB FIELD1 SUB FIELD2

TYPE: PATIENT STATISTICS

PAT LOS REM DIF F M PAT EXP HCM TEN OTH LOS TOTAL LOS CHG VAR OUT LOS AVG CSRT TOTAL REDEUR TOTAL CHARGES DIFFS AGE DISTRIBUTION
 INENT CHILD ADOL ADULT ELDER

23 VERSION 23

AMA 07 AGAINST MEDICAL A
 IN INPATIENT

AMA 07 AGAINST MED TOTAL 9 42 18 23 11 19 30 30 74 1.6 29 0.5202 69720.80 159898.00 -90177.20 30

E 20 EXPIRED
 IN INPATIENT 1 1 1 1 1 1 1 1 22 9.2 1 5.1840 20725.96 98227.15 -77501.19 1

E 20 EXPIRED TOTAL 45 12 31 24 1 1 1 1 22 9.2 1 5.1840 20725.96 98227.15 -77501.19 1

HHS 06 HOME HEALTH SERVI
 IN INPATIENT 1 1 1 1 1 1 1 1 16 10.2 1 1.9404 10045.28 55049.00 -45003.72 1

HHS 06 HOME HEALTH TOTAL 44 8 32 29 1 1 1 1 16 10.2 1 1.9404 10045.28 55049.00 -45003.72 1

HOM 01 HOME SELF-CARE
 IN INPATIENT 126 122 248 248 886 2.1 248 0.6708 621021.47 1683939.56 -1062918.09 247 1

HOM 01 HOME SELF-C TOTAL 3 38 5 5 126 122 248 248 886 2.1 248 0.6708 621021.47 1683939.56 -1062918.09 247 1

HOMN 01 HOME DISCHG TO N
 IN INPATIENT 12 17 29 29 226 6.8 29 1.2074 205140.88 680987.00 -475846.12 24 5

HOMN 01 HOME DISCHG TOTAL 11 20 12 11 12 17 29 29 226 6.8 29 1.2074 205140.88 680987.00 -475846.12 24 5

HOSM 51 DISCH TO HOSPICE
 IN INPATIENT 2 2 2 2 15 3.9 2 0.8606 4900.05 61651.00 -56750.95 2

HOSM 51 DISCH TO H TOTAL 37 32 36 26 2 2 2 2 15 3.9 2 0.8606 4900.05 61651.00 -56750.95 2

OTH 05 XFER OTHER
 IN INPATIENT 1 1 1 1 3 0.2 1 0.9131 5223.92 11907.00 -6683.08 1

OTH 05 XFER OTHER TOTAL 43 45 35 35 1 1 1 1 3 0.2 1 0.9131 5223.92 11907.00 -6683.08 1

SNF 03 XFER SNF
 IN INPATIENT 22 51 73 73 1 565 6.7 73 1.2054 459904.18 1774933.42 -1315029.24 61 12

SNF 03 XFER SNF TOTAL 6 21 6 4 22 51 73 73 1 565 6.7 73 1.2054 459904.18 1774933.42 -1315029.24 61 12

47

DRG/APG STANDARD REPORT FORMAT
 COMPILED 08/17/09

TYPE: PATIENT STATISTICS

VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	COUNT				DISPOSITION				LOS TOTAL	LOS OUT	LOS VAR	LOS OUT VAR	AVG COST	TOTAL REIMBUR	TOTAL CHARGES	AGE DISTRIBUTION						
		PAT	LOS	REM	DIF	F	M	PAY	EXP								ROK	TRN	OTB	INFNT	CHILD	ADOL	ADULT
23	VERSION 23 (cont.)																						
	STH 02 XFER SHT-TRM HOSP IN INPATIENT	3	3	6	6	43	4.8	6	0.7219	29986.79	152675.50	-122688.71								6			
	STH 02 XFER SHT-TR TOTAL	28	25	27	19	3	3	6	6	43	4.8	6	0.7219	29986.79	152675.50	-122688.71				6			
	XLTC 63 XFER TO LTC FACI IN INPATIENT	1	1	1	1	13	10.8	1	11.4219	48552.94	85327.50	-36774.56								1			
	XLTC 63 XFER TO LT TOTAL	42	7	23	31	1	1	1	11.4219	48552.94	85327.50	-36774.56								1			
	XPH 65 XFER TO PSYCH HOS IN INPATIENT	6	2	8	8	32	2.4	8	0.8148	27669.61	83604.50	-55934.89								7			
	XPH 65 XFER TO PSY TOTAL	23	35	28	27	6	2	8	0.8148	27669.61	83604.50	-55934.89								7			
23	VERSION 23 TOTAL	184	216	400	1	308	88	3	1	1895	58.7	399	25.4605	1502891.88	4848199.63	-3345307.75				1	380	19	
25	VERSION 25																						
	AIP 09 ADMITTED AS INPAT EMERGENCY ROOM	1	1	1	1	1	2.2	1		347.51	589.50	-241.99									1		
	AIP 09 ADMITTED AS TOTAL	41	37	41	44	1	1	1		347.51	589.50	-241.99									1		
	ANA 07 AGAINST MEDICAL A ER EMERGENCY ROOM	5	3	8	8	8	2.1	1		3147.66	4140.00	-992.34									8		
	ANA 07 AGAINST MEDICAL A IN INPATIENT	14	19	33	33	141	3.7	30	0.6475	132546.28	364924.50	-232378.22									25	8	
	ANA 07 AGAINST MEDICAL A INO OBSERVATION PATI	2	3	5	5	6	3.2	5		1529.56	24937.50	-23407.94									4	1	
	ANA 07 AGAINST MED TOTAL	7	33	15	14	21	25	46		155	3.4	36	0.6475	137223.50	394002.00	-256778.50					37	9	
E	20 EXPIRED																						
	ER EMERGENCY ROOM	1	1	1	1	1	2.3	1		521.71	3803.00	-3281.29									1		
	ER EMERGENCY ROOM IN INPATIENT	16	11	27	27	279	9.9	24	1.9360	376045.19	1187463.58	-811418.39									1	26	
E	20 EXPIRED TOTAL	12	10	8	7	17	11	28	28	280	9.8	25	1.9360	376566.90	1191266.58	-814699.68					1	27	
HHS	06 HOME, HEALTH SERVI IN INPATIENT	6	1	7	7	96	13.5	7	1.6751	74818.11	325803.18	-250985.07									7		
HHS	06 HOME, HEALTH TOTAL	26	4	17	15	6	1	7	1.6751	74818.11	325803.18	-250985.07									7		

DRG/APG STANDARD REPORT FORMAT
 COMPILED 08/17/09

VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: FT STATUS

TYPE: PATIENT STATISTICS

AGE DISTRIBUTION

AGE DISTRIBUTION

AGE DISTRIBUTION

AGE DISTRIBUTION

AGE DISTRIBUTION

AGE DISTRIBUTION

AGE DISTRIBUTION

VERSION	MARK	PAT	LOS	REM	DIF	F	M	COUNT	PAT	EXP	DISPOSITION	OTH	TRN	LOS	OUT	LOS	TOTAL	LOS	CRG	VAR	OUT	AVG	CSTY	TOTAL	REIMBOR	TOTAL	CHARGES	DIFFS	INENT	CHILD	ADOL	ADULT	ELDER		
25																																			
25 VERSION 25 (CONT.)																																			
HOM 01 HOME, SELF-CARE																																			
						101	65	166	166		166			168	4.4	67	40582.38	142659.92							40582.38	142659.92	-98077.54		3	12	130	21			
ER EMERGENCY ROOM																																			
						119	122	241	241		241			1799	6.5	235	0.8596	1434292.47	3677449.88						0.8596	1434292.47	-2243157.41				144	97			
IN INPATIENT																																			
						13	5	18	18		18			25	9.9	11	20751.45	134965.00							20751.45	134965.00	-114213.55				9	9			
INO OBSERVATION PATI																																			
														1992	6.0	313	0.8596	1499626.30	3955074.80						0.8596	1499626.30	-2455448.50		3	12	283	127			
HOM 01 HOME, SELF-C TOTAL																																			
HOMN 01 HOME, DISCH TO N																																			
						1	1	2	2		2			2	1.8	1	564.32	2327.50							564.32	2327.50	-1763.18				1	1			
ER EMERGENCY ROOM																																			
						26	15	41	41		41			326	5.5	40	1.3710	375359.48	1019528.50						1.3710	375359.48	-644169.02				7	34			
IN INPATIENT																																			
														328	5.4	41	1.3710	375923.80	1021856.00						1.3710	375923.80	-645932.20				8	35			
HOMN 01 HOME, DISCH TOTAL																																			
HOS 50 DISCH TO HOSPICE																																			
						1	1	1	1		1			1	2.3	1	132.47	322.00							132.47	322.00	-189.53				1	1			
ER EMERGENCY ROOM																																			
						4	2	6	6		6			55	5.0	6	1.7110	57755.89	165522.00						1.7110	57755.89	-107766.11				6	6			
IN INPATIENT																																			
														56	4.7	7	1.7110	57888.36	165944.00						1.7110	57888.36	-107955.64				7	7			
HOS 50 DISCHARGED TOTAL																																			
						7	3	10	10		10			53	4.2	10	1.0720	66157.25	194522.50						1.0720	66157.25	-128365.25				10	10			
HOSN 51 DISCH TO HOSPICE																																			
ER EMERGENCY ROOM																																			
						2	1	3	3		3			3	3.9	1	518.00	6658.50							518.00	6658.50	-6140.50				3	3			
IN INPATIENT																																			
														3	3.9	1	518.00	6658.50							518.00	6658.50	-6140.50				3	3			
ICF 04 XFER ICF																																			
						1	1	2	2		2			2	0.7	2	223.04	1082.50							223.04	1082.50	-859.46				1	1			
ER EMERGENCY ROOM																																			
														2	0.7	2	223.04	1082.50							223.04	1082.50	-859.46				1	1			
LMOT 07 LEFT W/O COMPLET																																			
						2	2	4	4		4			4	1.4	1	429.00	4065.00							429.00	4065.00	-3636.00				2	2			
ER EMERGENCY ROOM																																			
						1	2	3	3		3			27	0.0	3	2.2912	46639.30	67644.00						46639.30	67644.00	-21004.70				3	3			
IN INPATIENT																																			
						2	1	3	3		3			6	7.1	2	5804.74	12120.50							5804.74	12120.50	-6315.76				1	2			
INO OBSERVATION PATI																																			
														37	4.0	6	2.2912	52873.04	83829.50						2.2912	52873.04	-30956.46				2	3			
OTH 05 XFER OTHER																																			
						20	30	22	32		10																								
ER EMERGENCY ROOM																																			
IN INPATIENT																																			
INO OBSERVATION PATI																																			
OTH 05 XFER OTHER TOTAL																																			

49

VERSION SORT: YES
 MAJOR SORT: DIS DISPO
 MINOR SORT: PT STATUS

DRG/APC STANDARD REPORT FORMAT
 COMPILED 08/17/09

TYPE: PATIENT STATISTICS

SUB FIELD1	SUB FIELD2	COUNT			DISPOSITION			LOS	TOTAL	LOS	VAR	CBG	AVG	TOTAL	TOTAL	CHARGES	AGE DISTRIBUTION		
		PAT	LOS	REM	DIF	F	M										PAT	EXP	HOM
25	VERSION 25 (cont..)																		
	SNF 03 XFER SNF	24	10	34	34														
	ER EMERGENCY ROOM	160	106	266	266														
	IN INPATIENT	8	6	14	14														
	INO OBSERVATION PATI																		
	SNF 03 XFER SNF TOTAL	2	15	1	1	192	122	314	314										
	STH 02 XFER SHT-TRM HOSP	4	5	9	9														
	ER EMERGENCY ROOM	9	8	17	17														
	IN INPATIENT	3		3	3														
	INO OBSERVATION PATI																		
	STH 02 XFER SHT-TR TOTAL	10	27	14	16	13	29	29											
	XIP 62 XFER IP REHAP FAC	6	3	9	9														
	IN INPATIENT																		
	XIP 62 XFER IP REH TOTAL	22	3	13	10	6	3	9											
	XIR 62 DISC/XFER TO IRP																		
	ER EMERGENCY ROOM																		
	XIR 62 DISC/XFER T TOTAL	40	6	44	41	1	1	1	1										
	XLTC 63 XFER TO LTC FACI																		
	IN INPATIENT																		
	XLTC 63 XFER TO LT TOTAL	18	11	7	9	6	6	12											
	XNF 64 DIS/XFER TO MEDIC																		
	ER EMERGENCY ROOM	2	3	5	5														
	XNF 64 DIS/XFER TO TOTAL	29	41	39	40	2	3	5	5										
	XPH 65 XFER TO PSYCH ROS																		
	ER EMERGENCY ROOM	6	1	7	7														
	IN INPATIENT																		
	XPH 65 XFER TO PSY TOTAL	19	29	24	28	6	4	10	10										

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DRG/APG STANDARD REPORT FORMAT
 COMPILED 08/17/09

TYPE: PATIENT STATISTICS

VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: PT STATUS

SUB FIELD1 SUB FIELD2

PAT LOS REH DIP F M PAT EXP BOM TRM OTH LOS OUT LOS VAR OUT LOS CGG AVG CSITT TOTAL REIMBUR TOTAL CHARGES DIFFS INFT CHILD ADOL ADULT ELDER

AGE DISTRIBUTION

VERSION	DESCRIPTION	PAT	LOS	REH	DIP	F	M	PAT	EXP	BOM	TRM	OTH	LOS	OUT	LOS	VAR	OUT	LOS	CGG	AVG	CSITT	TOTAL	REIMBUR	TOTAL	CHARGES	DIFFS	INFT	CHILD	ADOL	ADULT	ELDER				
25	VERSION 25 (cont.)																																		
	XPSY 65 XFER TO PSYCHIAT	5	14	19	19	8.7	5															11332.96	30396.00	-19063.04				1	18						
	ER EMERGENCY ROOM	1	1	1	1	0.0	1															4332.96	7130.00	-2797.04				1							
	IN INPATIENT	2	2	2	2	7.1	1															6833.50	7789.00	-955.50				2							
	INO OBSERVATION PATI																																		
	XPSY 65 XFER TO PS TOTAL	13	16	30	33	8	14	22					27	8.3	7						0.6085	22499.42	45315.00	-22815.58				1	21						
25	VERSION 25 TOTAL	560	424	984	28	523	372	61					5936	177.6	783						23.9435	5969938.35	16832675.49	-10862737.14				3	16	448	517				
26	VERSION 26																																		
	AIP 09 ADMITTED AS INPAT																																		
	IN INPATIENT																																		
	AIP 09 ADMITTED AS TOTAL	39	18	45	45								8	8.0							1.3827	0.00	0.00	0.00	0.00										
	AMA 07 AGAINST MEDICAL A																																		
	ER EMERGENCY ROOM	2	5	7	7	2.0	4						7	2.0								4063.00	5930.00	-1867.00				7							
	IN INPATIENT	7	7	7	7	4.3	6						25	4.3							0.5016	21517.97	37355.00	-15837.03				6	1						
	INO OBSERVATION PATI	5	5	5	5	1.6	4						8	1.6								1188.67	21587.82	-20399.15				5							
	AMA 07 AGAINST MED TOTAL	15	34	29	30	7	12	19					40	3.0	14						0.5016	26769.64	64872.82	-38103.18				18	1						
E	20 EXPIRED																																		
	ER EMERGENCY ROOM	1	5	13	13	1.0							1	1.0								588.36	3792.00	-3203.64				1							
	IN INPATIENT	8	5	7	7	16.6	11						137	16.6							3.1299	284948.13	627551.40	-342603.27				13							
	E 20 EXPIRED TOTAL	16	2	11	13	9	5	14	14				138	16.0	11						3.1299	285536.49	631343.40	-345806.91				14							
HHS	06 HOME HEALTH SERVI																																		
	IN INPATIENT	3	1	4	4								40	10.1	4						1.3407	37242.03	105055.00	-67812.97				4							
	HHS 06 HOME HEALTH TOTAL	30	9	25	25	3	1	4	4				40	10.1	4						1.3407	37242.03	105055.00	-67812.97				4							
HOCPD	01 HOME DISCHG TO																																		
	ER EMERGENCY ROOM	1	1	2	2	2.0	1						2	2.0								67.00	581.00	-514.00				2							
	HOCPD 01 HOME DISC TOTAL	35	40	43	43	1	1	2	2				2	2.0	1							67.00	581.00	-514.00				2							
HOM	01 HOME SELF-CARE																																		
	ER EMERGENCY ROOM	50	19	69	69	1.7	27						69	1.7								26732.37	55761.50	-29029.13				3	2	52	12				
	IN INPATIENT	46	55	101	101	8.5	97						753	8.5	97						0.9882	715102.36	1590528.87	-875426.51				62	39						
	INO OBSERVATION PATI	5	2	7	7	2.2	5						13	2.2								10497.31	46120.00	-35622.69				4	3						
	HOM 01 HOME SELF-C TOTAL	4	22	4	6	101	76	177	177				835	6.5	129						0.9882	752332.04	1692410.37	-940078.33				3	2	118	54				

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VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: PT STATUS

DRG/APC STANDARD REPORT FORMAT
 COMPILED 08/17/09

TYPE: PATIENT STATISTICS

SUB FIELD1	SUB FIELD2	RANK		PAT LOS		REM DIF		COUNY		DISPOSITION		LOS		VAR		LOS	CBG	AVG	TOTAL	REIMBUR	TOTAL	CHARGES	DIFFER	AGE DISTRIBUTION				
		F	M	H	PAT	EXP	HOM	TRM	OTH	LOS	OTR	LOS	VAR	OUT	CSWT									INFT	CHILD	ADOL	ADULT	ELDER
26 VERSION 26 (cont.)																												
HOMN	01 HOME, DISCHG TO N	4		4	4			4		4		4	1.0			4	1.0		1436.85		5611.00		-4174.15			1	3	
ER	EMERGENCY ROOM	65	32	97				97		97		9.3	94			798	9.3	1.3503	971700.79		2465863.96		-1494163.17			17	80	
INO	OBSERVATION PATI	1	2	3				3		3		1.4	3			4	1.4		3380.53		21844.50		-18463.97			2	1	
HOMN	01 HOME, DISCH TOTAL	5	13	3	3	3	70	34	104	104		9.0	97			806	9.0	1.3503	976518.17		2493319.46		-1516801.29			20	84	
HOS	50 DISCHARGED TO HOS																											
IN	INPATIENT																											
HOS	50 DISCHARGED TOTAL	38	19	37	34							7.0	1			7	7.0	1.553	3450.00		21496.50		-18046.50					1
HOSM	51 DISCH TO HOSPICE																											
IN	INPATIENT																											
HOSM	51 DISCH TO H TOTAL	27	14	26	22	5	1	6				8.8	5			44	8.8	1.0760	33988.87		127688.00		-93699.13					6
OTH	05 XFER OTHER																											
ER	EMERGENCY ROOM	1	1	2								1.3	1			2	1.3		702.83		3645.00		-2942.17					1
IN	INPATIENT											3.0	1			3	3.0	0.7254	5178.86		6152.00		-973.14					1
OTH	05 XFER OTHER TOTAL	31	39	34	39	1	2	3				2.0	2			5	2.0	0.7254	5881.69		9797.00		-3915.31					2
SNF	03 XFER SNF																											
IN	INPATIENT	12	8	20												209	13.0	2.4455	342939.29		694005.50		-351066.21					2
SNF	03 XFER SNF TOTAL	14	5	10	12	8	20									209	13.0	2.4455	342939.29		694005.50		-351066.21					2
STH	02 XFER SHT-TRM HOSP																											
IN	INPATIENT	8	3	11												76	8.9	1.0904	80047.17		258286.42		-178239.25					4
INO	OBSERVATION PATI	2		2								1.6				3	1.6		1541.10		9317.00		-7775.90					1
STH	02 XFER SHT-TR TOTAL	17	17	16	17	10	3	13				8.2	9			79	8.2	1.0904	81588.27		267603.42		-186015.15					5
KLTC	63 XFER TO LTC FACI																											
IN	INPATIENT																											
KLTC	63 XFER TO LT TOTAL	34	1	19	21											38	19.1	6.1563	69295.65		166184.00		-96888.35					1
XPH	65 XFER TO PSYCH HOS																											
ER	EMERGENCY ROOM	1	1	1												1	1.0		181.00		1756.00		-1575.00					1
IN	INPATIENT	1	1	1												3	3.0	0.6769	2025.87		6396.50		-4370.63					1
XPH	65 XFER TO PSY TOTAL	33	36	38	38	2		2				2.2	1			4	2.2	0.6769	2206.87		8152.50		-5945.63					2

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TYPE: PATIENT STATISTICS

DRG/APG STANDARD REPORT FORMAT
 COMPILED 08/17/09

VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	RANK		COUNT		DISPOSITION			LOS	LOS	LOS	CHG	AVG	TOTAL	TOTAL	CHARGES	DIFFS	AGE DISTRIBUTION				
		PAT	LOS	REM	DIF	F	M	PAT										EXP	BOH	TRN	OTH	INNT
26 VERSION 26 (cont.)																						
XPSY 65 XFER TO PSYCHIAT																						
ER EMERGENCY ROOM																						
IN INPATIENT																						
INO OBSERVATION PATI																						
24	43	33	36	3	4	7				8	1-2	1	0.8992	8796.67	15456.00	-6659.33				6	1	
26 VERSION 26 TOTAL																						
224	151	375	14	306	38	17			2263	140.3	296	23.3161	2626612.68	6297964.97	-3671352.29				3	2	175	195

GRAND TOTALS																						
968	791	1759	43	1137	498	81			1	10096	6.8	1478	1.169710099442.91	27978840.09	-17879397.18				6	19	1003	731

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South Shore Hospital ABS LIVE*
PSYCHIATRIC DIAGNOSIS

DATE: 12/03/09 @ 1104
USER: FINTRAC

DRG/APG STANDARD REPORT FORMAT
PATIENT STATISTICS

COMPILE
STATUS: COMPILED
STARTED: 12/03/09 1043
STOPPED: 12/03/09 1059

REPORT: PSYCH
SUB FIELD1 SUB FIELD2

MAJOR SORT: DIS DISPOS
MINOR SORT: PT STATUS
ACCOUNT SORT: NAME
VERSION SORT: YES

STOP PRINT AFTER TOP:

SELECT FIELD	SUB FIELD1	SUB FIELD2	INC	INC INDEX ANY	INC INDEX ANY	FROM VALUE	TO VALUE	EXACT MATCH	USES INDEX	SUB FIELD1 LABEL	SUB FIELD2 LABEL
1 DIS DATE			Y	I	I	01/01/2009	11/30/2009		Y		
2 ABS STATUS			Y	I	I	FINAL	FINAL		Y		
3 ANY DX			N	I	I	290.0	290.9		N		
4 ANY DX			N	I	I	293.0	302.9		N		
5 ANY DX			N	I	I	306.0	319		N		
6 PT STATUS			Y	I	I	IN	INO		Y		
7 PT STATUS			Y	I	I	ER	ER		Y		

SELECT RELATIONSHIP

VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: PT STATUS

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

SUB FIELD1	SUB FIELD2	RANK			COUNT			DISPOSITION				LOS	VAR	LOS	CHG	AVG	TOTAL	TOTAL	TOTAL	AGE DISTRIBUTION		
		PAT	LOS	REN	DIF	F	M	PAT	EXP	HOM	TRN									OTH	INFNT	CHILD
(26) HOM	01 HOME, SELF-CARE	83	43	126	126	126	126	126	1.8	49	47572.39	121228.50	-73656.11	8	96	22						
ER	EMERGENCY ROOM	107	157	264	264	2038	8.8	257	0.9475	2014058.45	4279707.06	-2465638.61	172	92	9							
IN	INPATIENT	19	2	21	21	33	3.0	17	42921.96	133131.50	-90209.54	12	9	1								
INO	OBSERVATION PATIENT	1	21	2	209	202	411	411	7.2	323	2104562.80	4534067.06	-2429504.26	8	280	123						
(23) HOM	01 HOME, SELF-CARE	184	221	405	405	1345	2.4	404	0.6158	1351400.93	2319758.50	-968357.57	401	4	4							
ER	EMERGENCY ROOM	121	104	225	225	1901	9.9	220	1.4803	2431879.38	6303910.34	-3872030.96	27	198	8							
IN	INPATIENT	3	9	12	12	22	2.8	8	20769.89	73585.00	-52815.11	4	8	1								
INO	OBSERVATION PATIENT	1	125	113	238	1924	9.7	229	1.4803	2433532.52	6381151.34	-3927618.82	31	207	1							
(26) SNF	03 XFER SNF	14	18	32	32	33	3.0	18	1.1238	871288.43	2552623.62	-1681335.19	13	19	1							
ER	EMERGENCY ROOM	66	40	106	106	839	9.7	106	1.1238	871288.43	2552623.62	-1681335.19	16	90	1							
IN	INPATIENT	6	2	8	8	13	11.3	7	11589.39	49531.00	-37941.61	3	5	1								
INO	OBSERVATION PATIENT	4	16	5	3	86	60	146	1.1238	894618.96	2642664.61	-1748045.65	32	114	1							
(26) HOMN	01 HOME, DISCHG TO	23	8	31	31	31	1.0	4	0.9291	502547.27	911959.49	-409412.22	1	28	2							
ER	EMERGENCY ROOM	17	42	59	59	527	9.7	57	0.9291	502547.27	911959.49	-409412.22	37	22	2							
IN	INPATIENT	3	3	3	3	5	1.7	2	15232.97	18959.00	-3726.03	3	3	1								
INO	OBSERVATION PATIENT	5	19	6	9	43	50	93	0.9291	539046.75	956660.99	-417614.24	1	65	27							
(27) SNF	03 XFER SNF	31	24	55	55	472	10.0	55	1.4646	959463.15	1680989.50	-721526.35	8	47	1							
ER	EMERGENCY ROOM	2	2	2	2	5	2.5	2	12039.50	12039.50	0.00	1	1	1								
IN	INPATIENT	33	24	57	57	477	9.9	57	1.4646	971502.65	1693029.00	-721526.35	9	48	1							
INO	OBSERVATION PATIENT	29	24	53	53	316	5.3	51	1.0864	348299.74	1048322.50	-700022.76	50	3	3							
(23) SNF	03 XFER SNF	29	24	53	53	316	5.3	51	1.0864	348299.74	1048322.50	-700022.76	50	3	3							
ER	EMERGENCY ROOM	29	24	53	53	316	5.3	51	1.0864	348299.74	1048322.50	-700022.76	50	3	3							
IN	INPATIENT	29	24	53	53	316	5.3	51	1.0864	348299.74	1048322.50	-700022.76	50	3	3							
INO	OBSERVATION PATIENT	29	24	53	53	316	5.3	51	1.0864	348299.74	1048322.50	-700022.76	50	3	3							

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DRG/APG STANDARD REPORT FORMAT
 COMPILED 12/03/09

VERSION SORT: YES
 MAJOR SORT: DIS DISPO
 MINOR SORT: PT STATUS

SUB FIELD1 SUB FIELD2
 SUB FIELD1 SUB FIELD2

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION
 INFNT CHILD ADOL ADULT ELDER

--- RANK --- COUNT --- PAT EXP HOM TRN OTE --- LOS TOTAL LOS CBG AVG TOTAL REIMBUR CHARGES TOTAL ---

DRG	DESCRIPTION	9	28	19	18	14	26	40	PAT	EXP	HOM	TRN	OTE	LOS	TOTAL	LOS	CBG	AVG	TOTAL	REIMBUR	CHARGES	TOTAL	DIFFER	AGE	DISTRIBUTION
(23) AMA	07 AGAINST MEDICAL	14	39	53	53	53	53	53	53	53	53	53	53	127	1.8	53	0.6246	140187.02	307816.25	-167629.23	53				
(23) AMA	07 AGAINST TOTAL	8	38	17	17	14	39	53	53	53	53	53	53	127	1.8	53	0.6246	140187.02	307816.25	-167629.23	53				
(26) AMA	07 AGAINST MEDICAL	4	4	8	8	8	8	8	8	8	8	8	8	8	1.5	3	0.5632	3744.18	5985.50	-2241.32	8				
(26) AMA	07 AGAINST TOTAL	7	19	26	26	26	26	26	26	26	26	26	26	91	4.2	22	0.5632	94043.11	180928.50	-86885.39	24				
(26) AMA	07 AGAINST TOTAL	3	3	6	6	6	6	6	6	6	6	6	6	6	1.6	3	0.5632	969.79	28257.50	-27287.71	4				
(26) AMA	07 AGAINST TOTAL	9	28	19	18	14	26	40	40	40	40	40	40	105	3.5	28	0.5632	98757.08	215171.50	-116414.42	36				
(26) STH	02 XFER SHT-TRM HOS	1	1	2	2	2	2	2	2	2	2	2	2	2	1.8	1	1.1627	543.12	2299.00	-1755.88	1				
(26) STH	02 XFER TOTAL	16	9	25	25	25	25	25	25	25	25	25	25	233	13.3	24	1.1627	219174.48	742751.18	-523576.70	8				
(26) STH	02 XFER TOTAL	5	1	6	6	6	6	6	6	6	6	6	6	9	9.4	4	1.1627	7375.05	32840.00	-25464.95	1				
(26) STH	02 XFER SH TOTAL	10	8	12	8	22	11	33	33	33	33	33	33	244	12.2	29	1.1627	227092.65	777890.18	-550797.53	10				
(23) HOMN	01 HOME, DISCHG TO	16	17	33	33	33	33	33	33	33	33	33	33	238	8.4	33	1.0325	269371.85	624734.17	-355362.32	32				
(23) HOMN	01 HOME, D TOTAL	11	17	10	10	16	17	33	33	33	33	33	33	238	8.4	33	1.0325	269371.85	624734.17	-355362.32	32				
(26) E	20 EXPIRED	1	1	1	1	1	1	1	1	1	1	1	1	1	1.0	1	0.9700	918.17	4706.50	-3788.33	1				
(26) E	20 EXPIRED TOTAL	17	11	28	28	28	28	28	28	28	28	28	28	253	13.8	23	2.1880	418233.08	1221774.05	-803540.97	2				
(26) E	20 EXPIRED TOTAL	12	6	8	5	18	11	29	29	29	29	29	29	254	13.6	24	2.1880	419151.25	1226480.55	-807329.30	2				
(26) XPH	65 XFER TO PSYCH HO	7	7	14	14	14	14	14	14	14	14	14	14	14	6.4	8	0.9700	6472.50	16588.00	-10115.50	1				
(26) XPH	65 XFER TOTAL	2	1	3	3	3	3	3	3	3	3	3	3	12	4.1	3	0.9700	20729.62	43729.00	-22999.38	3				
(26) XPH	65 XFER TOTAL	1	1	1	1	1	1	1	1	1	1	1	1	1	1.0	1	0.9700	443.00	2564.00	-2121.00	1				
(26) XPH	65 XFER TO TOTAL	13	24	25	10	8	18	18	18	18	18	18	18	27	5.9	11	0.9700	27645.12	62881.00	-35235.88	1				
(26) HHS	06 HOME, HEALTH SERV	10	6	16	16	16	16	16	16	16	16	16	16	236	22.1	16	1.4703	245967.34	567041.00	-321073.66	2				
(26) HHS	06 HOME, HE TOTAL	14	2	11	12	10	6	16	16	16	16	16	16	236	22.1	16	1.4703	245967.34	567041.00	-321073.66	2				

DRG/APC STANDARD REPORT FORMAT
COMPILED 12/03/09

VERSION SORT: YES
MAJOR SORT: DIS DISPOS
MINOR SORT: PT STATUS

TYPE: PATIENT STATISTICS
STOP PRINT AFTER TOP:

SUB FIELD1	SUB FIELD2	PAT	LOS	REM	DIF	F	M	COUNT		DISPOSITION			LOS OUT	LOS VAR	LOS CHG	AVG CSWT	TOTAL REIMBUR	TOTAL CHARGES	AGE DISTRIBUTION					
								PAT	LOS	EXP	HOM	TRN							OTH	INFNT	CHILD	ADOL	ADULT	ELDER
(26) HOSH	51 DISCH TO HOSPIC	9	4	13					13				139	11.6	12	2.1187	170954.19	500236.90	-329282.71			2	11	
IN	INPATIENT																							
15	(26) HOSH	51 DISCH	TOTAL	15	9	13	11	9	4	13			139	11.6	12	2.1187	170954.19	500236.90	-329282.71			2	11	
(26) XLTC	63 XFER TO LTC FAC	8	1	9					9				139	13.8	9	7.3079	425085.15	731528.50	-306443.35			1	8	
IN	INPATIENT																							
15	(26) XLTC	63 XFER T	TOTAL	16	5	7	13	8	1	9			139	13.8	9	7.3079	425085.15	731528.50	-306443.35			1	8	
(26) HOCED	01 HOME.DISCHG TO ER EMERGENCY ROOM	1	8	9									9	3.2	1		1253.87	2923.00	-1669.13				9	
IN	INPATIENT																							
15	(26) HOCED	01 HOME, TOTAL	17	30	37	33	1	8	9	9			9	3.2	1		1253.87	2923.00	-1669.13				9	
(23) E	20 EXPIRED	3	5	8	8								83	7.9	8	2.1200	158220.41	371234.50	-213014.09			7	1	
IN	INPATIENT																							
16	(23) E	20 EXPIRED	TOTAL	18	18	14	16	3	5	8	8		83	7.9	8	2.1200	158220.41	371234.50	-213014.09			7	1	
(26) XPSY	65 XFER TO PSYCHIA ER EMERGENCY ROOM	4	3	7									7	2.1	6		1343.61	10503.50	-9159.89				7	
IN	INPATIENT																							
17	(26) XPSY	65 XFER T	TOTAL	19	35	36	30	4	3	7	7		7	2.1	6		1343.61	10503.50	-9159.89				7	
(26) XIP	62 XFER IP REHAP FA	4	2	6									90	17.5	6	3.8262	141288.82	398359.20	-257070.38			1	5	
IN	INPATIENT																							
18	(26) XIP	62 XFER IP	TOTAL	20	3	16	15	4	2	6	6		90	17.5	6	3.8262	141288.82	398359.20	-257070.38			1	5	
(27) AMA	07 AGAINST MEDICAL	1	4	5									17	3.9	4	0.4326	10702.02	25125.50	-14423.48				4	
IN	INPATIENT																							
19	(27) AMA	07 AGAINST	TOTAL	21	27	30	29	1	4	5	5		17	3.9	4	0.4326	10702.02	25125.50	-14423.48				4	
(23) STH	02 XFER SHT-TRM HOS	2	3	5									19	2.3	5	0.7866	17200.18	68141.00	-50940.82				5	
IN	INPATIENT																							
20	(23) STH	02 XFER SH	TOTAL	22	33	27	24	2	3	5	5		19	2.3	5	0.7866	17200.18	68141.00	-50940.82				5	
(27) XPH	65 XFER TO PSYCH HO ER EMERGENCY ROOM	1	1	2									2	1.0	1		3137.50	3137.50	0.00				2	
IN	INPATIENT																							
21	(27) XPH	65 XFER TO	TOTAL	23	26	31	27	3	1	4	4		11	5.5	2	0.8080	7253.95	33136.50	-25882.55				1	
(27) XPH	65 XFER TO PSYCH HO ER EMERGENCY ROOM	13	4.0	3	0.8080	10391.45	36274.00	-25882.55																

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DATE: 12/03/09 @ 1104
 USER: FINTAC

South Shore Hospital ABS LIVE*
 PSYCHIATRIC DIAGNOSIS

VERSION SORT: YES
 MAJOR SORT: DIS DISPOS
 MINOR SORT: PT STATUS

DRG/APC STANDARD REPORT FORMAT
 COMPILED 12/03/09

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

		PAT		COUNT		DISPOSITION			LOS		CBG		AVG		TOTAL		TOTAL		AGE DISTRIBUTION				
		LOS	REM	F	M	PAT	EXP	HOME	TRN	OTH	OUT	VAR	OUT	CSTWT	REINBOR	CHARGES	DIFFS	INMNT	CHILD	ADOL	ADULT	ELDER	
(27) OTH 05 XFER OTHER				1		1		1			1	1.0			2750.00	2750.00							
ER EMERGENCY ROOM				3		3		3			26	11.8	2	3.0547	56057.60	107732.50	-51674.90					1	
IN INPATIENT																							
22 (27) OTH 05 XFER OT TOTAL		24	10	22	3	1	4	4			27	10.3	2	3.0547	58807.60	110482.50	-51674.90					1	
(26) OTH 05 XFER OTHER				1		1		1			1	1.0			181.00	2363.50	-2182.50					1	
ER EMERGENCY ROOM				1	2	3		3			22	9.9	1	2.3582	38827.77	70790.00	-31962.23					1	
IN INPATIENT																							
23 (26) OTH 05 XFER OT TOTAL		25	20	23	2	2	4	4			23	7.7	1	2.3582	39008.77	73153.50	-34144.73					2	
(23) XPH 65 XFER TO PSYCH HO				2	2	4		4			8	2.3	4	0.5376	12873.73	19906.50	-7032.77					4	
IN INPATIENT																							
24 (23) XPH 65 XFER TO TOTAL		26	32	29	31	2	4	4			8	2.3	4	0.5376	12873.73	19906.50	-7032.77					4	
(27) HOMN 01 HOME, DISCHG TO						3	3	3			3	1.0	1		1683.42	3017.00	-1333.58					1	2
ER EMERGENCY ROOM																							
25 (27) HOMN 01 HOME, D TOTAL		27	40	35	34	3	3	3			3	1.0	1		1683.42	3017.00	-1333.58					1	2
(27) E 20 EXPIRED				3		3		3			40	14.2	3	2.5641	108978.19	202411.00	-93432.81						
IN INPATIENT																							
26 (27) E 20 EXPIRED TOTAL		28	4	18	19	3	3	3			40	14.2	3	2.5641	108978.19	202411.00	-93432.81						
(26) HOS 50 DISCHARGED TO HO				3		3		3			27	9.1	3	1.4097	30402.93	94933.50	-64530.57					1	2
IN INPATIENT																							
27 (26) HOS 50 DISCHAR TOTAL		29	15	24	21	3	3	3			27	9.1	3	1.4097	30402.93	94933.50	-64530.57					1	2
(27) XLTC 63 XFER TO LTC FAC				1	1	2		2			23	12.3	2	1.3596	78542.00	78542.00	0.00						
IN INPATIENT																							
28 (27) XLTC 63 XFER T TOTAL		30	7	21	37	1	2	2			23	12.3	2	1.3596	78542.00	78542.00	0.00						
(27) XIP 62 XFER IP REHAP FA				1	1	2		2			17	9.6	2	6.0781	97606.50	97606.50	0.00					1	1
IN INPATIENT																							
29 (27) XIP 62 XFER IP TOTAL		31	14	20	38	1	2	2			17	9.6	2	6.0781	97606.50	97606.50	0.00					1	1

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South Shore Hospital ABS LIVE*
PSYCHIATRIC DIAGNOSIS

DATE: 12/03/09 @ 1104
USER: FINTAC

VERSION SORT: YES
SUB FIELD1 SUB FIELD2
MAJOR SORT: DIS DISPOS
MINOR SORT: PT STATUS
DRG/ADG STANDARD REPORT FORMAT
COMPILED 12/03/09

TYPE: PATIENT STATISTICS
STOP PRINT AFTER TOP:

AGE DISTRIBUTION
INFANT CHILD ADOL ADULT ELDER

DRG/ADG	LOS	TRM	OTH	LOS	TOTAL	LOS	CHG	AVG	TOTAL	TOTAL	CHARGES	DIFTS	INFANT	CHILD	ADOL	ADULT	ELDER	
PAT	LOS	REM	DIF	F	M	PAF	EXP	TRM	DISPOSITION	COUNT	VAR	OUT	CSTWT	REIMBUR	TOTAL	AGE DISTRIBUTION		
(27) HOSM 51 DISCH TO HOSPIC																		
IN INPATIENT	1	1	2	2	2	4	2.2	1.5534	3940.50	3940.50	0.00	2						
30 (27) HOSM 51 DISCH TOTAL	32	34	41	1	1	2	2	1.5534	3940.50	3940.50	0.00	2						
(27) HOSM 51 DISCH TOTAL	32	34	41	1	1	2	2	1.5534	3940.50	3940.50	0.00	2						
(27) HOSM 51 DISCH TO HOSPIC																		
ER EMERGENCY ROOM																		
31 (27) HOSM 01 HOME, DISCH TO																		
ER EMERGENCY ROOM	2	2	2	2	2	2	1.0	499.50	499.50	499.50	0.00	2						
(27) HOSM 01 HOME, DISCH TO	33	41	39	42	2	2	1.0	499.50	499.50	499.50	0.00	2						
(27) HOSM 01 HOME, DISCH TO	33	41	39	42	2	2	1.0	499.50	499.50	499.50	0.00	2						
(26) XIR 62 DISC/XFER TO IRF																		
IN INPATIENT	2	2	2	2	2	65	39.5	9.6066	155252.86	453090.29	-297837.43	1						
32 (26) XIR 62 DISC/XFER TOTAL	34	1	15	14	2	2	2	9.6066	155252.86	453090.29	-297837.43	1						
(26) XIR 62 DISC/XFER TOTAL	34	1	15	14	2	2	2	9.6066	155252.86	453090.29	-297837.43	1						
(26) LWOT 07 LEFT W/O COMPLE																		
ER EMERGENCY ROOM	1	1	2	2	2	2	3.3	355.24	647.50	647.50	-292.26	2						
33 (26) LWOT 07 LEFT W TOTAL	35	29	40	36	1	1	2	3.3	647.50	647.50	-292.26	2						
(26) LWOT 07 LEFT W/O COMPLE	35	29	40	36	1	1	2	3.3	647.50	647.50	-292.26	2						
(26) RIP 09 ADMITTE AS INPA																		
ER EMERGENCY ROOM	2	2	2	2	2	2	1.8	965.41	1736.00	1736.00	-770.59	1						
34 (26) RIP 09 ADMITTE TOTAL	36	37	38	35	2	2	2	1.8	1736.00	1736.00	-770.59	1						
(26) RIP 09 ADMITTE AS INPA	36	37	38	35	2	2	2	1.8	1736.00	1736.00	-770.59	1						
(23) XIP 62 XFER IP REHAP FA																		
IN INPATIENT	2	2	2	2	2	27	10.0	1.4680	16493.60	83784.00	-67290.40	2						
35 (23) XIP 62 XFER IP TOTAL	37	11	28	20	2	2	10.0	1.4680	16493.60	83784.00	-67290.40	2						
(23) XIP 62 XFER IP TOTAL	37	11	28	20	2	2	10.0	1.4680	16493.60	83784.00	-67290.40	2						
(27) STH 02 XFER SHT-TRM NOS																		
IN INPATIENT	1	1	1	1	1	6	6.0	1.0958	23214.00	23214.00	0.00	1						
36 (27) STH 02 XFER SH TOTAL	38	22	26	39	1	1	6.0	1.0958	23214.00	23214.00	0.00	1						
(27) STH 02 XFER SH TOTAL	38	22	26	39	1	1	6.0	1.0958	23214.00	23214.00	0.00	1						
(27) LWOT 07 LEFT W/O COMPLE																		
ER EMERGENCY ROOM	1	1	1	1	1	1	1.0	224.00	224.00	224.00	0.00	1						
37 (27) LWOT 07 LEFT W TOTAL	39	39	41	40	1	1	1.0	224.00	224.00	224.00	0.00	1						
(27) LWOT 07 LEFT W/O COMPLE	39	39	41	40	1	1	1.0	224.00	224.00	224.00	0.00	1						
(27) RHS 06 HOME, HEALTH SERV																		
IN INPATIENT	1	1	1	1	1	6	6.0	1.6121	23419.50	23419.50	-23419.50	1						
38 (27) RHS 06 HOME, HE TOTAL	40	23	42	28	1	1	6.0	1.6121	23419.50	23419.50	-23419.50	1						
(27) RHS 06 HOME, HEALTH SERV	40	23	42	28	1	1	6.0	1.6121	23419.50	23419.50	-23419.50	1						

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DATE: 12/03/09 @ 1104
 USER: FINTAC

South Shore Hospital ABS LIVE*
 PSYCHIATRIC DIAGNOSIS

DRG/AFG STANDARD REPORT FORMAT
 COMPILED 12/03/09

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION
 INFNT CHILD ADOL ADULT ELDER

VERSION SORT: YES	SUB FIELD1	SUB FIELD2	COUNT		DISPOSITION			LOS	LOS	LOS	CHG	AVG	TOTAL	TOTAL	TOTAL	AGE DISTRIBUTION						
MAJOR SORT: DIS DISPOS	PAT	LOS	REM	DIF	F	M	PAT	EXP	ROM	TRN	OTH	OUT	VAR	OUT	OUT	INFNT	CHILD	ADOL	ADULT	ELDER		
MINOR SORT: PT STATUS																						
(26) XFH 43 DISC/XFER TO A F																						
IN INPATIENT																						
39 (26) XFH 43 DISC/XFER TOTAL	41	42	33	32			1	1		1		1	1.0	1	1	0.6351	4568.78	6980.00	6980.00		-2411.22	1
(23) XLTC 63 XFER TO LTC FAC																						
IN INPATIENT																						
40 (23) XLTC 63 XFER T TOTAL	42	36	32	22			1	1		1		7	2.0	1	1	1.7552	6358.99	59194.00	59194.00		-52835.01	1
GRAND TOTALS	871	862	1733	40	1220	424	49	9745	7.7	1534	1.091511667352.38	26838776.54	-15171424.16			12	1077	644				

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Criterion 1110.230 – Alternatives

Four alternatives were considered to determine the best way to provide Psychiatric services to our community. They were: Do Nothing; Joint Venture with an existing provider; Develop a larger unit in a new building; or develop a 15 bed unit in existing Medical/Surgical space.

Alternative #1 – Do Nothing

This alternative was rejected for a number of reasons. First was the fact that it has become much more difficult to find a facility where these patients could be admitted for treatment of their Psychiatric illness. Several of the Psychiatric units in the City of Chicago and the surrounding suburbs have been closed or downsized (University of Chicago and Michael Reese Hospitals), which has increased the volumes at the remaining facilities. In attempting to place these patients seen in our Emergency Room, it has become very difficult to find a facility within a reasonable distance from their community. Frequently these patients have other Medical needs, which we can address, but we have difficulty finding a facility to address their psychiatric illness. We have included letters from providers in our area regarding the difficulties they are having in finding an inpatient facility to treat their patients.

The State's budgetary problems have also increased the need for inpatient services in our community as additional State operated beds are closed.

There is also a growing shortage of beds directed towards the treatment of geriatric psychiatric patients. Our Community is comprised mainly of elderly individuals, many of whom are in need of psychiatric treatment. Treating the elderly is going to be our main goal with this project. To do nothing only leaves these individuals in our service area with nowhere to go for treatment. As our population continues to age, the problem will only become worse.

Alternative # 2 – Joint Venture

The applicant was unable to find a joint venture partner. Many providers are discontinuing this service or are not interested in increasing their volumes because of the low reimbursement. This leaves us no option but to establish this service at our facility on our own.

Alternative # 3 – Larger Unit with New Construction

Our analysis of the needs of our community indicated that the demand for this service is growing as the population ages. However, a facility our size has limited resources and using existing space for a smaller unit at about half the cost of a new building was a better use of our resources. This strategy leaves us the option to reevaluate the needs of the community at a future date and still build a new building if it is determined the needs of the community can support the investment.

Alternative # 4 – Remodel existing Medical/Surgical space for the proposed 15 bed unit.

This alternative is the most cost effective for meeting the needs of our community at this time. With this alternative, we will be remodeling medical/surgical space that is currently staffed and operational, but needs remodeling to meet the requirements of a psych unit. This alternative is half the cost of new construction and provides easy access to all the other support departments of the Hospital.

SIZE OF PROJECT

The State norm for AMI beds is 586 GSF/bed, while the proposed unit calls for 520 GSF/bed. While the GSF per bed is less than that state norm, the psych management company (Horizon Health) we have hired to manage the unit believes this amount of space is very adequate for a 15-bed unit including all the activity, treatment and staff rooms required for an effective psych unit.

The use of existing space to house this proposed unit is the least costly alternative available, and the best use of the space within the hospital. This space was designed as bed space and using it for another purpose would be inefficient.

ATTACHMENT 13

Criterion 1110.234, Size of Project, Project Services Utilization Projections

A total of 1,440 patients per year have been identified by referral letters from area physicians, plus an additional 700 patients have been identified from hospital records of patients treated for medical conditions with underlying psych diagnoses. Copies of the referral letters are in Attachment 20 and internal reports are shown in Attachment 11.3. The expected average length of stay is based on the program manager's estimate.

	YEAR 1	YEAR 2
Patient Days:	3,490	4,645

Based on the referrals, the program is expected to reach target occupancy by the end of the first full year. The patient day estimate for the first year allows for admissions to increased during the year.

Attachment 14

Section VII – Category of Service – Review Criteria

A. Planning Area Need:

<u>Category of Service</u>	<u>No. of Beds</u>	<u>HFSRB Need</u>	<u>Part 1100 Standard</u>
Acute Mental Illness	15	55	85%

B. Planning Area Need- Service to the Planning Area Residents:

The service is proposed to meet the needs of patients in our Planning Area. Attachment 11.3 is a report of patients treated at South Shore for Medical Conditions with underlying psychiatric diagnosis. Over 700 patients were treated in 2008 and the trend continues through 2009. Those patients are area residents.

Attachment 19.1 is a summary of the zip codes for South Shore Hospital patients with a psychiatric diagnosis. Over 75 % of the patients are from the 6 zip codes that are the Hospital's primary service area. Attachment 19.2 is the complete zip code list of those patients for 2009.

Letters of support from elected officials, nursing homes and others are included as Attachment 19.3. Those letters confirm the need for a targeted inpatient geriatric AMI unit at South Shore Hospital.

Referral letters from physicians in the Planning Area are also included in Attachment 20.

South Shore Hospital
Summary of Patients with a Psychiatric Diagnosis by Zip Code
For the Year Ended December 31, 2009

<u>Zip Code</u>	<u>Number of Patients</u>
Hospital Primary Service Area:	
60617	86
60619	20
60649	399
60620	7
60637	6
60628	26
Totals	544
Other Zip Codes	157
Totals	701

ATTACHMENT 19.1

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REPORT: ZIP SUB FIELD1 SUB FIELD2 DRG/APC STANDARD REPORT FORMAT CONDUIT
 MAJOR SORT: ZIP PATIENT STATISTICS STATUS: COMPLETED
 MINOR SORT: PT STATUS STOPPED: 02/08/10 1049
 ACCOUNT SORT: NAME STOPPED: 02/08/10 1116
 VERSION SORT: YES STOP PRINT AFTER TOP:

SELECT FIELD	SUB FIELD1	SUB FIELD2	HAS INDEX ANY	FROM VALUE	THRU VALUE	EXACT MATCH	USES INDEX	SUB FIELD1 LABEL	SUB FIELD2 LABEL
1 ZIP			N I	00000	99999		N		
2 ANY DX			N I	290.0	290.9		N		
3 ANY DX			N I	293.0	302.9		N		
4 ANY DX			N I	306.0	319		N		
5 PT STATUS			Y I	INO			Y		
6 PT STATUS			Y I	ER			Y		
7 DIS DATE			Y I	01/01/2009	12/31/2009		Y		
8 ABS STATUS			Y I	FINAL			Y		

INC
 EXC
 SELECT RELATIONSHIP

67

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION
 INFNT CHILD ADOL ADULT ELDER

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

SUB FIELD1 SUB FIELD2

PAT LOS REM DIF F M PAT EXP HCM TRN OTH OUT LOS VAR OUT LOS CHG AVG CSWT TOTAL REIMBUR CHARGES DIFFS

(26) 60649
 ER EMERGENCY ROOM
 IN INPATIENT
 INO OBSERVATION PATIENT

(26) 60649
 IN INPATIENT

(23) 60649 TOTAL

(26) 60617
 ER EMERGENCY ROOM
 IN INPATIENT
 INO OBSERVATION PATIENT

(26) 60617 TOTAL

(27) 60649
 ER EMERGENCY ROOM
 IN INPATIENT
 INO OBSERVATION PATIENT

(27) 60617
 IN INPATIENT

(23) 60617 TOTAL

(27) 60617
 ER EMERGENCY ROOM
 IN INPATIENT
 INO OBSERVATION PATIENT

(27) 60617 TOTAL

(26) 60619
 ER EMERGENCY ROOM
 IN INPATIENT
 INO OBSERVATION PATIENT

(26) 60619 TOTAL

1 32 1 1 255 157 412 18 219 153 22 2761 9.4 358 1.4992 3421246.99 8763129.63 -5341882.64 2 104 306

2 95 4 4 71 61 132 4 95 32 1 572 2.8 131 1.0197 613604.78 1654415.63 -1040810.85 128 4

3 27 3 3 96 35 131 1 102 22 6 714 9.8 94 1.7474 983157.80 2639038.83 -1655881.03 6 64 61

4 36 2 2 67 53 120 3 46 65 6 837 8.8 105 1.4044 1040155.36 2801482.00 -1761326.64 31 89

5 89 7 9 36 20 56 52 3 1 252 3.1 56 1.0218 274456.58 730789.22 -456332.64 53 3

6 38 9 7 33 18 51 40 9 2 240 8.6 31 1.6209 261844.79 759724.92 -497880.13 2 30 19

7 51 6 6 30 18 48 43 4 1 255 7.6 40 1.0952 290536.04 807867.50 -51731.46 1 32 15

Handwritten mark

DATE: 02/08/10 @ 1213
 USER: FINTAC

South Shore Hospital ABS Live*
 PSYCHIATRIC DIGNOSIS BY ZIP CODE

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

DRG/APC STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION: INFNT CHILD ADOL ADULT ELDER

SUB FIELD1	SUB FIELD2	RANK		COUNT		DISPOSITION				LOS	TOTAL	LOS	VAR	CHG	AVG	TOTAL	TOTAL	CHARGES	DIFFS	AGE DISTRIBUTION				
		PAT	LOS	REM	DIF	F	M	PAT	EXP											ADM	TRN	OTH	LOS	OUT
(26) 60621						6	6				5	1	6	2.5	2		1940.26	6764.00	-4823.74				1	5
ER EMERGENCY ROOM				18	21	39	1	20	18			260	7.5	37	1.0938	288875.74	739243.59	-450367.85				18	21	
IN INPATIENT				1	1	1	1	1	1			1	3.7	1		102.80	1223.50	-1120.70				1		
INO OBSERVATION PATIENT																								
(26) 60621 TOTAL		8	57	5	10	19	27	46	1	26	19	267	7.0	40	1.0938	290918.80	747231.09	-456312.29				20	26	
(23) 60619																								
IN INPATIENT				25	18	43	1	41	1			146	1.8	43	0.8862	134276.91	317941.50	-183664.59				42	1	
(23) 60619 TOTAL		9	109	17	17	25	18	43	1	41	1	146	1.8	43	0.8862	134276.91	317941.50	-183664.59				42	1	
(26) 60628																								
ER EMERGENCY ROOM				2	4	6				5	1	6	3.6	1		3555.77	10467.50	-6911.73				6		
IN INPATIENT				12	21	33	2	22	8	1		296	11.4	32	1.1189	267558.00	850388.99	-56230.99				10	23	
INO OBSERVATION PATIENT				1	1	2				2		3	2.2	2		255.98	12445.50	-12189.62				1	1	
(26) 60628 TOTAL		10	23	8	5	15	26	41	2	29	9	305	10.3	35	1.1189	271369.65	873301.99	-601932.34				17	24	
(23) 60637																								
IN INPATIENT				15	26	41				38	3	176	5.9	41	0.8421	218752.17	302399.00	-83646.83				40	1	
(23) 60637 TOTAL		11	69	10	26	15	26	41		39	3	176	5.9	41	0.8421	218752.17	302399.00	-83646.83				40	1	
(23) 60621																								
IN INPATIENT				9	30	39				31	7	156	2.1	39	0.8578	127028.65	382720.00	-255691.35				38	1	
(23) 60621 TOTAL		12	105	19	13	9	30	39		31	7	156	2.1	39	0.8578	127028.65	382720.00	-255691.35				38	1	
(26) 60616																								
ER EMERGENCY ROOM				2	2	4				3	1	4	2.0	1		1209.66	2451.00	-1241.34				3	1	
IN INPATIENT				10	18	28	1	10	17			207	9.0	27	1.2576	210139.20	659889.00	-49749.80				12	16	
INO OBSERVATION PATIENT				1	1	2				1	1	2	1.8	2		1364.05	11229.00	-9864.95				1	1	
(26) 60616 TOTAL		13	43	11	8	13	21	34	1	14	19	213	9.2	30	1.2576	212712.91	673569.00	-460856.09				16	18	
(26) 60637																								
ER EMERGENCY ROOM				5	4	9				8	1	9	2.6	5		4161.33	9611.00	-5449.67				9		
IN INPATIENT				11	11	22	1	15	5	1		160	8.3	21	0.9254	148698.74	279472.05	-130773.31				19	3	
(26) 60637 TOTAL		14	53	12	22	16	15	31	1	23	5	169	7.1	26	0.9254	152860.07	289083.05	-136222.98				28	3	

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DATE: 02/08/10 @ 1213
 USER: FINIAC

South Shore Hospital ABS LIVE*
 PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION

INFNT CHILD ADOL ADULT ELDER

DIFFS

TOTAL CHARGES

TOTAL REIMBUR

AVG CSFT

CHG OUT

LOS VAR

LOS OUT

DISPOSITION

PAT EXP HOM TEN OTH

PAT LOS

RANK

REM DIF

F M

COUNT

IN INPATIENT

ER EMERGENCY ROOM

INO OBSERVATION PATIENT

TOTAL

IN INPATIENT

ER EMERGENCY ROOM

INO OBSERVATION PATIENT

TOTAL

IN INPATIENT

ER EMERGENCY ROOM

INO OBSERVATION PATIENT

TOTAL

IN INPATIENT

ER EMERGENCY ROOM

INO OBSERVATION PATIENT

TOTAL

IN INPATIENT

ER EMERGENCY ROOM

INO OBSERVATION PATIENT

TOTAL

IN INPATIENT

ER EMERGENCY ROOM

INO OBSERVATION PATIENT

TOTAL

VERSION SORT: YES	SUB FIELD1	SUB FIELD2	PAT LOS	RANK	REM DIF	F	M	COUNT	PAT EXP	HOM	TEN	OTH	LOS OUT	LOS VAR	CHG OUT	AVG CSFT	TOTAL REIMBUR	TOTAL CHARGES	DIFFS	AGE DISTRIBUTION			
(23)	60616																						
	IN INPATIENT		11	15	26	1	16	8	1	163	7.1	26	1.0945	125900.20	417649.50	-291749.30				23	3		
(23)	60616	TOTAL	15	54	20	12	11	15	26	1	16	8	1	163	7.1	26	1.0945	125900.20	417649.50	-291749.30		23	3
(23)	60636																						
	IN INPATIENT		6	19	25		25			74	1.0	25	0.7343	53785.85	101290.00	-47504.15							
(23)	60636	TOTAL	16	125	30	40	6	19	25	74	1.0	25	0.7343	53785.85	101290.00	-47504.15							25
(26)	60419																						
	ER EMERGENCY ROOM		1				1			1	2.3	1			455.06	1221.00	-765.94					1	
	IN INPATIENT		13	6	19	1	7	10	1	167	10.9	19	1.0829	146376.09	523017.50	-376641.41							8
	INO OBSERVATION PATIENT			2	2			2		3	2.2	1			886.00	13738.00	-12852.00					1	
(26)	60419	TOTAL	17	24	15	11	14	8	22	171	10.1	21	1.0829	147717.15	537976.50	-390259.35							9
(23)	60628																						
	IN INPATIENT		7	15	22	1	20	1		92	3.4	22	0.9311	83580.62	232457.50	-148876.88							22
(23)	60628	TOTAL	18	87	22	21	7	15	22	92	3.4	22	0.9311	83580.62	232457.50	-148876.88							22
(26)	60653																						
	IN INPATIENT		6	14	20	1	9	10		163	8.7	19	1.1242	147942.76	393247.00	-245304.24							5
	INO OBSERVATION PATIENT		1		1			1		1	2.3	1			433.90	6493.00	-6059.10					1	
(26)	60653	TOTAL	19	40	14	14	7	14	21	164	8.5	20	1.1242	148376.66	399740.00	-251363.34							5
(26)	60633																						
	ER EMERGENCY ROOM		3		3		2	3		3	4.5	3			315.00	3053.50	-2738.50					3	
	IN INPATIENT		3	12	15	1	3	11		99	7.6	14	1.2345	124131.98	265935.54	-141803.56							7
	INO OBSERVATION PATIENT		1	2	3			3		4	1.4	1			8506.00	13978.50	-5472.50					2	
(26)	60633	TOTAL	20	60	19	20	7	14	21	106	6.7	18	1.2345	132952.98	282967.54	-150014.56							12
(26)	60620																						
	ER EMERGENCY ROOM		3	5	8		8			8	1.4	2			606.00	4879.50	-4273.50					7	
	IN INPATIENT		5	5	10		9			54	6.0	10	0.6837	77238.83	125424.50	-48185.67							5
(26)	60620	TOTAL	21	81	24	36	8	10	18	62	4.6	12	0.6837	77844.83	130304.00	-52459.17							12

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DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

VERSION SORT: YES MAJOR SORT: ZIP MINOR SORT: PT STATUS	SUB FIELD1	SUB FIELD2	COUNT			DISPOSITION			LOS TOTAL	LOS CHG	AVG CSTWT	TOTAL REIMBUR	TOTAL CHARGES	AGE DISTRIBUTION							
			PAT	LOS	REX	DIF	F	M						K	PAT	EXP	BDM	TRN	OTH	INFNT	CHILD
(23) 60620	IN	INPATIENT	8	9	17	14	3	54	2.6	17	0.8271	45912.97	112124.50	-66211.53			17				
(23) 60620	TOTAL		22	98	33	30	8	9	17	14	3	54	2.6	17	0.8271	45912.97	112124.50	-66211.53	17		
(23) 60615	IN	INPATIENT	9	8	17	16	1	50	1.0	17	0.7401	37729.74	65598.00	-27868.26			17				
(23) 60615	TOTAL		23	127	40	46	9	8	17	16	1	50	1.0	17	0.7401	37729.74	65598.00	-27868.26	17		
(27) 60619	ER	EMERGENCY ROOM	3	4	7	7		8	6.3	2		4119.16	10516.00	-6396.84			1	4	2		
(27) 60619	IN	INPATIENT	6	2	8	6	2	53	7.4	8	0.8909	88018.57	136656.00	-48637.43			6	2	2		
(27) 60619	TOTAL		24	59	21	36	9	6	15	13	2	61	6.9	10	0.8909	92137.73	147172.00	-55034.27	1	10	4
(23) 60644	IN	INPATIENT	2	13	15	14	1	40	0.9	15	0.6473	30285.94	49049.50	-18763.56			15				
(23) 60644	TOTAL		25	128	50	56	2	13	15	14	1	40	0.9	15	0.6473	30285.94	49049.50	-18763.56	15		
(23) 60639	IN	INPATIENT	15		15	15		45	1.0	15	0.7683	36240.24	54206.00	-17965.76			15				
(23) 60639	TOTAL		26	124	42	59	15	15	15	15		45	1.0	15	0.7683	36240.24	54206.00	-17965.76	15		
(23) 60629	IN	INPATIENT	11	4	15	15		45	1.0	15	0.7626	32514.45	59491.50	-26977.05			15				
(23) 60629	TOTAL		27	126	45	48	11	4	15	15		45	1.0	15	0.7626	32514.45	59491.50	-26977.05	15		
(26) 60643	ER	EMERGENCY ROOM	2	1	3	3		3	2.0	2		1228.14	2964.50	-1736.36			2	1			
(26) 60643	IN	INPATIENT	4	6	10	1	5	61	6.4	10	1.0066	72118.74	149642.50	-77523.76			2	8			
(26) 60643	INO	OBSERVATION PATIENT	1		1	1		1	2.3	1		443.00	7449.00	-7006.00			1				
(26) 60643	TOTAL		28	73	25	24	7	7	14	1	9	65	5.5	13	1.0066	73789.88	160056.00	-86266.12	5	9	
(23) 60653	IN	INPATIENT	8	6	14	13	1	53	2.7	14	0.7125	43169.91	111761.50	-68591.59			13	1			
(23) 60653	TOTAL		29	96	35	29	8	6	14	13	1	53	2.7	14	0.7125	43169.91	111761.50	-68591.59	13	1	

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VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION
 INVT CHILD ADOL ADULT ELDER

SUB FIELD1	SUB FIELD2	PAT	LOS	REM	DIF	F	M	COUNT	PAT	EXP	DISPOSITION	LOS	TOTAL	LOS	CHG	OUT	AVG	TOTAL	REIMBUR	CHARGES	DIFPS	INVT	CHILD	ADOL	ADULT	ELDER		
												OTB	TRN	OTB			CSPT											
(26) 60644																												
ER EMERGENCY ROOM								1			1		1		4.2	1		67.00		1139.00						-1072.00	1	
IN INPATIENT								11	11		10	1	100	9.9	11		0.8656	59777.29		106341.50						-46564.21	11	
(26) 60644 TOTAL								12	12		11	1	101	9.6	12		0.8656	59844.29		107480.50						-47636.21	12	
(26) 60608																												
ER EMERGENCY ROOM								1			1		1		1.0			360.51		875.50						-514.99	1	
IN INPATIENT								2	7	9	3	6	93	12.9	9		2.2174	137694.18		339032.50						-20138.32	5	
INO OBSERVATION PATIENT								1	1	2	2		3	22.4	2			6174.87		12378.00						-6203.13	1	
(26) 60608 TOTAL								3	9	12	6	6	103	14.4	11		2.2174	144229.56		352286.00						-208056.44	7	
(27) 60637																												
ER EMERGENCY ROOM								5	2	7	5	1	7	3.3	3			2309.45		8228.50						-5919.05	6	
IN INPATIENT								1	3	4	3	1	25	7.8	3		1.0305	26074.12		42850.50						-16776.38	3	
(27) 60637 TOTAL								6	5	11	8	2	32	5.4	6		1.0305	28383.57		51079.00						-22695.43	9	
(26) 60636																												
ER EMERGENCY ROOM								2	2	4	2	2	4	1.7	2			496.00		4123.00						-3627.00	4	
IN INPATIENT								2	4	6	6		42	7.6	6		0.7614	32845.65		54975.00						-22129.35	6	
(26) 60636 TOTAL								4	6	10	8	2	46	6.0	8		0.7614	33341.65		59098.00						-25756.35	10	
(23) 60608																												
IN INPATIENT								10	10	1	8	1	45	3.8	10		0.8340	33159.97		103765.50						-70605.53	10	
(23) 60608 TOTAL								10	10	1	8	1	45	3.8	10		0.8340	33159.97		103765.50						-70605.53	10	
(23) 60419																												
IN INPATIENT								2	8	10	9	1	53	3.9	10		1.1374	42751.91		134351.50						-91599.59	10	
(23) 60419 TOTAL								2	8	10	9	1	53	3.9	10		1.1374	42751.91		134351.50						-91599.59	10	
(27) 60628																												
ER EMERGENCY ROOM								2	2	2	2		2	1.0				227.77		1553.50						-1325.73	1	
IN INPATIENT								7	7	7	7		71	10.7	7		0.8543	42836.35		117807.50						-74971.15	6	
(27) 60628 TOTAL								2	7	9	9		73	9.5	7		0.8543	43064.12		119361.00						-76296.88	7	

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South Shore Hospital ABS Live*
 PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APC STANDARD REPORT FORMAT
 COMPILED 02/08/10

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION
 INFNT CHILD ADOL ADULT ELDER

SUB FIELD1	SUB FIELD2	COUNT			DISPOSITION			LOS	TOTAL	LOS	CHG	AVG	TOTAL	REIMBUR	TOTAL	DIFFS	AGE DISTRIBUTION		
		PAT	LOS	REM	DIF	EXP	HOM										TRN	OTH	INFNT
(27) 60621																			
IN INPATIENT		5	3	8	4	3	1	62	9.4	7	0.8473	43402.45	95179.00	-51776.55					
INO OBSERVATION PATIENT		1	1	1	1	1	1	1	1.0	1		1276.62	7857.00	-6580.38					
(27) 60621 TOTAL		37	35	34	34	6	3	63	8.9	8	0.8473	44679.07	103036.00	-58356.93					
(23) 60623																			
IN INPATIENT		3	6	9	9	9	9	27	0.3	9	0.6230	19763.04	33886.50	-14123.46					
(23) 60623 TOTAL		38	140	56	65	3	6	27	0.3	9	0.6230	19763.04	33886.50	-14123.46					
(26) 60652																			
ER EMERGENCY ROOM		2	2	2	2	2	2	2	1.8	1		551.00	551.00	0.00					
IN INPATIENT		3	3	6	1	3	2	71	19.0	6	1.4735	77372.98	286134.00	-208761.02					
(26) 60652 TOTAL		39	4	23	15	5	3	73	16.5	7	1.4735	77923.98	286685.00	-208761.02					
(26) 60615																			
ER EMERGENCY ROOM		2	2	2	2	2	2	2	1.0	2		181.87	2112.50	-1930.63					
IN INPATIENT		1	5	6	4	2	2	85	21.8	6	0.9256	47673.24	210497.50	-162824.26					
(26) 60615 TOTAL		40	2	32	18	3	5	87	18.9	6	0.9256	47855.11	212610.00	-164754.89					
(26) 60612																			
ER EMERGENCY ROOM		1	1	1	1	1	1	1	1.0	1		390.05	1059.50	-669.45					
IN INPATIENT		7	7	7	7	7	7	56	9.0	6	0.8184	41155.34	67139.00	-25983.66					
(26) 60612 TOTAL		41	41	39	49	8	8	57	8.5	6	0.8184	41545.39	68198.50	-26653.11					
(23) 60641																			
IN INPATIENT		8	8	8	8	8	8	22	1.1	8	0.7306	15719.94	27158.00	-11438.06					
(23) 60641 TOTAL		42	114	64	73	8	8	22	1.1	8	0.7306	15719.94	27158.00	-11438.06					
(23) 60409																			
IN INPATIENT		8	8	8	8	8	8	25	0.5	8	0.6552	24211.19	35550.00	-11338.81					
(23) 60409 TOTAL		43	132	53	75	8	8	25	0.5	8	0.6552	24211.19	35550.00	-11338.81					
(23) 60202																			
IN INPATIENT		8	8	8	8	8	8	24	0.3	8	0.6256	19556.09	28070.00	-8513.91					
(23) 60202 TOTAL		44	144	58	83	8	8	24	0.3	8	0.6256	19556.09	28070.00	-8513.91					

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 USER: FINTAC

South Shore Hospital ABS LIVE*
 PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

VERSION SORT: YES	SUB FIELD1	SUB FIELD2	COUNT			DISPOSITION			LOS TOTAL	LOS VAR	LOS OUT	CHG OUT	AVG CSWT	TOTAL REIMBUR	TOTAL CHARGES	AGE DISTRIBUTION					
			PAT	EXP	HM	TRN	OTB	INFNT								CHLD	ADOL	ADULT	ELDER		
(27) 60616	IN	INPATIENT	3	4	7	1	1	1	5	38	6.2	6	1.3314	54903.17	114461.50	-59558.33				1	6
(27) 60616	TOTAL		3	4	7	1	1	1	5	38	6.2	6	1.3314	54903.17	114461.50	-59558.33				1	6
(27) 60419	ER	EMERGENCY ROOM	1	1	1	1	1	1	1	1	1.0	6	1.4382	365.54	951.00	-585.46				1	1
(27) 60419	IN	INPATIENT	5	1	6	1	1	5	48	8.2	6	1.4382	63307.61	146800.00	-83492.39				1	5	
(27) 60419	TOTAL		6	1	7	2	2	5	49	7.6	6	1.4382	63673.15	147751.00	-84077.85				2	5	
(26) 60827	IN	INPATIENT	2	4	6	6	6	6	68	10.1	6	0.9851	42446.77	101651.00	-59204.23				6	6	
(26) 60827	IHO	OBSERVATION PATIENT	1	1	1	1	1	1	3	3.0	6	1.4382	120.99	4632.50	-4511.51				1	1	
(26) 60827	TOTAL		2	5	7	7	7	7	71	9.4	6	0.9851	42567.76	106283.50	-63715.74				6	6	
(26) 60651	IN	INPATIENT	6	6	6	6	6	6	36	6.5	6	0.7227	31195.24	49013.50	-17818.26				6	6	
(26) 60651	TOTAL		6	6	6	6	6	6	36	6.5	6	0.7227	31195.24	49013.50	-17818.26				6	6	
(26) 60629	ER	EMERGENCY ROOM	1	1	1	1	1	1	1	1.0	6	1.4382	32019.65	68588.00	-36568.35				1	1	
(26) 60629	IN	INPATIENT	5	5	5	5	5	5	63	14.1	4	0.8902	32019.65	68588.00	-36568.35				5	5	
(26) 60629	TOTAL		1	5	6	6	6	6	64	12.9	4	0.8902	32019.65	68588.00	-36568.35				6	6	
(26) 60409	ER	EMERGENCY ROOM	1	1	1	1	1	1	1	1.0	6	1.4382	688.38	2539.00	-1850.62				1	1	
(26) 60409	IN	INPATIENT	1	4	5	4	4	4	23	5.2	5	1.6364	50553.62	48607.50	1946.12				4	4	
(26) 60409	TOTAL		2	4	6	5	5	5	24	4.7	5	1.6364	51242.00	51146.50	95.50				5	5	
(23) 60652	IN	INPATIENT	6	6	6	6	6	6	16	0.5	6	0.5811	11603.98	19029.50	-7425.52				6	6	
(23) 60652	TOTAL		6	6	6	6	6	6	16	0.5	6	0.5811	11603.98	19029.50	-7425.52				6	6	
(23) 60612	IN	INPATIENT	2	4	6	6	6	6	17	1.2	6	0.8316	10009.87	24345.03	-14335.16				6	6	
(23) 60612	TOTAL		2	4	6	6	6	6	17	1.2	6	0.8316	10009.87	24345.03	-14335.16				6	6	

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 USER: FINTAC

South Shore Hospital ABS LIVE+
 PSYCHIATRIC DIAGNOSIS BY ZIP CODE

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

		PAT LOS		RANK		COUNT		DISPOSITION				LOS		CHG		AVG		TOTAL		TOTAL		AGE DISTRIBUTION					
		PAT	LOS	REH	DIF	F	M	PAT	EXP	HON	TRN	OTH	LOS	TOTAL	LOS	VAR	OUT	CSWT	REMBUR	TOTAL	CHARGES	INPAT	CHILD	ADOL	ADULT	ELDER	
(23)	60426																										
	IN INPATIENT	3	3	6	6	6	6	6	6	6	6	6	16	1.4	6	0.8062	12224.57	20983.50	-8758.93	6	6						
(23)	60426 TOTAL	53	111	76	82	3	3	6	6	6	6	16	1.4	6	0.8062	12224.57	20983.50	-8758.93	6	6							
(27)	60636																										
	IN INPATIENT	1	4	5	5	5	5	5	5	5	5	55	12.5	5	0.9074	32238.24	66578.00	-34339.76	3	2							
(27)	60636 TOTAL	54	13	46	43	1	4	5	5	5	5	55	12.5	5	0.9074	32238.24	66578.00	-34339.76	3	2							
(27)	60620																										
	ER EMERGENCY ROOM	1	1	2	2	2	2	2	2	2	2	2	3.3	2	1.6542	224.00	1182.00	-958.00	2	2							
	IN INPATIENT	2	1	3	1	2	2	2	2	2	2	21	8.6	3	1.6542	36463.00	94665.00	-58202.00	2	1							
(27)	60620 TOTAL	55	56	41	33	3	2	5	1	4	4	23	7.0	5	1.6542	36687.00	95847.00	-59160.00	4	1							
(26)	60639																										
	IN INPATIENT	5	5	5	5	5	5	5	5	5	5	50	10.3	5	0.8902	31990.65	53124.50	-21133.85	4	1							
(26)	60639 TOTAL	56	22	48	53	5	5	5	5	5	5	50	10.3	5	0.8902	31990.65	53124.50	-21133.85	4	1							
(26)	60473																										
	IN INPATIENT	3	2	5	5	5	5	5	5	5	5	38	7.7	5	1.6263	58462.35	112330.00	-53867.65	5	5							
(26)	60473 TOTAL	57	49	28	37	3	2	5	2	2	2	38	7.7	5	1.6263	58462.35	112330.00	-53867.65	5	5							
(23)	60633																										
	IN INPATIENT	1	4	5	5	5	5	5	5	5	5	16	1.4	5	0.8535	18915.39	37455.50	-18540.11	5	5							
(23)	60633 TOTAL	58	110	60	58	1	4	5	2	3	3	16	1.4	5	0.8535	18915.39	37455.50	-18540.11	5	5							
(26)	60609																										
	IN INPATIENT	2	2	4	4	4	4	4	4	4	4	32	9.1	4	0.7676	20984.19	54647.00	-33662.81	3	1							
(26)	60609 TOTAL	59	33	55	44	2	2	4	4	4	4	32	9.1	4	0.7676	20984.19	54647.00	-33662.81	3	1							
(23)	60660																										
	IN INPATIENT	4	4	4	4	4	4	4	4	4	4	11	0.8	4	0.6917	7771.13	13831.50	-6060.37	4	4							
(23)	60660 TOTAL	60	129	85	99	4	4	4	4	4	4	11	0.8	4	0.6917	7771.13	13831.50	-6060.37	4	4							

DATE: 02/08/10 @ 1213
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South Shore Hospital ABS LIVE*
 PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	PAT LOS	REM	DIF	F	M	COURT	DISPOSITION			LOS	TOTAL	LOS	CHG	VAR	OUT	AVG	CSTWT	TOTAL	REIMBUR	TOTAL	CHARGES	DIFFS	AGE DISTRIBUTION										
								PAT	EXP	HCH														TRN	OTH	INENT	CHILD	ADOL	ADULT	ELDER				
(23) 60643	IN INPATIENT	1	3	4	2	2	2	2	2	2	2	2	2	2	2	2	1.5713	26996.16	82418.00	82418.00	-55421.84			4										
(23) 60643 TOTAL		61	104	52	35	1	3	4	2	2	2	2	2	2	2	2	1.5713	26996.16	82418.00	82418.00	-55421.84			4										
(23) 60609	IN INPATIENT	2	2	4	4	4	4	4	4	4	4	4	4	4	4	4	0.6198	8234.80	16433.50	16433.50	-8198.70			4										
(23) 60609 TOTAL		62	141	82	85	2	2	4	4	4	4	4	4	4	4	4	0.6198	8234.80	16433.50	16433.50	-8198.70			4										
(23) 60120	IN INPATIENT	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	0.6198	8234.80	14842.50	14842.50	-6607.70			4										
(23) 60120 TOTAL		63	146	83	96	4	4	4	4	4	4	4	4	4	4	4	0.6198	8234.80	14842.50	14842.50	-6607.70			4										
(27) 60615	ER EMERGENCY ROOM IN INPATIENT	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	0.8015	11740.25	1015.50	20171.50	-8431.25			1	1									
(27) 60615 TOTAL		64	20	77	78	3	3	3	3	3	3	3	3	3	3	3	0.8015	11921.25	21187.00	21187.00	-9265.75			2	1									
(27) 60612	IN INPATIENT	1	2	3	3	3	3	3	3	3	3	3	3	3	3	3	0.9685	21311.45	37093.00	37093.00	-15781.55			2	1									
(27) 60612 TOTAL		65	42	54	63	1	2	3	2	1	2	1	2	1	2	1	0.9685	21311.45	37093.00	37093.00	-15781.55			2	1									
(26) 60641	IN INPATIENT	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0.8902	19193.25	22708.00	22708.00	-3514.75			3										
(26) 60641 TOTAL		66	52	59	109	3	3	3	3	3	3	3	3	3	3	3	0.8902	19193.25	22708.00	22708.00	-3514.75			3										
(26) 60623	IN INPATIENT	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0.9291	13647.37	25785.00	25785.00	-12137.63			1	2									
(26) 60623 TOTAL		67	63	71	69	3	3	3	3	3	3	3	3	3	3	3	0.9291	13647.37	25785.00	25785.00	-12137.63			1	2									
(26) 60610	ER EMERGENCY ROOM IN INPATIENT	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	0.8902	12807.86	886.00	23527.00	-10719.14			1	2									
(26) 60610 TOTAL		68	37	73	72	1	2	3	2	1	2	1	2	1	2	1	0.8902	12874.86	24413.00	24413.00	-11538.14			3										

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DATE: 02/08/10 @ 1213 South Shore Hospital ABS LIVE+ PSYCHIATRIC DIAGNOSIS BY ZIP CODE
 USER: FINTAC DRG/APG STANDARD REPORT FORMAT COMPILED 02/08/10

VERSION SORT: YES TYPE: PATIENT STATISTICS
 MAJOR SORT: ZIP STOP PRINT AFTER TOP:
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	RANK		COUNT		DISPOSITION			LOS	TOTAL	LOS	VAR	LOS	CHG	OUT	CSTPT	AVG	TOTAL	REIMBUR	TOTAL	AGE DISTRIBUTION		
		PAT	LOS	REM	DIF	F	M	PAT													EXP	HOW	TRN
(26) 60453	IN	69	48	13	19	1	2	3	1	2	56	7.8	3	7.0274	150741.57	304700.50	-153958.93	1	2				
(26) 60453 TOTAL											56	7.8	3	7.0274	150741.57	304700.50	-153958.93	1	2				
(26) 60411	IN	70	88	69	93	1	2	3	1	2	9	3.3	3	0.6490	13889.75	21155.50	-7265.75	1	2				
(26) 60411 TOTAL											9	3.3	3	0.6490	13889.75	21155.50	-7265.75	1	2				
(23) 60651	IN	71	135	102	105	3	3	3	3	3	9	0.3	3	0.6198	6176.10	10759.50	-4583.40	3					
(23) 60651 TOTAL											9	0.3	3	0.6198	6176.10	10759.50	-4583.40	3					
(23) 60624	IN	72	139	95	104	1	2	3	3	3	9	0.3	3	0.6198	6793.83	11872.00	-5078.17	3					
(23) 60624 TOTAL											9	0.3	3	0.6198	6793.83	11872.00	-5078.17	3					
(23) 60543	IN	73	151	109	108	1	2	3	3	3	7	0.1	3	0.4681	5249.00	8851.50	-3602.50	3					
(23) 60543 TOTAL											7	0.1	3	0.4681	5249.00	8851.50	-3602.50	3					
(27) 60644	IN	74	20	66	91	2	2	2	2	2	21	10.8	2	0.9742	14277.99	21684.50	-7406.51	2					
(27) 60644 TOTAL											21	10.8	2	0.9742	14277.99	21684.50	-7406.51	2					
(27) 60643	IN	75	72	57	61	2	2	2	1	1	15	5.5	2	1.3406	19700.20	56824.00	-37123.80	1	1				
(27) 60643 TOTAL											15	5.5	2	1.3406	19700.20	56824.00	-37123.80	1	1				
(27) 60633	ER					1	1	1	1	1	1	1.0	1	87.56	275.50	-187.94	1						
(27) 60633 ER EMERGENCY ROOM						1	1	1	1	1	3	3.0	1	6008.59	6040.50	-31.91	1						
(27) 60633 IN INPATIENT						2	2	2	1	1	4	2.2	1	6096.15	6316.00	-219.85	2						
(27) 60633 TOTAL											4	2.2	1	6096.15	6316.00	-219.85	2						

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DATE: 02/08/10 @ 1213
USER: FINTAC

South Shore Hospital ABS LIVE+
PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APG STANDARD REPORT FORMAT
COMPILED 02/08/10

VERSION SORT: YES
MAJOR SORT: ZIP
MINOR SORT: PT STATUS

SUB FIELD1		SUB FIELD2		COUNT		DISPOSITION				LOS		CHG		AVG		TOTAL		TOTAL		AGE DISTRIBUTION					
PAT	LOS	REM	DIF	F	H	PAT	EXP	HOW	TRN	OTH	LOS	TOTAL	LOS	VAR	OUT	CSTWT	REIMBUR	CHARGES	DIFFS	INFT	CHLD	ADOL	ADULT	ELDER	
(27)	60629																								
	ER			1	1	1	1	1	1	1	1	1	1.0			0.9742	0.00	1348.50	-1348.50						1
	IN			1	1	1	1	1	1	1	24	24.0	1			0.9742	7157.70	25115.50	-17957.80						1
	(27)	60629	TOTAL			2	2	2	2	2	25	17.0	1			0.9742	7157.70	26464.00	-19306.30						2
(27)	60626																								
	IN			2	2	2	2	2	2	2	30	12.5	2			0.9742	14277.99	38698.00	-24420.01						2
	(27)	60626	TOTAL			2	2	2	2	2	30	12.5	2			0.9742	14277.99	38698.00	-24420.01						2
(27)	60617-2437																								
	IN			1	1	1	1	1	1	1	3	3.0	1			0.9452	6944.64	6414.50	530.14						1
	INO			1	1	1	1	1	1	1	2	1.6	1			0.9452	1926.31	10062.00	-8135.69						1
	(27)	60617-2437	TOTAL			2	2	2	2	2	5	2.4	2			0.9452	8870.95	16476.50	-7605.55						2
(27)	60609																								
	IN			1	1	2	2	2	2	2	14	8.6	1			0.9742	14315.40	17217.00	-2901.60						2
	(27)	60609	TOTAL			1	1	1	1	1	14	8.6	1			0.9742	14315.40	17217.00	-2901.60						2
(27)	60472																								
	IN			1	1	2	2	2	2	2	11	5.7	2			1.2065	18001.04	21813.00	-3811.96						2
	(27)	60472	TOTAL			1	1	1	1	1	11	5.7	2			1.2065	18001.04	21813.00	-3811.96						2
(27)	46407																								
	ER			1	1	2	2	2	2	2	2	4.7	2			0.00	1228.00	1228.00	-1228.00						2
	(27)	46407	TOTAL			1	1	1	1	1	2	4.7	2			0.00	1228.00	1228.00	-1228.00						2
(26)	60654																								
	IN			2	2	2	2	2	2	2	16	8.0	2			0.8902	12807.86	21916.50	-9108.64						2
	(26)	60654	TOTAL			2	2	2	2	2	16	8.0	2			0.8902	12807.86	21916.50	-9108.64						2
(26)	60640																								
	ER			1	1	1	1	1	1	1	1	1.0				0.8902	67.00	502.50	-435.50						1
	IN			1	1	1	1	1	1	1	14	14.0	1			0.8902	5335.93	18066.00	-12730.07						1
	(26)	60640	TOTAL			2	2	2	2	2	15	9.9	1			0.8902	5402.93	18568.50	-13165.57						2

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DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	RANK		COUNT		DISPOSITION		LOS		CHG		AVG CSWT	TOTAL REIMBUR	TOTAL CHANGES	AGE DISTRIBUTION			
		PAT LOS	REH DIF	F	M	PAT	EXP	ADM	TRN	OTH	LOS				OUT	VAR	INTNT	CHILD
(26) 60626	IN INPATIENT			2	2	2	2	2	10.8	2	0.8902	12778.86	21656.00	-8877.14				2
(26) 60626	TOTAL	85	21	75	80	2	2	2	10.8	2	0.8902	12778.86	21656.00	-8877.14				2
(26) 60472	IN INPATIENT			2	2	2	2	2	6.7	2	1.2219	17404.28	38141.00	-20736.72				2
(26) 60472	TOTAL	86	61	63	54	2	2	2	6.7	2	1.2219	17404.28	38141.00	-20736.72				2
(26) 60426	IN INPATIENT			1	1	2	2	2	4.5	2	1.2062	17600.27	29035.00	-11434.73				2
(26) 60426	TOTAL	87	82	62	74	1	1	2	4.5	2	1.2062	17600.27	29035.00	-11434.73				2
(23) 60640	IN INPATIENT			2	2	2	2	2	1.9	2	1.1745	4116.68	7302.00	-3185.32				2
(23) 60640	TOTAL	88	107	122	111	2	2	2	1.9	2	1.1745	4116.68	7302.00	-3185.32				2
(23) 60411	IN INPATIENT			2	2	2	2	2	0.3	2	0.6198	4744.13	7623.50	-2879.37				2
(23) 60411	TOTAL	89	143	114	114	2	2	2	0.3	2	0.6198	4744.13	7623.50	-2879.37				2
(23) 60153	IN INPATIENT			2	2	2	2	2	1.9	2	1.1745	4116.68	7596.00	-3479.32				2
(23) 60153	TOTAL	90	108	123	110	2	2	2	1.9	2	1.1745	4116.68	7596.00	-3479.32				2
(23) 60152	IN INPATIENT			2	2	2	2	2	0.3	2	0.6198	4735.13	7609.50	-2874.37				2
(23) 60152	TOTAL	91	145	115	115	2	2	2	0.3	2	0.6198	4735.13	7609.50	-2874.37				2
(23) 60139	IN INPATIENT			1	1	2	2	2	0.2	2	0.6288	4115.96	7004.50	-2888.54				2
(23) 60139	TOTAL	92	149	124	113	1	1	2	0.2	2	0.6288	4115.96	7004.50	-2888.54				2
(27) 60654	IN INPATIENT			1	1	1	1	1	7.0	1	0.4021	2954.34	10519.00	-7564.66				1
(27) 60654	TOTAL	93	55	127	89	1	1	1	7.0	1	0.4021	2954.34	10519.00	-7564.66				1

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South Shore Hospital ABS LIVE+
PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APC STANDARD REPORT FORMAT
COMPILED 02/08/10

VERSION SORT: YES
MAJOR SORT: ZIP
MINOR SORT: PT STATUS

TYPE: PATIENT STATISTICS
STOP PRINT AFTER TOP:

SUB FIELD1	SUB FIELD2	PAT LOS	RANK	COUNT		DISPOSITION				LOS OUT	LOS VAR	CHG OUT	AVG CSTWT	TOTAL REIMBUR	TOTAL CHARGES	AGE DISTRIBUTION			
				F	N	PAT	EXP	BOK	TRN							QTR	DIFFS	INFNT	CHILD
(27) 60653	ER EMERGENCY ROOM			1		1				1	1.0			275.50	275.50	0.00			1
89	(27) 60653 TOTAL	94	115	145	140	1				1	1.0			275.50	275.50	0.00			1
(27) 60652	IN INPATIENT					1				3	3.0	1	0.6288	4619.96	3492.50	1127.46			1
90	(27) 60652 TOTAL	95	90	117	150	1				3	3.0	1	0.6288	4619.96	3492.50	1127.46			1
(27) 60651	IN INPATIENT					1				6	6.0	1	0.9742	7157.70	8478.50	-1320.80			1
91	(27) 60651 TOTAL	96	65	86	129	1				6	6.0	1	0.9742	7157.70	8478.50	-1320.80			1
(27) 60640	IN INPATIENT					1				11	11.0	1	0.9742	7157.70	12996.00	-5838.30			1
92	(27) 60640 TOTAL	97	17	87	100	1				11	11.0	1	0.9742	7157.70	12996.00	-5838.30			1
(27) 60624	IN INPATIENT					1				14	5.8	1	0.9742	7157.70	15001.00	-7843.30			1
93	(27) 60624 TOTAL	98	70	89	87	1				14	5.8	1	0.9742	7157.70	15001.00	-7843.30			1
(27) 60610	IN INPATIENT					1				8	8.0	1	0.9742	6623.70	9283.50	-2659.80			1
94	(27) 60610 TOTAL	99	44	96	117	1				8	8.0	1	0.9742	6623.70	9283.50	-2659.80			1
(27) 60559	IN INPATIENT					1				4	4.0	1	0.4021	2954.34	5790.50	-2836.16			1
95	(27) 60559 TOTAL	100	83	128	116	1				4	4.0	1	0.4021	2954.34	5790.50	-2836.16			1
(27) 60443	IN INPATIENT					1				12	12.0	1	0.6843	5027.73	32703.50	-27675.77			1
96	(27) 60443 TOTAL	101	15	112	47	1				12	12.0	1	0.6843	5027.73	32703.50	-27675.77			1
(27) 60440	IN INPATIENT					1				3	3.0	1	0.6288	4619.96	3523.50	1096.46			1
97	(27) 60440 TOTAL	102	91	118	149	1				3	3.0	1	0.6288	4619.96	3523.50	1096.46			1

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DATE: 02/08/10 @ 1213
 USER: FINTAC

South Shore Hospital ABS LIVE+
 PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	COUNT			DISPOSITION			LOS	TOTAL	LOS	VAR	CHG	AVG	CSWT	REIMBUR	TOTAL	CHARGES	AGE DISTRIBUTION		
		PAT	LOS	REM	DIF	EXP	HOH											TRN	OTH	INFT
(27) 60429																				
IN	INPATIENT	1				1			5	5.0	1	0.5404	3970.47	11040.50	-7070.03					1
98	(27) 60429 TOTAL	103	75	125	94	1			5	5.0	1	0.5404	3970.47	11040.50	-7070.03					1
(27) 60428																				
IN	INPATIENT	1				1			8	8.0	1	1.5396	11252.73	24291.00	-13038.27					1
99	(27) 60428 TOTAL	104	45	79	68	1			8	8.0	1	1.5396	11252.73	24291.00	-13038.27					1
(27) 60426																				
IN	INPATIENT					1			15	15.0	1	0.9742	7157.70	19158.49	-12000.79					1
100	(27) 60426 TOTAL	105	5	90	70	1			15	15.0	1	0.9742	7157.70	19158.49	-12000.79					1
(27) 60409																				
IN	INPATIENT					1			9	9.0	1	0.9742	7120.29	11523.00	-4402.71					1
101	(27) 60409 TOTAL	106	34	93	106	1			9	9.0	1	0.9742	7120.29	11523.00	-4402.71					1
(27) 60201																				
IN	INPATIENT					1			13	13.0	1	0.9742	7157.70	13542.00	-6384.30					1
102	(27) 60201 TOTAL	107	9	91	97	1			13	13.0	1	0.9742	7157.70	13542.00	-6384.30					1
(27) 60107																				
IN	INPATIENT					1			3	3.0	1	0.6288	4595.82	4265.50	330.32					1
103	(27) 60107 TOTAL	108	92	120	146	1			3	3.0	1	0.6288	4595.82	4265.50	330.32					1
(27) 60104																				
IN	INPATIENT					1			13	13.0	1	0.9742	7157.70	14494.00	-7336.30					1
104	(27) 60104 TOTAL	109	10	92	92	1			13	13.0	1	0.9742	7157.70	14494.00	-7336.30					1
(27) 60076																				
IN	INPATIENT					1			13	13.0	1	0.9742	7120.29	13315.00	-6194.71					1
105	(27) 60076 TOTAL	110	11	94	98	1			13	13.0	1	0.9742	7120.29	13315.00	-6194.71					1
(27) 35601																				
IN	INPATIENT					1			10	10.0	1	0.5404	3970.47	21785.00	-17814.53					1
106	(27) 35601 TOTAL	111	25	126	61	1			10	10.0	1	0.5404	3970.47	21785.00	-17814.53					1

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South Shore Hospital ABS LIVE*
 PSYCHIATRIC DIGNOSIS BY ZIP CODE

DATE: 02/08/10 @ 1213
 USER: FINTAC

DRG/APG STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	PAT	LOS	RANK	REM	DIF	COUNT		PAT	DISPOSITION				LOS	TOTAL	LOS	CEG	AVG	CSTWT	TOTAL	REIMBUR	TOTAL	CHARGES	DIFFS	AGE DISTRIBUTION		
							F	M		EXP	ROM	TRN	OTH												VAR	OUT	INFNT
(27) 00000	ER EMERGENCY ROOM	1	1	1	1	1	1	1	1	1	1	1	1	1	1.0	1	1	0.00	0.00	232.00	0.00	232.00	-232.00	1			
(27) 00000 TOTAL		1	1	1	1	1	1	1	1	1	1	1	1	1.0	1	1	0.00	0.00	232.00	0.00	232.00	-232.00	1				
(26) 78213-2932	IN INPATIENT	1	1	1	1	1	1	1	1	1	1	1	1	1.0	1	1	0.8027	0.8027	3414.97	5774.47	2359.50	3414.97	1				
(26) 78213-2932 TOTAL		1	1	1	1	1	1	1	1	1	1	1	1.0	1	1	0.8027	0.8027	3414.97	5774.47	2359.50	3414.97	1					
(26) 63113	ER EMERGENCY ROOM	1	1	1	1	1	1	1	1	1	1	1	1	1.0	1	1	0.3878	0.3878	1247.63	329.24	275.50	53.74	1				
(26) 63113 TOTAL		1	1	1	1	1	1	1	1	1	1	1	1.0	1	1	0.3878	0.3878	1247.63	329.24	275.50	53.74	1					
(26) 61109	IN INPATIENT	1	1	1	1	1	1	1	1	1	1	1	1.1	1	1	1	0.3878	0.3878	1247.63	2777.13	1529.50	1247.63	1				
(26) 61109 TOTAL		1	1	1	1	1	1	1	1	1	1	1.1	1	1	1	0.3878	0.3878	1247.63	2777.13	1529.50	1247.63	1					
(26) 61108	IN INPATIENT	1	1	1	1	1	1	1	1	1	1	1	3	3.0	1	1	0.5812	0.5812	13841.00	13784.00	13841.00	-57.00	1				
(26) 61108 TOTAL		1	1	1	1	1	1	1	1	1	1	3	3.0	1	1	0.5812	0.5812	13841.00	13784.00	13841.00	-57.00	1					
(26) 60805	IN INPATIENT	1	1	1	1	1	1	1	1	1	1	20	20.0	1	1	1	1.9404	1.9404	32675.14	13958.86	46634.00	-32675.14	1				
(26) 60805 TOTAL		1	1	1	1	1	1	1	1	1	20	20.0	1	1	1	1.9404	1.9404	32675.14	13958.86	46634.00	-32675.14	1					
(26) 60659	ER EMERGENCY ROOM	1	1	1	1	1	1	1	1	1	1	1	2.3	1	1	1	0.00	0.00	2075.00	0.00	2075.00	-2075.00	1				
(26) 60659 TOTAL		1	1	1	1	1	1	1	1	1	1	2.3	1	1	1	0.00	0.00	2075.00	0.00	2075.00	-2075.00	1					
(26) 60647	ER EMERGENCY ROOM	1	1	1	1	1	1	1	1	1	1	1	1.0	1	1	1	26.00	26.00	198.00	26.00	224.00	-198.00	1				
(26) 60647 TOTAL		1	1	1	1	1	1	1	1	1	1	1.0	1	1	1	26.00	26.00	198.00	26.00	224.00	-198.00	1					
(26) 60642	IN INPATIENT	1	1	1	1	1	1	1	1	1	1	12	12.0	1	1	1	0.8902	0.8902	6879.07	6403.93	13283.00	-6879.07	1				
(26) 60642 TOTAL		1	1	1	1	1	1	1	1	1	12	12.0	1	1	1	0.8902	0.8902	6879.07	6403.93	13283.00	-6879.07	1					

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VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

DRG/APC STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

SUB FIELD1	SUB FIELD2	COUNT		DISPOSITION				LOS	TOTAL	LOS	CHG	AVG	TOTAL	TOTAL	DIFFS	AGE DISTRIBUTION		
		PAT	LOS	EXP	HOM	TRN	OTF									INPT	CHLD	ADOL
(26) 60637-7823	IN INPATIENT	1	1	1	1	1	1	5	5.0	1	0.682	13615.50	13615.50	0.00				1
116	(26) 60637-7823 TOTAL	121	76	72	141	1	1	5	5.0	1	0.682	13615.50	13615.50	0.00				1
(26) 60635	IN INPATIENT	1	1	1	1	1	1	3	3.0	1	0.6198	4458.71	3636.50	822.21				1
117	(26) 60635 TOTAL	122	94	121	148	1	1	3	3.0	1	0.6198	4458.71	3636.50	822.21				1
(26) 60632	IN INPATIENT	1	1	1	1	1	1	2	2.0	1	0.722	0.00	10260.00	-10260.00				1
118	(26) 60632 TOTAL	123	106	151	77	1	1	2	2.0	1	0.722	0.00	10260.00	-10260.00				1
(26) 60625	IN INPATIENT	1	1	1	1	1	1	1	1.0	1	0.3878	2789.76	2443.50	346.26				1
119	(26) 60625 TOTAL	124	120	129	147	1	1	1	1.0	1	0.3878	2789.76	2443.50	346.26				1
(26) 60624	IN INPATIENT	1	1	1	1	1	1	11	11.0	1	0.8902	5335.93	10924.50	-5588.57				1
120	(26) 60624 TOTAL	125	18	108	101	1	1	11	11.0	1	0.8902	5335.93	10924.50	-5588.57				1
(26) 60617-2437	IN INPATIENT	1	1	1	1	1	1	5	5.0	1	0.7097	5105.45	13538.50	-8433.05				1
121	(26) 60617-2437 TOTAL	126	77	111	84	1	1	5	5.0	1	0.7097	5105.45	13538.50	-8433.05				1
(26) 60559	IN INPATIENT	1	1	1	1	1	1	6	6.0	1	0.8902	6403.93	8133.00	-1729.07				1
122	(26) 60559 TOTAL	127	67	96	131	1	1	6	6.0	1	0.8902	6403.93	8133.00	-1729.07				1
(26) 60514	ER EMERGENCY ROOM	1	1	1	1	1	1	1	2.3	1	1767.00	1817.00	-50.00					1
123	(26) 60514 TOTAL	128	101	139	139	1	1	1	2.3	1	1767.00	1817.00	-50.00					1
(26) 60455	IN INPATIENT	1	1	1	1	1	1	8	8.0	1	0.8477	4600.00	13370.00	-8770.00				1
124	(26) 60455 TOTAL	129	47	119	81	1	1	8	8.0	1	0.8477	4600.00	13370.00	-8770.00				1

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DATE: 02/08/10 @ 1213
USER: FINTAC

South Shore Hospital ABS LIVE*
PSYCHIATRIC DIAGNOSIS BY ZIP CODE

VERSION SORT: YES
MAJOR SORT: ZIP
MINOR SORT: PT STATUS

DRG/AFIC STANDARD REPORT FORMAT
COMPILED 02/08/10

SUB FIELD1		SUB FIELD2		COUNT		DISPOSITION			LOS			CHG		AVG		TOTAL	TOTAL	AGE DISTRIBUTION								
PAT	LOS	RANK	REM	DIF	F	M	PAT	EXP	ADM	TRN	OTH	LOS	OUT	LOS	VAR	OUT	CHG	REMBUR	CHARGES	DIFFS	INFT	CHILD	ADOL	ADULT	ELDER	
(26)	60443																									
IN	INPATIENT				1		1		1			4	0.6	1			5483.35	10864.50	10864.50	-5381.15						1
(26)	60443	TOTAL			1		1		1			4	0.6	1			5483.35	10864.50	10864.50	-5381.15						1
(26)	60438																									
ER	EMERGENCY ROOM						1		1			1	1.0				801.00	801.00	801.00	0.00						1
(26)	60438	TOTAL			1		1		1			1	1.0				801.00	801.00	801.00	0.00						1
(26)	60432																									
IN	INPATIENT				1		1		1			5	5.0	1			4853.17	7249.50	7249.50	-2396.33						1
(26)	60432	TOTAL			1		1		1			5	5.0	1			4853.17	7249.50	7249.50	-2396.33						1
(26)	60429																									
IN	INPATIENT						1		1			15	15.0	1			6374.93	18245.50	18245.50	-11870.57						1
(26)	60429	TOTAL					1		1			15	15.0	1			6374.93	18245.50	18245.50	-11870.57						1
(26)	60428																									
IN	INPATIENT				1		1		1			6	6.0	1			7907.44	20962.00	20962.00	-13054.56						1
(26)	60428	TOTAL			1		1		1			6	6.0	1			7907.44	20962.00	20962.00	-13054.56						1
(26)	60123																									
IN	INPATIENT				1		1		1			11	11.0	1			6403.93	11551.50	11551.50	-5147.57						1
(26)	60123	TOTAL			1		1		1			11	11.0	1			6403.93	11551.50	11551.50	-5147.57						1
(26)	60085																									
IN	INPATIENT				1		1		1			14	14.0	1			6403.93	14304.00	14304.00	-7900.07						1
(26)	60085	TOTAL			1		1		1			14	14.0	1			6403.93	14304.00	14304.00	-7900.07						1
(26)	46405																									
IN	INPATIENT				1		1		1			7	7.0	1			5442.12	24100.50	24100.50	-18658.38						1
(26)	46405	TOTAL			1		1		1			7	7.0	1			5442.12	24100.50	24100.50	-18658.38						1
(26)	46327																									
ER	EMERGENCY ROOM						1		1			1	2.3	1			806.00	806.00	806.00	0.00						1
(26)	46327	TOTAL					1		1			1	2.3	1			806.00	806.00	806.00	0.00						1

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South Shore Hospital ABS LIVE+
 PSYCHIATRIC DIGNOSIS BY ZIP CODE

DATE: 02/08/10 @ 1213
 USER: FINTAC

DRG/APC STANDARD REPORT FORMAT
 COMPILED 02/06/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

AGE DISTRIBUTION
 INFNT CHILD ADOL ADULT ELDER

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

SUB FIELD1 SUB FIELD2

RANK COUNT

PAT LOS REM DIF F M

DISPOSITION
 HOM TRN OTH

LOS TOTAL LOS VAR OUT

LOS OUT LOS

AVG CSWT
 TOTAL REIMBUR
 TOTAL CHARGES

DIFFS

SUB FIELD1	SUB FIELD2	COUNT		DISPOSITION			LOS TOTAL		LOS VAR OUT		AVG CSWT	TOTAL REIMBUR	TOTAL CHARGES	DIFFS	AGE DISTRIBUTION				
		PAT	LOS	HOM	TRN	OTH	LOS	OUT	LOS	OUT					INFNT	CHILD	ADOL	ADULT	ELDER
(26)	02119	ER	EMERGENCY ROOM	1	1	1	1	1	1.0	1	1.0	181.00	443.00	-262.00	1				
(26)	02119	TOTAL		1	1	1	1	1	1.0	1	1.0	181.00	443.00	-262.00	1				
(26)	00000	ER	EMERGENCY ROOM	1	1	1	1	1	1.0	1	1.0	0.00	531.50	-531.50	1				
(26)	00000	TOTAL		1	1	1	1	1	1.0	1	1.0	0.00	531.50	-531.50	1				
(23)	60827	IN	INPATIENT	1	1	1	1	3	0.3	1	0.6198	2058.70	3650.00	-1591.30	1				
(23)	60827	TOTAL		1	1	1	1	3	0.3	1	0.6198	2058.70	3650.00	-1591.30	1				
(23)	60659	IN	INPATIENT	1	1	1	1	2	0.1	1	0.3878	1595.51	2626.50	-1030.99	1				
(23)	60659	TOTAL		1	1	1	1	2	0.1	1	0.3878	1595.51	2626.50	-1030.99	1				
(23)	60647	IN	INPATIENT	1	1	1	1	3	0.3	1	0.6198	2058.70	3760.50	-1701.80	1				
(23)	60647	TOTAL		1	1	1	1	3	0.3	1	0.6198	2058.70	3760.50	-1701.80	1				
(23)	60645	IN	INPATIENT	1	1	1	1	3	0.3	1	0.6198	2058.70	3409.00	-1350.30	1				
(23)	60645	TOTAL		1	1	1	1	3	0.3	1	0.6198	2058.70	3409.00	-1350.30	1				
(23)	60638	IN	INPATIENT	1	1	1	1	3	0.3	1	0.6198	2058.70	3516.00	-1457.30	1				
(23)	60638	TOTAL		1	1	1	1	3	0.3	1	0.6198	2058.70	3516.00	-1457.30	1				
(23)	60605	IN	INPATIENT	1	1	1	1	3	2.7	1	1.7293	2057.98	3473.50	-1415.52	1				
(23)	60605	TOTAL		1	1	1	1	3	2.7	1	1.7293	2057.98	3473.50	-1415.52	1				
(23)	60604	IN	INPATIENT	1	1	1	1	2	3.5	1	0.8477	1660.06	2923.50	-1263.44	1				
(23)	60604	TOTAL		1	1	1	1	2	3.5	1	0.8477	1660.06	2923.50	-1263.44	1				

DATE: 02/08/10 @ 1213
 USER: FINTAC

South Shore Hospital ABS LIVE*
 PSYCHIATRIC DIAGNOSIS BY ZIP CODE

DRG/APC STANDARD REPORT FORMAT
 COMPILED 02/08/10

TYPE: PATIENT STATISTICS
 STOP PRINT AFTER TOP:

VERSION SORT: YES
 MAJOR SORT: ZIP
 MINOR SORT: PT STATUS

SUB FIELD1	SUB FIELD2	COUNT			DISPOSITION				LOS	TOTAL	LOS	CHG	AVG	CSTWT	TOTAL	REIMBUR	TOTAL	AGE DISTRIBUTION					
		PAT	EXP	OTB	IRN	HOM	TRN	DIFFS										INFNT	CHLD	ADOL	ADULT	ELDER	
		RANK	LOS	REM	DIF	F	M																
(23) 60478																							
IN INPATIENT																							
141 (23) 60478 TOTAL		148	142	135	123	1	1	1	1	1	0.3	1	0.6198	2058.70	3702.50	3702.50	-1643.80						1
(23) 60423																							
IN INPATIENT																							
142 (23) 60423 TOTAL		149	133	110	62	1	1	1	1	4	0.4	1	1.1620	5233.52	21518.50	21518.50	-16284.98						1
(23) 60406																							
IN INPATIENT																							
143 (23) 60406 TOTAL		150	152	116	76	1	1	1	1	4	0.1	1	0.9286	4623.63	15879.00	15879.00	-11255.37						1
(23) 60169																							
IN INPATIENT																							
144 (23) 60169 TOTAL		151	148	138	125	1	1	1	1	3	0.2	1	0.6288	2057.98	3538.00	3538.00	-1480.02						1
(23) 60104																							
IN INPATIENT																							
145 (23) 60104 TOTAL		152	147	136	120	1	1	1	1	3	0.3	1	0.6198	2058.70	3873.00	3873.00	-1814.30						1
GRAND TOTALS		949	923	1872	42	1314	462	54	10512	7.6	1664	1.151511412581.72	28913159.92	17500578.20	13	1158	701						

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Congress of the United States
House of Representatives
Washington, DC 20515-1302

SUBCOMMITTEES:
LABOR-HEALTH AND
HUMAN SERVICES-EDUCATION
FOREIGN OPERATIONS, EXPORT FINANCING
AND RELATED PROGRAMS

October 6, 2009

Mr. Leslie Rogers
Assistant Administrator
South Shore Hospital
8012 South Crandon Avenue
Chicago, Illinois 60617-1174

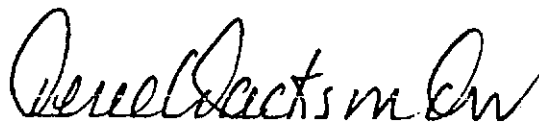
Dear Mr. Rogers:

I write in support of South Shore Hospital's application for a Certificate-of-Need to develop a Geriatric Psychiatric Unit.

The area served by your hospital is densely populated and has a large geriatric population. I have been informed that many patients are referred to hospital programs in other service areas, causing great inconvenience and sometimes a lack of necessary care due to transportation obstacles.

I commend South Shore Hospital for recognizing this need for a burgeoning population. I wish you continued success in your endeavors. If I can be of further assistance, please do not hesitate to contact me or my Manager of Grants and Special Projects, Ms. Mimi Mesirov, at (708) 798-6000.

Sincerely,



Jesse L. Jackson, Jr.
Member of Congress

JLJJr.:MBM:mbm

— ATTACHMENT 19.3 —

87



MICHELLE A. HARRIS
ALDERMAN — 8TH WARD

PUBLIC SERVICE OFFICE
8539 SOUTH COTTAGE GROVE AVENUE
CHICAGO, ILLINOIS 60619
TELEPHONE 773-874-3300
FAX: 773-224-2425

COMMITTEE MEMBERSHIPS

BUDGET AND GOVERNMENT
OPERATIONS

FINANCE

HEALTH

POLICE & FIRE

RULES & ETHICS

SPECIAL EVENTS

TRAFFIC

MICHELLE A. HARRIS

CITY HALL, ROOM 200
121 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60602
TELEPHONE 312-744-3075

September 10, 2009

Mr. Leslie Rogers, Assistant Administrator
South Shore Hospital
8012 South Crandon Avenue
Chicago, Illinois 60617

Dear Mr. Rogers:

Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This projects has the enthusiastic support of Alderman Michelle A. Harris and will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

I commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate-of-Need.

Sincerely,

Michelle A. Harris
Alderman, 8th Ward



CAPITOL OFFICE:

615 CAPITOL BUILDING
SPRINGFIELD, ILLINOIS 62706
217/782-3201
FAX: 217/782-8201

STATE OF ILLINOIS



COMMITTEES:

APPROPRIATIONS I, CHAIRMAN
APPROPRIATIONS II, VICE - CHAIR
APPROPRIATIONS III
ENVIRONMENT & ENERGY

DISTRICT OFFICES:

8704 S. CONSTANCE, STE. 324
CHICAGO, ILLINOIS 60617
773/933-7715
FAX: 773/933-5498

COMMISSIONS:

COMMITTEE ON
GOVERNMENT FORECASTING
AND ACCOUNTABILITY

DONNE E. TROTTER
MAJORITY CAUCUS WHIP
STATE SENATOR - 17TH DISTRICT

Leslie Rogers
Assistant Administrator
South Shore Hospital
8012 S. Crandon
Chicago, Il.606

September 9, 2009.

Dear Leslie Rogers:

I do thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. You have my wholehearted support of this project. It will certainly help fill a long-standing need for these type of services.

South Shore Hospital is located in a densely populated area that has a growing geriatric population, who do require additional inpatient services. Up to now, many of your patients have been referred to hospital programs in other service areas, not always accessible, because of insufficient Geriatric Programs in our area. This has posed undue challenges to our most vulnerable population, as well as their families.

I do commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and am in full support of your application for a Certificate of Need.

Sincerely,


Donne E. Trotter
Illinois State Senator

89

CHICAGO OFFICE:
8539 SOUTH COTTAGE GROVE
CHICAGO, ILLINOIS 60619
773/783-8492
FAX: 773/783-8625

SPRINGFIELD OFFICE:
272-S STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
217/782-8272
FAX: 217/782-2404

repcolvin@sbcglobal.net

ILLINOIS HOUSE OF REPRESENTATIVES



COMMITTEES:
APPROPRIATIONS-PUBLIC
SAFETY
CONSUMER PROTECTION
(CHAIR)
INSURANCE
LABOR
PERSONNEL & PENSIONS
TELECOMMUNICATIONS

MARLOW H. COLVIN
STATE REPRESENTATIVE
33RD REPRESENTATIVE DISTRICT

Wednesday, September 2, 2009

Mr. Leslie Rogers, Assistant Administrator
South Shore Hospital
8012 South Crandon
Chicago, Illinois 60617

Dear Mr. Rogers,

Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This project has my enthusiastic support and it will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

I commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate-of-Need.

Sincerely,

A handwritten signature in black ink that reads "Marlow H. Colvin".

Marlow H. Colvin
Illinois State Representative
33rd Representative District

90

South Shore Nursing & Rehab
2649 East 75th Street
Chicago, IL 60649
773 356-9300

October 2009

To Whom It May Concern:

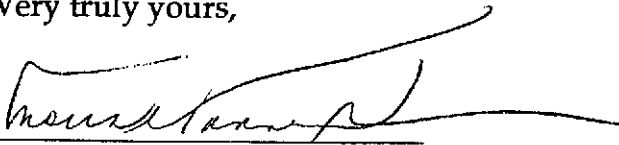
Thank you for sharing South Shore Hospital's plans to develop a Geriatric Psychiatric Unit at the hospital. This project has the enthusiastic support of South Shore Nursing & Rehab and will help fill a long-standing need for these specialized services.

Your hospital's area has a large geriatric population and a need for additional inpatient services. Many of our residents are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

If South Shore Hospital had operated a unit of the kind you are proposing, our facility could potentially have referred approximately one third of our geriatric residents to your hospital. We operate a skilled facility in the South Shore neighborhood and several of our residents who suffer from dementia would potentially benefit from the specialized services that a Geriatric Psychiatric Unit could offer.

We commend South Shore Hospital for recognizing the need for this new Geriatric Psychiatric Unit and I fully support an application for a Certificate-of-Need.

Very truly yours,



Moira L. Tannen, RNC
Administrator

RBCC | RAINBOW BEACH CARE CENTER



7325 S. Exchange Ave. • Chicago, IL 60649
Telephone (773) 731-7300 • Fax (773) 731-5781

Greetings:

We are pleased that South Shore Hospital is planning a Geriatric Psychiatric Program. Although there are psychiatric inpatient units in the area, none of them are geared toward the special problems presented by our elderly population. There is a need for this specialized care in our community.

Rainbow Beach Care Center offers outpatient programs for persons with mental health needs. We have provided post-hospitalization care for many area hospitals and plan to continue to do so. It is our opinion that a referral relationship between Rainbow Beach Care Center and South Shore Hospital would be beneficial to both parties. Most importantly though, it would be beneficial to the persons served, providing the continuity of care necessary for recovery.

I look forward to speaking with you further about this exciting project.

Sincerely,

A handwritten signature in cursive script that reads "Blake A. Willey".

Blake A. Willey
Adminsitrator



THE RENAISSANCE
AT SOUTH SHORE



*A Community-Based,
Nursing, Rehabilitation and Alzheimers Care Center*

9/11/09

Mr. Leslie Rogers
South Shore Hospital
8012 Crandon
Chicago, IL 60619

Dear Mr. Rogers:

I was intrigued to hear of your hospital's interest in developing a Geriatric Psychiatric Unit at the hospital. I fully support the efforts of South Shore Hospital that will help fill the need for these types of services.

Our facility, as well as your hospital, is in an area with a large geriatric population. Our facility is often faced with a need to hospitalize some of our geriatric residents with psychiatric needs, with nowhere to send them in our vicinity. This results in us sending the patients traveling far away to another hospital. This often poses travel difficulties for the family, as well as difficulties for the primary care physicians that have no privileges at that hospital.

I am quite certain that with our geriatric population at The Renaissance At South Shore, we would be able to utilize the proposed Geriatric Psychiatric unit at your hospital.

Sincerely,

Dave Schechter
Executive Director

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THE RENAISSANCE
PARK SOUTH
Nursing and Living Center

Leslie Rogers, Assistant Administrator
South Shore Hospital
8100 South Crandon
Chicago, IL 60649

Dear Mr. Rogers:

Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This project has the enthusiastic support of Renaissance Park South and will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

If South Shore Hospital had operated a unit of the kind you are proposing, our agency would have referred approximately 5 of these Geriatric patients to your hospital.

We commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate of Need.

Sincerely,


Brent Fitzgerald
Administration

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Waterfront Terrace, Inc.

September 29, 2009

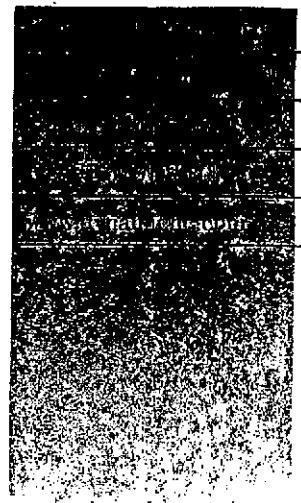
Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This project has the enthusiastic support of Waterfront Terrace and Will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

We commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate-of- Need.

Sincerely,

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EAST SIDE CHAMBER OF COMMERCE

3501 E 106TH STREET STE 0200 • CHICAGO, ILLINOIS 60617

VOICE: (773) 721-7948 • FAX: (773) 721-7446

EMAIL: EASTSIDECHAMBER@SBCGLOBAL.NET

August 26, 2009

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President

JOHN J. CLARKE, JR.
Executive Vice President

CÁRMELIA FIORI
Vice President

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Neil Bosanko
Barbara Minster
Frank Stanley

EXECUTIVE DIRECTOR

Jacqueline Herod

To Whom It May Concern:

Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This project has the enthusiastic support of the East Side Chamber of Commerce and will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

We commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate-of-Need.

Sincerely,

Jacqueline Herod
Executive Director

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*Dedicated to the Development of Business, Industry,
Transportation and Community Improvement*



REFERRAL LETTERS

	Annual Report
Psychiatric Physicians	
Jolly Amand	720
Jai Chen	480
Chandra Anand	<u>240</u>
TOTAL:	1,440

ATTACHMENT 20

JC Medical Group

10551 S. Ewing
Chicago IL. 60617

Tel: 312-565-2251
Fax: 630-590-5132

September 15, 2009

Mr. Leslie M. Rogers
Assistant Administrator
South Shore Hospital
8012 S. Crandon Ave
Chicago, IL. 60617

Dear Mr. Rogers:

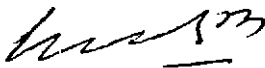
Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This project has the enthusiastic support of Dr. Jolly Anand & Associates and will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

If South Shore Hospital had operated a unit of this kind, I would have referred approximately seven hundred twenty (720) of these Geriatric patients to your hospital.

We commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate-of-Need.

Sincerely,



Jolly Anand, M.D.
Psychiatric Physician

ATTACHMENT 20.1

Jai S. Chen, M.D.
8015 S. Luella Avenue
Chicago, IL 60617

September 4, 2009

Mr. Leslie M. Rogers
Assistant Administrator
South Shore Hospital
8012 S. Crandon Avenue
Chicago, IL 60617

Dear Mr. Rogers:

Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This project has the enthusiastic support of Dr. Jai S. Chen and will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

If South Shore Hospital had operated a unit of this kind, I would have referred approximately forty of these Geriatric patients, per month, to your hospital.

We commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate-of-Need.

Sincerely,



Jai S. Chen, M.D.
Psychiatric Physician

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EAST SIDE MEDICAL HEALTH CENTER

10551 SOUTH EWING • CHICAGO, ILLINOIS 60617

TELEPHONE: 731-9000

September 18, 2009

Mr. Leslie M. Rogers
Assistant Administrator
South Shore Hospital
8012 S. Crandon Avenue
Chicago, IL 60617

Dear Mr. Rogers:

Thank you for sharing South Shore Hospital's plan to develop a Geriatric Psychiatric Unit at the hospital. This project has the enthusiastic support of Dr. Chandra Anand, and will help fill a long-standing need for these kinds of services.

Your hospital's area is densely populated and has a large Geriatric population and a need for additional inpatient services. Many patients are referred to hospital programs in other service areas some distance away, due to an insufficiency of Geriatric Programs in your area. This poses great challenges to this vulnerable population to obtain and complete needed treatment, as well as a hardship on their families.

If South Shore Hospital had operated a unit of the kind you are proposing, I would have referred approximately twenty of these Geriatric patients, per month, to your hospital.

We commend South Shore Hospital for recognizing the need for this new Psychiatric Unit and fully support your application for a Certificate-of-Need.

Sincerely,

A handwritten signature in cursive script that reads "Chandra S. Anand".

Chandra S. Anand, M.D.

ATTACHMENT 20.3

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The Project will not cause a maldistribution of services.

South Shore Hospital proposes to open a small acute mental illness unit solely to treat geriatric patients. In 2005 there were five hospitals in the Planning Area providing AMI services. The University of Chicago closed its 16 bed unit in 2008. Michael Reese Hospital closed in 2009 eliminating 80 beds.

Roseland Community Hospital did receive approval for a 30 bed unit. That unit is planned to serve only child and adolescent patients. There is no unit in the Planning Area dedicated solely to geriatric patients.

This project will not adversely affect other area hospitals. South Shore documented in Attachment 11.3 700 of its patients with a mental illness diagnosis. Those patients alone can fill the proposed unit. Those patients are not now being served by other hospitals.

ZIP CODES WITHIN 30 MINUTE TRAVEL TIME

ZIP CODE	POPULATION *
60805	20,821
60827	33,209
60617	96,288
60628	87,827
60643	52,568
60655	29,138
60649	54,823
60619	74,963
60620	85,771
60652	39,126
60629	113,984
60636	51,451
60621	47,514
60637	57,090
60638	55,788
60632	87,577
60609	79,469
60615	45,096
60653	34,502
60616	47,073
60608	92,472
60605	12,423
60607	15,552
60606	1,682
60601	5,591
60602	70
60603	378
60604	78
60419	25,567
60633	13,262
Total:	1,361,153

* U.S. Census Data

ATTACHMENT 23.1

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**SOUTH SHORE HOSPITAL
8012 S. CRANDON, CHICAGO, IL**

TRAVEL TIMES & DISTANCE

	*TRAVEL TIME (in minutes)	DISTANCE (in miles)
1. Jackson Park Hospital Foundation 7531 S. Stony Island Chicago, IL 60649	6	1.58
2. Mercy Hospital & Medical Center 2525 S. Michigan Ave. Chicago, IL 60616	24	8.89
3. St. Bernard Hospital 326 W. 64 th Street Chicago, IL 60621	18	4.45
4. Rush University Medical Center 1653 W. Congress Parkway Chicago, IL 60612	29	12.53
5. Little Company of Mary Hospital 2800 W. 95 th Street Evergreen Park, IL 60805	29	8.57
6. Roseland Community Hospital 45 W. 111 th Street Chicago, IL 60628	21	6.74

* Mapquest times 1.25

Staffing Availability

South Shore Hospital has entered into a management agreement with Horizon Health to provide the necessary personnel to staff the unit.

A letter from Horizon Health listing staffing requirements follows this page. Horizon states that it is confident that South Shore Hospital can recruit the required staff.

ATTACHMENT 25

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HORIZON HEALTH

CLINICAL EXCELLENCE IN BEHAVIORAL HEALTH

January 26, 2010

Tim Caveney
South Shore Hospital
8012 S. Crandon Avenue
Chicago, IL 60617

Dear Tim:

On behalf of Horizon, we are very much excited about the prospects of working with South Shore Hospital on the development and management of your inpatient geriatric psychiatry unit.

This new inpatient psychiatry service will certainly afford the senior residents of the community served by South Shore Hospital with a specialized treatment program designed for their unique and specific mental health needs.

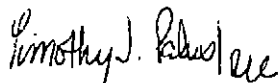
The unit will likewise attract professionals to the area. The program staff as originally projected will include:

- Registered Nurses
- Social Workers
- Occupational therapists
- Nursing assistants
- Unit clerks
- Secretarial staff
- Program Director
- Community Education Manager

It is Horizon's responsibility to partner with the hospital on the recruitment of qualified individuals within these job categories to fully staff the unit. Given the area and opportunity, there is certainly significant attraction for these positions and it is with confidence, that I anticipate that recruitment will be successful.

I look forward to the next steps to be taken in developing this service.

Sincerely,



Timothy J. Palus
Senior Vice President, Operations

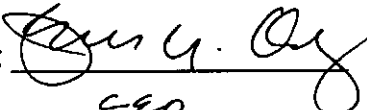
ATTACHMENT 25.1

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ASSURANCES

Applicant understands that by the second year of operation after project completion, applicant will achieve and maintain the occupancy standard specified in 77 Ill. Adm. Code 1100 for each category of service involved in the application.

SOUTH SHORE HOSPITAL

By: 
CEO

ATTACHMENT 26

SOUTH SHORE HOSPITAL CORPORATION

FINANCIAL STATEMENTS

December 31, 2008 and 2007

ATTACHMENT 75.1

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SOUTH SHORE HOSPITAL CORPORATION

FINANCIAL STATEMENTS
December 31, 2008 and 2007

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Crowe Horwath LLP
Member Horwath International

REPORT OF INDEPENDENT AUDITORS

The Board of Directors of
South Shore Hospital Corporation

We have audited the accompanying balance sheets of South Shore Hospital Corporation ("the Hospital") as of December 31, 2008 and 2007, and the related statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of South Shore Hospital Corporation as of December 31, 2008 and 2007, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules contained on pages 16 through 20 are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic financial statements and, accordingly, we express no opinion on it.

Crowe Horwath LLP

Oak Brook, Illinois
March 19, 2009

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SOUTH SHORE HOSPITAL CORPORATION
BALANCE SHEETS
December 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 1,226,501	\$ 561,414
Patient accounts receivable, net of estimated uncollectible accounts of \$5,565,750 in 2008 and \$5,923,110 in 2007	6,030,042	5,417,658
Provider tax receivable	3,380,148	2,444,123
Other receivables	417,510	733,151
Inventories of supplies	256,304	224,204
Prepaid expenses and other	<u>143,379</u>	<u>163,348</u>
Total current assets	11,453,884	9,543,898
Investments and assets limited as to use		
Funded depreciation	11,918,247	13,664,703
Medical liability trust fund	<u>6,189,084</u>	<u>6,084,862</u>
	18,107,331	19,749,565
Property, plant, and equipment, net	<u>8,811,741</u>	<u>9,146,229</u>
Total assets	<u>\$ 38,372,956</u>	<u>\$ 38,439,692</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of term note	\$ 1,508,317	\$ -
Current portion of capital lease obligation	-	1,249,388
Accounts payable	1,629,194	2,007,369
Accrued employee and other expenses	2,196,956	2,613,748
Estimated third-party payer settlements	3,073,443	1,085,702
Provider tax payable	<u>1,295,646</u>	<u>670,630</u>
Total current liabilities	9,703,556	7,626,837
Long term portion of term note	-	1,508,317
Estimated liability for professional and general liability losses	<u>4,020,476</u>	<u>3,905,093</u>
Total long-term liabilities	4,020,476	5,413,410
Net assets		
Unrestricted	<u>24,648,924</u>	<u>25,399,445</u>
Total net assets	<u>24,648,924</u>	<u>25,399,445</u>
Total liabilities and net assets	<u>\$ 38,372,956</u>	<u>\$ 38,439,692</u>

See accompanying notes to financial statements.

SOUTH SHORE HOSPITAL CORPORATION
 STATEMENTS OF OPERATIONS
 Years ended December 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
Revenues		
Net patient service revenue	\$ 46,167,583	\$ 43,479,474
Other	<u>1,415,646</u>	<u>1,567,329</u>
Total revenues	47,583,229	45,046,803
 Expenses		
Salaries	21,768,182	20,620,814
Employee benefits	3,324,833	3,265,986
Physicians' compensation	2,832,141	2,652,517
Medical and surgical supplies	2,392,102	2,264,685
Drugs	585,182	369,022
Utilities	959,051	862,334
Food	575,281	566,139
Supplies - other	803,226	821,256
Purchased services	5,109,497	4,873,880
Repairs and maintenance	739,258	569,346
Depreciation	1,391,992	1,127,221
Provision for bad debts, net	5,242,954	4,293,141
Medicaid provider tax	1,966,278	1,341,264
Other expenses	<u>1,067,189</u>	<u>1,991,750</u>
Total expenses	<u>48,757,166</u>	<u>45,619,355</u>
 Operating loss	 (1,173,937)	 (572,552)
 Nonoperating income		
Investment income	 <u>522,879</u>	 <u>589,270</u>
 Excess (shortfall) of revenues over expenses	 <u>\$ (651,058)</u>	 <u>\$ 16,718</u>

See accompanying notes to financial statements.

SOUTH SHORE HOSPITAL CORPORATION
 STATEMENTS OF CHANGES IN NET ASSETS
 Years ended December 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
Unrestricted net assets		
Excess (shortfall) of revenues over expenses	\$ (651,058)	\$ 16,718
Net assets released from restrictions used for purchase of property and equipment	-	261,948
Change in net unrealized investment gains (losses) on other than trading securities	<u>(99,463)</u>	<u>217,883</u>
(Decrease) increase in unrestricted net assets	(750,521)	496,549
Temporarily restricted net assets		
Temporarily restricted net assets released from restricted net assets	<u>-</u>	<u>(261,948)</u>
Decrease in temporarily restricted net assets	<u>-</u>	<u>(261,948)</u>
Change in net assets	(750,521)	234,601
Net assets at beginning of year	<u>25,399,445</u>	<u>25,164,844</u>
Net assets at end of year	<u>\$ 24,648,924</u>	<u>\$ 25,399,445</u>

See accompanying notes to financial statements.

SOUTH SHORE HOSPITAL CORPORATION
STATEMENTS OF CASH FLOWS
Years ended December 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
Cash flows from operating activities		
Change in net assets	\$ (750,521)	\$ 234,601
Adjustments to reconcile change in net assets to net cash provided from operating activities		
Depreciation	1,391,992	1,127,221
Provision for bad debts	5,242,954	4,293,141
Net unrealized (gains) losses on other than trading securities	99,463	(217,883)
(Increase) decrease in assets		
Patient accounts receivable	(5,811,849)	(6,500,867)
Provider tax receivable	(936,025)	4,888,256
Other receivables	315,641	(80,640)
Inventories of supplies	(32,100)	19,792
Prepaid expenses and other	19,969	(45,644)
Increase (decrease) in liabilities		
Accounts payable and accrued expenses	(838,456)	(506,212)
Estimated third-party payer settlements	1,987,741	(298,137)
Estimated liability for professional and general liability losses	115,383	814,700
Provider tax payable	<u>625,016</u>	<u>(1,341,274)</u>
Net cash from operating activities	1,429,208	2,387,054
 Cash flows from investing activities		
Purchases of property, plant, and equipment, net	(1,057,504)	(1,069,619)
(Purchases) sales of investments, net	<u>1,542,771</u>	<u>(1,535,992)</u>
Net cash from investing activities	485,267	(2,605,611)
 Cash flows from financing activities		
Payments on line of credit	-	(600,000)
Proceeds from debt	-	1,508,317
Payments on capital lease obligation	<u>(1,249,388)</u>	<u>(526,592)</u>
Net cash from financing activities	<u>(1,249,388)</u>	<u>381,725</u>
 Net increase in cash and cash equivalents	665,087	163,168
 Cash and cash equivalents at beginning of year	<u>561,414</u>	<u>398,246</u>
 Cash and cash equivalents at end of year	<u>\$ 1,226,501</u>	<u>\$ 561,414</u>
 Supplemental disclosures		
Supplemental disclosures of cash flow information		
Cash paid during the year for interest	\$ 128,218	\$ 55,213
Supplemental disclosures of non-cash flow activity		
Non-cash capital lease	\$ -	\$ 544,058
Equipment included in accounts payable	\$ -	\$ 781,095

See accompanying notes to financial statements.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization: South Shore Hospital Corporation ("the Hospital"), located in Chicago, Illinois, is a not-for-profit acute care hospital as described in Section 501(c)(3) of the Internal Revenue Code ("the Code") and is exempt from income taxes. The Hospital offers a full range of general acute care, drug and alcohol rehabilitation, and specialized health services primarily to residents of the South Shore community of Chicago.

Adoption of New Accounting Standard: In 2006, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards ("SFAS") No. 157, *Fair Value Measurements* (SFAS No. 157). SFAS No. 157 defines fair value, provides enhanced guidance for using fair value to measure assets and liabilities under current U.S. GAAP standards and expands the disclosure of the methods used and the effect of fair value measurements on earnings. This standard is effective for financial statements issued for fiscal years beginning after November 15, 2007. Accordingly, the Hospital adopted applicable portions of this standard for the year ended December 31, 2008.

Use of Estimates: The preparation of the financial statements in conformity with the accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents: Cash and cash equivalents include cash and all other highly liquid investments with purchased maturities of three months or less. Funds whose use is limited by board designation or other restrictions are excluded. The carrying amount of cash and cash equivalents approximates fair value because of the short maturities of these instruments.

Inventories of Supplies: Inventories of supplies are stated at the lower of cost or market. Cost is determined on a first-in, first-out basis.

Assets Limited As to Use: Investments, which comprise assets limited as to use, are valued as follows: cash and cash equivalents at cost, which approximates market; marketable debt and equity securities at fair value. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues over expenses.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

**NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING
POLICIES (Continued)**

Assets are comprised of the following balances:

- Funded depreciation are funds designated by the Hospital's Board of Directors for the purpose of property renovation and equipment replacement, over which the Board retains control and may, at its discretion, subsequently use for other purposes.
- The medical liability trust fund consists of funds used to pay medical malpractice claims.
- The capital projects fund consists of funds whose use has been temporarily restricted by the donor for future capital improvements.

Property, Plant, and Equipment: Property, plant, and equipment are stated at cost or, if donated, at the fair value at the date of the donation. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Costs of maintenance and repairs are charged to expense when incurred; costs of renewals and betterments are capitalized. Upon sale or retirement of property, plant, and equipment, the cost and related accumulated depreciation are eliminated from the respective accounts, and the resulting gain or loss is included in the statement of operations.

Temporarily Restricted Net Assets: Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose.

Excess of Revenues over Expenses: The statement of operations includes the excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practices, include unrealized gains and losses on investments other than trading securities and contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Charity Care: The Hospital provides care to patients who meet certain criteria under its charity care policy at no charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Donor Restricted Gifts: Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as temporarily restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished) temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. This includes donor-restricted contributions whose restrictions are met within the same year as received.

Estimated Liability for Professional and General Liability Losses: The provision for estimated liability for professional and general liability losses includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

NOTE 2 - NET PATIENT SERVICE REVENUE AND CONCENTRATION OF RISK

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. The Hospital provides care to certain patients under Medicare, Medicaid, and Blue Cross reimbursement arrangements. The Medicare program pays for inpatient acute care services, outpatient services, defined capital and other costs at interim rates. The Medicaid program reimburses the Hospital for covered services at predetermined rates. Services provided to certain patients covered by the Blue Cross program are paid at interim rates, with an annual settlement based upon allowable reimbursable costs. Reported costs and services provided under the reimbursement arrangements with Medicare and Blue Cross are subject to retroactive audit and adjustment by the fiscal intermediaries. Provision has been made in the financial statements for estimated contractual adjustments, representing the difference between the standard charges for services and estimated total payments to be received from third-party payers. Management believes that adjustments, if any, which ultimately may result from final determination of amounts to be received under these contracts should not have a material effect on the financial statements. Program examinations of cost reports have been completed for the Medicare and Blue Cross programs through 2006 and 2007, respectively.

The Hospital has also entered into payment agreements with certain health maintenance organizations and preferred provider organizations. The basis of payment to the Hospital under these agreements include prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

SOUTH SHORE HOSPITAL CORPORATION
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2008 and 2007

NOTE 2 - NET PATIENT SERVICE REVENUE AND CONCENTRATION OF RISK
 (Continued)

For the years ended December 31, 2008 and 2007, approximately 90% of net patient service revenue is subject to the provisions of third-party payer contracts. Laws and regulations governing Medicare, Medicaid, and other third-party payer programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The 2008 and 2007 net patient service revenue increased approximately \$886,912 and \$357,204, respectively, due to removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer subject to audit reviews.

The Illinois Medicaid Program recently implemented a program that assesses healthcare providers in Illinois a fee based upon a prescribed regulated formula. In addition, under this same program, some providers are entitled to receive additional payments under interrelated formulas. During 2008 and 2007, the Hospital was assessed \$1,966,278 and \$1,341,264, respectively and recorded revenue of \$5,824,275 and \$4,888,252, respectively under this Illinois Medicaid Program. Assessments have been recorded as Medicaid provider taxes. Revenue has been recorded as net patient service revenue.

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The Hospital does not charge interest on patient accounts receivable. The receivables from patients and third-party payers at December 31, 2008 and 2007 are as follows:

	<u>2008</u>	<u>2007</u>
Medicare	25 %	20 %
Medicaid	41	39
Blue Cross	3	4
Other third-party payers	9	10
Self-pay and other	<u>22</u>	<u>27</u>
	<u>100 %</u>	<u>100 %</u>

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

NOTE 3 - CHARITY CARE AND SOCIAL ACCOUNTABILITY

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies, and equivalent service statistics. The charges forgone for services and supplies furnished under its charity care policy, based upon established rates, during the years ended December 31, 2008 and 2007 approximated \$4,580,743 and \$5,494,930, respectively.

In addition to charity care, the Hospital also provides other community benefits by providing mentors and volunteers and sponsoring health fairs throughout the community. Employees of the Hospital participate in a mentoring program for children within the community. The program's goal is to motivate students to complete their high school education with emphasis on the overall importance of education and the pre-employment preparation.

NOTE 4 - FAIR VALUE

SFAS No. 157 defines fair value as the price that would be received for an asset in the Hospital's principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date.

Statement 157 establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The fair values of debt and equity investments that are readily marketable are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

SOUTH SHORE HOSPITAL CORPORATION
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2008 and 2007

NOTE 4 - FAIR VALUE (Continued)

Assets and Liabilities Measured on a Recurring Basis

Assets and liabilities measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2008 Using		
	Quoted prices in Active Markets for Identical Assets (Level One)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Input (Level 3)
Assets:			
Investments	\$ 18,107,331	\$ -	\$ -

NOTE 5 - INVESTMENTS AND ASSETS LIMITED AS TO USE

A summary of investments and assets limited as to use at December 31, 2008 and 2007 follows:

	<u>2008</u>	<u>2007</u>
Board designated for future capital improvements and medical liability trust fund		
Cash and cash equivalents	\$ 7,728	\$ 224,056
Certificates of deposits	2,130,324	3,374,591
U.S. government obligations	10,922,397	10,353,785
Corporate obligations	3,010,472	3,680,836
Mutual funds	<u>2,036,410</u>	<u>2,116,297</u>
	<u>\$ 18,107,331</u>	<u>\$ 19,749,565</u>

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

NOTE 5 - INVESTMENTS AND ASSETS LIMITED AS TO USE (Continued)

Return on investments (interest and dividends) for the years ended December 31, 2008 and 2007 has been reported as follows:

	<u>2008</u>	<u>2007</u>
Income		
Other revenue	\$ 364,031	\$ 441,515
Investment income	<u>522,879</u>	<u>589,270</u>
	<u>\$ 886,910</u>	<u>\$ 1,030,785</u>
Change in unrealized investment gains (losses) on other than trading securities		
Unrestricted net assets	\$ <u>(99,463)</u>	\$ <u>217,883</u>
	<u>\$ (99,463)</u>	<u>\$ 217,883</u>

The Hospital's cash and cash equivalents are held by various institutions in amounts that periodically exceed the federally insured limits. Management believes that credit risk related to these deposits is minimal.

As of December 31, 2008, the Hospital held investments in two mutual funds consisting of corporate bonds that have been in a continuous loss position. The funds had a fair value of \$2,330,227, total unrealized losses of \$186,089 and has been in a continuous loss position for 12 months or more. Due to the Hospital's ability and intent to hold bond funds, the Hospital believes all temporarily impaired bonds and obligations will recover.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

NOTE 6 - PROPERTY, PLANT, AND EQUIPMENT

A summary of property, plant, and equipment at December 31, 2008 and 2007 is as follows:

	<u>2008</u>	<u>2007</u>
Land and land improvements	\$ 2,552,409	\$ 2,512,409
Buildings	9,244,000	9,013,305
Fixed equipment	9,546,098	9,301,805
Furniture and movable equipment	17,999,325	17,588,369
Computer software	<u>146,370</u>	<u>94,164</u>
	39,488,202	38,510,052
Less accumulated depreciation	<u>30,676,461</u>	<u>29,363,823</u>
Property, plant, and equipment, net	<u>\$ 8,811,741</u>	<u>\$ 9,146,229</u>

Depreciation expense for the years ended December 31, 2008 and 2007 amounted to approximately \$1,391,992 and \$1,127,221, respectively.

NOTE 7 - PROFESSIONAL, GENERAL, AND WORKERS' COMPENSATION LIABILITY INSURANCE

The Hospital is self-insured for its professional liability, general, and workers' compensation insurance claims. There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients.

Professional actuaries have been retained to assist management in determining the annual provision for self-insured risks as well as the estimated ultimate liability for professional liability and workers' compensation claims. The Hospital has established a self-insured trust fund for its professional liability losses. Any liability claim assessed in excess of the self-insurance trust assets would be paid out of the unrestricted assets of the Hospital. Accrued professional and workers' compensation losses have been discounted at 5%.

Prior to January 1, 2003, the Hospital purchased general liability insurance for other insurable risks coverage. Effective January 1, 2003, the Hospital became self-insured and includes general liability insurance with the self-insured trust program noted above.

For 2008 there were payments of \$189,162 made to settle medical malpractice suits against the Hospital, which were accrued.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

NOTE 8 - RETIREMENT PLAN BENEFITS

The Hospital has a defined contribution plan covering eligible full-time employees. The Hospital's contributions to the plan are based on varying percentages of salaries. Hospital contributions were \$350,182 and \$338,909 in 2008 and 2007, respectively.

NOTE 9 - LETTER OF CREDIT AND LINE OF CREDIT

The Hospital renewed a letter of credit in the amount of \$200,000 under its self-insurance workers' compensation program. The letter of credit automatically extends without amendment for the period of one year from the expiration date of the letter of credit, unless notified by the paying bank at least 60 days prior to the expiration date. The letter of credit is collateralized by a demand note bearing interest at the bank's prime rate.

During 2008, the Hospital had available a \$1,500,000 line of credit with MB Financial Bank, N.A. Interest is payable monthly at a fixed rate of 6.00%. The line was secured by the Hospital's property and assets, and expires on September 25, 2009. At December 31, 2008 and 2007, there was no outstanding balance on the line of credit.

On November 13, 2007, the Hospital entered into a two-year term loan with RBS Citizens, N.A. in the amount of \$1,508,317. Interest is payable quarterly at a fixed rate of 4.1%. The term loan is secured by the Hospital's property and assets. The term loan matures on November 13, 2009, at which time the unpaid principal will be paid. The outstanding balance on the two-year term loan at December 31, 2008 was \$1,508,317. The term loan agreement requires the Hospital to comply with restrictive covenants. At December 31, 2008, the Hospital was in compliance with these covenants.

NOTE 10 - FUNCTIONAL EXPENSES (UNAUDITED)

The Hospital provides general health care services to residents within the South Shore Community of Chicago. Expenses related to providing these services are as follows:

	<u>2008</u>	<u>2007</u>
Health-care services	\$ 40,561,159	\$ 37,880,595
General and administrative	<u>8,696,490</u>	<u>7,738,760</u>
	<u>\$ 49,257,649</u>	<u>\$ 45,619,355</u>

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2008 and 2007

NOTE 11 - COMMITMENTS

The Hospital had entered into a capital lease arrangement in 2006 for computer software with LaSalle Systems Leasing, Inc. Monthly lease payments of \$40,687 were originally due through November 30, 2010. During 2008, the Hospital made payments of \$1,249,388 to pay off the remainder of the lease obligation. No additional capital lease obligations were entered into in the current year.

The Hospital leases computer equipment which expire in 2013. The following is a schedule by year of future minimum rental payments required under leases for the equipment that have initial noncancelable lease terms in excess of one year as of December 31, 2008:

2009	\$ 67,685
2010	67,685
2011	57,627
2012	37,511
2013	<u>18,755</u>
	<u>\$ 249,263</u>

SUPPLEMENTAL FINANCIAL INFORMATION

SOUTH SHORE HOSPITAL CORPORATION
 SUPPLEMENTAL SCHEDULES OF GROSS PATIENT SERVICE REVENUES
 Years ended December 31, 2008 and 2007
 (Unaudited)

	Inpatient Service 2008	Inpatient Service 2007	Outpatient Service 2008	Outpatient Service 2007	Total 2008	Total 2007	Inpatient Service	Outpatient Service	Percentage Change Total
Nursing, dietary, and room	\$ 27,536,213	\$ 25,414,307	\$ -	\$ -	\$ 27,536,213	\$ 25,414,307	8.35 %	- %	8.35 %
Medical and surgical	4,599,234	4,345,414	-	-	4,599,234	4,345,414	5.84	-	5.84
Intensive and coronary care unit	32,135,447	29,759,721	-	-	32,135,447	29,759,721	14.19 %	- %	14.19 %
Ancillary services									
Emergency room	2,137,084	1,933,340	5,020,422	5,301,855	7,157,506	7,235,195	10.54	(5.31)	(1.07)
Operating room	5,785,415	5,538,875	1,921,919	2,621,970	7,707,334	8,160,845	4.45	(26.70)	(5.56)
Anesthesiology	1,940,743	1,979,090	851,237	1,171,279	2,791,980	3,150,369	(1.94)	(27.32)	(11.38)
Recovery room	1,204,551	1,113,833	581,169	784,584	1,785,720	1,898,417	8.14	(25.93)	(5.94)
Radiology	4,268,182	3,879,941	3,826,332	3,628,226	8,094,514	7,508,167	10.01	5.46	7.81
Nuclear medicine	2,823,507	2,712,266	491,229	477,258	3,314,736	3,189,524	4.10	2.93	3.93
Laboratory	13,819,348	12,413,055	5,706,640	5,139,265	19,525,988	17,552,320	11.33	11.04	11.24
Cytology	15,409	13,130	31,906	32,928	47,315	46,058	17.36	(3.10)	2.73
Electrocardiology	2,328,337	2,285,633	536,509	509,595	2,864,846	2,795,228	1.87	5.28	2.49
Blood bank	915,029	741,972	58,218	59,184	973,247	801,156	23.32	(1.63)	21.48
Physical therapy	1,764,774	1,792,016	192,016	263,126	1,956,790	2,055,142	(1.52)	(27.03)	(4.79)
Pharmacy	13,146,521	12,222,969	831,135	715,539	13,977,656	12,938,508	7.56	16.16	8.03
Electroencephalography	95,013	81,050	6,945	7,308	101,958	88,358	17.23	(4.97)	15.39
Central service	2,879,314	2,180,146	191,133	154,073	3,070,447	2,334,219	32.07	24.05	31.54
Cast room	1,795	496	34,057	27,812	35,852	28,308	261.90	22.45	26.65
Respiratory therapy	8,900,455	6,873,830	349,991	252,748	9,250,446	7,126,578	29.48	38.47	29.80
Speech therapy	61,774	50,086	-	760	61,774	50,846	23.34	(100.00)	21.49
Rental, EENT, and other	2,779,584	2,891,353	907,106	1,006,209	3,686,690	3,897,562	(3.87)	(9.85)	(5.41)
	64,866,835	58,703,081	21,537,964	22,153,719	86,404,799	80,856,800	10.50	(2.78)	6.86
Total gross patient service revenues	\$ 97,002,282	\$ 88,462,802	\$ 21,537,964	\$ 22,153,719	\$ 118,540,246	\$ 110,616,521	9.65 %	(2.78) %	7.16 %

SOUTH SHORE HOSPITAL CORPORATION
SUPPLEMENTAL SCHEDULES OF CONTRACTUAL AND OTHER ALLOWANCES
Years ended December 31, 2008 and 2007
(Unaudited)

	<u>2008</u>	<u>2007</u>
Contractuals		
Medicare	\$ 40,096,785	\$ 34,998,841
Medicaid	17,990,944	18,476,559
Blue Cross	2,250,035	1,679,684
HMOs	<u>6,119,627</u>	<u>5,469,553</u>
	<u>66,457,391</u>	<u>60,624,637</u>
Other allowances		
Employee health service	3,676	3,810
Workers' compensation	-	3,739
Employee discounts	37,653	21,974
Charity	4,580,743	5,494,930
Administrative adjustments	195,074	149,695
Loss due to denial of stay	<u>1,098,126</u>	<u>838,262</u>
	<u>5,915,272</u>	<u>6,512,410</u>
 Total contractual and other allowances	 <u>\$ 72,372,663</u>	 <u>\$ 67,137,047</u>

SOUTH SHORE HOSPITAL CORPORATION
SUPPLEMENTAL SCHEDULES OF OTHER OPERATING REVENUES
Years ended December 31, 2008 and 2007
(Unaudited)

	<u>2008</u>	<u>2007</u>
Interest income - medical liability trust fund	\$ 364,031	\$ 441,515
Cafeteria	252,105	208,340
Rental	296,804	330,776
Physician billings	400,295	429,924
Medical records transcripts	34,403	33,280
Miscellaneous	<u>68,008</u>	<u>123,494</u>
 Total other operating revenues	 <u>\$ 1,415,646</u>	 <u>\$ 1,567,329</u>

SOUTH SHORE HOSPITAL CORPORATION
 SUPPLEMENTAL SCHEDULES OF OPERATING EXPENSES
 Years ended December 31, 2008 and 2007
 (Unaudited)

	2008			2007			Percentage Change		
	Salaries	Other	Total	Salaries	Other	Total	Salaries	Other	Total
Administration	\$ 567,708	\$ 155,052	\$ 722,760	\$ 537,576	\$ 200,520	\$ 738,096	5.61 %	(22.68) %	(2.08) %
Accounting	333,167	71,794	404,961	321,256	89,964	411,220	3.71	(20.20)	(1.52)
Business office	557,311	540,074	1,097,385	552,014	482,610	1,034,624	0.96	11.91	6.07
Medical Staff	272	59,835	60,107	-	60,753	60,753	-	(1.51)	(1.06)
Risk management	135,675	14,948	150,623	128,306	10,061	138,367	5.74	48.57	8.86
Marketing	-	102,205	102,205	-	40,413	40,413	-	152.90	152.90
Industrial Medicine	-	1,560	1,560	-	57,096	57,096	-	(97.27)	(97.27)
Project Coordination	199,869	53,799	253,668	180,224	33,442	213,666	10.90	60.87	18.72
Volunteers	-	7,927	7,927	-	2,626	2,626	-	201.87	201.87
Infection Control	99,705	38,926	138,631	50,541	5,071	55,612	97.28	667.62	149.28
Employee maintenance	-	44,974	44,974	-	57,564	57,564	-	(21.87)	(21.87)
Purchasing	152,084	13,544	165,628	134,823	13,260	148,083	12.80	2.14	11.85
Community relations	124,701	55,012	179,713	112,230	53,343	165,573	11.11	3.13	8.54
Health service	-	179,855	179,855	-	187,899	187,899	-	(4.28)	(4.28)
Personnel	145,350	57,358	202,708	135,236	43,989	179,225	7.48	30.39	13.10
Admitting	267,590	46,620	314,210	256,223	39,199	295,422	4.44	18.93	6.36
Communications	228,714	158,087	386,801	220,496	180,096	400,592	3.73	(12.22)	(3.44)
Security	395,098	37,164	432,262	367,862	35,584	403,446	7.40	4.44	7.14
Receiving	56,163	54,690	110,853	53,350	40,478	93,828	5.27	35.11	18.14
Organizational development	99,313	10,211	109,524	96,091	12,193	108,284	3.35	(16.26)	1.15
Dietary	710,337	529,873	1,240,210	651,099	527,079	1,178,178	9.10	0.53	5.27
Cafeteria	63,410	182,992	246,402	68,222	173,743	241,965	(7.05)	5.32	1.83
Safety department	43,634	7,107	50,741	32,016	3,556	35,572	36.29	99.86	42.64
Housekeeping	510,217	261,831	772,048	488,966	218,793	707,759	4.35	19.67	9.08
Engineering/ maintenance	436,781	1,135,271	1,572,052	404,801	996,808	1,401,609	7.90	13.89	12.16
Nursing	6,738,172	1,341,643	8,079,815	6,232,034	1,163,974	7,396,008	8.12	15.26	9.25
Intensive care unit - nursing	1,368,578	218,315	1,586,893	1,196,514	188,917	1,385,431	14.38	15.56	14.54
Emergency room physicians	-	525,201	525,201	-	343,549	343,549	-	52.88	52.88
Nursing service administration	468,038	46,923	514,961	534,875	63,732	598,607	(12.50)	(26.37)	(13.97)
Education department	106,062	11,656	117,718	67,521	6,454	73,975	57.08	80.60	59.13

SOUTH SHORE HOSPITAL CORPORATION
 SUPPLEMENTAL SCHEDULES OF OPERATING EXPENSES
 Years ended December 31, 2008 and 2007
 (Unaudited)

	2008		2007		Percentage Change	
	Salaries	Other	Salaries	Other	Salaries	Other
Pharmacy	\$ -	\$ 2,894,807	\$ -	\$ 2,443,745	\$ -	18.46 %
Medical records	457,052	218,240	450,925	199,409	1.36	9.44
Quality improvement	378,527	73,418	323,920	104,199	16.86	(29.54)
Operating room	937,875	784,233	873,515	801,217	7.37	(2.12)
Anesthesiology	30,642	462,476	30,593	471,135	0.16	(1.84)
Radiology	853,657	656,131	867,875	753,038	(1.64)	(12.87)
Nuclear medicine	272	336,356	1,899	345,975	(85.68)	(2.78)
Laboratory	951,153	1,190,837	959,047	1,159,468	(0.82)	2.71
Blood bank	66,811	485,281	59,316	371,292	12.64	30.70
Electrocardiology	128,749	175,941	118,522	176,633	8.63	(0.39)
Physical therapy	269,540	117,772	253,181	117,921	6.46	(0.13)
Social service	95,454	44,516	89,081	35,283	7.15	26.17
Respiratory therapy	685,876	325,677	680,590	301,306	0.78	8.09
Patient education	86,353	6,915	96,717	7,438	(10.72)	(7.03)
Electroencephalography	-	8,294	-	10,271	-	(19.25)
Recovery room	256,187	40,613	265,106	36,301	(3.36)	11.88
Central service/cast room	126,071	362,192	123,440	382,119	2.13	(5.21)
Emergency room	2,211,015	481,467	2,192,793	432,740	0.83	11.26
House physicians	-	424,555	-	351,196	-	20.89
Clinic office	280,294	286,793	261,442	298,263	7.21	(3.85)
Renal, EENT and other	144,705	481,693	150,576	475,678	(3.90)	1.26
Depreciation	-	1,391,992	-	1,127,221	-	23.49
Other benefits	-	4,531,384	-	4,970,786	-	(8.84)
Provision for bad debts	-	5,242,954	-	4,293,141	-	22.12
Total operating expenses	\$ 21,768,182	\$ 26,988,984	\$ 20,620,814	\$ 24,998,541	5.56 %	7.96 %
						6.88 %

SOUTH SHORE HOSPITAL CORPORATION

FINANCIAL STATEMENTS

December 31, 2007 and 2006

SOUTH SHORE HOSPITAL CORPORATION

FINANCIAL STATEMENTS
December 31, 2007 and 2006

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Crowe Chizek and Company LLC
Member Horwath International

REPORT OF INDEPENDENT AUDITORS

The Board of Directors of
South Shore Hospital Corporation

We have audited the accompanying balance sheets of South Shore Hospital Corporation ("the Hospital") as of December 31, 2007 and 2006, and the related statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of South Shore Hospital Corporation as of December 31, 2007 and 2006, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules contained on pages 15 through 19 are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic financial statements and, accordingly, we express no opinion on it.

Crowe Chizek and Company LLC
Crowe Chizek and Company LLC

Chicago, Illinois
March 28, 2008

SOUTH SHORE HOSPITAL CORPORATION
BALANCE SHEETS
December 31, 2007 and 2006

	<u>2007</u>	<u>2006</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 561,414	\$ 398,246
Patient accounts receivable, net of estimated uncollectible accounts of \$5,923,110 in 2007 and \$3,344,168 in 2006	5,417,658	3,305,094
Provider tax receivable	2,444,123	7,332,379
Other receivables	733,151	652,511
Inventories of supplies	224,204	243,996
Prepaid expenses and other	<u>163,348</u>	<u>117,704</u>
Total current assets	9,543,898	12,049,930
Investments and assets limited as to use		
Funded depreciation	13,664,703	11,895,759
Medical liability trust fund	6,084,862	5,742,821
Capital projects fund	<u>-</u>	<u>261,948</u>
	19,749,565	17,900,528
Property, plant, and equipment, net	<u>9,146,229</u>	<u>7,878,678</u>
Total assets	<u>\$ 38,439,692</u>	<u>\$ 37,829,136</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Line of credit	\$ -	\$ 600,000
Current portion of capital lease obligation	1,249,388	449,255
Accounts payable	2,007,369	1,537,878
Accrued employee and other expenses	2,613,748	2,808,356
Estimated third-party payer settlements	1,085,702	1,383,839
Provider tax payable	<u>670,630</u>	<u>2,011,904</u>
Total current liabilities	7,626,837	8,791,232
Long term portion of term note	1,508,317	782,667
Estimated liability for professional and general liability losses	<u>3,905,093</u>	<u>3,090,393</u>
Total long-term liabilities	5,413,410	3,873,060
Net assets		
Unrestricted	25,399,445	24,902,896
Temporarily restricted	<u>-</u>	<u>261,948</u>
Total net assets	<u>25,399,445</u>	<u>25,164,844</u>
Total liabilities and net assets	<u>\$ 38,439,692</u>	<u>\$ 37,829,136</u>

See accompanying notes to financial statements.

SOUTH SHORE HOSPITAL CORPORATION
 STATEMENTS OF OPERATIONS
 Years ended December 31, 2007 and 2006

	<u>2007</u>	<u>2006</u>
Revenues		
Net patient service revenue	\$ 43,479,474	\$ 42,782,627
Other	<u>1,567,329</u>	<u>1,393,428</u>
Total revenues	45,046,803	44,176,055
 Expenses		
Salaries	20,620,814	18,960,881
Employee benefits	3,265,986	3,623,761
Physicians' compensation	2,652,517	2,427,064
Medical and surgical supplies	2,264,685	2,333,129
Drugs	369,022	268,640
Utilities	862,334	763,940
Food	566,139	500,967
Supplies - other	821,256	663,545
Purchased services	4,873,880	4,511,995
Repairs and maintenance	569,346	687,906
Depreciation	1,127,221	854,728
Provision for bad debts, net	4,293,141	4,400,872
Medicaid provider tax	1,341,264	2,011,904
Other expenses	<u>1,991,750</u>	<u>625,373</u>
Total expenses	<u>45,619,355</u>	<u>42,634,705</u>
 Operating income (loss)	 (572,552)	 1,541,350
 Nonoperating income		
Investment income	 <u>589,270</u>	 <u>535,718</u>
 Excess of revenues over expenses	 <u>\$ 16,718</u>	 <u>\$ 2,077,068</u>

See accompanying notes to financial statements.

SOUTH SHORE HOSPITAL CORPORATION
 STATEMENTS OF CHANGES IN NET ASSETS
 Years ended December 31, 2007 and 2006

	<u>2007</u>	<u>2006</u>
Unrestricted net assets		
Excess of revenues over expenses	\$ 16,718	\$ 2,077,068
Net assets released from restrictions used for purchase of property and equipment	261,948	-
Change in net unrealized investment gains and losses on other than trading securities	<u>217,883</u>	<u>176,974</u>
Increase in unrestricted net assets	496,549	2,254,042
Temporarily restricted net assets		
Net realized losses on sales of investments	-	6,402
Change in net unrealized investment gains and losses on other than trading securities	-	4,066
Temporarily restricted net assets released from restricted net assets	<u>(261,948)</u>	<u>-</u>
Decrease in temporarily restricted net assets	<u>(261,948)</u>	<u>10,468</u>
Change in net assets	234,601	2,264,510
Net assets at beginning of year	<u>25,164,844</u>	<u>22,900,334</u>
Net assets at end of year	<u>\$ 25,399,445</u>	<u>\$ 25,164,844</u>

See accompanying notes to financial statements.

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SOUTH SHORE HOSPITAL CORPORATION
STATEMENTS OF CASH FLOWS
Years ended December 31, 2007 and 2006

	<u>2007</u>	<u>2006</u>
Cash flows from operating activities		
Change in net assets	\$ 234,601	\$ 2,264,510
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities		
Depreciation	1,127,221	854,728
Provision for bad debts	4,293,141	4,400,872
Net unrealized (gains) losses on other than trading securities	(217,883)	(176,974)
(Increase) decrease in assets		
Patient accounts receivable	(6,500,867)	(4,609,749)
Provider tax receivable	4,888,256	(7,332,379)
Other receivables	(80,640)	(150,968)
Inventories of supplies	19,792	132,466
Prepaid expenses and other	(45,644)	215,642
Increase (decrease) in liabilities		
Accounts payable and accrued expenses	(506,212)	(273,648)
Estimated third-party payer settlements	(298,137)	924,140
Estimated liability for professional and general liability losses	814,700	(134,007)
Provider tax payable	<u>(1,341,274)</u>	<u>2,011,904</u>
Net cash provided by (used in) operating activities	2,387,054	(1,873,463)
Cash flows from investing activities		
Purchases of property, plant, and equipment, net	(1,069,619)	(1,218,643)
(Purchases) sales of investments, net	<u>(1,535,992)</u>	<u>2,176,618</u>
Net cash provided by (used in) investing activities	(2,605,611)	957,975
Cash flows from financing activities		
Payments on line of credit	(600,000)	-
Proceeds from debt	1,508,317	600,000
Payments on capital lease obligation	<u>(526,592)</u>	<u>(115,843)</u>
Net cash from financing activities	<u>381,725</u>	<u>484,157</u>
Net increase (decrease) in cash and cash equivalents	163,168	(431,331)
Cash and cash equivalents at beginning of year	<u>398,246</u>	<u>829,577</u>
Cash and cash equivalents at end of year	<u>\$ 561,414</u>	<u>\$ 398,246</u>
Supplemental disclosures		
Supplemental disclosures of cash flow information		
Payments on capital lease obligation	\$ 526,592	\$ 115,843
Cash paid during the year for interest	\$ 55,213	\$ 10,610
Supplemental disclosures of non-cash flow activity		
Non-cash capital lease	\$ 544,058	\$ 1,347,765
Equipment included in accounts payable	\$ 781,095	\$ -

See accompanying notes to financial statements.

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SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization: South Shore Hospital Corporation ("the Hospital"), located in Chicago, Illinois, is a not-for-profit acute care hospital as described in Section 501(c)(3) of the Internal Revenue Code ("the Code") and is exempt from income taxes. The Hospital offers a full range of general acute care, drug and alcohol rehabilitation, and specialized health services primarily to residents of the South Shore community of Chicago.

Use of Estimates: The preparation of the financial statements in conformity with the accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents: Cash and cash equivalents include cash and all other highly liquid investments with purchased maturities of three months or less. Funds whose use is limited by board designation or other restrictions are excluded. The carrying amount of cash and cash equivalents approximates fair value because of the short maturities of these instruments.

Inventories of Supplies: Inventories of supplies are stated at the lower of cost or market. Cost is determined on a first-in, first-out basis.

Assets Limited As to Use: Investments, which comprise assets limited as to use, are valued as follows: cash and cash equivalents at cost, which approximates market; marketable debt and equity securities at fair value. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues over expenses.

Assets are comprised of the following balances:

- Funded depreciation are funds designated by the Hospital's Board of Directors for the purpose of property renovation and equipment replacement, over which the Board retains control and may, at its discretion, subsequently use for other purposes.
- The medical liability trust fund consists of funds used to pay medical malpractice claims.
- The capital projects fund consists of funds whose use has been temporarily restricted by the donor for future capital improvements.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

**NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING
POLICIES (Continued)**

Property, Plant, and Equipment: Property, plant, and equipment are stated at cost or, if donated, at the fair value at the date of the donation. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Costs of maintenance and repairs are charged to expense when incurred; costs of renewals and betterments are capitalized. Upon sale or retirement of property, plant, and equipment, the cost and related accumulated depreciation are eliminated from the respective accounts, and the resulting gain or loss is included in the statement of operations.

Temporarily Restricted Net Assets: Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. During 2007 \$261,948 of temporarily restricted net assets were released for capital expenditures.

Excess of Revenues over Expenses: The statement of operations includes the excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practices, include unrealized gains and losses on investments other than trading securities and contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Charity Care: The Hospital provides care to patients who meet certain criteria under its charity care policy at no charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Donor Restricted Gifts: Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as temporarily restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished) temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. This includes donor-restricted contributions whose restrictions are met within the same year as received.

Estimated Liability for Professional and General Liability Losses: The provision for estimated liability for professional and general liability losses includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

NOTE 2 - NET PATIENT SERVICE REVENUE AND CONCENTRATION OF RISK

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. The Hospital provides care to certain patients under Medicare, Medicaid, and Blue Cross reimbursement arrangements. The Medicare program pays for inpatient acute care services, outpatient services, defined capital and other costs at interim rates. The Medicaid program reimburses the Hospital for covered services at predetermined rates. Services provided to certain patients covered by the Blue Cross program are paid at interim rates, with an annual settlement based upon allowable reimbursable costs. Reported costs and services provided under the reimbursement arrangements with Medicare and Blue Cross are subject to retroactive audit and adjustment by the fiscal intermediaries. Provision has been made in the financial statements for estimated contractual adjustments, representing the difference between the standard charges for services and estimated total payments to be received from third-party payers. Management believes that adjustments, if any, which ultimately may result from final determination of amounts to be received under these contracts should not have a material effect on the financial statements. Program examinations of cost reports have been completed for the Medicare and Blue Cross programs through 2005 and 2006, respectively.

The Hospital has also entered into payment agreements with certain health maintenance organizations and preferred provider organizations. The basis of payment to the Hospital under these agreements include prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

For the years ended December 31, 2007 and 2006, approximately 90% and 89% of net patient service revenue is subject to the provisions of third-party payer contracts. Laws and regulations governing Medicare, Medicaid, and other third-party payer programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The 2007 and 2006 net patient service revenue increased approximately \$357,204 and \$340,240, respectively, due to removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer subject to audit reviews.

The Illinois Medicaid Program recently implemented a program that assesses healthcare providers in Illinois a fee based upon a prescribed regulated formula. In addition, under this same program, some providers are entitled to receive additional payments under interrelated formulas. During 2007 and 2006, the Hospital was assessed \$1,341,264 and \$2,011,904, respectively and recorded revenue of \$4,888,252 and \$7,332,379, respectively under this Illinois Medicaid Program. Assessments have been recorded as Medicaid provider taxes. Revenue has been recorded as net patient service revenue.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

NOTE 2 - NET PATIENT SERVICE REVENUE AND CONCENTRATION OF RISK
(Continued)

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The Hospital does not charge interest on patient accounts receivable. The receivables from patients and third-party payers at December 31, 2007 and 2006 are as follows:

	<u>2007</u>	<u>2006</u>
Medicare	20 %	25 %
Medicaid	39	45
Blue Cross	4	6
Other third-party payers	10	6
Self-pay and other	<u>27</u>	<u>18</u>
	<u>100 %</u>	<u>100 %</u>

NOTE 3 - CHARITY CARE AND SOCIAL ACCOUNTABILITY

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies, and equivalent service statistics. The charges forgone for services and supplies furnished under its charity care policy, based upon established rates, during the years ended December 31, 2007 and 2006 approximated \$5,494,930 and \$3,920,394, respectively.

In addition to charity care, the Hospital also provides other community benefits by providing mentors and volunteers and sponsoring health fairs throughout the community. Employees of the Hospital participate in a mentoring program for children within the community. The program's goal is to motivate students to complete their high school education with emphasis on the overall importance of education and the pre-employment preparation.

SOUTH SHORE HOSPITAL CORPORATION
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2007 and 2006

NOTE 4 - INVESTMENTS AND ASSETS LIMITED AS TO USE

A summary of investments and assets limited as to use at December 31, 2007 and 2006 follows:

	<u>2007</u>	<u>2006</u>
Board designated for future capital improvements and medical liability trust fund		
Cash and cash equivalents	\$ 224,056	\$ 400,090
Certificates of deposits	3,374,591	2,518,697
U.S. government obligations	10,353,785	11,115,555
Corporate obligations	3,680,836	1,797,013
Mutual funds	<u>2,116,297</u>	<u>1,807,225</u>
	19,749,565	17,638,580
 Capital Projects Fund		
Certificates of deposits	-	21,248
Corporate equity securities	<u>-</u>	<u>240,700</u>
	<u>-</u>	<u>261,948</u>
	<u>\$ 19,749,565</u>	<u>\$ 17,900,528</u>

Return on investments (interest and dividends) for the years ended December 31, 2007 and 2006 has been reported as follows:

	<u>2007</u>	<u>2006</u>
Income		
Other revenue	\$ 441,515	\$ 99,967
Investment income	<u>589,270</u>	<u>535,718</u>
	<u>\$ 1,030,785</u>	<u>\$ 635,685</u>
 Change in unrealized investment gains and losses on other than trading securities		
Unrestricted net assets	\$ 217,883	\$ 176,974
Temporarily restricted net assets	<u>-</u>	<u>10,468</u>
	<u>\$ 217,883</u>	<u>\$ 187,442</u>

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

NOTE 4 - INVESTMENTS AND ASSETS LIMITED AS TO USE (Continued)

The Hospital's cash and cash equivalents are held by various institutions in amounts that periodically exceed the federally insured limits. Management believes that credit risk related to these deposits is minimal.

As of December 31, 2007, the Hospital held investments in one mutual fund consisting of corporate bonds that have been in a continuous loss position. The fund had a fair value of \$1,404,447, total unrealized losses of \$68,833 and has been in a continuous loss position for 12 months or more. Due to the Hospital's ability and intent to hold bond funds until maturity, the Hospital believes all temporarily impaired bonds and obligations will recover.

NOTE 5 - PROPERTY, PLANT, AND EQUIPMENT

A summary of property, plant, and equipment at December 31, 2007 and 2006 is as follows:

	<u>2007</u>	<u>2006</u>
Land and land improvements	\$ 2,512,409	\$ 2,474,409
Buildings	9,013,305	8,668,067
Fixed equipment	9,301,805	9,247,804
Furniture and movable equipment	17,588,369	14,414,237
Computer software	<u>94,164</u>	<u>1,328,310</u>
	38,510,052	36,132,827
Less accumulated depreciation	<u>29,363,823</u>	<u>28,254,149</u>
Property, plant, and equipment, net	<u>\$ 9,146,229</u>	<u>\$ 7,878,678</u>

Depreciation expense for the years ended December 31, 2007 and 2006 amounted to approximately \$1,127,221 and \$854,728, respectively.

NOTE 6 - PROFESSIONAL, GENERAL, AND WORKERS' COMPENSATION LIABILITY INSURANCE

The Hospital is self-insured for its professional liability, general, and workers' compensation insurance claims. There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

NOTE 6 - PROFESSIONAL, GENERAL, AND WORKERS' COMPENSATION LIABILITY INSURANCE (Continued)

Professional actuaries have been retained to assist management in determining the annual provision for self-insured risks as well as the estimated ultimate liability for professional liability and workers' compensation claims. The Hospital has established a self-insured trust fund for its professional liability losses. Any liability claim assessed in excess of the self-insurance trust assets would be paid out of the unrestricted assets of the Hospital. Accrued professional and workers' compensation losses have been discounted at 5%.

Prior to January 1, 2003, the Hospital purchased general liability insurance for other insurable risks coverage. Effective January 1, 2003, the Hospital became self-insured and includes general liability insurance with the self-insured trust program noted above.

For 2007 there were no payments made to settle any medical malpractice suits against the Hospital. On January 30, 2006, an \$850,000 payment was made to settle a medical malpractice suit against the hospital, which was accrued.

NOTE 7 - RETIREMENT PLAN BENEFITS

The Hospital has a defined contribution plan covering eligible full-time employees. The Hospital's contributions to the plan are based on varying percentages of salaries. Hospital contributions were \$338,909 and \$303,655 in 2007 and 2006, respectively.

NOTE 8 - LETTER OF CREDIT AND LINE OF CREDIT

The Hospital renewed a letter of credit in the amount of \$200,000 under its self-insurance workers' compensation program. The letter of credit automatically extends without amendment for the period of one year from the expiration date of the letter of credit, unless notified by the paying bank at least 60 days prior to the expiration date. The letter of credit is collateralized by a demand note bearing interest at the bank's prime rate.

During 2007 and 2006, the Hospital had available a \$1,000,000 line of credit with MB Financial Bank, N.A. Interest was payable monthly at a variable rate based on the 3-month LIBOR plus 2.5%. At December 31, 2007 and 2006 the interest rate was 7.41% and 7.87%, respectively. The line was secured by the Hospital's property and assets, and expired on September 18, 2007. At December 31, 2007 and 2006, the outstanding balance on the line of credit was \$0 and \$600,000, respectively.

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

NOTE 8 - LETTER OF CREDIT AND LINE OF CREDIT (Continued)

On November 13, 2007, the Hospital entered into a two-year term loan with RBS Citizens, N.A in the amount of \$1,508,317. Interest is payable quarterly at a fixed rate of 4.1%. The term loan is secured by the Hospital's property and assets. The term loan matures on November 13, 2009, at which time the unpaid principal will be paid. The outstanding balance on the two-year term loan at December 31, 2007 was \$1,508,317. The term loan agreement requires the Hospital to comply with restrictive covenants. At December 31, 2007, the Hospital was in compliance with these covenants.

NOTE 9 - FUNCTIONAL EXPENSES

The Hospital provides general health care services to residents within the South Shore Community of Chicago. Expenses related to providing these services are as follows:

	<u>2007</u>	<u>2006</u>
Health-care services	\$ 37,880,595	\$ 35,402,318
General and administrative	<u>7,738,760</u>	<u>7,232,387</u>
	<u>\$ 45,619,355</u>	<u>\$ 42,634,705</u>

NOTE 10 - CAPITAL LEASE

The Hospital has entered into a capital lease agreement for computer software with LaSalle Systems Leasing, Inc. Monthly lease payments of \$40,687 are due through November 30, 2010.

The following is a summary of property held under capital lease:

Cost	\$ 1,917,510
Accumulated depreciation	<u>(668,122)</u>
Total	<u>\$ 1,249,388</u>

SOUTH SHORE HOSPITAL CORPORATION
NOTES TO FINANCIAL STATEMENTS
December 31, 2007 and 2006

NOTE 10 - CAPITAL LEASE (Continued)

Future minimum payments on the capital lease are as follows:

2008	\$ 688,366
2009	561,913
2010	<u>111,199</u>
	1,361,478
Amount representing interest	<u>(112,090)</u>
Present value of net minimum lease payments	<u>\$ 1,249,388</u>

The Hospital is in active discussions to modify the terms of the current lease which includes a repayment of the lease in 2008. As such, the entire lease has been included in current liabilities.

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SUPPLEMENTAL FINANCIAL INFORMATION

SOUTH SHORE HOSPITAL CORPORATION
SUPPLEMENTAL SCHEDULES OF GROSS PATIENT SERVICE REVENUES
 Years ended December 31, 2007 and 2006
 (Unaudited)

	Inpatient Service		Outpatient Service		Total	2006	2007	Total	2006	2007	Total	Inpatient Service	Outpatient Service	Total	Percentage Change
	2007	2006	2007	2006											
Nursing, dietary, and room	\$ 25,414,307	\$ 23,513,847	\$ -	\$ -	\$ 25,414,307	\$ 23,513,847		\$ 25,414,307	\$ 23,513,847			8.08 %	- %	- %	8.08 %
Medical and surgical	4,345,414	3,623,092	-	-	4,345,414	3,623,092		4,345,414	3,623,092			19.94	-	-	19.94
Intensive and coronary care unit	29,759,721	27,136,939	-	-	29,759,721	27,136,939		29,759,721	27,136,939			28.02 %	- %	- %	28.02 %
Ancillary services															
Emergency room	1,933,340	1,695,886	5,301,855	5,336,183	7,235,195	7,032,069		7,235,195	7,032,069			14.00	(0.64)	(0.64)	2.89
Operating room	5,538,875	5,260,619	2,621,970	2,348,206	8,160,845	7,608,825		8,160,845	7,608,825			5.29	11.66	11.66	7.25
Anesthesiology	1,979,090	1,848,202	1,171,279	1,045,768	3,150,369	2,893,970		3,150,369	2,893,970			7.08	12.00	12.00	8.86
Recovery room	1,113,833	1,116,740	784,584	705,146	1,898,417	1,821,886		1,898,417	1,821,886			(0.26)	11.27	11.27	4.20
Radiology	3,879,941	3,550,993	3,628,226	3,462,864	7,508,167	7,013,857		7,508,167	7,013,857			9.26	4.78	4.78	7.05
Nuclear medicine	2,712,266	2,008,813	477,258	430,739	3,189,524	2,439,552		3,189,524	2,439,552			35.02	10.80	10.80	30.74
Laboratory	12,413,055	11,241,487	5,139,265	4,654,310	17,552,320	15,895,797		17,552,320	15,895,797			10.42	10.42	10.42	10.42
Cytology	13,130	14,970	32,928	28,098	46,058	43,068		46,058	43,068			(12.29)	17.19	17.19	6.94
Electrocardiology	2,285,633	2,025,002	509,595	470,389	2,795,228	2,495,391		2,795,228	2,495,391			12.87	8.33	8.33	12.02
Blood bank	741,972	574,089	-59,184	57,130	801,156	631,219		801,156	631,219			29.24	3.60	3.60	26.92
Physical therapy	1,792,016	1,960,262	263,126	152,671	2,055,142	2,112,933		2,055,142	2,112,933			(8.58)	72.35	72.35	(2.74)
Pharmacy	12,222,969	10,370,681	715,539	623,085	12,938,508	10,993,766		12,938,508	10,993,766			17.86	14.84	14.84	17.69
Electroencephalography	81,050	86,391	7,308	7,282	88,358	93,673		88,358	93,673			(6.18)	0.36	0.36	(5.67)
Central service	2,180,146	1,849,957	154,073	161,089	2,334,219	2,011,046		2,334,219	2,011,046			17.85	(4.36)	(4.36)	16.07
Cast room	496	1,125	27,812	26,263	28,308	27,388		28,308	27,388			(55.91)	5.90	5.90	3.36
Respiratory therapy	6,873,830	7,892,121	252,748	302,955	7,126,578	8,195,076		7,126,578	8,195,076			(12.90)	(16.57)	(16.57)	(13.04)
Intensive care and coronary care supplies	-	58,461	-	301	-	58,762		-	58,762			(100.00)	(100.00)	(100.00)	(100.00)
Speech therapy	50,086	50,894	760	604	50,846	51,498		50,846	51,498			(1.59)	25.83	25.83	(1.27)
Rental, EENT, and other	2,891,353	2,770,397	1,006,209	985,519	3,897,562	3,755,916		3,897,562	3,755,916			4.37	2.10	2.10	3.77
	58,703,081	54,377,090	22,153,719	20,798,602	80,856,800	75,175,692		80,856,800	75,175,692			7.96	6.52	6.52	7.56
Total gross patient service revenues	\$ 88,462,802	\$ 81,514,029	\$ 22,153,719	\$ 20,798,602	\$ 110,616,521	\$ 102,312,631		\$ 110,616,521	\$ 102,312,631			8.52 %	6.52 %	6.52 %	8.12 %

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SOUTH SHORE HOSPITAL CORPORATION
 SUPPLEMENTAL SCHEDULES OF CONTRACTUAL AND OTHER ALLOWANCES
 Years ended December 31, 2007 and 2006
 (Unaudited)

	<u>2007</u>	<u>2006</u>
Contractuals		
Medicare	\$ 34,998,841	\$ 34,249,828
Medicaid	18,476,559	14,748,676
Blue Cross	1,679,684	1,178,954
HMOs	<u>5,469,553</u>	<u>4,452,236</u>
	<u>60,624,637</u>	<u>54,629,694</u>
Other allowances		
Employee health service	3,810	9,906
Workers' compensation	3,739	42,615
Employee discounts	21,974	18,596
Charity	5,494,930	3,920,394
Administrative adjustments	149,695	294,208
Loss due to denial of stay	<u>838,262</u>	<u>614,591</u>
	<u>6,512,410</u>	<u>4,900,310</u>
Total contractual and other allowances	<u>\$ 67,137,047</u>	<u>\$ 59,530,004</u>

SOUTH SHORE HOSPITAL CORPORATION
SUPPLEMENTAL SCHEDULES OF OTHER OPERATING REVENUES
Years ended December 31, 2007 and 2006
(Unaudited)

	<u>2007</u>	<u>2006</u>
Interest income - medical liability trust fund	\$ 441,515	\$ 99,967
Cafeteria	208,340	225,989
Rental	330,776	297,791
Physician billings	429,924	482,228
Medical records transcripts	33,280	29,449
Miscellaneous	<u>123,494</u>	<u>258,004</u>
 Total other operating revenues	 <u>\$ 1,567,329</u>	 <u>\$ 1,393,428</u>

SOUTH SHORE HOSPITAL CORPORATION
 SUPPLEMENTAL SCHEDULES OF OPERATING EXPENSES
 Years ended December 31, 2007 and 2006
 (Unaudited)

	2007			2006			Percentage Change		
	Salaries	Other	Total	Salaries	Other	Total	Salaries	Other	Total
Administration	\$ 537,576	\$ 200,520	\$ 738,096	\$ 492,507	\$ 139,453	\$ 631,960	9.15 %	43.79 %	16.79 %
Accounting	321,256	89,964	411,220	428,089	76,675	504,764	(24.96)	17.33	(18.53)
Business office	552,014	482,610	1,034,624	509,222	433,683	942,905	8.40	11.28	9.73
Medical Staff	-	60,753	60,753	-	54,538	54,538	-	11.40	11.40
Risk management	128,306	10,061	138,367	123,111	15,747	138,858	4.22	(36.11)	(0.35)
Marketing	-	40,413	40,413	-	66,675	66,675	-	(39.39)	(39.39)
Industrial Medicine	-	57,096	57,096	-	4,707	4,707	-	1,113.00	1,113.00
Project Coordination	180,224	33,442	213,666	173,978	33,102	207,080	3.59	1.03	3.18
Volunteers	-	2,626	2,626	-	201	201	-	1,206.47	1,206.47
Infection Control	50,541	5,071	55,612	38,740	6,094	44,834	30.46	(16.79)	24.04
Employee maintenance	-	57,564	57,564	-	32,836	32,836	-	75.31	75.31
Purchasing	134,823	13,260	148,083	124,197	11,536	135,733	8.56	14.94	9.10
Community relations	112,230	53,343	165,573	157,352	33,254	190,606	(28.68)	60.41	(13.13)
Health service	-	187,899	187,899	-	181,273	181,273	-	3.66	3.66
Personnel	135,236	43,989	179,225	128,660	(77,637)	(206,297)	5.11	(43.34)	(13.12)
Admitting	256,223	39,199	295,422	247,639	45,648	293,287	3.47	(14.13)	0.73
Communications	220,496	180,096	400,592	219,221	157,942	377,163	0.58	14.03	6.21
Security	367,862	35,584	403,446	335,827	33,361	369,188	9.54	6.66	9.28
Receiving	53,350	40,478	93,828	50,942	22,704	73,646	4.73	78.29	27.40
Organizational development	96,091	12,193	108,284	87,355	10,316	97,671	10.00	18.20	10.87
Dietary	651,099	527,079	1,178,178	701,967	503,754	1,205,721	(7.25)	4.63	(2.28)
Cafeteria	68,222	173,743	241,965	79,651	147,842	227,493	(14.35)	17.52	6.36
Safety department	32,016	3,556	35,572	45,858	5,438	51,296	(30.18)	(34.61)	(30.65)
Housekeeping	488,966	218,793	707,759	427,532	182,701	610,233	14.37	19.75	15.98
Engineering/maintenance	404,801	996,808	1,401,609	384,351	835,063	1,219,414	5.32	19.37	14.94
Nursing	6,232,034	1,163,974	7,396,008	5,487,352	1,141,170	6,628,522	13.57	2.00	11.58
Intensive care unit - nursing	1,196,514	188,917	1,385,431	1,076,394	191,842	1,268,236	11.16	(1.52)	9.24
Emergency room physicians	-	343,549	343,549	-	393,999	393,999	-	(12.80)	(12.80)
Nursing service administration	534,875	63,732	598,607	512,582	113,607	626,189	4.35	(43.90)	(4.40)
Education department	67,521	6,454	73,975	30,566	4,055	34,621	120.90	59.16	113.67

SOUTH SHORE HOSPITAL CORPORATION
 SUPPLEMENTAL SCHEDULES OF OPERATING EXPENSES
 Years ended December 31, 2007 and 2006
 (Unaudited)

	2007		2006		Percentage Change	
	Salaries	Other	Total	Salaries	Other	Total
	\$	\$	\$	\$	(100.00)%	10.81 %
Pharmacy	450,925	199,409	2,443,745	2,221	2,205,316	10.81 %
Medical records	323,920	104,199	650,334	434,929	186,024	7.20
Quality improvement	873,515	801,217	428,119	307,012	90,956	14.56
Operating room	30,593	471,135	1,674,732	780,998	943,619	(15.09)
Anesthesiology	867,875	753,038	501,728	29,533	477,507	(1.33)
Radiology	1,899	345,975	1,620,913	814,536	574,305	31.12
Nuclear medicine	959,047	1,159,468	347,874	-	291,355	18.75
Laboratory	59,316	371,292	2,118,515	901,523	1,163,572	(0.35)
Blood bank	118,522	176,633	430,608	56,171	293,689	5.60
Electrocardiology	253,181	117,921	295,155	116,585	180,607	26.42
Physical therapy	89,081	35,283	371,102	187,443	104,278	(2.20)
Social service	680,590	301,306	124,364	97,274	38,827	13.08
Respiratory therapy	96,717	7,438	981,896	574,320	245,282	(9.13)
Patient education	-	10,271	104,155	52,339	4,012	22.84
Electroencephalography	265,106	36,301	10,271	-	7,580	85.39
Recovery room	123,440	382,119	301,407	244,559	31,457	35.50
Central service/cast room	2,192,793	432,740	505,559	149,811	300,604	15.40
Emergency room	-	351,196	2,625,533	1,951,314	437,064	27.12
House physicians	261,442	298,263	351,196	-	322,750	(0.99)
Clinic office	150,576	475,678	559,705	252,270	301,164	8.81
Renal, BENT and other	-	1,127,221	626,254	144,950	588,202	(0.96)
Depreciation	-	-	1,127,221	-	854,728	(19.13)
Insurance	-	4,970,786	4,970,786	-	47,156	31.88
Other benefits	-	4,293,141	4,293,141	-	4,626,046	(100.00)
Provision for bad debts	-	-	-	-	-	7.45
Total operating expenses	\$ 20,620,814	\$ 24,998,541	\$ 45,619,355	\$ 18,960,881	\$ 23,673,824	5.60 %
						8.75 %
						7.00 %

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**STANDARD
HOSPITALS
1.5**

2012

2008

2007

2006

Current Ratio				
Current Assets	1.2			
Current Liabilities				
		\$ 11,453,884	\$ 9,543,898	\$ 12,049,930
		\$ 7,081,943	\$ 7,626,837	\$ 8,791,232
Net Margin Percentage	2.1%			4.7%
Net Income		\$ (651,058)	\$ 16,718	\$ 2,077,068
Net Operating Revenue		\$ 47,583,229	\$ 45,046,803	\$ 44,176,055
Percent Debt to Total Capitaliza	0.0%			3%
Long Term Debt		\$ -	\$ 1,508,317	\$ 782,667
Long Term Debt + Unrestricted Fund Balance		\$ 24,648,818	\$ 26,907,762	\$ 25,947,511
Projected Debt Service Coverag	6.8			53.0
Net Income		\$ (651,058)	\$ 16,718	\$ 2,077,068
Plus: Interest		\$ 128,418	\$ 66,248	\$ 56,433
Depreciation and Amortization		\$ 1,391,992	\$ 1,127,221	\$ 854,728
Total		\$ 1,658,659	\$ 1,210,187	\$ 2,988,229
Annual Debt Service		\$ 2,743,495	\$ 66,248	\$ 56,433
Days Cash on Hand	133			110
Cash & Investments		\$ 1,200,000	\$ 561,414	\$ 398,246
Board Designated Funds		\$ 16,788,894	\$ 13,664,703	\$ 12,157,707
Total		\$ 17,988,894	\$ 14,226,117	\$ 12,555,953
Operating Expenses		\$ 48,757,166	\$ 45,619,355	\$ 42,634,705
Less Depreciation		\$ 1,391,992	\$ 1,127,221	\$ 854,728
Divide by 365 days		\$ 135,032	\$ 121,896	\$ 114,466
Cushion Ratio	N/A			5
Cash & Investments		\$ 1,200,000	\$ 561,414	\$ 398,246
Board Designated Funds		\$ 16,788,894	\$ 13,664,703	\$ 12,157,707
Total		\$ 17,988,894	\$ 14,226,117	\$ 12,555,953
Maximum Annual Debt Service		\$ -	\$ 66,248	\$ 56,433

Attachment 75.2

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OPERATING START UP COSTS

Start up costs are estimated to be three months of operating expenses. Start up costs will be paid from cash.

\$272,721

ATTACHMENT 75.3

PROJECTED OPERATING COSTS

	<u>2012</u>
Salaries	\$800,000
Benefits	200,000
Supplies	<u>90,885</u>
Total:	\$1,090,885
Patient Days	4,654
Operating Costs per Day	\$234

ATTACHMENT 76.1

TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

	<u>2012</u>
Depreciation and Amortization	\$1,658,659
Interest	<u>0</u>
TOTAL CAPITAL COSTS	\$1,658,659
Equivalent Patient Days	43,329
Capital Cost per Equivalent Patient Days	\$38.28

ATTACHMENT 76.2

SAFETY NET IMPACT STATEMENT

South Shore Hospital is the Safety Net Hospital for the South Shore community on the south side of Chicago.

The proposed project will not adversely impact other safety net hospitals as there is a need for AMI beds in the area.

For the past three fiscal years, South Shore has provided the following charity care and received the following Medicaid reimbursement:

Information from Public Health Annual Survey

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Charity Care Cost:	\$ 1,917,181	\$ 1,571,653	\$ 1,524,665
Medicaid Revenue:	\$11,101,648	\$11,693,431	\$11,190,442

ATTACHMENT 77

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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