

 ORIGINAL

ILLINOIS HEALTH FACILITIES
AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT

TO CONSTRUCT

THE EDWARD A. BRENNAN
ENTRY PAVILION

AT

RECEIVED

JUN 22 2010

HEALTH FACILITIES &
SERVICES REVIEW BOARD

RUSH UNIVERSITY MEDICAL CENTER
CHICAGO, ILLINOIS

June, 2010

Peter W. Butler
Executive Vice President and
Chief Operating Officer

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RUSH UNIVERSITY
COLLEGE OF NURSING
RUSH MEDICAL COLLEGE
COLLEGE OF HEALTH SCIENCES
THE GRADUATE COLLEGE



June 16, 2010

Mr. Dale Galassie, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

In June 2006, Rush University Medical Center (RUMC, Rush, the Medical Center) received Permit #06-009 for the Illinois Health Facilities Planning Board to move forward with a Master Design Project and engage architects, engineers and other professionals to develop a plan to transform the Medical Center's campus. The goal of the Campus Transformation Project is to improve the patient care processes and ensure Rush's capabilities moving forward as a major healthcare resource in the region.

More than a decade ago, it became clear that Rush could no longer adapt its older buildings (some of them being more than 100 years old) to modern code requirements or to support advances in patient care and technology. Correcting significant code problems in current facilities would come with enormous costs and still not provide appropriate clinical facilities for the future. For Rush to maintain exceptional standards of patient care and meet our community responsibilities, it had become necessary to replace obsolescent facilities and information systems. This comprehensive modernization of the Medical Center's campus is the Campus Transformation Project. These needs are even more critical today with the recent passage of National Health Care Reform legislation.

Since the Master Design permit was approved, the Medical Center received Permit #06-073 to build an Orthopedics Ambulatory Building and related parking and utilities; that project is now open. In January 2008, RUMC received Permit #07-125 to construct a 15-level tower, referred to as the East Tower. This facility will house replacement beds and services and is currently under construction and scheduled for completion on 2014; it is on schedule and on budget. Most recently, in September 2009, the Medical Center received Permit # 09-013 to modernize its outpatient Cancer Care Center; this project is also on schedule and on budget.

The East Tower construction connects this new building to the existing nearby Atrium Building with bridges at the fourth level and above. At the time the East Tower permit was approved, available funding did not allow for the construction within the first three levels between the East Tower and the Atrium Building. Recently, Rush is pursuing philanthropic donations and grants that will allow completion of the space. The purpose of the enclosed application is to seek approval for this infill project.


The proposed entry pavilion will be an open atrium with 10,000 square feet of floor space. It will serve as a destination point and the gateway to the Medical Center; it will provide access to all inpatient and most outpatient services, including surgery; it will substantially enhance way finding on our campus. The entry pavilion will house a centrally located reception area, registration for all services, a patient transfer lobby into the Atrium Building (and ultimately into the Kellogg and Jelke buildings), an emergency department vestibule, public spaces such as rest rooms and lounge seating, a vestibule for wheel chair storage as well as a valet kiosk and office.

The pavilion is to be named after Edward A. Brennan, a long-time trustee and past chairman of the RUMC Board; it was his vision that set the Rush Transformation project in motion.

HFSRB Staff determined that this project is reviewable because it is part of the Master Design project. It is non substantive and has no clinical components. The project will be funded primarily with philanthropic donations, but also with cash and securities and grants.

We believe that we have met all the requirements of the May 2010 application and the most recent regulations and rules. We remain available to work with Staff throughout the review of this project. If you have any questions, please call Mick Zdeblick, Vice President Office of Transformation at 312-942-7881 or Mick_Zdeblick@rush.edu.

Sincerely,



Peter Butler

Executive Vice President and Chief Operating Officer

Cc: Mr. Mike Constantino, Supervisor of Project Review

Attachments 2 copies of Application for Permit to
Construct The Edward A. Brennan Entry Pavilion
Filing Fee of \$2,500 payable to the Illinois Department of Public Health



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

APPLICATION

MAY 2010 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
 525 WEST JEFFERSON STREET, 2nd FLOOR
 SPRINGFIELD, ILLINOIS 62761
 (217) 782-3516

**INSTRUCTIONS
GENERAL**

- The Application must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act, including those involving establishment, expansion, modernization or discontinuation of a service or facility.
- The person(s) preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130).
- This Application does not supersede any of the above-cited rules and requirements that are currently in effect.
- The application form is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Codes 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to the Health Facilities and Services Review Board staff at (217)782-3516.
- Copies of this application form are available on the Health Facilities and Services Review Board Website www.hfsrb.illinois.gov

SPECIFIC

- Use this form, as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. If a criterion is **NOT APPLICABLE** label as such and state the reason why.
- For all applications that time and distance are required for a criterion submit copies of all Map-Quest Printouts that indicate the distance and time from the proposed facility or location to the facilities identified.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION FOR PERMIT. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION AND OR NUMBERING.**
- Attachments for each Section should be appended after the last page of the application for permit.
- Begin each Attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- For those criteria that require MapQuest printouts, physician referral letters and attachments, impact letters and documentation of receipt, include as appendices after that last attachment submitted with the application for permit. Label as Appendices 1, 2 etc.
- For all applications that require physician referrals the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients in the past 12 or 24 months whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original application and one copy both **unbound**. Label one copy original that contains the original signatures (on the application for permit).

Failure to follow these requirements WILL result in the application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an

invalid entity listed as the applicant) may result in the application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (113.620(d))

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Before an application for permit involving construction will be deemed **COMPLETE** the applicant must **attest** that the project is or is not in a flood plain, and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2005-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois Historic Resources Preservation Act (IHRP), the Health Facilities Planning Board is required to advise the Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the IHRP Agency to determine if certain projects may impact upon historic resources. Such types of projects include:

1. Projects involving demolition of any structures; or
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the Illinois Historic Preservation Agency so known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The Historic Preservation Agency (HPA) will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the HPA with the submission of the application for permit.

Information concerning the Historic Resources Preservation Act may be obtained by calling (217)782-4836 or writing Illinois Historic Preservation Agency Preservation Services Division, Old State Capitol, Springfield, Illinois 67201,

SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**. **SEE SECTION XI** OF THE APPLICATION FOR PERMIT.

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** projects. **SEE SECTION XII** OF THE APPLICATION FOR PERMIT.

FEE

An application processing fee (refer to Part 1130.620(f) for the determination of the fee) must be submitted with most applications. If a fee is applicable, and initial fee of \$2,500 MUST be submitted at the same time as submission of the application. **The application will not be declared complete and the review will not be initiated if the processing fee is not submitted.** HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **Payment may be by check or money order and must be made payable to the Illinois Department of Public Health.**

SUBMISSION OF APPLICATION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

10-041

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Rush University Medical Center – Entry Pavilion Infill Project				
Street Address:	1725 West Harrison Street				
City and Zip Code:	Chicago, 60612				
County:	Cook	Health Service Area:	6	Health Planning Area:	A-02

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Rush University Medical Center				
Address:	1653 West Congress Parkway Chicago, IL 60612				
Name of Registered Agent:	Max D. Brown				
Name of Chief Executive Officer:	Larry J. Goodman, M.D.				
CEO Address:	1725 West Harrison Street Ste. # 364 Chicago, IL 60612				
Telephone Number:	312-942-7073				

Type of Ownership of Applicant/Co-Applicant

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

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

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

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

Name:	Mick Zdeblick
Title:	Vice President Office of Transformation
Company Name:	Rush University Medical Center
Address:	1750 West Harrison Street , 301 Jelke Chicago, IL 60612
Telephone Number:	312-942-7881
E-mail Address:	Mick_Zdeblick@rush.edu
Fax Number:	312-942-6702

Additional Contact

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

Name:	Janet Scheuerman
Title:	Senior Consultant
Company Name:	PRISM Healthcare Consulting
Address:	1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number:	219-464-3969
E-mail Address:	prismjanet@aol.com
Fax Number:	219-464-0027

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name:	Alicia M. Maitland
Title:	Director of Financial Planning
Company Name:	Rush University Medical Center
Address:	707 South Wood Street, Suite 301, Chicago, Illinois 60612
Telephone Number:	312-563-4419
E-mail Address:	Alicia_m_maitland@rush.edu
Fax Number:	312-942-8372

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Rush University Medical Center
Address of Site Owner:	1653 West Congress Parkway, Chicago, Illinois 60612
Street Address or Legal Description of Site:	Same
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Rush University Medical Center		
Address:	1653 West Congress Parkway, Chicago, Illinois 60612		
<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. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- Substantive
 Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- Part 1120 Not Applicable
 Category A Project
 Category B Project
 DHS or DVA Project

2. 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.

On January 15, 2008, the Illinois Health Facilities Planning Board granted Permit #07-125 to Rush University Medical Center (Rush; the Medical Center; RUMC); this permit included the development of a new tower (the Atrium Addition, now renamed the East Tower) containing inpatient as well as other patient care services. The new construction connected the East Tower to the existing nearby Atrium Building with bridges. See the attached stacking diagram (Narrative, Exhibit 1) showing the location of the bridges between the two buildings; this stacking diagram was provided on page 13 of the original application. The East Tower is now under construction, on schedule and on budget.

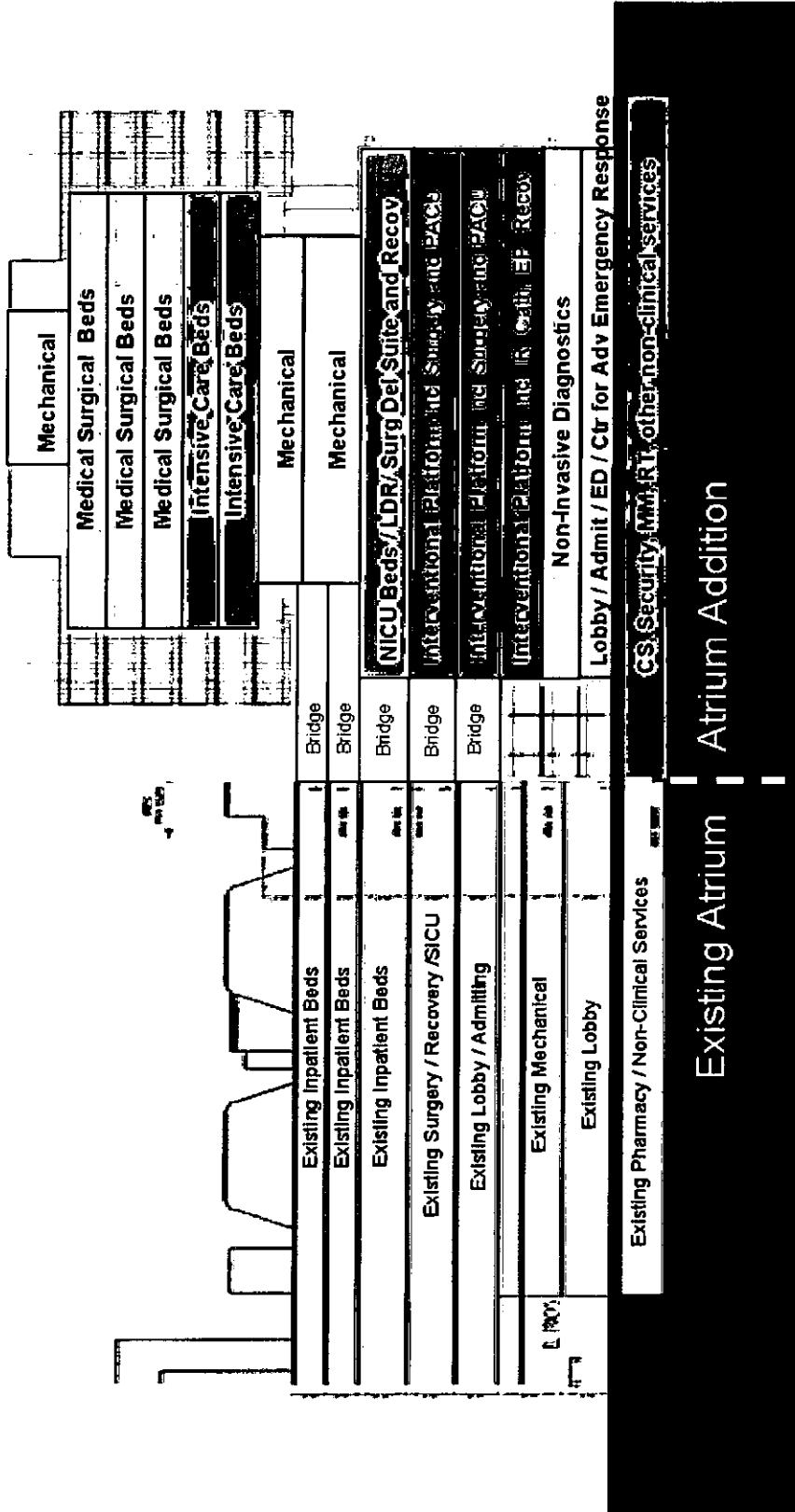
At the time the East Tower permit was approved, available funding did not allow for construction within the first three levels between the East Tower and the Atrium Building. Since the approval of Permit #07-125, Rush has been pursuing philanthropic donations and grants that will allow the completion of this space. The purpose of this application is to seek approval for this entry pavilion construction.

The new three-story entry pavilion will be an open atrium with 10,000 square feet of floor space. This construction between the East Tower and the Atrium Building will serve as the gateway to Rush University Medical Center. It will be the main entry into the Medical Center and provide access to all inpatient and most other patient care services, including surgery. This space will house a centrally located reception area, a vestibule with wheelchair storage, registration for all services, a patient transfer lobby into the Atrium Building (and ultimately to the Kellogg and Jelke buildings), an emergency department vestibule, public spaces such as restrooms and lounge seating, a vestibule with wheelchair storage, as well as a valet kiosk and office.

The East Tower and the entry pavilion incorporate environmentally advanced engineering and design concepts. The pavilion includes the following Gold Level LEED Certification design features: alternative energy management; local materials certified by the Forest Stewardship Council; construction waste will be diverted from landfills; efficient plumbing features; and, displacement ventilation.

The pavilion is to be named after Edward A. Brennan, a long time trustee and past chairman of the RUMC Board; it was his vision that set the Rush Transformation project in motion.

Total project cost is \$16,300,000. Construction will begin September 16, 2010 or upon approval of this application; the project is scheduled for completion by March 31, 2012 if construction begins in September 2010. The project is non-substantive because it has no clinical elements; it is an entirely non-clinical project.



Existing Atrium | Atrium Addition

Building Section / Stacking Diagram

**RUSH UNIVERSITY
MEDICAL CENTER
ATRIUM ADDITION**
07/20/10

**PERKINS
+ WILL**
07/20/10

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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation		466,000	466,000
Off Site Work		11,954,000	11,954,000
New Construction Contracts			
Modernization Contracts		1,000,000	1,000,000
Contingencies		1,080,000	1,080,000
Architectural/Engineering Fees		1,100,000	1,100,000
Consulting and Other Fees		400,000	400,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)		300,000	300,000
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS		16,300,000	16,300,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities		1,300,000	1,300,000
Pledges			
Gifts and Bequests		13,000,000	13,000,000
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants		2,000,000	2,000,000
Other Funds and Sources			
TOTAL SOURCES OF FUNDS		16,300,000	16,300,000

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

Related Project Costs

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

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

The project involves the establishment of a new facility or a new category of service
 Yes No

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

Estimated start-up costs and operating deficit cost is \$ **Not applicable because neither a new facility nor a new category of service are being established.**

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): March 31, 2012

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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							
Total Clinical	\$	0	0	0	0	0	0
NON-CLINICAL							
Public Area	\$16,300,000	500	10,500	10,000	500		
Total Non-clinical	\$16,300,000	500	10,500	10,000	500		
TOTAL	\$16,300,000	500	10,500	10,000	500		

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

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

FACILITY NAME: Rush University Medical Center		CITY: Chicago			
REPORTING PERIOD DATES: From: 01/01/2008 to: 12/31/2008					
Category of Service	Authorized Beds	Admissions b.	Patient Days b.	Bed Changes	Proposed Beds
Medical/Surgical	340	20,063	93,026	-	340
Obstetrics	44	2,544	8,483	-	44
Pediatrics	70	1,084	4,830	-	70
Intensive Care a	132	3,469	19,734	-	132
Comprehensive Physical Rehabilitation	66	1,017	12,734	-	66
Acute/Chronic Mental Illness	101	1,741	16,264	-	101
Neonatal Intensive Care	72	589	16,701	-	72
General Long Term Care	-	-	-	-	-
Specialized Long Term Care	-	-	-	-	-
Long Term Acute Care	-	-	-	-	-
Other ((identify))	-	-	-	-	-
TOTALS:	825	30,507	171,772	-	825

a.. Includes only direct admission to the intensive care unit.

b. Does not include the following observation utilization in authorized beds.

<u>Observation Days</u>	
<u>Category of Bed</u>	<u>Days</u>
Medical/Surgical	3,671
Pediatric	360
Intensive Care	463
Obstetrics/Gynecology	103
Dedicated Observation	<u>319</u>
Total	4,916

Facility Bed Capacity and Utilization

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

FACILITY NAME: Rush University Medical Center		CITY: Chicago			
REPORTING PERIOD DATES: From: 01/01/2009 to: 12/31/2009					
Category of Service	Authorized Beds	Admissions b.	Patient Days b.	Bed Changes	Proposed Beds
Medical/Surgical	340	20,537	96,133	0	340
Obstetrics	38	2,775	9,016	0	38
Pediatrics	28	1,171	5,216	0	28
Intensive Care a	132	4,277	20,694	0	132
Comprehensive Physical Rehabilitation	66	984	12,797	0	66
Acute/Chronic Mental Illness	90	1,651	15,513	0	90
Neonatal Intensive Care	72	615	16,802	0	72
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	766	30,890	176,171	0	766

a.. Includes only direct admission to the intensive care unit.

b. Does not include the following observation utilization in authorized beds.

Observation Days

<u>Category of Bed</u>	<u>Days</u>
Medical/Surgical	4,314
Pediatric	359
Intensive Care	527
Obstetrics/Gynecology	110
Dedicated Observation	<u>330</u>
Total	5,640

CERTIFICATION

ORIGINAL

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

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

This Application for Permit is filed on the behalf of Rush University Medical Center * 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.

M. Zdobych
SIGNATURE
M. Zdobych
PRINTED NAME
V.P.
PRINTED TITLE

Peter W Butler
SIGNATURE
Peter W. Butler
PRINTED NAME
Exec V.P. and COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16 day of June

Notarization:
Subscribed and sworn to before me
this 16 day of June

Catrina Garner
Signature of Notary

Catrina Garner
Signature of Notary

Seal
"OFFICIAL SEAL"
CATINA GARNER,
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5/31/2011
*Insert EXACT legal name of the applicant

Seal
"OFFICIAL SEAL"
CATINA GARNER,
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5/31/2011

**SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, 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 – Background, Purpose of the Project, 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, and certification 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

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 **as appropriate.**

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** 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
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, 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. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF 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 space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION: Not applicable. The proposed project has no services, functions, or equipment for which HFSRB has established utilization targets.

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. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:**Not applicable; there is no 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-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**ASSURANCES:****Not applicable; there is no unfinished or shell space.**

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-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. - MASTER DESIGN AND RELATED PROJECTS

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities;
2. How the services proposed in future projects will improve access to planning area residents;
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed; and
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

Criterion 1110.235(b) - Master Plan or Related Future Projects

Read the criterion and provide documentation regarding the need for all beds and services to be developed, and also, document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
 - a. limitation on government funded or charity patients that are expected to continue;
 - b. restrictive admission policies of existing planning area health care facilities that are expected to continue;
 - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.
3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
 - a. historical service/beds utilization levels;
 - b. projected trends in utilization (include the rationale and projection assumptions used in such projections);
 - c. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and
 - d. anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit;
2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit;
3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT-18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds Not applicable; Rush University Medical Center has provided documentation of an A Bond rating.

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – 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, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Not applicable; Rush University Medical Center has provided documentation of an A Bond rating.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements
Not applicable; Rush University Medical Center has provided documentation of an A Bond rating.

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) 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. Conditions of Debt Financing **Not applicable. No debt will be used to fund this project.**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

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

Departments	A		B		C		D		E		F		G		H		I	
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Gross Sq. Ft.		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$		Mod. \$		Total Cost	
	New	Mod.	New	Circ.	New	Circ.	Mod.	Circ.	Mod.	Circ.	Circ.	Circ.	(A x C)	(B x E)	(G + H)			
Public Space	1195.40	2000.00	10,000				500						11,954,000	1,000,000	12,954,000			
Total Entry Pavilion	1195.40	2000.00	10,000				500						11,954,000	1,000,000	12,954,000			
Contingency															1,080,000			
Total															14,034,000			

Note: Modernization costs include adding an elevator

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 42 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS: Not applicable. This project is neither substantive nor a project discontinuation.**

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

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

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

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS **ATTACHMENT-43**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT-44**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	27 – 28
2	Site Ownership	29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30 – 31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32 – 34
5	Flood Plain Requirements	35 – 37
6	Historic Preservation Act Requirements	38 – 39
7	Project and Sources of Funds Itemization	40 – 41
8	Obligation Document if required	42
9	Cost Space Requirements	43
10	Discontinuation	NA
11	Background of the Applicant	44 – 54
12	Purpose of the Project	55 – 57
13	Alternatives to the Project	58 – 61
14	Size of the Project	62
15	Project Service Utilization	63
16	Unfinished or Shell Space	64
17	Assurances for Unfinished/Shell Space	65 – 66
18	Master Design Project	67 – 69
19	Mergers, Consolidations and Acquisitions	NA
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	NA
21	Comprehensive Physical Rehabilitation	NA
22	Acute Mental Illness	NA
23	Neonatal Intensive Care	NA
24	Open Heart Surgery	NA
25	Cardiac Catheterization	NA
26	In-Center Hemodialysis	NA
27	Non-Hospital Based Ambulatory Surgery	NA
28	General Long Term Care	NA
29	Specialized Long Term Care	NA
30	Selected Organ Transplantation	NA
31	Kidney Transplantation	NA
32	Subacute Care Hospital Model	NA
33	Post Surgical Recovery Care Center	NA
34	Children's Community-Based Health Care Center	NA
35	Community-Based Residential Rehabilitation Center	NA
36	Long Term Acute Care Hospital	NA
37	Clinical Service Areas Other than Categories of Service	NA
38	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
39	Availability of Funds	70 – 71
40	Financial Waiver	72
41	Financial Viability	73 – 86
42	Economic Feasibility	87 – 89
43	Safety Net Impact Statement	90 – 95
44	Charity Care Information	96 – 101
Appendix	Community Benefits	102 – 157

ATTACHMENTS

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Rush University Medical Center – Entry Pavilion Infill Project				
Street Address:	1725 West Harrison				
City and Zip Code:	Chicago, 60612				
County:	Cook	Health Service Area:	6	Health Planning Area:	A-02

Applicant Identification

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

Exact Legal Name:	Rush University Medical Center				
Address:	1653 West Congress Parkway Chicago, IL 60612				
Name of Registered Agent:	Max D. Brown				
Name of Chief Executive Officer:	Larry J. Goodman, M.D.				
CEO Address:	1725 West Harrison Street Ste. # 364 Chicago, IL 60612				
Telephone Number:	312-942-7073				



To all to whom these Presents Shall Come, Greeting:

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

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, 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 #: 1016400306
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 13TH day of JUNE A.D. 2010 .

Jesse White

SECRETARY OF STATE

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Rush University Medical Center
Address of Site Owner:	1653 West Congress Parkway, Chicago, Illinois 60612
Street Address or Legal Description of Site:	Same
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Rush University Medical Center		
Address:	1653 West Congress Parkway, Chicago, Illinois 60612		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other

- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, 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

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, 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 #: 1018400306
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 13TH day of JUNE A.D. 2010 .

Jesse White

SECRETARY OF STATE

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Rush University Medical Center is the applicant on this project.

Rush System for Health is a not-for-profit Illinois corporation. Rush System for Health does not have any of the following rights or powers related to any of the organizations listed on the Organization Chart, Attachment 3.

- Rush System for Health does not have the right or power to approve and remove a controlling portion of any of the organizations.
- Rush System for Health does not have the right or power to approve the use of funds or assets of any of the organizations.
- Rush System for Health does not have the right or power to approve, amend, or modify the by-laws or other rules of governance of any of the organizations.
- Rush System for Health will not be responsible for guaranteeing or making payments on any debt related to the project.
- Rush System for Health will not be involved in the operation or provision of care and control the use of equipment or other capital assets that are components of the project.

Rush Oak Park Hospital is operated by Rush University Medical Center.

RML Specialty Hospital is a joint venture partnership with Loyola University Medical Center. After June 30, 2010 Rush Health System will no longer be an owner of RML Specialty Hospital.

Riverside Healthcare also has an affiliation with RUMC.

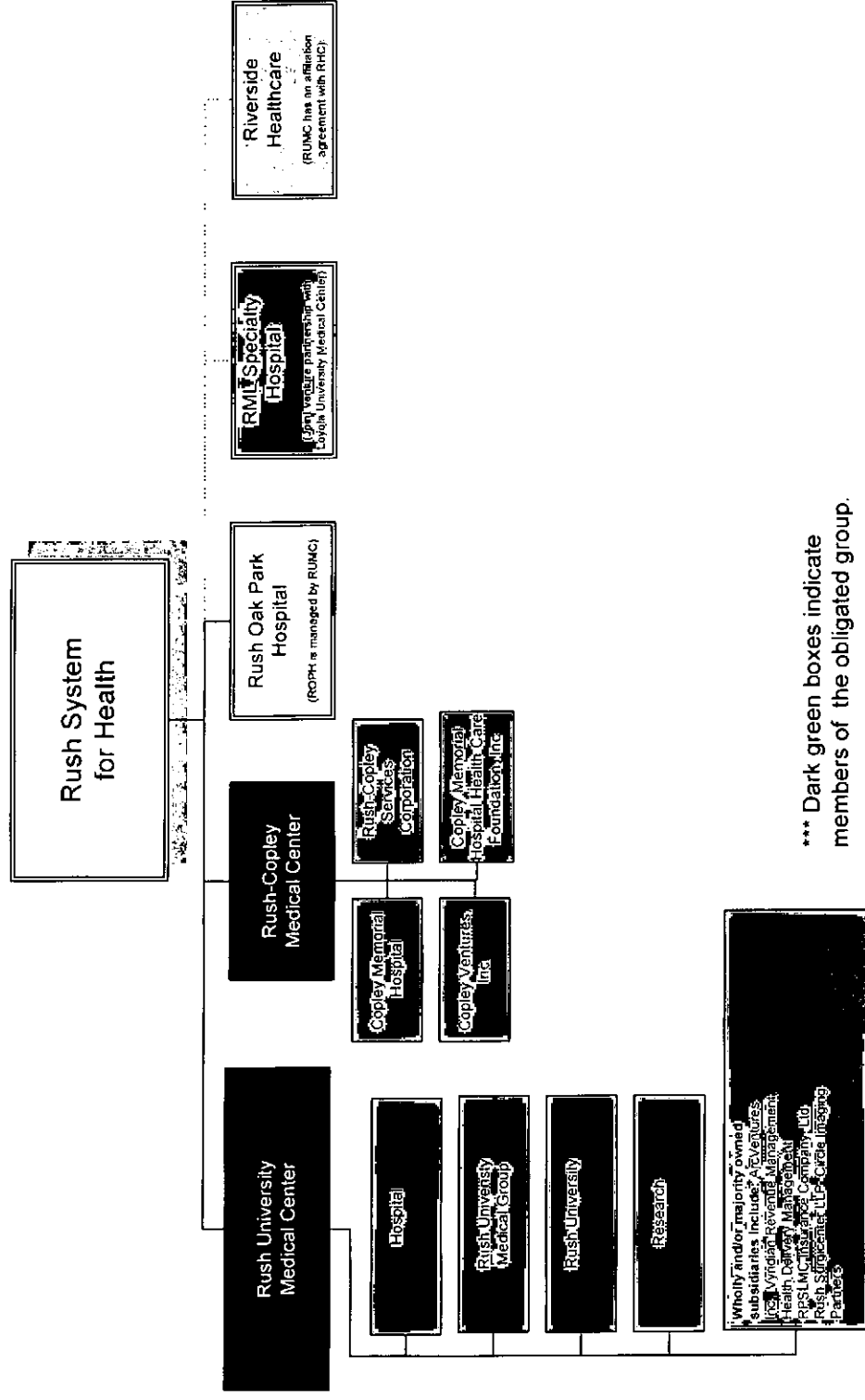
Rush Oak Park Hospital, RML Specialty Hospital, and Riverside Healthcare do not meet the above tests for co-applicancy.

Rush University Medical Center (RUMC) and Rush Copley Medical Center are members of an obligated group. Members of the obligated group are jointly and severally liable on Master Trust Indenture Indebtedness. Rush Copley Medical Center was a co-applicant on past CON applications because these projects were financed with debt. Rush Copley Medical Center is not a co-applicant on this application because the project will be financed with philanthropy, grants, and cash and securities. There will be no debt. Rush Copley is neither owned nor operated by RUMC.

Rush North Shore Medical Center was also a member of the obligated group and a co-applicant on the earlier RUMC applications. Rush North Shore Medical Center was acquired by NorthShore University HealthSystem and is no longer part of the obligated group and therefore no longer a co-applicant on RUMC certificate of need applications – regardless of how they are financed.

Attachment 4, Exhibit 1 is a copy of the Rush System for Health organizational chart.

Rush System for Health Organizational Chart



*** Dark green boxes indicate members of the obligated group.

Flood Plain Requirements

[Refer to application instructions.]

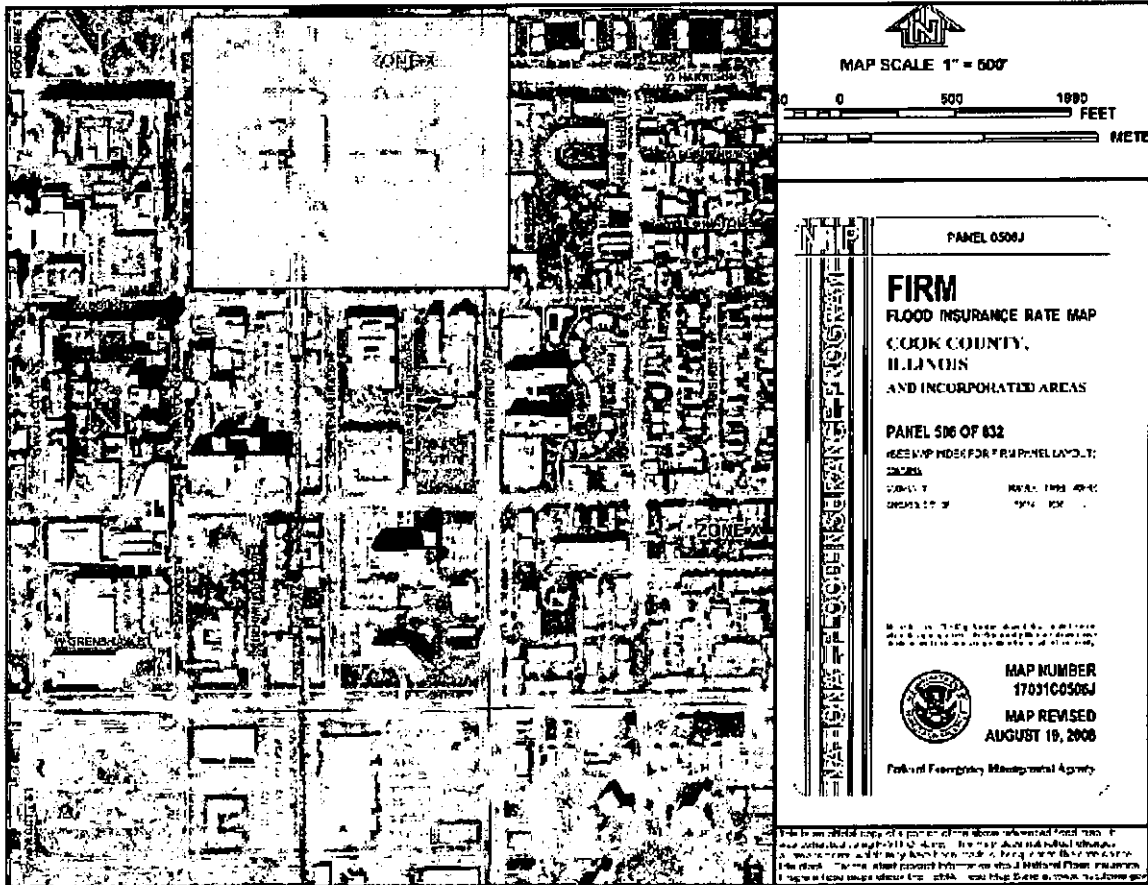
Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain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

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

Rush University Medical Center attests that the project is not in a flood plain and that the location of the entry pavilion project complies with the Flood Plain Rule under Illinois Order #2005-5.

Attachment 5, Exhibit 1 is a Flood Insurance Rate Map of Panel 506, the location of the proposed construction of the entry pavilion. As shown on this map, the area is not located in a flood plain.

Attachment 5, Exhibit 2 is a letter from the Illinois Department of Natural Resources dated October 21, 2008 in which that Department determined that the site of the modernized Cancer Care Center "is not located within a designated 100-year floodplain." The Cancer Care Center and the proposed entry pavilion project are in the same Flood Insurance Rate Map –Panel 506.





Illinois Department of Natural Resources

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

Rod R. Blagojevich, Governor

Sam Flood, Acting Director

October 21, 2008

Ms. Janet Scheuerman
Prism Consulting Services Inc.
1808 Woodmere Drive
Valparaiso, Indiana 46383

RE: Rush University Medical Center, Coleman Cancer Care Center Relocation and Modernization.

Dear Ms. Scheuerman:

Thank you for requesting a floodplain determination for the proposed development at the Coleman Cancer Care Center at Rush University Medical Center in Chicago, Illinois to ensure compliance with Illinois Executive Order V (2006).

In brief, Executive Order V (2006) requires that state agencies ensure all projects meet the standards of the state floodplain regulations or the National Flood Insurance Program (NFIP), whichever is more stringent. These standards require that new or substantially improved buildings and other development activities be protected from damage by the 100-year flood. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties. Development activities which are determined to be "critical facilities" must be protected to the 500-year flood elevation.

Hospitals are specifically listed as critical facilities. After reviewing the information you have provided, we have determined that this parcel is not located within a designated 100-year floodplain. The Executive Order requires that all new critical facilities shall be located outside of the 100-year floodplain and built to the 500-year protection standards. Based on the site plans you have submitted, it appears that the new development does meet these requirements.

Should you have any questions or comments regarding this flood hazard determination feel free to contact me at (217) 782-0690.

Sincerely,



Annette Burris, CFM, CLA

Illinois Department of Natural Resources
State Flood Programs

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

Attachment 6, Exhibit 1 is documentation regarding compliance with the requirements of the Historic Resources Preservation Act. It is a letter from Anne E. Haaker, Deputy State Historic Preservation Officer dated May 13, 2010. The letter states that no historic, architectural or archaeological sites exist within the project area.



**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 - Demolition and New Construction, Rush University Medical Center
Atrium - 1653 W. Congress - New Addition; Ashland Ave. between Harrison St. and
Flournoy St. - New Construction; SW Corner Flournoy St. and Ashland Ave. - New
Construction; Kellogg Pavilion - 1717 W. Congress; Pavilion Building - 1733 W.
Congress, Demolition; Senn Building - 1744 W. Harrison, Demolition; Rawson
Building - 1758 W. Harrison, Demolition; Jones Building - 1753 W. Congress,
Demolition; Jelke Building - 1742 W. Harrison, Demolition; West Side Plant - 517
S. Wood, Demolition; Murdock Building - 517 S. Wood, Demolition
IHPA Log #006121205

May 13, 2010

Janet Scheuerman
PRISM Healthcare Consulting
1808 Woodmere Drive
Valparaiso, IN 46383

Dear Ms. Scheuerman:

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

Anne E. Haaker
Deputy State Historic
Preservation Officer

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

RUMC Pavilion 80L 6/20/2010 11:32:39 AM

ATTACHMENT-6

Exhibit 1

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			
Site Survey and Soil Investigation			
Site Preparation		466,000	466,000
Off Site Work			
New Construction Contracts		11,954,000	11,954,000
Modernization Contracts		1,000,000	1,000,000
Contingencies		1,080,000	1,080,000
Architectural/Engineering Fees		1,100,000	1,100,000
Consulting and Other Fees		400,000	400,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)		300,000	300,000
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS		16,300,000	16,300,000
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities		1,300,000	1,300,000
Pledges			
Gifts and Bequests		13,000,000	13,000,000
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants		2,000,000	2,000,000
Other Funds and Sources			
TOTAL SOURCES OF FUNDS		16,300,000	16,300,000
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Description	Budget
Site Preparation	\$ 466,000
Earthwork	\$ 216,000
Site Improvements	250,000
New Construction Contracts	\$ 11,954,000
Foundation	\$ 221,000
Concrete	\$ 577,000
Metals	\$ 1,006,000
Roofing	\$ 188,000
Exterior Wall	\$ 4,552,000
Finishes	\$ 1,669,000
Plumbing	\$ 570,000
Mechanical Ventilation & Piping	\$ 1,341,000
Controls	\$ 176,000
Fire Protection	\$ 76,000
Electrical	\$ 886,000
General Conditions	\$ 692,000
Modernization Contracts	\$ 1,000,000
Add Elevator No 104 @ Atrium & Atrium Ground Floor Finish Upgrades	\$ 1,000,000
Contingencies	\$ 1,080,000
Architecture & Engineering Fees	\$ 1,100,000
Schematic Design	\$ 220,000
Design Development	\$ 143,000
Construction Documents	\$ 374,000
Bid & Permit Phase Services	\$ 44,000
Construction Administration	\$ 319,000
Consulting & Other Fees	\$ 400,000
Testing & Commissioning	\$ 140,000
Certificate of Need Filing Fee and Consultant	\$ 35,000
Program Management	\$ 210,000
Permit Expeditor	\$ 15,000
Net Interest Expense During Construction	\$ 300,000
Capital Interest During Construction	\$ 300,000
Grand Total	\$16,300,000

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140):

The following is the Project Development Schedule

Project start date	June 30, 2009
Estimated date when one-third of total estimated project cost will be expended	March 21, 2011
Estimated date for completion of the project	March 31, 2012

The following is the Construction Schedule

Construction start date	September 16, 2010
Mid point of construction	May 9, 2011
Construction Completion	December 31, 2011

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

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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.	Remodeled	As Is	Vacated Space
CLINICAL							
None	\$ 0	0	0	0	0		
ENTRY PAVILION							
NON-CLINICAL							
1. Public Area	\$ 16,300,000	500	10,500	10,000	500		
Total Non-clinical	\$ 16,300,000	500	10,500	10,000	500		
TOTAL PROJECT	\$ 16,300,000	500	10,500	10,000	500		

APPEND DOCUMENTATION AS ATTACHMENT-9 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, 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 – Background, Purpose of the Project, 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, and certification 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

1. Health Care Facilities Owned and Operated by Rush University Medical Center

Rush University Medical Center (Rush, the Medical Center) owns and operates Rush University Medical Center in Chicago. Rush also operates Rush Oak Park Hospital in Oak Park and has 50 percent ownership of RML Specialty Hospital in Hinsdale. After June 30, 2010, Rush will no longer be a part owner of RML Specialty Hospital; Advocate Health and Hospitals Corporation is acquiring Rush's share of RML Specialty Hospital.

The licensing, certification, and accreditation numbers for each of the organizations owned or operated by Rush, along with relevant identification numbers are listed below (See Attachment 11 Exhibit 1).

Name and Location of Facility	Identification Numbers
Rush University Medical Center Chicago, IL	2010 Chicago Hospital License ID # 11181 2010 Illinois Hospital License ID#1954442 RUMC Behavioral Health Care JCAHO ID # 7297
Rush Oak Park Hospital Oak Park, IL	2010 Illinois Hospital License ID# 1927321 Rush Oak Park Hospital Oak Park License # 1546 JCAHO ID # 7398

2. Certified Listing of Any Adverse Action Against Any Facility Owned and/or Operated by the Applicant

There have been no adverse actions taken against any facility owned and/or operated by Rush University Medical Center during the three years prior to filing the application. See Attachment-11, Exhibit 2 through 4 for certification of this statement.

3. Authorization Permitting HFPB and DPH to Access Necessary Documents

Attachment-11, Exhibits 2 through 4 also include authorization permitting HFPB and DPH to access any documents necessary to verify the information submitted in this application.

4. Exception for Filing Multiple Certificates of Need in One Year

Not applicable. The appended application is the first certificate of need filing for Rush in 2010.

Documentation of Licensure and Accreditation

CITY OF CHICAGO

LICENSE CERTIFICATE

NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO, THE FOLLOWING SPECIFIED LICENSE IS HEREBY GRANTED TO

NAME: RUSH UNIVERSITY MEDICAL CENTER

DBA: RUSH UNIVERSITY MEDICAL CENTER
1653 W. CONGRESS PKWY., Floor POB III, Apt./Suite 364
CHICAGO, IL 60612

LICENSE NO.: 11181 CODE: 1375 FEE: \$2,200.00

LICENSE: Hospital

Beds Max

PRINTED ON: 09/15/2008

\$2,200.00

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION THEREFOR, AND MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW. LICENSEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES AND REGULATIONS OF THE UNITED STATES GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO AND ALL AGENCIES THEREOF.

WITNESS THE HAND OF THE MAYOR OF SAID CITY AND THE CORPORATE SEAL THEREOF

THIS 15 DAY OF SEPTEMBER, 2008

EXPIRATION DATE

September 15, 2010

ATTEST:



Richard M. Daley
MAYOR

Miguel de Valle
CITY CLERK




DEEV. NO. 62954 SITE: 2

TRANS. NO.

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE LICENSED PREMISES.

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED DOCUMENT ON WHITE PAPER



State of Illinois 1954442
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/10	BGBD	0001917

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/10

BUSINESS ADDRESS

RUSH UNIVERSITY MEDICAL CENTER
1653 WEST CONGRESS PARKWAY
CHICAGO IL 60612

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1954442
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

RUSH UNIVERSITY MEDICAL CENTER

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/10	BGBD	0001917

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/10

11/07/09
RUSH-PRESBYTERIAN-ST. LUKE'S MEDIC
1653 WEST CONGRESS PARKWAY
CHICAGO IL 60612

FEE RECEIPT NO.

Rush University
Medical Center

Chicago, IL

has been Accredited by



The Joint Commission

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

November 14, 2009

Accreditation is customarily valid for up to 39 months.

David L. Nahrowald

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

Organization ID #7297
Print/Reprint Date: 1/28/10

Mark Chassin

Mark Chassin, M.D.
President

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



Rush University
Medical Center
Chicago, IL

has been Accredited by



The Joint Commission

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

November 14, 2009

Accreditation is customarily valid for up to 39 months.

David L. Nahrwald

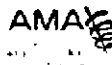
David L. Nahrwald, M.D.
Chairman of the Board

Organization ID #7297
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Mark Chassin

Mark Chassin, M.D.
President

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State of Illinois 1927321
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

DAMON T. ARNOLD, M.D.
DIRECTOR

<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>ID. NUMBER</small>
06/30/10	BGBD	0001750

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/09

BUSINESS ADDRESS

RUSH OAK PARK HOSPITAL, INC.
520 SOUTH MAPLE AVENUE
OAK PARK IL 60304

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/07 •

State of Illinois 1927321
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

RUSH OAK PARK HOSPITAL, INC.

<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>ID. NUMBER</small>
06/30/10	BGBD	0001750

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/09

05/02/09
RUSH OAK PARK HOSPITAL
520 SOUTH MAPLE AVENUE
OAK PARK IL 60304

FEE RECEIPT NO.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



License #

1546

Business License

Permission is hereby granted to conduct business in
Oak Park subject to applicable Village Ordinances.

Acc# 3188
Rush Oak Park Hospital
520 S Maple Ave
Oak Park, IL 60304

Inspection: Sign/awning
Inspection: Sign/awning (additional)
Medical: Hospital
Merchandise: Newspaper Stands


January 5, 2010

Date Issued

December 31, 2010

Expiration Date


Village President


Village Clerk

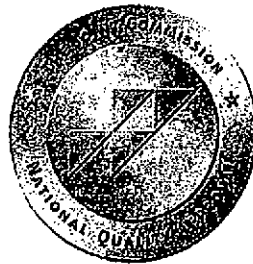
NON-TRANSFERABLE MUST BE POSTED IN A VISABLE LOCATION

The person, firm or corporation named above is hereby granted a license to engage in, carry on or conduct in the Village of Oak Park, Illinois the business, trade, calling, profession, exhibition or occupation described, for the period indicated. The issuance of this Oak Park Business License does not constitute Village approval of any violation of law or regulation of the Village of Oak Park.

Rush Oak Park Hospital, Inc.

Oak Park, IL

has been Accredited by



The Joint Commission

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

July 21, 2007

Accreditation is customarily valid for up to 39 months.

David L. Wahrwald

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

7395
Organization ID #

Denise S. O'Leary

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

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



Peter W. Butler
Executive Vice President and
Chief Operating Officer

1725 West Harrison Street
Suite 364
Chicago, IL 60612

Tel 312.942.8801
Fax 312.942.2055
Peter_Butler@rush.edu
www.rush.edu

RUSH UNIVERSITY
COLLEGE OF NURSING
RUSH MEDICAL COLLEGE
COLLEGE OF HEALTH SCIENCES
THE GRADUATE COLLEGE



June 14, 2010

Mr. Dale Galassie, Chair
Illinois Health Facilities and Services Review board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

In accordance with Criterion 1110.230.a, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. Rush University Medical Center and Rush Oak Park Hospital do not have any adverse actions against any facility owned or operated by the applicant during the last three (3) year period prior to the filing of this application, and
2. Rush University Medical Center and Rush Oak Park Hospital authorize the State Board and Agency access to information in order to verify documentation or information submitted in response to the requirements of Criterion 1110.230.a or to obtain documentation or information which the State Board or Agency finds pertinent to this application.

Sincerely,

A handwritten signature in cursive script that reads 'Peter W. Butler'.

Peter W. Butler
Executive Vice President and Chief Operating Officer

cc: Mike Constantino, Supervisor of Project Review

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.

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 as appropriate.

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

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.

The proposed project does not include any health services; it is an entry pavilion. The proposed entry pavilion will be the central access point to Rush University Medical Center's (RUMC, Rush, the Medical Center) inpatient and other patient care services. It will be directly across West Harrison Street from the main parking structure on the campus, thus improving access to the Medical Center's health services for patients and visitors. It will be convenient for either drop-off or walk-in patients and visitors.

2. Define the planning area or market area, or other, per the applicant's definition.

The proposed entry pavilion will improve physical access to the Medical Center for patients from throughout the Medical Center's service area. Patient origin to the Medical Center is summarized below.

RUMC Patient Origin

Area	Percent of Patients
Cook County	75.9
Other Illinois including DuPage, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties as well as Other Illinois	18.2
Other States including Indiana, Michigan, Wisconsin and Other States	5.9
Total	100.0

Source: RUMC records



This patient origin data and the map demonstrate Rush's commitment to its local community, primarily 22 zip codes in Cook County and the Medical Center's role as a major referral center for the State of Illinois.

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.]

The existing issues that need to be addressed relate to access to the Medical Center's services. At the completion of the current Campus Transformation project, the Medical Center will provide inpatient and other health care services primarily in four buildings – the new East Tower as well as the existing Atrium, Kellogg and Jelke buildings. At the present time, each of the buildings has a separate entrance. Consequently way finding on the Rush campus is confusing for patients and their visitors. The flow and function of the inpatient units as well as the inpatient and outpatient surgery and other interventional areas is disjointed and confusing.

There is no central gateway to the Medical Center's health care services.

4. Cite the sources of the information provided as documentation.

Sources of information for the entry pavilion project include the campus master plan, studies by architects, engineers, and the construction manager as well as internal RUMC data.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

At the time the East Tower CON Permit was approved, available funding did not allow for construction within the first three levels between the East Tower and the Atrium Building. Since the approval of the Permit (#7-125), Rush has been pursuing philanthropic donations and grants that will allow the completion of this space. This enclosed entry pavilion project will serve as the gateway to Rush University Medical Center. It will be the main entry to the Medical Center and provide access to all inpatient units and most other patient care services including surgery and interventional services. The entry pavilion will provide direct access to services housed in the East Tower and Atrium Building. Via an elevator and walkways between the Atrium, Kellogg and Jelke buildings, services in these buildings can also be accessed. Access will no longer be disjointed and confusing.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The entry pavilion project has the following goals and objectives.

Overriding Goal

The overriding goal of the project is to provide a gateway to the Medical Center's that logically provides centralized access to inpatient and outpatient services.

Objective 1

The first objective of the entry pavilion project is to provide a visible gateway or arrival destination to the health care services on the transformed Rush University Medical Center campus. This objective will be completed by March 31, 2012 with the completion of the entry pavilion project.

Objective 2

The second objective of the entry pavilion project is to enhance way finding to the inpatient and other health care services on the RUMC campus. This objective will be completed by March 31, 2012 with the completion of the entry pavilion.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** 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
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

1. Identification of Alternatives

Today the lower level of the Atrium Building is not only the entrance to the Atrium Building but also access to the fourth floor Building which currently serves as Rush's central access to most of the other inpatient services on the campus. The other older buildings with patient care services such as the Kellogg and Jelke buildings also have separate entrances. As part of the entry pavilion project, the air space between the Atrium Building and the East Tower will become Rush University Medical Center's (Rush, the Medical Center) new arrival destination.

The proposed Brennan Entry Pavilion Project would include currently open space between the East Tower and the Atrium building and from the ground to the bridge structures connecting the two buildings on level 3 and 4 and convert that into a centrally located and covered entry pavilion.

Rush considered three alternatives to providing access to the East Tower and other buildings that will remain in service for patient care functions, especially the Atrium, Kellogg, and Jelke buildings.

Alternative 1 – Maintain Separate Entrances for the East Tower and the Atrium, Kellogg and Jelke buildings

Alternative 1 envisions the Medical Center developing multiple entrances to the patient care facilities on the west side of West Harrison Street, more specifically the East Tower as well as the Atrium, Kellogg and Jelke buildings. This would include new construction for entrances to the East Tower and the Atrium Building and in a future project, the modernization of the entrances to the Kellogg and Jelke buildings. Other buildings currently housing patient care functions to the west of these buildings will be demolished at the completion of the Campus Transformation Project so that no capital expenditures would be made to these buildings.

Alternative 2 – Connect the East Tower and Atrium Building on Multiple Levels with Functioning Floor Space

This option explores alternative uses of the open air space between the East Tower and the Atrium Building. Working between the bridge structures and the two building multiple floors could be constructed at the second, third, and fourth floors. This option would provide an additional 20,000 to 30,000 square feet of functional floor space. In addition to the ground floor lobby, two to three additional floors would be available for administrative or clinical use.

Alternative 3 – Develop the Brennan Entry Pavilion

Alternative 3 envisions developing a new three level entry pavilion with 10,000 square feet of floor space and a floor to ceiling open atrium designed construction between the East Tower and the Atrium Building. This pavilion will serve as the gateway to Rush University Medical Center. It will be the main entry and destination point into the Hospital and will serve all buildings housing inpatient and other health care services, including surgical services in new or modernized buildings (facilities on the north side of West Harrison Street and including the East Tower as well as the Atrium, Kellogg and Jelke buildings). The location of the proposed construction is directly across West Harrison Street from the primary parking garage on the Medical Center's campus, thereby further enhancing access for patients and visitors. Drop-off and walk-in access will be provided.

2. Comparison of Alternatives including Total Project Cost and Rationale for Rejection

Alternative 1 - Maintain Separate Entrances for the East Tower and the Atrium, Kellogg, and Jelke Buildings

Alternative 1 was rejected for the following reasons:

- Under Alternative 1, Rush University Medical Center would not have a gateway or front door - access to inpatient and ancillary services would be dispersed and disconnected.
- Way finding on the Rush campus would be confusing for patients and their visitors, especially for those entering the campus for surgery or same day procedures.
- This option would require excessive duplication of services such as reception, registration, valet parking, security, and public spaces.
- Under this scenario, the overall flow and function of the inpatient space would be disjointed and confusing.
- The project cost of Alternative 1 would be estimated to be \$10 to 14 million. Without philanthropic funding this project would not be funded. To be more specific, without the commitment of the philanthropic community that rallied behind the concept of memorializing Edward Brennan via the Edward Brennan Entry Pavilion this project would not be funded.

Alternative 2 – Connect the East Tower and Atrium Building on Multiple Levels with Functioning Floor Space.

Alternative 2 was rejected for the following reasons:

- Under Alternative 2, the cost to constructing usable square footage between the building on multiple levels far exceeds the project budget and philanthropic interest.
- Although additional administrative and clinical space is always welcomed on a complex medical campus, the location of this space would be less than ideal and very costly, especially for non revenue generating administrative space.

- Currently, additional clinical space is was not within budget and its program use did not match strategic growth plans.
- The total project cost of this alternative is estimated at \$40 million.

Alternative 3 – Develop the Brennan Entry Pavilion

Alternative 3 is the alternative of choice for the following reasons:

- Under Alternative 3, Rush University Medical Center would have a gateway or front door – access to inpatient and other health care services including surgery would be centralized.
- Way finding on the campus would be enhanced for patients and their visitors.
- This option would substantially reduce duplication of services such as reception, registration, valet parking, security and public spaces. These services for the Atrium Building and the East Tower would be fully centralized; these buildings will house the vast majority of inpatient and surgical services at the completion of the Campus Transformation Project. Minimum duplication would be required in the Kellogg and Jelke buildings for as long as they continue to be used; these services and functions are already in place.
- The proposed entry pavilion will also provide surge capacity for the Bioterrorism Response Center.
- The proposed new entrance will be immediately across West Harrison Street from the primary parking structure on the campus enhancing access and convenience for patients and their visitors.
- The project cost of Alternative 3 is estimated to be \$16 million.

3. Empirical Evidence

Not applicable; no patient care will be provided in the proposed new construction.

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. **This must be a narrative.**

The proposed project includes 10,000 gsf of new construction for an entry pavilion and 500 gsf of modernization for an elevator. The proposed space is not excessive. The space in the new construction will provide access to inpatient and other patient care areas; it will include a reception area, registration for all services, a patient transfer lobby into the Atrium Building and ultimately the Kellogg and Jelke buildings, an emergency department vestibule, public spaces such as rest rooms and lounge seating, a vestibule with wheelchair storage, as well as a valet kiosk and office. The proposed space is all non clinical. There is no clinical space in the project. Non clinical space does not have guidelines.

2. If the gross square footage exceeds the BGSF/DGSF 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 space that results in excess square footage.

2. a. b. and c. **Not applicable. All of the project elements are non clinical. None of the project elements has standards in Appendix B.**

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, 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 CRITERION and provide the following information

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. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

Not applicable. The proposed project has no services, functions or equipment for which HFSRB has established utilization standards.

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-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Not applicable; the proposed project will have no unfinished or shelled space.

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-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Not applicable; there is no unfinished or shell space.

SECTION V. - MASTER DESIGN AND RELATED PROJECTS

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities;
2. How the services proposed in future projects will improve access to planning area residents;
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed; and
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

Criterion 1110.235(b) - Master Plan or Related Future Projects

Read the criterion and provide documentation regarding the need for all beds and services to be developed, and also, document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
 - a. limitation on government funded or charity patients that are expected to continue;
 - b. restrictive admission policies of existing planning area health care facilities that are expected to continue;
 - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.
3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
 - a. historical service/beds utilization levels;
 - b. projected trends in utilization (include the rationale and projection assumptions used in such
 - c. projections);
 - d. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit;
2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit;
3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT-18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. Schematic architectural plans for all construction or modification approved in the master design permit;

Not applicable – No architectural plans were approved in the master design permit

2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit;

Not applicable. The project cost for the entry pavilion project was not approved in the master design project.

3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and

Not applicable because construction elements were not approved in the master design project.

4. A comparison of proposed beds and services to those approved under the master design permit.

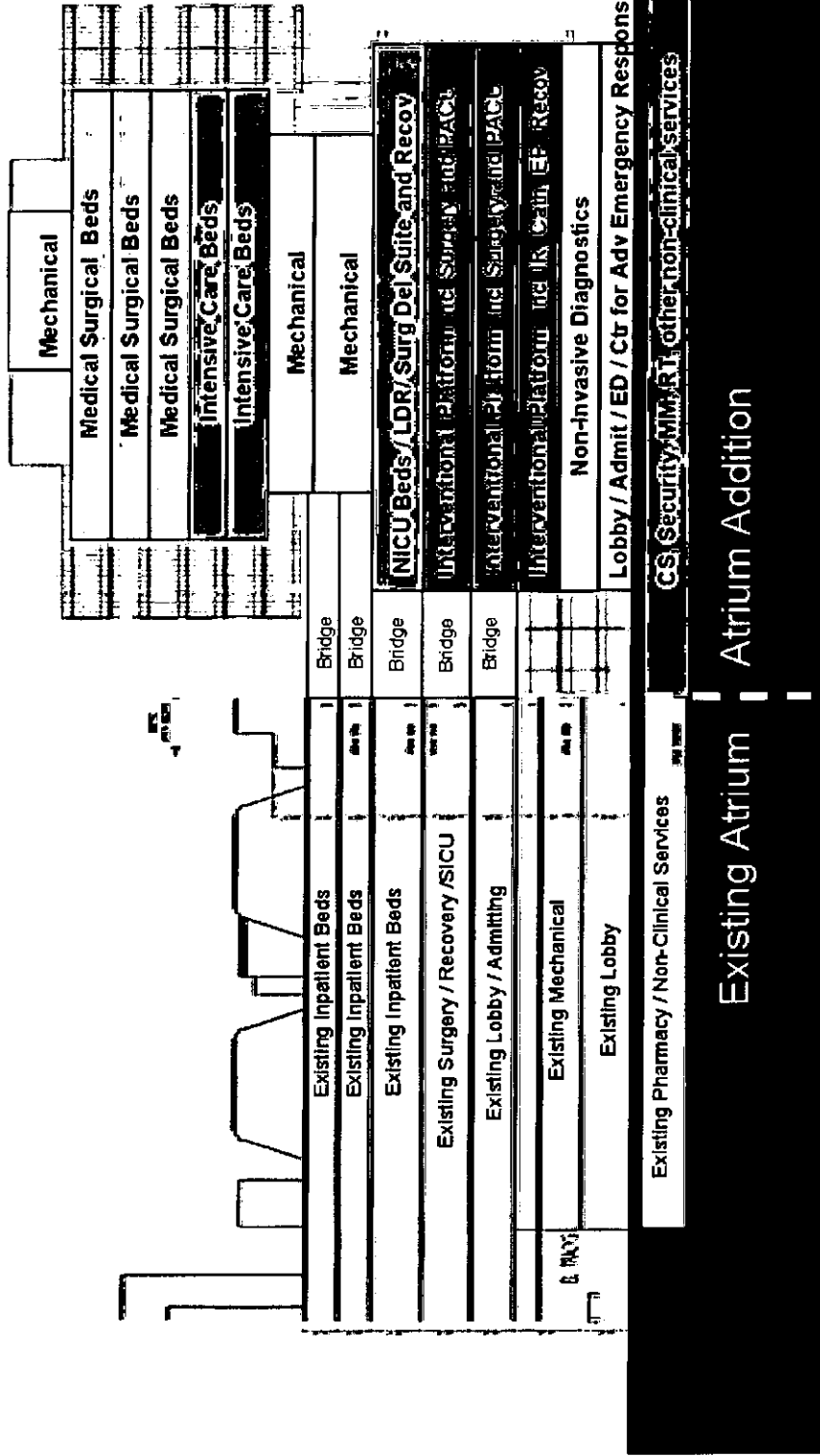
Not applicable. There are no beds or services in this application for the entry pavilion project; it is a totally non clinical project.

In June 2006, the Illinois Health Facilities Planning Board awarded the Rush University Medical Center (Rush) Master Design Permit #06-009. The permit was for programming, site survey and soil investigation, architectural and engineering fees, consulting and other fees, and other costs to be capitalized. No construction or modification was approved as part of the project. No beds or services were approved as

part of the project.

The first project approved under the master design permit was #06-009; this permit was for a medical office building known as the Orthopedics Ambulatory Building, a parking structure with a central utility plant. The Orthopedics Ambulatory Building is complete. The second project approved under the master design permit was a 15-level patient tower known as the Atrium Addition which has been renamed the East Tower; this is Permit #07-125 approved in January 2008. The East Tower is currently under construction. The original project connected the East Tower to the nearby Atrium Building with a series of bridges at the upper levels. (See the stacking diagram included as Attachment 18, Exhibit 1.) In the SAR for this project, Staff noted that the project was in conformance with the relationship to previously approved master design projects criteria.

Funds are being pursued to complete the space under the bridges to provide a patient and visitor entry pavilion. This is consistent with the intent outlined in the master design permit as well as the Atrium Addition permit.



Building Section / Stacking Diagram

PERKINS
 + WILL
 ARCHITECTS
 07/1/2010

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - **1120.120 - Availability of Funds** **Not applicable.** Rush University Medical Center has provided documentation of an A Bond rating.

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

Not applicable. Rush University Medical Center qualifies for a waiver of this Section because the applicant, the Medical Center has an A-Bond rating.

However, the Medical Center is including Attachment 39, Exhibit 1 which is a brief overview of the funding for the entry pavilion project.

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – 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, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
		TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Overview of Funding for Entry Pavilion Project

Rush anticipates funding the entry pavilion project using \$13 million in philanthropic donations, \$2 million from a grant awarded by the State of Illinois, and \$1.3 million from cash and securities. In November, 2009 Rush's Board of Directors approved a capital campaign to provide the primary support for the construction of the entry pavilion. In the first 7 months of philanthropic activity focused on the entry pavilion approximately \$7.8 million has been pledged. Confidence is high that the remaining amount will be pledged prior to project completion.

On May 28, 2010, the State of Illinois Department of Commerce and Economic Opportunity awarded Rush a \$10 million grant to fund certain costs associated with the construction of the McCormick Center for Advanced Emergency Response, the new emergency department to be situated in the East Tower. \$2.5 million will be advanced to Rush by June 30, 2010, with the remainder being remitted to Rush upon proof of actual expenditure, which is anticipated by June 30, 2011. It is anticipated that \$2 million of the grant will be utilized to fund costs associated with critical air flow modifications and mechanical systems that are part of the construction of the entry pavilion.

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

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver Not applicable. Rush University Medical Center has provided documentation of an A Bond rating.

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Not applicable; Rush University Medical Center has provided documentation of an A Bond rating..

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



FITCH RATES RUSH UNIVERSITY MEDICAL CENTER (ILLINOIS) SERIES 2009C&D BONDS 'A-'; OUTLOOK STABLE

Fitch Ratings-Chicago-30 June 2009: Fitch Ratings has assigned an 'A-' rating to approximately \$200 million of Illinois Finance Authority revenue bonds series 2009C&D (Rush University Medical Center Obligated Group). In addition, Fitch affirms the 'A-' rating on the outstanding Rush University Medical Center Obligated Group (Rush) revenue bonds. The Rating Outlook is Stable.

RUMC has bonds outstanding issued through the following issuing authorities:

- Illinois Finance Authority;
- Illinois Health Facilities Authority.

The series 2009C&D bonds are expected to be issued as fixed-rate bonds. Proceeds will be used to fund a portion of the construction costs related to a new patient tower and related projects at the Rush University Medical Center (RUMC) campus, fund various capital improvements at Rush Copley Medical Center (RCMC), repay certain taxable indebtedness incurred by RCMC to fund capital expenditure, fund debt service reserve accounts on both series of bonds and pay costs of issuance. The bonds are expected to be priced the week of July 6 or July 13 via negotiation.

The factors supporting the 'A-' rating remain unchanged since Fitch's prior rating actions (see Fitch's press releases dated Jan. 16, 2009 and Nov. 25, 2008 available on the Fitch web site at 'www.fitchratings.com') reflecting the strong support of the medical staff at the obligated group's flagship facility, Rush's solid financial profile, the regional draw of patients due to RUMC's reputation and clinical excellence, and the strong fundraising and philanthropic support.

Located on the near west side of Chicago, RUMC is unique among health care providers in that the medical school, the research enterprise, the employed medical staff, and the hospital operate as a single business entity. Fitch believes that current management has been able to achieve successful integration of these areas, resulting in a very supportive and productive operating environment for the physician staff. In turn, the organization benefits from the strong support and allegiance of the medical staff, 80% of whom admit solely to RUMC (or an affiliated institution), providing a fairly stable operating profile and solid operating performance.

Since fiscal 2004, Rush has generated year-over-year improvement in many of the key liquidity, profitability and capital related ratios used in Fitch's analysis. On June 30, 2008 the obligated group's total unrestricted cash and investments of \$524 million translated into 133 days cash on hand (DCOH), a cushion ratio of 14 times (x), and 141.4% cash to debt. However, due to negative investment returns and sizable capital spending, Rush's unrestricted cash and investments position has declined to \$450.6 million on March 31, 2009 which equates to a somewhat light 121 days cash on hand and 94% of long-term debt.

Effective Dec. 31, 2008, the 225-bed Rush North Shore Medical Center (RNS) withdrew from the Obligated Group and was merged into NorthShore University Health System. Excluding the results of RNS, Rush's operating profitability has been very stable reflecting solid inpatient and outpatient volume growth since fiscal year (FY) 2005. In fiscal 2007 and 2008, Rush generated operating EBIDA margins of 12.1% and 10.8%, respectively, which compares favorably to Fitch's 2008 'A' median of 10.5%. Through the nine-month interim period (ended March 31, 2009) Rush's operating EBIDA margin was 11.3%.

Furthermore, RUMC's reputation for clinical excellence and innovation draws patients from the eight-county greater Chicago land area which encompasses a total population in excess of 8.5 million people. In 2008, Rush was named by U.S. News and World Reports as 'Top Hospital' in seven clinical specialties and higher than any other Illinois hospital in Orthopedics. Finally, RUMC has historically enjoyed generous community financial support. As of March 31, 2009, Rush had received \$264 million in gifts and pledges toward its \$300 million capital campaign. Approximately

\$180 million of the total is expected to be invested in facilities.

Fitch's primary credit concerns are the development risk inherent in the campus repositioning/replacement project currently underway at RUMC and the elevated proforma debt burden. In response to the more difficult operating and financing environment, management has completed a risk assessment analysis and has developed project contingency plans to address higher costs of capital and potential weakening of patient volumes. Construction has begun on a new patient tower, an expanded parking deck, the energy infrastructure and a new ambulatory services building. Upon closing of the series 2009C&D issue, Rush's long-term debt increases to approximately \$708.4 million which represents 3.5x FY 2008 EBITDA and is 52.3% of FY 2008 capitalization both of which exceed Fitch's respective 'A' medians of 2.9x and 38%. Proforma maximum annual debt service (MADS) is estimated at \$55.8 million which is 3.4% of FY 2008 total revenues.

The Rating Outlook remains Stable. Fitch believes that Rush's strong management practices and controls combined with its project contingency plans should allow the system to maintain relative operating profitability in the changing health care environment. The issuance of the series 2009C&D bonds is viewed positively as it completes the debt financing requirements for the Campus Transformation project and eliminates capital market access risk.

The Obligated Group currently consists of three acute care hospitals, a medical university, research facilities, a physician group practice with 358 employed physicians, and a rehabilitation/skilled nursing facility. The three acute care hospitals have a total of 1,011 staffed beds and are located in Chicago, Oak Park and Aurora, IL. In fiscal 2008, the Obligated Group reported total revenues of \$1.48 billion (excluding RNS). The Obligated Group's disclosure practices are among the best in Fitch's health care portfolio with quarterly and annual disclosure consisting of balance sheet, income statements and cash flow statements, utilization statistics and a management discussion and analysis. In addition, financial disclosure is posted on Digital Assurance Corporation web site at 'www.dac.com'.

Contact: Jim LeBuhn +1-312-368-2059 or Anthony Houston +1-312-368-3180, Chicago.

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Moody's Investors Service

Global Credit Research

New Issue

1 JUL 2009

New Issue: Illinois Finance Authority

MOODY'S ASSIGNS A3 RATING TO RUSH UNIVERSITY MEDICAL CENTER OBLIGATED GROUP'S (IL) \$200 MILLION OF SERIES 2009C&D FIXED RATE REVENUE BONDS; OUTLOOK REMAINS POSITIVE

APPROXIMATELY \$619 MILLION OF PRO FORMA RATED DEBT TO BE OUTSTANDING

Illinois Finance Authority
Health Care-Hospital
IL

Moody's Rating

ISSUE		RATING
Series 2009C Fixed Rate Hospital Revenue Bonds (RUMC)		A3
Sale Amount	\$173,000,000	
Expected Sale Date	07/06/09	
Rating Description	Hospital Revenue Bonds	
Series 2009D Fixed Rate Hospital Revenue Bonds (Rush Copley)		A3
Sale Amount	\$26,200,000	
Expected Sale Date	07/06/09	
Rating Description	Hospital Revenue Bonds	

Moody's Outlook Positive

Opinion

NEW YORK, Jul 1, 2009 -- Moody's Investors Service has assigned A3 ratings to Rush University Medical Center Obligated Group's (RUMC Obligated Group) \$173.0 million of Series 2009C fixed rate and \$26.2 million of Series 2009D fixed rate revenue bonds to be issued through the Illinois Finance Authority. The outlook remains positive. At this time we are affirming RUMC Obligated Group's A3 long-term and underlying ratings on approximately \$419 million of rated bonds outstanding as listed at the conclusion of the report.

USE OF PROCEEDS: The Series 2009C&D bond proceeds will be used to: (1) provide approximately \$154 million to support the system's capital spending plans, highlighted by the construction of a new hospital tower at the flagship campus in Chicago; (2) refund a \$19.0 million line of credit; (3) fund a debt service reserve fund; and (4) pay the costs of issuance.

Moody's published its last rating report on the RUMC Obligated Group On February 4, 2009, at which time we assigned an A3 rating to the Series 2009A&B fixed rate revenue bonds. At that time, management intended to issue \$100 million of additional new debt later in 2009 followed by a further \$110 million of debt through 2013. Management has decided to issue \$200 million of new debt in July 2009. Management notes that RUMC Obligated Group's total long-term plan of finance has not changed, only the timing of the issuance has been modified. The system does not have any additional long-term new money debt plans through fiscal year (FY) 2014.

LEGAL SECURITY: The bonds are expected to be secured by a gross revenue pledge and a mortgage pledge of the RUMC Obligated Group including Rush University Medical Center (RUMC) and Rush-Copley Medical Center (Copley). Rush North Shore Medical Center (North Shore) withdrew from the Obligated Group on December 31, 2008. Violating rate covenant of 1.1 times requires hiring of consultant. Additional debt test: (1) debt-to-capitalization of 69% in FY 2008 (decreasing by 1% each year until 65% in FY 2012); or (2) Historical Pro-forma Debt Service Coverage greater than 1.25 times; or (3) Historical Debt Service Coverage greater than 1.1 times and Projected Debt Service Coverage greater than 1.1 times.

INTEREST RATE DERIVATIVES: The RUMC Obligated Group entered into fixed payor swaps with Morgan Stanley Capital Services, Inc. and Citibank, N.A. with a combined notional amount of \$96.8 million that expire in November 2035. Under the agreements, the RUMC Obligated Group pays a fixed interest rate of 3.945%

and receives 68% of LIBOR. \$50 million of the interest rate swaps hedge the interest rate on the Series 2008A VRDB revenue bonds issued in December 2008. As a result of prior variable rate debt restructurings, the remaining \$46.8 million notional amount is not hedging a particular variable rate bond series (the Obligated Group is considering terminating this portion of the interest rate swap depending on market conditions). The total net termination value of the swap at June 29, 2009 was a negative \$14.6 million to RUMC Obligated Group.

STRENGTHS

*Good clinical reputation as a leading and sizeable academic medical center (AMC); in FY 2008 (June 30 year end), RUMC recorded nearly 31,000 inpatient admissions and the system recorded nearly 50,000 admissions (excluding North Shore)

*Track record of profitability since FY 2005 continues through nine months FY 2009 (9.4% operating cash flow margin, excluding North Shore); absolute operating cash flow generation has exceeded \$100 million in each of the last five fiscal years including FY 2009

*Good inpatient surgical volume growth since FY 2007 has contributed to increased acuity

*In late 2008, the Centers for Medicare and Medicaid Services (CMS) approved the revised Illinois Medicaid assessment program for a five year period (FY 2009 through FY 2013), which is expected to provide an annual net benefit of approximately \$23 million to the RUMC Obligated Group (excluding North Shore)

*Significant restricted investments bolster the RUMC Obligated Group's unrestricted liquidity; at FYE 2008, the system had \$587 million of restricted investments (excluding North Shore), which includes self-insurance trust assets (restricted investments measured \$551 million at March 31, 2009)

*Tax increment financing was approved and placed in escrow, which will provide \$75 million of support for RUMC Obligated Group's capital program (\$53 million in FY 2009 through FY 2014) and will augment the system's \$300 million capital campaign (more than \$260 million pledged through March 31, 2009)

CHALLENGES

*Very competitive AMC market in the Chicagoland; RUMC is one of five AMCs in the market

*Material capital spending plans in the coming years, highlighted by construction of a new hospital on the RUMC flagship campus; inclusive of current Series 2009C&D bond issuance, the RUMC Obligated Group's debt has increased 85% since FYE 2006

*Construction risk associated with the new hospital and other projects at the flagship campus

*Somewhat modest Moody's adjusted pro forma debt coverage ratios (pro forma 4.6 times debt-to-cash flow, 3.4 times peak debt service coverage, 68% cash-to-debt, and 44% debt-to-total operating revenue)

*While liquidity has improved generally in recent years compared to modest levels in prior years (Moody's-adjusted cash on hand measured 119 days at May 31, 2009, compared to 60 days at FYE 2003), unrestricted cash and investments declined at FYE 2008 and in interim FY 2009 due to recent market turmoil and capital spending; we expect growth in days cash on hand in the coming years may be limited as the RUMC Obligated Group is expected to fund a portion of the system's capital spending plans with cash flow generation

*The RUMC Obligated Group has been subject to various regulator and similar reviews. Since June 2007, RUMC has been under review by the Office of Inspector General (OIG) with respect to anti-kickback and Stark laws regarding the lease of certain capital equipment and space to private physicians. Management notes that the investigation phase of the review has been completed and expects the issue to be closed later in 2009. Management does not believe any of these items will affect the system's operations or finances materially. Our rating and outlook action assume that this issue will be resolved successfully with no material adverse effect to the RUMC Obligated Group

MARKET POSITION/COMPETITIVE STRATEGY: ONE OF FIVE AMCs IN COMPETITIVE SERVICE AREA

RUMC is the System's flagship hospital and is one of five AMCs in the Chicagoland market. Other AMCs in the market include 20,500-admission University of Illinois Health Services (rated A2), 46,000-admission Northwestern Memorial Hospital (rated Aa2), 26,000-admission University of Chicago Medical Center (rated Aa3), and 25,500-admission Loyola University Health System (rated Baa3). RUMC shares a state-designated medical district campus with the University of Illinois Health Services, the John H. Stroger Jr. Hospital of Cook County, and the Jesse Brown VA Medical Center. Northwestern Memorial is the largest single hospital in Chicagoland and captures approximately 4.2% of an eight county service area. RUMC is

the third largest single hospital and captures 2.7% of admissions. In addition to the competing AMCs, the RUMC Obligated Group faces competition from a number of sizeable acute care providers in the market, notably market share leader Aa3-rated Advocate Health Care Network (seven acute care hospitals in the area) and Baa1-rated Resurrection Health Care (nine acute care hospitals in the area).

In addition to the RUMC flagship hospital, the RUMC Obligated Group includes 14,400-admission Copley in Aurora, IL. Effective December 31, 2008, North Shore withdrew from the Obligated Group. As part of the transaction, North Shore's portion of the RUMC Obligated Group's debt (\$52.8 million at December 31, 2008) was defeased. RUMC, through a joint venture with a third-party, operates and manages 4,300-admission Rush Oak Park Hospital (ROPH) in Oak Park, IL. ROPH is not a member of the RUMC Obligated Group and does not have any liability with respect to RUMC Obligated Group debt; however, the amounts included in the RUMC Obligated Group's financial statements are available to RUMC to make debt service payments due to RUMC's economic interest in ROPH. Other non-obligated system affiliates include A3-rated Riverside Health System in Kankakee, IL.

OPERATING PERFORMANCE: MATERIAL OPERATING IMPROVEMENT IN RECENT YEARS

The RUMC Obligated Group's operating performance over the past five years has been materially improved over results in prior years, which we view as a key credit positive. Through nine months FY 2009, the RUMC Obligated Group (excluding North Shore) recorded adjusted operating income of \$31.4 million (2.7% operating margin) and operating cash flow of \$111.5 million (9.4% operating cash flow margin). In audited FY 2008, the RUMC Obligated Group (including North Shore) recorded adjusted operating income of \$35.5 million (2.1% margin) and operating cash flow of \$143.6 million (8.7% margin). Since FY 2005, RUMC Obligated Group has maintained profitable operating results and the system's operating cash flow margin has range between 7.5% (FY 2005) and 9.4% (nine months FY 2009).

Moody's adjusts audited results to: (a) reclassify capitalized interest costs as an operating expense (\$2.0 million in FY 2008, \$4.2 million through nine months FY 2009); (b) reclassify the portion of investment income included in operating revenue to non-operating revenue (\$6.4 million through nine months FY 2009, \$11.2 million in FY 2008); and (c) add back to operating expenses favorable one-time malpractice savings (\$16.2 million through nine months FY 2009, \$25.4 million in FY 2008). We note that the system has received a favorable malpractice savings of at least \$16.2 million in every year since FY 2006. In prior years, Moody's also adjusted operating results for Illinois acute care hospitals to remove Illinois Medicaid assessment program revenues and expenses to account for the uncertainty of the program. In late 2008, however, CMS approved the revised assessment program for a five year period (FY 2009 through FY 2013), which is expected to provide an annual net benefit of approximately \$23 million to the RUMC Obligated Group. As a result of the predictable nature of the assessment program, Moody's no longer adjusts the net revenues of the program from operating results.

Factors contributing to good operating results in FY 2009 include: (a) continued good inpatient surgical volume growth at the RUMC flagship; (b) increased acuity, as the Medicare case mix index at the RUMC flagship increased from 1.82 in FY 2007 to 1.94 through nine months FY 2009; and (c) removing North Shore from the system, which typically had recorded more modest results than the system as a whole (-2.7% operating margin and 5.2% operating cash flow margin in FY 2008). These favorable factors help to offset a 8% decrease in inpatient admissions at Copley and 2% decline in inpatient admissions at RUMC through nine months FY 2009. Management notes that the admission decline at Copley is due to its service area being particularly vulnerable to the current recession, while the admission decline at RUMC is due to decreases in psychiatry and obstetrics and gynecology admissions, as well as a change in the classification of certain knee surgery cases as outpatient during FY 2009.

The RUMC Obligated Group's pro forma Moody's-adjusted debt ratios are somewhat modest, although adequate at the A3 rating level. Factoring the current Series 2009C&D fixed rate bond issuance, the Series 2009A&B fixed rate bonds issued February 2009, and the Series 2008A VRDB bonds issued in December 2008, and based on nine months FY 2009 operating results annualized (excluding North Shore), pro forma debt-to-cash flow measures a modestly high 4.6 times and maximum annual debt service (MADS) coverage measures a somewhat modest 3.4 times.

BALANCE SHEET POSITION: IMPROVED LIQUIDITY IN RECENT YEARS, ALTHOUGH CASH PRESSURED IN FY 2009

The RUMC Obligated Group's unrestricted liquidity position generally has improved in recent years, although recent capital spending and the challenges in the equity markets have stressed the system's cash position in FY 2009. Absolute unrestricted cash and investments measured \$472 million at May 31, 2009, down from \$524 million FYE 2008 and \$535 million at FYE 2007. As a result, Moody's-adjusted cash on hand decreased to a somewhat modest 119 days at May 31, 2009 from 125 days at FYE 2008 and 139 days at FYE 2007. Due to the cash decline and the issuance of new money debt earlier in FY 2009, cash-to-debt decreased to 89% at March 31, 2009 from 131% at FYE 2008. Nevertheless, the system's liquidity ratios have improved in recent years, as recently as FYE 2003, cash on hand measured 60 days and cash-to-debt measured 49%. More than 75% of the RUMC Obligated Group's unrestricted liquidity is invested in cash and fixed income investments and management notes that the decline in liquidity since FYE 2008 is due more to the system's continued capital spending.

Favorably, the RUMC Obligated Group had \$587 million of restricted cash and investments at FYE 2008 (excluding North Shore), which included \$165 million of self-insurance trust assets (restricted investments measured \$551 million at March 31, 2009). While restricted funds are not available directly for hospital operations, these funds provide an indirect support of system liquidity.

Factoring the current Series 2009C&D fixed rate bond issuance, the Series 2009A&B fixed rate bonds issued February 2009, and the Series 2008A VRDB bonds issued in December 2008, and based on the system's unrestricted cash and investment position at May 31, 2009, the system's pro forma cash-to-debt decreases to a modest 68% and cash on hand measures 117 days. We note that material growth in days cash on hand in the coming years may be limited as the RUMC Obligated Group is expected to fund a portion of the system's capital spending plans with cash flow generation (through FYE 2013, management expects cash on hand to range between 115 days and 122 days).

The RUMC Obligated Group has material capital spending plans in the coming years. The system's estimated capital requirements total \$1.3 billion between FY 2009 and FY 2014. Significant infrastructure and parking investments have been made on the RUMC flagship campus (the parking garage was completed on time and on budget earlier in 2009, and the orthopedic center is expected to open in fall 2009). Construction of the new RUMC hospital started in the last quarter of 2008 and is expected to be completed in 2012. The total cost estimate of the new hospital is estimated at \$615 million (including capitalized interest). We believe the construction of the new hospital may result in some operating disruption at RUMC, although we note operations at the flagship have performed well during the construction of the infrastructure, parking, and orthopedic center projects. After the issuance of the Series 2009C&D bonds, RUMC Obligated Group management does expect to issue any additional new long-term debt through FYE 2014.

Outlook

The positive outlook reflects our belief that the RUMC Obligated Group will maintain elevated cash flow generation sufficient to help the system absorb material capital spending and debt plans with limited disruption to operations from the construction projects. An upgrade may be likely when RUMC completes more of the construction project and continues to demonstrate good operating performance.

What could change the rating -- UP

Continued elevated cash flow growth and improved debt ratios; unexpected material increase in liquidity ratios; limited disruptions due to construction projects; capital projects that are on time and on budget

What could change the rating -- DOWN

Weaker operating performance leading to thinner debt coverage and liquidity ratios; material market share loss; significant operating disruptions due to construction projects; material cost overrun of construction projects; greater than expected increase in debt without commensurate increase in cash flow generation

KEY INDICATORS

Assumptions & Adjustments:

-Based on Rush University Medical Center Obligated Group consolidated financial statements

-First number reflects audited FY 2008 for the year ended June 30, 2008 (includes North Shore)

-Second number reflects pro forma on nine months FY 2009 annualized (excluding North Shore), adjusted using unrestricted cash and investments at May 31, 2009

-Pro forma includes: (a) issuance of \$200 million of Series 2009C&D fixed rate bonds (in part to refund a \$19.8 million line of credit issued to support Copley's capital projects); (b) \$212 million of Series 2009A&B fixed rate bonds issued in February 2009 (in part to refund a \$97 million line of credit that was used to defease the Series 2006A VRDB bonds); and (c) December 2008 issuance of \$50 million of new money Series 2008 VRDB bonds

-Medicaid Assessment Program revenues and expenses are included in both FY 2008 and interim FY 2009 results (\$23.9 million net benefit in FY 2008, \$17.2 million net benefit through nine months FY 2009)

-Unrestricted cash and investments adjusted to include unrestricted portion of securities on loan under securities lending program (\$28.9 million at FYE 2008)

-Interest expense "grossed up" to include capitalized interest

-Favorable one-time malpractice savings added back to operating expenses (\$25.4 million in FY 2008, \$16.2 million through nine months FY 2009)

-Net gain/loss on sale, loss on extinguishment of debt, loss on impairment of asset, and change in fair value of interest rate swaps excluded from results

-Investment returns reclassified as non-operating revenue and smoothed at 6%

*Inpatient admissions: 49,496 (excluding North Shore); 37,535 (through nine months FY 2009)

*Total operating revenues: \$1.65 billion (including North Shore); \$1.57 billion (excluding North Shore)

*Moody's-adjusted net revenues available for debt service: \$189 million; \$190 million

*Total debt outstanding: \$399 million; \$692 million

*Maximum annual debt service (MADS): \$35.5 million; \$55.8 million

*MADS Coverage with reported investment income: 4.93 times; 2.57 times

*Moody's-adjusted MADS Coverage with normalized investment income: 5.31 times; 3.41 times

*Debt-to-cash flow: 2.39 times; 4.62 times

*Days cash on hand: 125 days; 117 days

*Cash-to-debt: 131.3%; 68.3%

*Operating margin: 2.1%; 1.4%

*Operating cash flow margin: 8.7%; 9.4%

RATED DEBT

Issued through Illinois Finance Authority (debt outstanding as of May 31, 2009):

-Series 2009A&B Fixed Rate Hospital Revenue Bonds (\$211.6 million outstanding), rated A3

-Series 2006A VRDB Hospital Revenue Bonds (\$50.0 million outstanding), supported by irrevocable direct-pay letter of credit from The Northern Trust Company and rated Aaa/VMIG1 (reflecting Moody's approach to rating jointly supported transactions), A3 underlying rating

-Series 2006B Fixed Rate Hospital Revenue Bonds (\$96.8 million outstanding; converted from auction rate made in 2008), insured by National Public Finance Guarantee Corporation, rated A3

-Series 1998A Fixed Rate Hospital Revenue Bonds (\$80.5 million outstanding), insured by National Public Finance Guarantee Corporation, rated A3

CONTACTS

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The last rating action was on February 4, 2009 when the RUMC Obligated Group's A3 rating was affirmed and the outlook remained positive.

The principal methodology used in rating the RUMC Obligated Group was RATING METHODOLOGY: Not-For-Profit Hospitals and Health Systems, which can be found at www.moodys.com in the Credit Policy & Methodologies directory, in the Ratings Methodologies subdirectory. Other methodologies and factors that may have been considered in the process of rating the RUMC Obligated Group can also be found in the

Credit Policy & Methodologies directory.

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My Credit Profile

Rush University Medical Center Obligated Group, IL - 'A-/Stable'

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Illinois Finance Authority Rush University Medical Center Obligated Group; Joint Criteria; System

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Credit Profile

US\$200. mil hosp rev bnds (Rush Univ Med Ctr Obligated Grp) ser 2009C&D dtd 07/28/2009 due 11/01/2039

<i>Long Term Rating</i>	A-/Stable	New
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Illinois Fin Auth, Illinois

Rush Univ Med Ctr Obligated Grp, Illinois

Illinois Finance Authority (Rush University Medical Center Obligated Group)

<i>Long Term Rating</i>	A-/Stable	Affirmed
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Illinois Finance Authority (Rush University Medical Center Obligated Group) (MBIA) (National)

<i>Unenhanced Rating</i>	A-(SPUR)/Stable	Affirmed
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Illinois Fin Auth (Rush University Medical Center Obligated Group) hosp VRDO ser 2008

<i>Long Term Rating</i>	AAA/A-1+	Affirmed
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<i>Unenhanced Rating</i>	A-(SPUR)/Stable	Affirmed
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Many issues are enhanced by bond insurance.

Rationale

Standard & Poor's Ratings Services assigned its 'A-' long-term rating to Illinois Finance Authority's \$200 million series 2009C and 2009D fixed-rate hospital revenue bonds issued for Rush University Medical Center Obligated Group (Rush). At the same time, Standard & Poor's affirmed its 'A-' long-term rating on the authority's series 2008A and 2008B fixed-rate hospital revenue bonds and affirmed its 'AAA/A-1+' dual rating on the series 2008A variable-rate demand bonds (VRDBs) and 'A-' underlying rating (SPUR) on the authority's series 2008B revenue bonds and series 2008A VRDBs, all issued for Rush. The rating outlook is stable.

The 'AAA/A-1+' dual rating on the series 2008A VRDBs is based on our joint criteria, with the long-term component of the rating based jointly on Northern Trust Bank's (AA) and Rush's long-term ratings. The 'A-1+' short-term component of the rating is based on Northern Trust's short-term rating. The letter of credit (LOC) expires Dec. 12, 2011.

The 'A-' rating reflects, in large part Rush University Medical Center's (RUMC), the obligated group's flagship provider, strength as an academic medical center with well-defined market recognition despite concern about areawide competition, its large net patient revenue base of \$1.4 billion, and Rush's recent admissions growth, though softer through the interim year, and positive operating trends. The largest risk

for Rush remains the \$1 billion of capital projects scheduled for fiscals 2009-2013, including a new patient tower at RUMC's campus. We, however, believe management has the experience and discipline to manage its operations and capital projects over the next several years to its balance sheet targets although there is very limited flexibility at the current rating level, especially given some of the broader economic and investment market concerns.

More specifically, the 'A-' rating reflects Rush's:

- Strong market recognition as an academic medical center with broad clinical services, extensive education and research capabilities, and a solid market position in several key service lines in the competitive Chicago-area market, combined with increases in obligated group patient volumes over the past few years;
- Continued trend of solid financial operations, which is further supported by roughly \$23 million annually of Illinois Provider Tax funds between fiscals 2009 and 2013, with good pro forma maximum annual debt service (MADS) coverage of 3.8x in fiscal 2008 and 3.1x through the first nine months of unaudited fiscal 2009; and
- Large net patient revenue base of \$1.4 billion, serving three distinct market areas with good admissions growth recently, although there is some softness in the interim year.

Credit concerns include Rush's:

- Large, slightly more than \$1 billion capital projects scheduled for fiscals 2009-2013, which should result in some expected balance sheet pressure, with funding for the capital program coming from a combination of bond proceeds, operating cash flow, and a capital campaign with some flexibility in the timing of capital spent if operating cash flow projections are not met;
- Adequate days' cash on hand of 115 as of March 31, 2009—management's target is to maintain days' cash on hand at between 100 and 120 with cash to pro forma debt of close to 100% by 2014 as capital spending increases over the next few years and unrestricted cash growth remains flat; and
- Highly competitive Chicago service area with RUMC in close proximity to three other hospitals in its immediate service area, as well as several other area academic medical centers and hospitals or health systems providing strong competition for key services.

Historically, annual losses at Rush North Shore Medical Center (RNSMC), one of Rush's three providers, have been a rating concern. However, on Dec. 31, 2008, RNSMC withdrew from Rush and is now part of NorthShore University Health System ("AA+"), formerly known as Evanston Northwestern Healthcare Corp.; and RNSMC's roughly \$53 million of debt has been paid off by the new owner. The separation is thought to be accretive to Rush, given RNSMC's recent operating losses and weak balance sheet. Operations for Rush North Shore for the first six months of fiscal 2009 (Rush has a June 30 fiscal year-end) are not included in operating or excess income numbers.

Since our last review in January 2009, the total expected new debt to be issued is within range of our previous expectations, however, timing has changed due to the disruption in the capital markets. MADS has increased by roughly \$6 million as interest rates have risen from projections provided a couple of years ago. While the current analysis has reviewed the total planned \$200 million of additional debt, if Rush's financial operations or balance sheet experience unexpected pressure, we will review the rating with updated information at the time of any additional issuance.

Rush will use \$22.8 million of the series 2009C and 2009D fixed-rate bonds for capital expenditures at Rush Copley Medical Center (RCMC) and approximately \$151.1 million towards the patient tower at RUMC with the rest going toward a debt service reserve fund and issuance costs.

The Rush health system consists of two medical centers in distinct service areas in the Chicago area:

- RUMC, just west of downtown Chicago—RUMC also operates Rush Oak Park Hospital in the neighboring suburb of Oak Park, Ill.; and
- Rush-Copley in Aurora, Ill., a far southwest suburb of Chicago.

RCMC serves as the parent holding company for Copley Memorial Hospital Inc.; Copley Ventures Inc.; Rush-Copley Foundation; and Rush-Copley Medical Group NFP, all of which are Rush members. Between 2007 and 2008, Rush's admissions improved by 2.1% to 48,496, excluding RNSMC, fueled by growth at both RCMC and RUMC.

The bonds secured under the master trust indenture are secured by Rush's gross revenues and mortgages on the main hospital facilities' property, plant, and equipment. Rush's total pro forma long-term debt, including capital leases and other financing arrangements, is \$708 million with most of this debt, though not all, to be secured under the master trust indenture. Pro forma long-term debt includes all of

the expected 2009 new money bonds and excludes all of RNS's debt that was taken off Rush's balance sheet Jan. 1, 2009.

RUMC—which accounted for 88% of Rush's total assets, 82% of total revenues, and 81% of operating income as of fiscal year-end June 30, 2008, excluding RNSMC—is in the Illinois Medical District with three other hospitals. It competes with four Chicago-area academic medical centers: Northwestern Memorial Hospital (AA+); University of Chicago Hospitals and Health System (AA-); Loyola University Health System; and University of Illinois Medical Center (A), as well as other suburban hospitals and systems. RUMC has well-known programs in orthopedics, neurology-neurosurgery, geriatrics, and kidney disease; and it has recently experienced volume growth and maintained its market share. The immediate service area and larger Chicago area, however, remain competitive.

While on track to initiate its larger capital projects, Rush could modify or delay its more than \$1 billion of capital needs over fiscals 2009-2013 if operating cash flow does not meet budgeted levels. The maintenance of strong operating cash flow performance is essential to maintaining the rating in the short to medium term, and management is forecasting improved operating cash flow over the medium term to support its capital plans. Management has identified \$106 million of capital expenditures that could be delayed if operations are not in-line with expectations. In addition, management has identified points in the construction timeline of RUMC's facility where it could stop or delay construction if its cash flow or access to the debt markets is challenged. Despite the increase in the par amount of debt, the overall strong recent performance should allow Rush to absorb the debt over the next several years. Pro forma leverage is up to about 52% up from a current 44%; and the cash-to-pro-forma-long-term-debt ratio is 68% down from 94%.

Management will closely monitor operations to maintain balance sheet targets since the past few years' operations have been strengthened, in part, by a couple of one-time events and the Illinois Provider Tax program, which was approved to provide an annual net \$23 million for the next five years. With its investment in physicians and key service lines, as well as some operational improvements with respect to throughput and labor productivity, management is focused on achieving financial operating margins of between 1.9% and 3.9% to manage its capital spending plans. It is targeting to achieve close to a 100.0% cash-to-long-term-debt ratio and an operational liquidity target of about 120 days' cash on hand by 2014 after some slight declines projected over the next four years, while the capital projects are under construction.

Rush is party to two interest rate swaps with a total notional amount of \$96.75 million. Management may terminate a portion of those swaps, but it is still assessing the timing of this termination based on market conditions. At this point, there is no collateral posting required. Standard & Poor's has assigned Rush a debt derivative profile (DDP) overall score of '1.5' on a '4.0' point scale, with '1.0' representing minimal risk and '4.0', high risk. The overall score of '1.5' reflects our view that Rush's swap portfolio poses a very low risk.

Outlook

The stable outlook reflects Rush's solid market position and strong net patient revenue base; the recent renewal of the Illinois Provider Tax program for the next five years, which will help cushion operating forecasts; and Rush's capital campaign that is tracking to budget. Standard & Poor's expects that Rush will be able to achieve its financial operating targets by strengthening its key service lines and generating the necessary operational improvements. In addition, while Rush is moving forward on its larger capital plans, management has indicated it has some flexibility to manage its capital plans should financial performance not reach expected levels or should Rush not achieve balance sheet targets. There is little flexibility at the current rating level and if operating pressure or the balance sheet remains weaker than expected, there could be a rating or outlook change.

Obligated Group Profile

Rush consists of:

- RUMC.
- Rush-Copley Medical Center Inc.,
- Copley Memorial Hospital Inc.,
- Copley Ventures Inc.,
- Rush-Copley Foundation, and
- Rush-Copley Medical Group NFP.

The most recent change is the withdrawal of RNSMC from the obligated group. Rush was created to diversify the revenue base that supports debt service, maximize debt capacity for the system, and generally strengthen overall creditworthiness. While Rush is involved in some joint activities, the entities operate independently in terms of day-to-day activities and service delivery. RUMC's board, however, exerts certain governance controls on the other entities' boards, which hold certain reserve powers, through majority board representation.

While RCMC has generated positive financial performance recently, RUMC—Rush's largest component helped return Rush to positive operating performance in fiscal 2005. Through RUMC's focus on certain key service lines and physician recruitment, admissions, including Rush Oak Park Hospital, have increased recently and were up by 2.1% between 2007 and 2008 to 35,055. RUMC made slight gains in its 2.7% market share in a very fragmented market. Through the first nine months of fiscal 2009, admissions are down by 3% compared with the previous-year period, but patient days are stable over the same period last year with the acuity of level of services up, mostly due to RUMC.

RCMC is in a far southwest Chicago suburb where it is experiencing favorable population growth. RCMC admissions increased by a more modest 2.2% to 14,441 between 2007 and 2008 compared with growth over previous years. RCMC, however, maintains the leading market share, which has been growing and is at 38.1%. Patient admissions and patient days have declined through the first nine months of fiscal 2009 due possibly to the larger economic challenges with admissions down by 6.2% over the same previous-year period.

Finances: Positive Operating Income Trends in Recent Years

Since fiscal 2005, Rush has generated much improved operating performance. Rush, with 1,263-staffed beds, generated a strong \$74.1 million, or a 4.5% margin, and \$104.5 million, or a 6.2% margin, in operating and excess margins in fiscal 2008, respectively, on a net patient revenue base of \$1.5 billion. Excess income excludes \$9.1 million of unrealized investment losses, \$6.3 million of unrealized losses on its interest rate swap, \$3.7 million of impairment losses, and a \$1.4 million loss on the extinguishment of debt.

Operating income in 2008 was ahead of budget but down compared with previous-year levels due primarily to Rush receiving two years of Illinois Provider Tax funds in 2007 for both fiscals 2006 and 2007. The current Illinois Provider Tax program has been renewed for the next five years and will net Rush roughly \$23 million annually, excluding RNSMC. Through the first nine months of fiscal 2009 ending March 31, 2009, unaudited operating and excess incomes were \$58.2 million, or a 4.9% margin, and \$52.1 million, or a 4.4% margin, respectively, with operating income ahead of budget due primarily to the receipt of Illinois Provider Tax funds. This was offset by softer volumes at RCMC, which is likely due to the general weaker economy.

Rush generated 3.8x and 3.1x pro forma MADS coverage in fiscal 2008 and through the first nine months of fiscal 2009, including RNSMC, respectively. According to the long-range financing plan, future operating and excess income margins need to reach closer to 4% and 5%, respectively, with EBIDA between 10% and 12%, to fund capital plans and meet balance sheet targets. While management has operated within these targets for the past few years, the increased costs of capital, the general softness of the overall economy, and more depressed investment income will require Rush to focus on core operations and key service-line enhancements with a limited scope for operating weakness over the next few years to remain at the current rating level. The operating margin budget for fiscal 2009 is 2.6%, excluding RNSMC.

As expected, Rush's balance sheet, which improved in earlier years, began to ease as capital expenditures increased, pension contributions continued, and the overall economy had a negative effect on investments. Management, however, is closely monitoring capital spending to ensure it is in-line with the availability of operating cash flow. It does not expect unrestricted cash to grow significantly given capital spending plans; cash on hand is targeted at between 100 and 120 days as capital spending increases over the next few years with an operational liquidity target of 120 days by 2013. There also should be less volatility to Rush's unrestricted cash position since much of its unrestricted cash resides in fixed-income securities and cash. At fiscal year-end 2008, Rush had \$524.1 million of unrestricted cash, down by 1% from fiscal year-end 2007 due primarily to increased capital spending and investment market challenges, and represented days' cash on hand of 128. As of March 31, 2009, unrestricted cash was down further to \$450.6 million, or about 119 days' cash on hand, due primarily to Rush's pension contribution in September 2008, the withdrawal of RNSMC from the obligated group, overall investment market challenges, and capital expenditures for the project. As of March 31, 2009, pro forma leverage was 52.3% and cash-to-pro-forma-long-term-debt ratio was 68%.

Debt Derivative Profile: '1.5'; A Very Low Risk

Rush's overall DDP score of '1.5' reflects our view that its swap portfolio poses a very low risk.

Specifically, Rush's DDP score reflects:

- A moderate termination risk, given the swaps' long maturity dates;
- The system's excellent management oversight of its derivatives policies;
- A low counterparty risk due to the counterparties' strength and full counterparty collateralization should the counterparties' long-term ratings decline to 'BBB+', and
- The swap portfolio's moderate economic viability risk.

Rush is party to two floating- to fixed-rate swaps in-line with the expected series 2008 debt issuance on a total notional amount of \$96.75 million. The counterparties on the swaps are Morgan Stanley Capital Services Inc., with a guarantee by Morgan Stanley (A+) and Citibank N.A. (AA). Rush is using \$50 million of the interest rate swaps outstanding to synthetically fix the interest rate on the series 2008A VRDBs issued in December 2008. Rush may terminate the additional \$46.75 million of interest rate swaps not covered by the series 2008A bonds, and management is assessing the timing of this termination based on market conditions. Total pro forma net variable-rate debt as a percent of total pro forma debt is about 19%.

Related Research

- USPF Criteria: "Not-For-Profit Health Care," June 14, 2007
- USPF Criteria: "Debt Derivative Profile Scores," March 27, 2006
- USPF Criteria: "Joint Support Criteria Update," April 22, 2009

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X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements
Not applicable. Rush University Medical Center has provided documentation of an A Bond rating.

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) 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. Conditions of Debt Financing Not applicable. No debt will be used to fund the project.

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

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

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

Departments	A		B		C		D		E		F		G		H		I	
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Gross Sq. Ft.		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$		Mod. \$		Total Cost	
	New	Mod.	New	Circ.	New	Circ.	New	Circ.	New	Circ.	New	Circ.	(A x C)	(B x E)	(G + H)			
Public Space	1195.40	2000.00	10,000						500				11,954,000		1,000,000		12,954,000	
Total Entry Pavilion	1195.40	2000.00	10,000						500				11,954,000		1,000,000		12,954,000	
Contingency																	1,080,000	
Total																	14,034,000	

Note: Modernization costs include adding an elevator

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

Completion of the project detailed in this application is anticipated to be June 2012. The first full fiscal year of operation after project completion will be 2013.

It is estimated that direct operating costs in FY2013 will be \$1,320.4 million or \$3,801.10 per equivalent patient day.

	<u>FY2013</u>
Salaries & Wages	\$ 660,490
Benefits	170,370
Supplies	489,514
Estimated Direct Operating Costs (000's)	\$1,320,374
Projected Total Patient Revenues (000's)	\$4,340,273
Projected Inpatient Revenues (000's)	\$2,344,675
% Total Revenues/Inpatient Revenues	185.1%
Projected Patient Days	187,652
Projected Equivalent Patient Days	347,366
 Estimated Direct Operating Costs per Equivalent Patient Day	 \$ 3,801.10

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

Completion of the project detailed in this application is planned for June 2012. Accordingly, the first full fiscal year of operation of the new facility proposed by this project is 2013.

The estimated total project cost is \$16.3 million. It is estimated that the cost for this project will result in increased annual capital costs to Rush University Medical Center of approximately \$0.3 million or \$0.94 per equivalent patient day.

	<u>FY2013</u>
Total Project Cost (000's)	\$ 16,300
Useful Life (in years)	50
Project Capital Costs (000's)	\$ 326
Projected Total Patient Revenues (000's)	\$4,340,273
Projected Inpatient Revenues (000's)	\$2,344,675
% Total Revenues/Inpatient Revenues	185.1%
Projected Patient Days	187,652
Projected Equivalent Patient Days	347,366
 Project Capital Costs per Equivalent Patient Days	 \$ 0.94

APPEND DOCUMENTATION AS ATTACHMENT 42 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

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

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 43 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

Not applicable. The proposed project is neither substantive nor a discontinuation project; this proposed project is defined as non-substantive.

Rush University Medical Center (Rush, the Medical Center) is voluntarily submitting the following consolidated information for the Medical Center and Rush Oak Park Hospital (Oak Park) (which is operated by Rush) related to its strong and ongoing commitment to the community.

Rush's Investments in the Community in 2007, 2008, and 2009

Rush's investments in the community for each of the last 3 years are described in detail in Attachment 43, Exhibit 1. As detailed in this exhibit, total community benefits provided by the Medical Center and Oak Park between 2007 and 2009 increased by 42.2 percent, or from \$134,579,000 to \$191,413,000.

In addition to subsidizing unreimbursed care, medical research and education, Rush funds a variety of vital programs that help meet specific health needs of the Medical Center's broad community. These include numerous health outreach projects in which Rush partners with neighborhood clinics, churches, schools and other centers to provide health screenings and vital health information for underserved children, youth, and adults of all ages.

The Medical Center's consolidated 2009 Annual Non Profit Hospital Community Benefits Plan Report is included as Attachment 43, Exhibit 2. The complete Report is provided in Appendix A.

Rush's Investment in the Community

	2009 (in thousands)	2008 (in thousands)	2007 (in thousands)
Charity care and financial assistance	\$ 16,214	\$ 8,916	\$ 5,179

This is the cost to provide services to patients who lack the means to pay and who were qualified for charity care or financial assistance under one of Rush's policies. Rush provides free care to patients with income levels under 250 percent of the federal poverty guideline who provide information that allows Rush to properly identify them. These are the only patients that are included in the accumulation of this amount. Care is provided at cost to patients who make up to four times the federal poverty level, and interest free payment plans are also available. Rush also provides a 50 percent discount for all patients without insurance, regardless of whether a request is made for financial assistance. These additional amounts foregone in terms of financial assistance are not included in the charity care amount.

Expected payments not paid

These are expected payments that were not paid for health services that Rush provided. Expected payments are those due to Rush after consideration of discounts to insurers, government payers and patients who are responsible for their own bills. Payments that cannot be collected from patients who fail to provide required information to identify them for financial assistance must be categorized in this amount categorized as bad debt.

	40,523	35,927	33,719
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Cost not covered by reimbursements from Medicare and Medicaid

These are costs in excess of reimbursements for government-sponsored health care (Medicare and Medicaid).

	69,304	68,306	40,299
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Total unreimbursed care

	126,041	113,149	79,197
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Support for educational programs	39,705	36,030	33,351
Support for research programs	11,487	10,114	10,565
Subsidized health services	8,402	7,987	6,627
<i>Rush provides services in response to community needs that, because they operate out of financial loss, must be subsidized from other revenue sources. These services include pediatrics, primary care clinics, palliative care, to name a few.</i>			
Language - assistance services	819	438	370
Donations	383	402	420
<i>Included in this figure are donations of goods and services, such as meeting space and equipment to assist other community health efforts.</i>			
Volunteer services	2,447	2,202	1,927
Other community benefits	2,129	1,912	2,122
Total community benefits and services	\$ 191,413	\$ 172,234	\$ 134,579

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: <u>Rush University Medical Center</u>		
Mailing Address: <u>1725 W. Harrison Street, Suite 364, Chicago, IL 60612</u>		
(Street Address/P.O. Box)	(City,	State, Zip)
Physical Address (If different than mailing address):		
(Street Address/P.O. Box) (City, State, Zip)		
Reporting Period: <u>07 / 01 / 08</u> through <u>06 / 30 / 09</u> Taxpayer Number: <u>36-2174823</u>		
Month Day Year	Month Day Year	
If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.		
Hospital	Name A	Address F EIN #
	<u>Rush Oak Park Hospital</u>	<u>520 S. Maple Ave., Oak Park, IL 60304 36-2183812</u>
<p>1. ATTACH Mission Statement: The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.</p>		
<p>2. ATTACH Community Benefits Plan: The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:</p> <ol style="list-style-type: none"> 1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care. 2. Identify the populations and communities served by the hospital. 3. Disclose health care needs that were considered in developing the plan. 		
<p>3. REPORT Charity Care: Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.</p> <p>Charity Care: \$ <u>16,213,925</u></p> <p>ATTACH Charity Care Policy: Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.</p>		

4. **REPORT Community Benefits actually provided other than charity care:**
 See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services \$ 818,707 ____

Government Sponsored Indigent Health Care \$ 69,303,973 ____

Donations \$ 383,363 ____

Volunteer Services

 a) Employee Volunteer Services \$ 775,644 ____

 b) Non-Employee Volunteer Services \$ 1,671,272 ____

 c) Total (add lines a and b) \$ 2,446,916 ____

Education \$ 39,705,350 ____

Government-sponsored program services \$ 0 ____

Research \$ 11,487,000 ____

Subsidized health services \$ 8,401,411 ____

Bad debts \$ 40,523,133 ____

Other Community Benefits \$ 2,128,977 ____


Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Larry J. Goodman, M.D., President & CEO
 Name / Title (Please Print)

312-942-7073
 Phone: Area Code / Telephone No.


 Signature

12/21/2009
 Date

Gena Faas
 Name of Person Completing Form

312-942-6559
 Phone: Area Code / Telephone No.

Electronic / Internet Mail Address

312-942-6561
 FAX: Area Code / FAX No.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Charity Care information MUST be furnished for ALL projects.

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.**

Rush's Philosophy of Charity Care

Attachment 43, Exhibit 1 is an overview of Rush's Philosophy of Charity Care. As summarized in this document, Rush University Medical Center (Rush, the Medical Center) and Rush Oak Park Hospital (Oak Park) provided more than \$191,000,000 of community benefits in FY 2009 – more than 15 percent of annual operating expenses – to the West Side, to the people of Chicago and Cook County, and across the State of Illinois. Part of this total was \$126,000,000 in unreimbursed, but much needed, care that Rush provided to its patients.

Rush's Charity Care, Audited FY 2007, FY 2008, and FY 2009

It is an inherent part of Rush's mission to provide necessary medical care free of charge, or at a discount, to individuals without insurance or other means of paying for such care. As the amounts determined to qualify for charity care are not pursued for collection, they are not reported as patient service revenue. Rush has an established charity care policy and maintains records to identify and monitor the level of charity care it provides. RUMC provides free care to all patients whose family income is less than 300 percent of the poverty level and will provide services at a discount for patients whose family income is less than 400 percent of the poverty level. Interest free payment plans are also provided. The following page includes the estimated cost of unreimbursed services provided and supplies furnished under its charity care policy and the excess of cost over reimbursement for Medicaid patients. Rush also monitors the unreimbursed cost of patient bad debts.

In December 2006 and again in December 2008, the Centers for Medicare and Medicaid Services approved the Illinois Hospital Assessment Program (the "Program") to improve Medicaid reimbursement for Illinois hospitals. This program increased net patient service revenue in the form of additional Medicaid payments and increased supplies, utilities and other expense through a tax assessment from the State of Illinois. The net benefit to RUMC from this Program was \$16,565,000, \$14,819,000 and \$29,638,000 during the years ended June 30, 2009, 2008 and 2007, respectively.

The total level of charity care provided by Rush at the Medical Center and Rush Oak Park Hospital between FY 2007 and FY 2009 increased 195 percent or from \$19,353,000 to \$57,130,000. The cost of charity care increased from \$4,706,000 to \$16,044,000, or by 241 percent. The ratio of charity care to NPSR in FY 2009 was 1.4 percent.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

The following charity care costs are provided on a consolidated basis for Rush University Medical Center and Rush Oak Park Hospital.

	FY 2009 (in thousands)	FY 2008 (in thousands)	FY 2007 (in thousands)
Total level of charity care	57,130	30,617	19,353
Charity care cost	16,044	8,715	4,706
Ratio of charity care cost to NPSR:			
charity care cost - above	16,044	8,715	4,706
NPSR	1,136,961	1,028,021	1,018,723
ratio	1.4%	0.8%	0.5%

2. **If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payor source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of the second year of operation.**

Not applicable. Rush University Medical Center and Rush Oak Park Hospital are both existing facilities.

“Charity care” means care provided by a health care facility for which the provider does not expect to receive payment from the patient or third-party payer. (20 ILCS 3960/3) Charity care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

Rush University Medical Center

Charity Care			
	FY 2007	FY 2008	FY 2009
Net Patient Revenue			
Amount of charity care (charges)			
Cost of charity care			

Rush Oak Park Hospital

Charity Care			
	FY 2007	FY 2008	FY 2009
Net Patient Revenue			
Amount of charity care (charges)			
Cost of charity care			

- 3. If the applicant is not an existing facility, it shall submit the facility’s projected patient mix by payor source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of the second year of operation.**

Not applicable. Rush University Medical Center and Rush Oak Park Hospital are both existing facilities.

Rush's Philosophy of Charity Care

From physicians to students to nurses, support staff and administrators, everyone at Rush University Medical Center (Rush, the Medical Center) has one common purpose: to provide the very best care to patients. Guided by shared vision, values, and mission, Rush is dedicated to enhancing patient care. Through its educational and research endeavors, community service programs, and relationships with other hospitals, Rush expresses its dedication to enhancing patient care. For more than 170 years, Rush has been dedicated to serving the diverse communities in the local West Side neighborhood, in Chicago, in Cook County, and beyond.

The key component of Rush's "patients first" mission is meeting the health care needs of all patients, regardless of their ability to pay. All of Rush's staff and employees treat every patient as they would members of their own family – with compassion, understanding, and respect for their unique needs.

The University HealthSystem Consortium (UHC) has awarded Rush a perfect score four years in a row for "equity of care" during its annual quality and safety benchmark studies that it conducts with member institutions. This ranking measures whether patients receive the same quality of treatment and have the same outcomes regardless of their gender, race, or socioeconomic status. This is just one of the reasons UHC has named Rush one of the nation's "top-performing hospitals" for the last 2 years. Year after year, Rush is consistently ranked by *U.S. News & World Report* as one of the top medical centers in the country; many Rush physicians are routinely listed among *Chicago* magazine's "Top Doctors."

As further evidence of Rush's dedication to the community, the Medical Center and Rush Oak Park Hospital provided more than \$191 million in community benefits in FY 2009 – more than 15 percent of annual operating expenses – to the West Side, to the people of Chicago and Cook County, across the State of Illinois. Part of this total was \$126 million in unreimbursed, but much needed, care that Rush provided to its patients.

Charity Care Assistance

Rush University Medical Center's Charity Care Policies and a complete description of all financial assistance programs are available for viewing at their website which is located at http://www.rush.edu/patients/general/financial_assistance.html (see the following page).

- › FIND A DOCTOR
- › PATIENT & VISITOR SERVICES
- › HEALTH INFORMATION
- › CLINICAL SERVICES
- › EVENTS & CLASSES
- › NEWS ROOM
- › CLINICAL TRIALS
- › RESEARCH AT RUSH
- › NURSING AT RUSH
- › WORK AT RUSH
- › GIVING TO RUSH

PATIENT
& visitor svcs

General Information For Rush Patients

Self-Pay (Uninsured) Discount, Financial Assistance (Charity Care) and Time Payments

In keeping with Rush University Medical Center's mission to provide comprehensive, coordinated health care services to our patients, Rush offers several financial assistance programs to help patients with their hospital bills.

To help patients decide which is the right program for them, Rush offers the services of financial counselors and billing customer service representatives. These individuals will assist patients in completing financial application forms, obtaining an estimated cost of anticipated hospital services, and providing an explanation and copy of their hospital bill.

- **Financial Assistance (Charity Care) / Full Write-Off**
After the financial counselor or customer service representative performs a financial assessment, the hospital bill can be discounted up to 100% if the patient's income is 250% of the Federal Poverty Guidelines (family size adjusted) or less.
- **Limited Income Program**
After a financial assessment of the patient's income, the hospital will provide services at cost if the patient's income level meets the appropriate criteria. For fiscal year 2009, a discount of 70% will be made from charges to write down a bill. A financial counselor or customer service representative will conduct a financial assessment to determine if the patient meets the maximum income level.
- **Self-Pay Discount**
Patients without health insurance will automatically receive a 50% discount on their hospital bill.
- **Payment Plan**
Patient can arrange for time payments with a financial counselor or customer service representative. After a financial assessment, the appropriate monthly payment will be assigned within a prescribed timeframe.

To be evaluated for financial assistance programs, download and complete the [Request for Determination of Eligibility for Financial Assistance \(Charity Care\)](#). After filling out the form, please mail it to Customer Service at 1700 W. Van Buren, Suite 161, Chicago, IL 60612.

- [Current Federal Poverty Guidelines](#)
- [Federal Register Documentation on Charity Care](#)

If you have any questions regarding a discount or payment plan, please call a financial counselor at (312) 942-5967. If you have already received services at Rush University Medical Center, please call a customer service representative at (312) 942-5693 or toll-free at (866) 761-7812.

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Clinical Services | Events & Classes | News Room | Clinical Trials
Research At Rush | Nursing At Rush | Work At Rush | Giving to Rush
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FOR RUSH EMPLOYEES

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- › Before You Are Admitted
- › About Your Stay
- › Dining Options
- › Services for Patients and Families
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- › Patient Rights
- › Patient Responsibilities
- › Insurance Information
- › Accommodations
- › Important Phone Numbers
- › Financial Assistance Programs
- › About Your Hospital Bill
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- › Interpreter and Communication Services

RELATED TOPICS

- › Pay Your Hospital Bill Online
- › Pharmacy Services
- › Getting to Rush
- › Volunteer Services

Appendix A
Community Benefit Report
Pages 102 - 157



Community Benefits Report
Fiscal Year 2009 (FY2009)

Rush University Medical Center Executive Leadership

Larry J. Goodman, M.D., President and Chief Executive Officer

Peter W. Butler, Executive Vice President and Chief Operating Officer

J. Robert Clapp, Jr., Senior Vice President, Hospital Affairs

*Thomas A. Deutsch, M.D., Senior Vice President and Dean, Rush Medical College; and
Provost, Rush University*

*Catherine A. Jacobson, Senior Vice President, Strategic Planning and Finance; Chief
Financial Officer; and Treasurer, The Trustees*

*Diane M. McKeever, Senior Vice President, Philanthropy; Chief Development Officer; and
Secretary, The Trustees*

Avery S. Miller, Senior Vice President, Corporate and External Affairs

*Lac Van Tran, Senior Vice President, Information Services; Chief Information Officer; and
Associate Dean, Information Technology*

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I. Introduction to Rush University Medical Center

The Community Benefits Act of 2003 mandated that not-for-profit hospitals report on the benefits provided to their communities. Academic medical centers (AMCs) are unlike their community-based counterparts because AMCs attend to the sickest patients and prepare the next generation of health care workers. AMCs also engage in research on new ways to prevent, diagnose and treat illness, thus helping to shape the future of medicine. While Rush University Medical Center is no exception in this regard, its organizational structure is unique. All AMCs in the Chicago area are affiliated with a medical school. The hospital and the medical school are separate corporate entities that support one another via formal operating agreements. Rush is unique in that all components of the enterprise constitute one corporate entity called Rush University Medical Center. The hospital, all patient care activities, and Rush University fall under the leadership of one individual, Larry J. Goodman, MD, president and chief executive officer of Rush University Medical Center. This report captures the community benefits of Rush University Medical Center including health care and academic missions.

II. Organizational Information: Rush University Medical Center

Rush University Medical Center is an academic medical center that encompasses a hospital for adults and children with 600 staffed beds (including Rush Children's Hospital), the 58-bed Johnston R. Bowman Health Center for older adult and rehabilitative care, and Rush University. It also operates Rush Oak Park Hospital.

Rush brings together clinical care and research to address major health problems, including arthritis and orthopedic disorders, cancer, heart disease, neurological disorders and diseases associated with aging. In the 2009 *U.S. News & World Report* annual Best Hospitals issue, Rush programs ranked in 9 of 16 categories.

Rush has received Magnet status twice, first in 2002 and again in 2006. The American Nurses Credentialing Center (ANCC) Magnet Recognition Program is the highest recognition given for nursing excellence. Rush was the first medical center in Illinois caring for adults and children to receive this prestigious four-year Magnet designation for a second time.

Rush University is home to Rush Medical College, one of the oldest medical schools in the Midwest, and to the College of Nursing, one of the nation's top-ranked nursing colleges. Rush University also offers undergraduate and graduate programs in allied health and management through the College of Health Sciences, and programs in basic sciences through the Graduate College. The Medical Center offers more than 70 highly selective postgraduate residency and fellowship programs in medical and surgical specialties and subspecialties.

Rush is also a thriving center for basic and clinical research, with physicians and scientists involved in hundreds of research projects developing and testing the effectiveness and safety of new therapies and medical devices.

With a history spanning more than 170 years, Rush has been part of the Chicago landscape longer than any other health care institution in the city. Rush Medical College received its charter on March 2, 1837, two days before the city of Chicago was incorporated. Its oldest hospital component, St. Luke's Hospital, was founded in 1864.

Mission

The Mission of Rush University Medical Center is to provide the very best care for our patients. Our education and research endeavors, community service programs and relationships with other

hospitals are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area, now and in the future.

Vision

Rush University Medical Center will be recognized as the medical center of choice in the Chicago area and among the very best in the United States.

Values

Rush University Medical Center's core values — innovation, collaboration, accountability, respect and excellence — are the roadmap to our mission and vision. These five values, known as our I CARE values, convey the philosophy behind every decision Rush employees make. Rush employees also commit themselves to demonstrating these values with compassion. This translates into a dedication shared by all members of the Rush community to provide the highest quality of patient care.

Guided by our values and mission, Rush is dedicated to enhancing patient care through research, education and community service. Outreach projects include the Rush Community Services Initiatives Program (RCSIP) and the Science and Math Excellence (SAME) Network. The RCSIP is an umbrella for several student-led outreach programs designed to address the social and health care needs of residents in neighboring communities. The SAME Network is a public-private partnership to improve the science and math skills of inner-city children by providing scientific equipment, teacher training and hands-on experiences for educators of students on the West and Southwest sides of Chicago. Through these and other programs, projects and services, Rush continues to maintain a strong commitment to the community by reaching out to and within Chicago's neighborhoods.

III. Community Benefits Report Framework and Summary

Within this community benefits report, Rush University Medical Center (Rush) and Rush Oak Park Hospital (ROPH) assign a financial value to various predefined community benefits categories as well as provide a sense of the breadth and scope of the various community benefits activities inherent in the Rush mission. Rush's mission lends itself to a framework upon which the needs of the community can be considered in conjunction with necessary operational and strategic decisions.

This report details a number of community benefits activities that fall into each of the four components of Rush's mission statement:

- 1) To provide the very best patient care for the diverse communities of the Chicago area now and in the future
 - 2) To provide education endeavors to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future
 - 3) To provide research endeavors to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future
 - 4) To provide community service programs and build relationships with other hospitals to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future
- 1) To provide the very best patient care for the diverse communities of the Chicago area now and in the future:

Rush University Medical Center is widely recognized as a leading provider of patient care in the Chicago area. Rush has received national recognition for various programs by entities such as the *U.S. News & World Report* and the University HealthSystem Consortium (UHC). This year, the annual UHC study examined 88 academic medical centers from across the country and ranked Rush University Medical Center among the top five centers in the nation based on high performance in quality and safety. The study was guided by six elements of care – patient safety, timeliness, effectiveness, equity of care, efficiency and patient centeredness. Additionally, for the fourth consecutive year, Rush received a perfect score of 100 percent in the category of "equity of care," indicating that Rush's safety and quality of care does not vary with regard to the patient's gender, race or socioeconomic status. Rush ensures that all patients, regardless of their ability to pay, receive access to the highest level of patient care.

During FY2009, Rush and ROPH provided \$125.2 million in unreimbursed care to its patients. Unreimbursed care consists of charity care provided to patients who lack the means to pay for services (at cost), bad debt (at expected payment, not charges), and unreimbursed costs for Medicaid and Medicare services. Rush recognizes the need to simplify charity policies and to expand assistance to the growing population of uninsured and underinsured individuals. To assist patients in their hospital bill, Rush offers the following financial assistance programs:

- **Paid in Full Charity Care:** Patients qualify for the Rush Charity Care program if their income level is at or below 300 percent of the federal poverty level. That means that individuals qualify if they earn less than \$66,150 and are supporting a family of four. These patients are eligible for a full write-off of their bill.
- **Discounts for Limited Income:** Rush assists families with limited incomes, defined as annual income less than 400 percent of the federal poverty level (FPL), who are eligible for a write-off of up to 70 percent of the bill.
- **Discounts for Self-Pay Patients:** Rush offers an automatic 62 percent discount for residents of Illinois who do not have a health insurance plan. Non Illinois residents who do not have health insurance automatically qualify for a 50 percent discount. For patients who cannot pay their portion of the bill at the time of service, financial counselors work closely with them to set up monthly installment payment plans with no interest at an amount with which the patient is comfortable.
- **State and Federal Programs:** Financial counselors work with patients and alert them if they qualify for one of a handful of state and federal programs such as the state's Medical Assistance program (MANG) or the Social Security Disability program (SSDI). Because the paperwork required for these programs can be overwhelming, Rush has specialists on site who assist patients with the application process. Through these efforts, we have qualified individuals for a social security disability who are not age 65, while at the same time ensuring payment for their hospital bill.
- **Payment plans:** If requested, interest-free payment plans are available to patients. Payments can be made over at most, 24 months. Rush does not assess interest on unpaid balances.

Additionally, Rush maintained a patient-eligibility service throughout FY2009 at a cost of \$398,000. This service focuses on providing patients who arrive at Rush without insurance with the coverage they are entitled to under various federal and state programs. In addition to achieving insurance coverage for these patients' medical bills, this service obtains eligibility for SSI or SSA benefits, which assist patients beyond their hospital stay.

Rush provides a full range of medical services to the community including an emergency department that is never closed and is open to everyone regardless of their ability to pay as well as numerous services that operate at a loss. While the emergency department is a key driver of

providing care to the uninsured in a hospital setting, Rush continues to emphasize primary and preventive care for uninsured individuals and families. This approach relies on the services provided within physician clinics at Rush as well as the community service projects operated by patient care staff. In this way, Rush hopes to have an impact on the health of patients before they get to the point of visiting the emergency department. During FY2009, Rush subsidized \$8.4 million in losses at physician clinics incurred from treating uninsured patients, and those covered by Medicaid and Medicare.

In addition, Rush provided cutting-edge neurological services to the community through a new transfer system that facilitates neurological emergency transfers from community hospitals to Rush within 45 minutes, 24 hours a day. In FY2009, this program saw approximately 16% Medicaid patients and roughly 11% uninsured patients.

To ensure that Rush is delivering on its patient care mission to the diverse communities of Chicago, Rush incurred \$344,000 in costs to maintain a staff of Spanish language interpreters, and another \$474,000 in costs to maintain a staff of other-language and sign language interpreters. These financial commitments are critical to providing the best patient care to the diverse communities of the Chicago area.

2) To provide education endeavors to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future

Rush is committed to providing programs to educate and train the health care workforce of the future. It is widely recognized that workforce demands in health care will rapidly escalate as the U.S. population ages. To help meet this need, Rush trains future physicians, nurses and allied health professionals. During FY2009, Rush provided \$39.7 million in unreimbursed costs to maintain these education programs. It is an essential part of Rush's corporate mission that education programs continue to receive this operational support in order to supply highly trained physicians, nurses, and allied health professionals to Rush and to the larger health care community.

Rush University is a recognized leader in health sciences education in Chicago and around the country, and is nationally ranked by the *U.S. News & World Report* as a provider of top graduate programs. Each of the four colleges - Rush Medical College, the College of Nursing, the College of Health Sciences and the Graduate College - supports the research and patient care endeavors of the Medical Center.

Rush Medical College

Daniel Brainard, MD, a native of New York educated in Philadelphia, founded Rush shortly after his arrival to Chicago. The new college received its charter in March 1837, two days before the City of Chicago received its charter. Brainard named Chicago's first medical college, one of the first in the region, in honor of Benjamin Rush, MD, a physician-statesman who signed the Declaration of Independence.

The medical college provides educational opportunities in an environment that emphasizes competence and compassion in the provision of patient care. The medical college is committed to attracting candidates from diverse backgrounds who will make the physician population more representative of the national population. As an academic medical center, Rush University Medical Center is able to provide a unique learning experience for its students. For example, Rush is the primary academic affiliate of the John H. Stroger Jr. Hospital of Cook County (Stroger Hospital). Stroger Hospital is one of the busiest and most venerable public hospitals in the nation, and provides a valuable training ground for Rush medical students. In addition, the patient population at Stroger Hospital benefits from access to Rush specialists. Each year, more

than 400 Rush students and postgraduate residents receive training at Stroger Hospital, in areas ranging from vascular surgery to breast cancer. (The collaboration between Rush University Medical Center and Stroger Hospital is covered in more detail on pg. 18)

To continue the spectrum of medical education, Rush has over 70 Graduate Medical Education (GME) programs. The mission for GME at Rush is to develop and provide educational training programs of the highest quality for resident physicians and fellows (medical school graduates seeking advanced training and board certification in a medical specialty area) with the ultimate aim to develop physician competencies and improve and promote patient health care. A key goal of the GME programs is to link Rush's considerable academic resources with those of affiliated institutions in order to provide a widely diverse and representative educational environment and patient mix. Rush is committed to maintaining excellence in the GME programs and to providing our house staff physicians an environment conducive to outstanding clinical experience, expert teaching and personal well-being.

Additionally, the Rush Community Service Initiatives Program (RCSIP) provides a forum for Rush Medical College students to become involved in meeting the social and health care needs of the Chicago population. The specifics of the RCSIP program will be discussed in more detail in section 4 of the summary portion of this report.

College of Nursing (CON)

The mission of the College of Nursing is to respond to the health needs of a diverse society by preparing future generations of highly qualified clinician nurse leaders to generate and disseminate knowledge that advances the scientific basis of nursing practice, and to provide innovative leadership in nursing education. This mission supports and sustains the goals of Rush University Medical Center and the education of nurses who improve clinical outcomes through evidence-based, patient-centered care.

The heritage of the College of Nursing dates back to 1885, when the college's first antecedent, the St. Luke's Hospital Training School of Nursing, opened to offer diploma education to nurses. In 1903, the Presbyterian Hospital School of Nursing accepted its first students. From 1956 to 1968, nurses were taught at the merged Presbyterian-St. Luke's School of Nursing. Before the establishment of the College of Nursing in 1972, more than 7,000 nurses had graduated from these schools. More than 5,800 baccalaureate, masters and doctoral students have graduated from the College of Nursing since then. The College of Nursing consistently ranks among the top 5 percent of U.S. nursing schools, according to the *U.S. News & World Report*.

The vision of the College of Nursing is that within five years it will be the college of choice to prepare graduates for client-centered, culturally proficient and evidence-based nursing practice; a renowned laboratory for curriculum innovation and educational transformation in creating a diverse profession; and an international and multicultural center for clinical science and translational research in nursing.

College of Health Sciences (CHS)

The College of Health Sciences, founded in 1975, is responsible for education and research in the allied health professions, including health care management. More than six of every ten healthcare workers in the United States are employed in an allied health field. The demand for these professionals is expected to increase significantly because of the aging population. More than 50 categories of professionals make up this largest segment of the healthcare workforce.

Faculty members of the College of Health Sciences serve the Medical Center as practitioner-teachers. Nearly all have patient care or service responsibilities while concurrently filling roles as teachers and investigators. Through the faculty, Rush University students have access to skilled

clinicians employing the latest treatment and practice patterns and managers in a dynamic academic medical center.

The Graduate College

The mission of the Graduate College of Rush University is to promote and assure excellence in research education and mentoring programs responsible for training outstanding and diverse candidates in the basic and clinical sciences. At Rush, the translation of bench research to the clinic is the primary focus of all divisions. Using the practitioner-teacher model, faculty work side by side with the students in an effort to cure disease and bring the newest possible treatments to the patients. The college promotes cooperative efforts in achieving high quality educational and research programs to prepare students for successful careers and lifelong professional development.

The vision of the college is that its graduates will become productive scientists, educators and leaders in their respective fields. In the arenas of academia, industry and government, they will compete successfully for funding and train the next generation of researchers and educators.

Recent records indicate that nearly 35 percent of Rush Medical College graduates practice in the Chicago area. This statistic reflects the importance of Rush in the community. Additionally, over 75 percent of Rush College of Nursing graduates begin their careers in the Chicago area and continue to contribute to the community. Both medical and nursing graduates go on to provide outstanding patient care at Rush and other institutions, and all draw on the exceptional education and experience through their involvement with Rush University Medical Center.

3) To provide research endeavors to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future

Rush is committed to advancing medical care through translational research that aims to bring advances and improvements gained in research as rapidly as possible to the bedside of patients. Investigators at Rush are involved in numerous clinical studies to test the effectiveness and safety of new therapies and medical devices as well as many basic research studies designed to expand scientific and medical knowledge. Like the academic affiliation between Rush and Stroger Hospital, there is similar collaboration within research activities. Joint research projects in basic science, clinical science and services, and epidemiology look for new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system. As an academic medical center, Rush partners individuals from diverse backgrounds and experiences in order to uncover new advances in patient care. In this way, Rush acts as an incubator for noteworthy breakthroughs in medicine. In recognition of this important mission, Rush supported \$11.5 million in unreimbursed costs to maintain these research activities during FY2009.

The following examples of current research activities illustrate the wide array of community-based and clinical research taking place at Rush:

Alzheimer's Disease Community-Based Epidemiologic Studies

The Rush Institute for Healthy Aging (RIHA) and the Rush Alzheimer's Disease Center (RADC) were created around 1990 to conduct research into the causes and treatment of age-related neurological diseases and conditions, including the increasingly common and devastating, Alzheimer's disease. Rush research includes multiple, longitudinal community-based cohorts (large, distinct groups of people) in the city of Chicago and nationwide, including:

- The Chicago Health and Aging Project (CHAP), established in 1993, is a geographically-defined, epidemiologic study of four Chicago neighborhoods (63% black, 37% white) that includes over 10,500 study participants aged 65 years and older. The study includes data

linkage to the National Death Index, Medicare data, and the Chicago Department of Public Health data on elder abuse. CHAP and its ancillary studies provide information on study participants, including exercise, smoking, health history, neighborhood characteristics, physical functions and disabilities, blood pressure, relative weight, genetics, biochemical measures, care giving, psycho-social information, behavioral symptoms, and medication use.

- The Religious Orders Study, started in 1993, includes 1,137 older priests, nuns and brothers in 40 sites around the country, about a third of who reside in the metropolitan area of Chicago. Detailed clinical evaluations are performed annually. A total of 9,978 evaluations have been performed at no charge. All study participants are organ donors and a complete neuropathologic evaluation has been performed without charge on 457 participants and a report provided to family members. Regular health fairs and educational talks are provided to facilities in order to meet IDPH CEU requirements for certified nursing assistants.
- The Memory and Aging Project, started in 1997, is a cohort study that includes 1,318 Chicago older residents of retirement communities. Detailed clinical evaluations are performed annually. A total of 6,634 evaluations have been performed on residents in Cook and the collar counties at no charge. All study participants are organ donors and a complete neuropathologic evaluation has been performed without charge on 313 participants and a report provided to family members. Participants have recently been offered brain MRI scans at no charge and 173 have done so. Regular health fairs and educational talks are provided to facilities in order to meet IDPH CEU requirements for certified nursing assistants.
- The Minority Aging Research Study begun in 2003 and studies 357 older community-dwelling African Americans in the Chicago area. Detailed clinical evaluations are performed annually. A total of 1,485 evaluations have been performed on residents in Cook and the collar counties at no charge.

The high community participation and high rates of follow-up are due in part to the respectful and personal approaches used to engage the communities. The studies involve yearly interviews and/or clinical evaluations. The RADC also provides patient care and support services, conducts randomized clinical trials, and sponsors a multicultural outreach program to engage the Chicago community in research.

Chicago Parenting Program

The Chicago Parenting Program, led by the College of Nursing, was developed in 2002 with NIH funding to support parenting skills and prevent behavior problems in young children. The 12-week program, which is offered through day care centers serving low-income African-American and Latino communities in Chicago, equips parents of children between the ages of 2 and 4 with new parenting skills and positive child discipline strategies. The instruction offered through the Chicago Parenting Program helps decrease child misbehavior. The study examines incentives, such as offering the program in Spanish and providing a discount in the parent's portion of their childcare fee. The impact of the Chicago Parenting Program is growing nationally and the program is now being used across the country and in Chicago Head Start. Twenty-two Chicago Parent Program groups have been led in 12 Chicago Head Start sites since beginning this initiative in 2006, benefiting 207 families and approximately 414 children.

Behavioral Interventions and Cardiovascular Disease

The Rush Department of Preventive Medicine has a long history of community research, teaching, and training dating back to the 1970's. Since 1990, the Department has received \$50 million in National Institute for Health (NIH) funding to conduct community-based translational research. The Department is one of the 40 clinical sites for the Women's Health Initiative, which involves a volunteer sample of 2,300 post-menopausal women – 65% minority – from Chicago

and its suburbs. The study includes three clinical trials and an observational study designed to determine optimum treatments for post-menopausal women to prevent major chronic illnesses including heart disease, cancer and osteoporosis. Investigators participating in the study represent an array of disciplines from the basic sciences and clinical medicine to the population sciences. The Women's Health Initiative recently published studies that changed traditional beliefs about the benefits of hormone replacement therapy in women, and subsequently affected the medical treatment of Chicago women and women nationwide. The study reported no benefit in receiving hormones for the prevention of heart disease, and increased the risk of breast cancer, stroke and cognitive decline. The Department is also one of seven sites of the SWAN study of the natural history of the menopausal transition. The Chicago site includes 868 African American and Caucasian women and is studying the early pathogenesis of cardiovascular disease in women. Identification of modifiable risk factors translates into clinical trials aimed at reducing cardiovascular risk.

Just completed is the HART trial, the largest behavioral trial in patients with heart failure ever funded by NIH. Relying upon collaborative relationships with 9 different hospitals throughout the Chicago metropolitan area, the HART trial recruited 902 patients with mild to moderate systolic or diastolic heart failure, 50% of whom were women and 40% of whom were minority. This makes HART one of the most generalizable cohorts of heart failure patients generally seen in clinical practice to date.

- 4) To provide community service programs and build relationships with other hospitals to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future

In addition to dedicating resources to patient care, education and research activities, Rush has historically placed emphasis on community service activities and relationships with other health care organizations. During FY 2009, Rush provided more than \$1.9 million in other community benefit programs as well as an \$2.3 million of volunteer time for various community service activities of the hospital. It is important to note that these volunteer hours do not include the physicians' and students' time rendered in the community service projects described below. In addition, Rush made \$4 million in direct donations to various community and medical organizations throughout the Chicago area. In total, Rush contributed \$4.6 million of quantifiable community benefits to numerous programs during the last fiscal year.

Community Service Initiatives

Rush's educational mission is the driving force behind our goal to provide students with unique exposure to the numerous public health disparities in Chicago while also offering distinctive opportunities for hands-on learning and experience. Detailed below are a number of programs that demonstrate Rush's commitment to improving the health of the Chicago community.

Office of Community and Global Health (OCGH): In 2008, the Office of Community and Global Health was established in order to promote, create and organize interdisciplinary community service learning activities across Rush university. The OCGH staff work closely with Rush's administration, faculty, and students as well as community contacts throughout Chicago and overseas. Educational and scholarly initiatives of OCGH community outreach programs not only fulfill Rush's mission to provide optimal care to its diverse communities, but also exceptional education within the University's graduate, health science and medical colleges.

The establishment of the Office of Community and Global Health advances the institutional mission of high-quality patient care and provides a "home" for the numerous student volunteer

activities, while allowing for further community outreach development. The OCGH provides oversight for the Rush Community Service Initiative Program (RCSIP) described below.

Rush Community Service Initiatives Program (RCSIP)

The RCSIP was established in 1991 to create a network of community service programs that match Rush Medical College students' interests and initiatives with the social and health care needs of the Chicago population. Students have the opportunity to participate in any of the 24 clinical and non-clinical community service programs, which are administered through the RCSIP office and overseen by attending physicians at Rush.

RCSIP's mission is to:

- Identify services in the Chicago area that could benefit from the voluntary assistance of Rush students.
- Match these service needs with students' desire to be part of an active community service experience.
- Coordinate activities to the mutual benefit of all parties involved.
- Evaluate the effects of community service experiences on the students' learning and development.

RCSIP aspires to be a model for academic medical centers that wish to develop innovative ways to train future health care professionals in community health, social and behavioral medicine as well as primary care.

Student participation in RCSIP is strictly voluntary, and students do not receive academic credit for their involvement. However, they do receive valuable experience by serving the poor and disenfranchised as well as by collaborating with community representatives and working closely with Rush Medical College faculty, fellow students and staff from partnering organizations. Leadership opportunities are available for the clinical programs and tend to be competitive. Opportunities exist for students to develop special projects in conjunction with ongoing programs or to establish new programs. Approximately 90 percent of Rush Medical College students volunteer in one or more activities.

RCSIP programs allow students to apply the knowledge gained in the lecture hall to real-life settings. By participating in RCSIP, medical students are exposed to the challenges of serving disadvantaged populations as well as to community health, social and behavioral medicine, and primary care. The hope is that students exposed to such diverse populations and settings will become more culturally competent as providers, which will serve them well as future physicians. A detailed list of RCSIP clinical and non-clinical programs follows.

RCSIP Clinical Programs:

- ***Clinic at Franciscan House of Mary & Joseph:*** The Franciscan House of Mary & Joseph on Chicago's Near West Side provides a meal, shower and a safe place to sleep for up to 235 men and 35 women each night. The shelter is located about one mile west of Rush, and is the largest overnight shelter in Chicago. The Clinic at Franciscan House of Mary & Joseph is the major source of medical care for many of the shelter's residents. In serving each patient, the medical students complete an initial interview, perform the physical examination, and present the patient's information to the attending physician. The team then explains the individual treatment plan and provides any necessary medications to the patient. Staffed exclusively by Rush students and physicians on Tuesday evenings, the clinic serves the primarily English-speaking patient population. In FY2009, 419 volunteers provided triage, took histories,

provided physicals, and distributed medications to 1,947 patients over the course of 1,885 hours.

- **Clinical Training Program:** Trained by senior nursing students, first-year Rush medical students who volunteer at health-related events and health fairs learn how to give flu shots and vaccines. In FY2009, 128 individuals received health care services through this program.
- **Community Health Clinic:** The Community Health Clinic is a nonprofit volunteer organization providing free preventive and primary health care services to members of the community who cannot afford or are ineligible for medical insurance. One evening each week, students and physicians from Rush help to staff the clinic which is located 10 minutes north of the Medical Center.

The clinic offers health services ranging from routine physicals and immunization programs to a full laboratory and pharmacy. First- and second-year medical students triage patients, inquire about the nature and course of patients illnesses, perform laboratory procedures, and observe and participate while patients are examined and treated. Third- and fourth-year medical students examine patients as well as diagnose and recommend a treatment plan under the close supervision of attending physicians. Students also work with an otolaryngologist at Rush who is scheduled on a monthly basis. This clinic has a multilingual population with the majority Spanish-speaking and a significant Polish-speaking contingent. In FY2009, 1,027 patients were evaluated at Community Health Clinic by 754 Rush volunteers over the course of 3,016 hours.

- **Door of Hope:** At this Southside Chicago mission, Rush students triage patients - addressing basic needs such as athlete's foot, headaches and colds in addition to administering flu vaccines during the flu season. In FY2009, 350 individuals were assisted at the Door of Hope mission through this program, which provided 288 hours of service.
- **Freedom Center (Formerly the Pilsen Homeless Health Services):** The Freedom Center provides free health care for men, women and children in the Pilsen community. Pilsen, located a few miles south of Rush, is a neighborhood composed primarily of Mexican immigrants. It is a self-contained community with Spanish as the predominant language. When Freedom Center opened its doors for the first time in October 1994, its main intent was to serve the homeless community in Pilsen. Since then, the clinic has earned the trust of the community and has been serving a wider range of people.

First- and second-year Rush University medical students take histories, examine patients and present their cases to the attending physician. Students then discuss the diagnosis with the patient and administer medication, if prescribed by the physician. In FY2009, 780 people received health services at the Freedom Center.

- **Medical Mobile Van (Formerly the Medical Outreach Van):** This RCSIP program offers a unique opportunity to work with underserved populations directly on the streets of Chicago. The medical mobile van is a mobile health care delivery unit that provides medical care free of charge to the homeless and disenfranchised. As part of this program, students visit two principal locations: 16th and Cicero, and Lower Wacker Drive. At 16th and Cicero, the majority of patients are formerly or currently active drug users. The residents of Lower Wacker Drive are homeless. Through observation and interaction, students gain a better understanding of the social and health care challenges facing these underserved populations. In FY2009, 200 people benefited from the health care services provided by 160 Rush volunteers over the course of 480 hours.

- **20/20:** The mission of 20/20 is to provide free vision services to underserved populations. Student volunteers apply their clinical and non-clinical skills to screen adults and children at fairs, schools and community organizations for eye diseases including glaucoma, cataracts, amblyopia and strabismus. In FY2009, 900 individuals benefited from the vision screening services provided through this program.
- ***RU Caring Interdisciplinary Student Program:*** Through the RU Caring program, students from across Rush University work to combine the expertise of various disciplines to create an interdisciplinary community service program. The program involves students from Rush Medical College, the College of Nursing, and the College of Health Sciences (including programs in such areas as occupational therapy, clinical nutrition, health systems management, audiology, and clinical laboratory sciences). Similar to RCSIP initiatives, this program is voluntary and student-led, and gives students an opportunity to provide community service; develop and hone clinical, interpersonal and leadership skills; and work with students from other health disciplines, while simultaneously taking care of patients in underserved communities in the greater Chicago metropolitan area. RU Caring exposes medical students to an interdisciplinary, team approach to medicine. By working directly with students from other disciplines, medical students develop a better understanding about the role each discipline plays in health care and how they complement each other to create the optimal patient care experience.

The students work together to conduct monthly health-related events and health fairs using an interdisciplinary approach. This program engages all students and faculty within the university. The RU Caring programs assisted 900 people in FY2009 over the course of 3900 hours of service provided by 650 Rush volunteers.

RCSIP Non-Clinical Programs:

- ***A Day In the Life of Rush University:*** Rush Medical College hosts an annual event that invites high school students from throughout Chicago to experience an interdisciplinary approach to medicine at an academic medical center. Student participants “manage” fictitious patients in various areas of the hospital and have the opportunity to ask questions of the interdisciplinary panel at the end of the day. In FY2009 alone, 62 Rush volunteers provided 310 hours of service to this program which educated 120 high school students on the many facets of being a physician.
- ***BUDDIES Program:*** The BUDDIES program, in cooperation with the Rush Department of Pediatrics and the Department of Family Medicine, matches Rush medical student volunteers with chronically ill children. Student volunteers become special “buddies” who act as mentors and friends for the children. Students do not administer any medical care or advice. In FY2009, 60 pediatric patients were befriended by Rush students who donated 525 hours of service to this program.
- ***Casa Juan Diego Tutoring:*** Casa Juan Diego is a youth center located in the nearby Pilsen neighborhood. Sponsored by St. Pius Catholic Church, the center provides academic, recreational and religious activities to Latino youth ages 5 to 17. Rush students volunteer to facilitate interactive, hands-on science experiments with groups of young children to encourage their interest in science. In addition, medical students assist older students with their homework or English language skills. During FY2009, 540 Casa Juan Diego students received tutoring or other assistance services from 108 Rush volunteers over the course of 360 hours.

- **Chicago Christian Industrial League (CCIL):** The CCIL was established in 1909 with the mission of providing the resources, opportunities, and support necessary to enable poor and homeless Chicagoans to return to the workforce and lead independent lives. Rush University Medical Center formed a new partnership with Chicago CCIL in 2008. Rush provides bi-monthly clinical services which include triage, histories, and physical exams along with distribution of medication. In FY2009, 252 individuals received assistance through this program which provided 540 hours of service from 180 Rush volunteers.
- **Community Education and Outreach:** Located at the Salvation Army's Temple Corp, the Community Education and Outreach program provides children who attend the Army's after school program with a student tutor/mentor from Rush University. Since its inception in 2007, this weekly program has assisted over 400 children with their scholastic goals. In FY2009, 200 students in the Army's after school program were impacted through 76 hours of tutoring/mentoring service provided by Rush University students.

Health Educators / ASAP: Health Educator volunteers visit elementary and middle schools in nearby Chicago communities to teach kids the basics of sexual and reproductive health, nutrition, hygiene and puberty. The Adolescent Substance Abuse Prevention (ASAP) curriculum is based upon the premise that in order for children to make healthy choices, they must be equipped with the knowledge and skills to understand the consequence of their choices. To achieve this goal, ASAP builds upon children's natural curiosity to teach important facts and develop resistance skills to avoid drug use. Volunteers teach at least one session each academic year. Each one-hour session covers age-appropriate topics for students who range in age from third to eighth grade. For FY2009, the Health Educators / ASAP program impacted the lives of 600 children via 80 hours of service provided by 20 Rush volunteers.

- **Henry Horner Tutoring Program:** The Major Adams Academy, a short drive from Rush and close to the United Center, serves children who live in the surrounding housing development on the City's West Side. The community is currently going through intense upheaval as families are being relocated due to a Housing Urban Development (HUD) rehabilitation plan. To offer a sense of stability and support, the student-run Rush Community Service Initiative Program (RCSIP) is coordinating a tutoring program that enables medical students to assist children from first through ninth grade with homework and other academic activities. This service program uniquely emphasizes interpersonal skills in addition to knowledge of science. Previous visits have included playing games, making masks for Halloween and playing in the gym in addition to tutoring assistance. Through this program, children from the Henry Horner Homes learn to develop a relationship with someone from outside their community and broaden their exposure to students in health care. In FY2009, 69 children received assistance through the Henry Horner Tutoring Program which logged 420 hours of volunteer service provided by Rush students.
- **Marah's Place Health Education Program:** Marah's Place is a shelter affiliated with Deborah's Place, an organization dedicated to moving women out of homelessness and into housing. The mission of Deborah's Place and Marah's Place is to provide programs that enable women to become more self-sufficient. The programs include art therapy, employment counseling and social services.

Rush students involved in the Marah's Place Health Education Program prepare and present health education seminars to women who use the shelter's services. Seminar topics include mental, cardiovascular, breast, pelvic, diabetes and gastrointestinal health. Through live interaction with the Shelter's residents, the program educates students on the social and

health issues facing homeless women while also providing an opportunity for students to teach about various disease processes. Importantly, students are able to help these women move toward self-reliance through the power of education. In FY2009, 360 women benefited from the Marah's Place Health Education Program which logged over 200 hours of service provided by over 100 student volunteers.

- **Maternal Advocates Program:** The Maternal Advocates Program was reorganized during FY2008 in order to provide medical education classes to pregnant teens at Simpson Academy High School for Young Women located. This is the last remaining school in Chicago for pregnant teens and there are only three left in the nation. Rush students provide these teen mothers with health education and information on how best to bond with and teach their children. Rush students also tutor and encourage the young women to finish high school and pursue college. During FY2009, 100 mothers received the attention and comfort of the Maternal Advocates Program.
- **Pipeline Programs:** Through the Pipeline Programs, Rush University students reach out to young students from Chicago grade schools in the hopes of exciting them about a future career in healthcare. The participant tour of Rush Medical College includes visits to the simulation lab, where they learn how to assess an ill patient, as well as the anatomy lab, where they view healthy and unhealthy organs in order to see the impact of smoking, drugs and alcohol on the human anatomy. At the end of their tour, students and faculty hold a discussion on how to prepare for a career in healthcare. Rush logged 90 hours of service provided by 60 volunteers in FY2009 to work with 1,000 students city-wide.
- **Red Ribbon Friends (Formerly Pediatrics AIDS - Big Sib Program):** In conjunction with Children's Memorial Hospital (CMH), this program matches medical students as big brothers and sisters with children affected directly or indirectly by HIV. In addition to spending time with the children and their families, this program allows students to work with the HIV team members, including social workers, child-life specialists and doctors, and to become familiar with CMH's special infectious disease clinic (HIV/AIDS).

The focus of this program is not to learn the technical skills needed to be a doctor, but rather to observe and learn the personal skills needed to be a good doctor. The students interact with the patients in a non medical manner through trips to movies, walks in the park, and other outings such as theater viewings. The experience also provides a unique opportunity for students to build lasting relationships with special children and their families. In FY2009, 50 pediatric patients participated in the Red Ribbon Friends program which logged 300 hours of service provided by 50 volunteers.

- **Rush Remedy:** In an effort to "go green," eco-conscious medical students and hospital staff at Rush have established the Rush Remedy program. This initiative is a medical supply recovery and recycling program that collects unused medical supplies and equipment and provides them to overseas hospitals and clinics-in-need. Since January 2008, volunteers of this grassroots movement have collected and donated over 12,000 pounds of unused medical supplies such as surgical packs, surgical gloves, gauze, bandages, sutures and catheters. In FY2009, the Rush Remedy program logged 100 hours of service provided by 25 volunteers.
- **Keep it Fit Chicago (KIFC):** The KIFC program is a partnership between Rush and the Salvation Army. Rush students work with families in an interdisciplinary team approach to help them achieve a better understanding of the role nutrition and physical activity play in creating a healthier lifestyle. In FY2009, the Keep It Fit Chicago program impacted 180 participants who received assistance from Rush volunteers over a total of 816 hours.

- ***Healthifying the Refugee Transition (HRT)***: The purpose of the HRT program is to provide health- and medicine-based workshops that educate refugee children to transition to life in America. In FY2009, the lives of 180 children were impacted by the services of Rush volunteers who donated a total of 69 hours to the HRT program.

Science and Math Excellence (SAME) Network

Developed in 1990, the SAME Network is a large-scale community service enterprise operated through the Department of Community Affairs at Rush to improve the science, math, and reading test scores in Chicago schools on the West and Southwest sides of the city. The Network provides students in these neighborhoods with the same opportunities to learn math and science as are available to their peers in more affluent areas. Rush spearheaded the SAME Network's first effort to improve education by raising funds from Chicago's business community to build state-of-the-art science laboratories in local schools that lacked these facilities. Since then, the SAME Network has grown to become a collaboration between Rush and 43 elementary schools, 11 high schools and many local businesses.

Rush's dedication to promoting a healthy community has fostered a strong commitment to supporting the growth and development of our local neighborhoods. Rush conducts a variety of programs in collaboration with our SAME Network partners to maintain the health and well-being of our communities.

The SAME Network includes the following programs:

- ***College Internship Program***: The College Internship Program support students as they matriculate through college. Eligible students receive scholarship assistance and academic support. The students are given an opportunity to work at Rush University Medical Center in an area closely related to their career choice. The students return from colleges and universities across the United States during the holiday season and summer break to learn, work and interact with patients, peers, and management. College students receive mentoring through preceptor relationships with professionals at Rush University Medical Center. During FY2009, 13 college students benefited from this program.
- ***College Preparatory Enrichment Program (CPEP)***: SAME Network collaborated on an enrichment program with Chicago Public Schools and Benedictine University in Lisle, Illinois. The CPEP offers students an opportunity to participate in year-round after-school and summer learning activities. The intent of the CPEP is to provide students with the experiences they need to pique their interest in science and math, pursue college entrance and, potentially, a science-related career. Students who participate in the CPEP have the opportunity to become involved with SAME Network's High School Internship Program when they graduate from elementary school.

The program is geared toward students entering seventh grade that also attend a SAME Network school. The students are recommended by their school principals and teachers because they show academic promise in the areas of science and math. During the summer, students are exposed to campus living, which provides them with the experience of living away from home. Coupled with campus life, the students receive instruction in math, science, and technology. Field trips to educational institutions in the western suburbs and fun outings are a part of the experience. Students work independently, collaboratively, and cooperatively on inquiry-based science tasks emphasizing high-order thinking skills while integrating math and technology. Families participate in a variety of activities throughout the year. In FY2009, 25 students participated in this program.

- **Educator Program (formerly Preschool Teachers' Program):** Professional development workshops provide teachers opportunities to gain new skills in science, math, and technology and to hone existing skills. Workshops are a venue for teachers to network, share ideas, concerns, and problem solve. SAME Network teachers are provided with additional support in the form of coaching, mentoring, and one-on-one time as needed. Teachers that attend the workshops can receive State of Illinois Continuing Professional Development Units. During the course of FY2009, 343 educators participated in this program.
- **High School Internship Program:** In conjunction with Chicago Public Schools through the SAME Network, the program provides a variety of internship experiences to high school students. The objectives of SAME's internship program are to encourage students to pursue education and careers in math, science, and technology fields, provide students with hands-on experience, classes and mentoring; and develop good work habits, ethics and job readiness skills. A mentoring relationship was developed between the internship students and Rush's Health Systems Management faculty and staff. After graduating from high school, students are eligible to transition into the College Internship Program. Throughout high school, the students work at Rush University Medical Center in various departments. In FY2009, 35 students participated in the program.
- **Preschool Program:** In 1998, SAME Network developed this program to introduce preschool children to science, math, and literacy skills. The program currently operates in 28 public and private schools. The goal of the SAME Preschool Program is to provide a stimulating environment for guiding children in the development of science, math, and literacy skills by providing science labs and materials appropriate for young children. Children begin to understand fundamental science concepts and develop inquiry skills by using their natural curiosity to motivate exploration of their surroundings. The ultimate objective of the science program is to have the preschool children achieve science literacy, which is necessary for them to succeed in a world filled with science. SAME Network offers workshops to parents of children participating in SAME Network sponsored preschool program. SAME believes early parental involvement is crucial for children to be successful in school. During FY2009, this program reached 1,849 preschool children.
- **Dr. Martin Luther King, Jr. Humanitarian Awards Banquet:** The SAME Network sponsors an annual awards banquet to honor students for achieving excellence in math and/or science. The awards banquet is also an incentive for students to strive for academic excellence in preschool through college. Top students in the SAME Network schools and college students attend the black-tie affair and the Network pays for all expenses. In FY2009, 76 students were honored and there were a total of 615 people who attended the annual awards banquet.
- **Rev. Dr. Martin Luther King, Jr. Memorial Service:** An annual memorial tribute to the memory of the late Rev. Dr. King, Jr. is held in honor of his contribution to humanity and to keep his legacy alive for the young and old. This tribute is held at Rush University Medical Center during the MLK holiday and is attended by community residents and Medical Center employees. During FY2009, approximately 150 people attended the memorial tribute.
- **Coalition of HOPE (formerly the Senior Coalition):** The Coalition of HOPE is a diverse group of agencies and churches throughout the City of Chicago that came together for a common goal – to help families address their health and social challenges. Marshalling resources enables the Coalition to be more efficient and effective in its programming. In FY2009, 1,844 seniors participated in this program.

Pediatric/Adolescent Community Health Programs

The following community outreach programs were developed and are administered by the Department of Pediatrics:

- ***Kids-Shelter Health Improvement Project (Kids-SHIP):*** Since its inception in 1997, Rush's Kids-SHIP initiative has provided initial health care services to homeless children and adolescents through a medical outreach team. The team also provides any necessary follow-up care at the Kids-SHIP Clinic housed in the Pediatric Primary Care Center at Rush.

The Chicago Coalition for the Homeless estimates that approximately 26,000 youth experience homelessness in Illinois over the course of a year. The majority of these children and adolescents have no primary care physician and no medical home. As such, they usually receive medical care on an intermittent basis, and treatment is usually sought only when medical problems become severe. Many of these children do not receive routine childhood immunizations and, because of the irregularity of their medical care, have no record of their medical history. Due to their desperate need for comprehensive health care tailored to their physical, emotional and logistical needs, these underserved pediatric populations are the focus of Rush's Kids-Shelter Health Improvement Project (Kids-SHIP).

The Kids-SHIP medical outreach team is made up of an attending pediatrician from Rush, pediatric residents from multiple teaching institutions (including Rush Medical College, and the John H. Stroger, Jr. Hospital of Cook County), and medical students from Rush who travel to 9 homeless shelters on the West and South Sides of Chicago to provide on-site medical services to children and adolescents facilities.

In FY2009, the Kids-SHIP physicians saw 500 patients. By initiating contact with homeless youth, this program has reduced barriers to care and improved the overall health status of this homeless population. Additionally, Kids-SHIP has encouraged the use of available health care resources among homeless families.

- ***Rush University Medical Center Adolescent Family Center (AFC):*** The Rush AFC provides prenatal care, gynecological care, contraceptive services, STD testing and treatment, and community education to Chicago area teens and young adults ages 12-23. All of the AFC's services are provided regardless of income or ability to pay for care. The AFC staff enrolls pregnant, uninsured patients into the Illinois' AllKids program for Medicaid coverage of their prenatal care, and uninsured patients who are not pregnant have services completely funded through the clinic.

Although the AFC draws patients from over 110 Chicago area zip codes, the majority of patients served reside in the Chicago Westside communities of East Garfield Park, West Garfield Park, North Lawndale, Austin, Humboldt Park and the Near Westside. As part of the AFC's community education program, staff regularly travels off-site to Chicago area high schools and middle schools to provide community education on pregnancy prevention, reproductive anatomy, contraception, STD infection, prevention and reproductive health. AFC also offers free prenatal education classes to pregnant teens and their partners.

During FY2009, the AFC provided a total of 3,166 direct medical care clinic visits to 1,111 patients as well as 1,511 prenatal care clinic visits to 225 pregnant teens and young adults - nearly all of which were covered by Medicaid. The AFC also provided 1,655 gynecological/contraceptive services clinic visits to 886 sexually active teens and young adults. Of the 1,655 contraceptive services visits, 56% were no fee and 44% were funded through Medicaid. AFC staff also conducted 267 free community education presentations involving 7,238 teens in 14 Chicago area high schools and middle schools.

The AFC budget for FY2009 totaled \$593,408 including \$91,282 for the following services which were provided at no cost to patients: contraceptives, lab testing, diagnostic tests, medications and educational materials.

- **Rush-Stroger Affiliation Agreement-Pediatrics:** Rush provides Pediatric and Adult Subspecialty physicians services at or below cost to Stroger Hospital in order to provide advanced, high-quality, subspecialty medical care to the patients at Stroger. The Pediatric subspecialty medical services include: Pediatric Allergy/Immunology; Pediatric Critical Care; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Infectious Disease; Pediatric Neurology; Pediatric Pulmonary Medicine.
- **Pediatric Infectious Disease Faculty Outreach:** The Department of Pediatrics at Rush volunteers with the Chicago Department of Public Health (CDPH) to provide care for complex tuberculosis patients at West Town Neighborhood Health Centers for half days every other week. This provides access to specialized medical expertise for immigrant, minority, and underserved populations with tuberculosis. The Department of Pediatrics recently began working with Children's Place to provide HIV care for children in Haiti. Physicians from Rush provide HIV evaluations and care for children adopted from foreign countries with HIV.
- **Reach Out and Read:** Many children who come to Rush Children's Hospital are from low-income families. In the Rush Pediatric Care Group, 84% of the patients served receive public assistance and many are teenage parents. These patients particularly benefit from the Reach Out and Read program at Rush.

Established by a group of doctors at Boston City Hospital in 1989, the Reach Out and Read program was created to help low-income families develop the reading habits that promote early childhood literacy. The Pediatric Primary Care Center at Rush became a participant in this national program 1999, and recently the Rush MedPeds Lifetime Medical Associates practice became a Reach Out and Read Site.

Rush Pediatricians utilize routine appointments to introduce and promote the value of reading to parents and their children. New developmentally-appropriate and culturally-sensitive books are distributed to patients at visits, and volunteer readers model good reading techniques in the office waiting room. Pediatricians, nurses and pediatric residents discuss the importance of reading aloud to young children as a means to increase language skills and promote a love of learning. The Reach Out and Read program is sustained through the generosity of individuals and foundations who share Rush's commitment to promoting literacy.

The Rush Pediatric Primary Care Center welcomes over 30,000 visits annually and distributed 6,000 new books in FY2009 as well as thousands of gently-used books.

- **Rush University Medical Center Adolescent Clinic:** The Adolescent Clinic mission is to minimize risk-taking behaviors, reduce unintended pregnancies and the transmission of sexually transmitted infections (STIs) and HIV/AIDS among underserved adolescents and young adults. Committed to serving the reproductive health needs of southwest Chicago and its suburbs, the Adolescent Clinic provides free or low-cost family planning and related prevention health education as well as services specifically tailored for high school and college-age individuals. Services are provided regardless of income, medical insurance or ability to pay.

Since 1974, the Adolescent Clinic's education and services have been vital to the

health and well-being of the ethnically, racially, culturally, religiously and economically diverse southwest communities. The Clinic became a community service program of Rush University Medical Center's Pediatric Department in 1991. Our gynecological care, contraception, family planning counseling, STD testing and treatment, STD/HIV risk assessment, pregnancy testing, counseling and referral, and community outreach education has minimized risk taking behaviors, decreased the transmission of STIs, and reduced the incidence of unintended pregnancies in over 24,000 adolescents and young adults.

In FY2009, the Adolescent Clinic provided 1,440 medical care visits to 668 adolescents and young adults. Over 97% of these patients reported personal incomes at or below the federal poverty level (FPL) and 558 patients paid no fee for their health care service or contraception.

Other Community Service Programs and Collaborations

- **Cook County Health and Hospitals System:** Rush University Medical Center and neighboring John H. Stroger, Jr. Hospital of Cook County, one of the busiest public hospitals in the nation, have enjoyed a long, formal affiliation since 1994. With this partnership, Stroger Hospital became a primary training location for Rush Medical College students and residents, and Stroger Hospital patients gained access to specialists from Rush who rotate time at Stroger, as well as other clinical services that are not offered at Stroger. Each year, more than 400 Rush students and postgraduate residents receive training at Stroger Hospital in areas ranging from cardiac and vascular surgery to breast cancer. Joint research projects in basic science, clinical science health services and epidemiology look for new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system.

Rush and the Cook County Health and Hospitals System also collaborated to create the Ruth M. Rothstein CORE Center in 1998. The CORE Center is the nation's first public-private outpatient facility dedicated to the care of people with HIV/AIDS. Today, it is the largest, most comprehensive provider of HIV/AIDS treatment in the Midwest. Faculty members from Rush and Stroger Hospital work side-by-side delivering care to this population. The center also serves patients with tuberculosis, hepatitis and other infectious diseases. Clinical research projects at the center seek new answers in screening, treating and halting the spread of infectious diseases.

Larry Goodman and Cathy Jacobson serve on the Board of the CORE Foundation. The Foundation provides the building in which the CORE Center is housed at no rental cost to the Center. In addition, the Foundation solicits grants and contributions to support the CORE Center's activities.

Rush University Medical Center leadership also took an important role in the Cook County Bureau of Health Services Review Committee, providing recommendations for the governance and financial changes of this organization, as well as the current Board of the Cook County Health and Hospitals System. This time was volunteered and continued in FY2009.

- **Faculty Practice and Outreach:** Provides healthcare services to underserved individuals, families, and communities at a variety of diverse practice sites. These sites include School-Based Health Centers, employee wellness programs, case management programs for chronic medical and mental illness, and nurse practitioner primary care sites. Most of the recipients of care at the faculty practice sites are uninsured or underinsured and rely on the Faculty Practices sites as their main healthcare source.

In addition to the care provided by the Rush College of Nursing (CON) faculty practitioners, Rush nursing students spent a total of 1,240 cumulative days at the various Faculty Practice sites delivering healthcare and health education programs. The students' services greatly enhance and increase the services that are provided. Recipients of care are not charged for their services, and Faculty Practice and Outreach practitioners receive reimbursement from various community partners at a rate well below fair market value for their work.

➤ **School-Based Health Centers:** The College of Nursing operates school-based health centers in two Chicago Public High Schools: Richard T. Crane Technical Preparatory Common School and Rezin Orr Community Academy High School Campus. The Crane and Orr health centers increase adolescents' access to quality health care and provide comprehensive health services on school grounds, thereby contributing to a decrease in school time loss due to health problems. More than 95% of Crane and Orr students are enrolled in the health centers. The centers provide comprehensive health care services, including risk assessments, health promotion, acute and chronic care, reproductive health services, school and sports physicals, laboratory services and immunization services. They also provide assistance with benefits enrollment in programs like KidCare and Women, Infants, and Children (WIC). Both Crane and Orr health centers report compliance rates greater than 95% for required physicals and immunizations by the end of the year. During FY2009, there were 2,062 student encounters at Crane, serving 565 students. At Orr 657 students had 2,220 encounters.

- **Wellness Program with the Chicago Department of Family and Support Services:** The Rush Wellness Program with the Chicago Department of Family and Support Services – which primarily serves minority older adults – has been in existence since 1985. Advanced practice nurses, dietitians, pharmacists, and social workers from Rush educate and care for older adults at three Chicago senior centers. During FY2009, Rush medical professionals served 3,084 older adults with 3,580 screenings such as blood pressure, bone density, cholesterol, diabetes, and PSA levels done. Additionally, they provided health talks, support groups and weight loss classes to 3,182 older adults, and staffed health fairs at the senior centers which were attended by 1,104 older adults. The Rush health professionals' time, as well as supplies and educational materials are donated to this program.
- **CarFit:** Rush continues its involvement with the CarFit program in conjunction with the Mather Lifeways, Mercy Hospital, Age Options, AAA, and the American Occupational Therapy Association. The purpose of CarFit is to heighten driver awareness of their vehicle in relation to themselves in order to create a safer driving experience. The program is open to the community and is specifically targeted to older adults and those requiring related occupational therapy.

Participants (drivers) bring their vehicles to a scheduled event, where staff volunteers review checklists with the drivers to ensure that the vehicles are the best "fit" they can be for the drivers. Drivers are taught how to adjust mirrors, seats, head rests and steering wheels properly, and the staff ensures that they know where primary and secondary controls are located (e.g., hazards, etc.). Drivers meet with an occupational therapist who examines the checklist for any "red flag" issues. They make recommendations for adaptations to the vehicle, or to the driver, that included equipment that will aid the driver in safely operating the vehicle. During FY2009, CarFit served 65 people at three events held in the Chicago metropolitan area each of which was staffed by a Rush occupational therapist.

- **Anne Byron Waud Patient and Family Resource Center for Healthy Aging:** The Waud Center at Rush offers an array of programs and services open to the public that promote healthy aging. Patients and their families have the opportunity to receive free consultations

from licensed social workers on health and aging issues, attend social and support groups, participate in free computer training, and use the health library. The Center provides a place to turn in times of need.

The Waud Center and the services it provides have also been the inspiration and driving force behind the development of older adult programming throughout the Medical Center. One such program is Rush Generations, a free membership program that promotes health and well-being for older adults and those who care for them. Through twice monthly educational seminars on a wide range of topics related to health and aging, and the resources provided by the Waud Resource Center, Rush Generations has reached out to over 5,410 members and the number of people is continually growing. Some of the highlights in FY2009 are as follows:

- Provided over 22 educational programs and wellness classes with 1,311 attendees
- Implemented 9 Chronic Disease Self-Management Program (CDSMP) workshops serving 109 participants in the City of Chicago and Suburban Cook County
- The Enhanced Discharge Planning Program, which follows up with at-risk older adults being discharged from hospital, has helped ease the transition to the community for over 865 adult patients; the EDPP also served 465 caregivers
- Conducted BRIGHTEN Depression Screening for 921 older adults in Rush primary and specialty care clinics

During FY2009 the Waud Resource Center served 4,234 patients, families, and community members and the center's staff look forward to expanding this success in the future.

- ***Rush Mothers' Milk Club:*** Breast milk is essential to the growth and development of premature infants. The Rush Mothers' Milk Club was developed to address the social, emotional, demographic and physiologic barriers to mothers' providing their milk for their NICU infants. These mothers are disproportionately low-income and African American, the two demographic groups that are least likely to initiate and maintain lactation in the United States. The Club provides these women with state-of-the-art hospital-grade electric breast pumps, taxi service to attend weekly educational luncheon meetings, educational materials, and post-infant discharge home visits to help breastfeeding get off to a good start.

In 2005, the Rush Mothers' Milk Club employed only 2 mothers of former Rush NICU infants as Breastfeeding Peer Counselors. Four years later, the program now employs 8 mothers to help current mothers provide their milk for their Rush NICU infants. Counselors also serve as research assistants for the program's numerous research projects. Many of the current Breastfeeding Peer Counselors live in the surrounding communities and serve as role models for the vulnerable women with infants currently in the NICU.

The Rush Mothers' Milk Club has recently received additional gifts/grants to further this initiative. Funding from the McNeil foundation allows Rush to collaborate with the Chicago Department of Health to produce a consumer-focused DVD that emphasizes the importance of human milk when an infant is born prematurely. Available in November 2009, the DVD will be shown in all of the City's Department of Health Clinics and WIC departments, and will be available for purchase nationally and internationally. All proceeds will be reinvested into the Rush Mothers' Milk program. A separate gift from Anne and Ken Griffin has provided for a full-time Breastfeeding Peer Counselor who serves as a liaison between Rush and the Chicago Department of Health, specifically to help underserved mothers in Chicago provide milk for their infants. Separately, the Rush Mothers' Milk Club has received an NIH

grant to determine the cost and health outcomes of human milk feedings for very low birth weight infants.

- **Rush Preemie Picnic:** The Rush Preemie Picnic is an annual community outreach event held in the summer that targets families of infants who were born prematurely and admitted to the Neonatal Intensive Care Unit (NICU). Families come from the Chicagoland area as well as out of state/country. The ages of the children who had spent from days to months in the Rush NICU after birth, range from a few weeks old to teenagers.

Activities include entertainment, reconnecting with staff and other families, crafts and food. The educational venue included information on Child Safety, Breastfeeding Education and Support, March of Dimes, SIDS, Kids in Danger, American Red Cross and Dental Hygiene. In FY2009, 700 people attended the Preemie Picnic.

- **Principal-For-A-Day Program:** Over the past five years, Rush has developed a special relationship with William King, Jr. Elementary School through its participation in the Principal-For-A-Day Program and was honored with the Outstanding Partnership Award from the Mayor and Board of Education in 2007. Executives from Rush's Office for Equal Opportunity have served as Principals for a day at King Elementary and receive considerable program support from staff and student volunteers from Rush University's Office of Community and Global Affairs.

Projects that have been implemented as a result of this program include a new accessible playground built in conjunction with the CPS Playground Pilot Program; a professional development seminar at Rush for King faculty; a tutorial program; educational programs on nutrition and obesity; essay contests; assistance with the school's security system; annual donation of gloves and mittens during the holidays; and other contributions to the school.

Among the most recent Principal-For-A-Day programs include the following:

- Rush hosted a lunch with eighth graders from King Elementary School and five Rush faculty members featured in *Who's Who in Black Chicago*: Drs. Robert Higgins, Cynthia Boyd, Howard Strassner, Sharon Byrd, and Mr. Terry Peterson, with a special appearance by Rush President & CEO, Dr. Larry Goodman. Rush faculty spoke about the importance of education and their reasons for choosing their respective professions.
- Rush hosted 23 seventh graders and faculty from King Elementary for a tour of the Simulation Lab, PT/OT, and the Anatomy Lab followed by a lunch for the group.
- For the 2009 Principal-For-A-Day Program, the Office for Equal Opportunity sponsored another in its series of essay contests for sixth through eighth graders at King. Prizes being awarded include movie passes and \$300 in food coupons donated by Pompeii Bakery.
- There have been invitations and special arrangements for King Elementary students and their parents to free annual health fairs and other health events organized by Rush.
- A career fair was held at King School with Rush University student representatives from medicine, nursing and audiology.
- The Rush Science and Math Excellence (SAME) Network under the leadership of Rush's Office of Community Affairs has contributed equipment and support annually to King's science program.

- ***You Care, the Rush Employee Community Grant Program:*** In recognition for all the outreach our employees do, Rush has created a grant program to support and stimulate employees' volunteer activities. Grants are awarded to not-for-profit, human services organizations where Rush employees volunteer. In FY2009, the following organizations received contributions from the You Care Program at Rush:

- Education Concepts (Unity Development Corporation) received \$1000
- Chicago Lights received a grant to provide training and development resources to underprivileged kids
- Rape Victim Advocates received \$1000 to provide education for victims of rape
- Ronald McDonald House-Near Children's Memorial Hospital received \$1000 to feed families in need
- Cluster Tutoring Program received \$1000 to purchase a computer to expand their tutoring program

Among other organizations that benefited from the You Care Program were Hearts in Motion, Camp Anokijig, Singing Winds School, Mercy Dunbar Health Centers, South Side YMCA, and the Old Town School of Folk Music. Overall, Rush's You Care Program donated a total of \$10,500 to these organizations in FY2009.

- ***2 BigHearts:*** Founded by Jim Clarke, a man who lost both his wife and sister-in-law within hours of each other to a grave heart condition, the 2BigHearts Foundation is an organization whose mission is to heighten awareness of heart disease among women by communicating the tragic story of these women and by working with the health care community to educate individuals and families about the causes and prevention of heart disease in women. Rush's partnership with 2BigHearts is a logical step in the effort to inform the Chicago community, specifically women who have not had previous cardiac care, of the need to be tested for heart irregularities and to receive proper heart health education.

The alliance has given rise to a number of community events at Rush providing health screenings to over 300 women since 2007. Rush nurses, techs and physicians work at a reduced cost when performing the exams which include an echocardiogram, cholesterol screening, lipid panel, weight management and a cardiologist consult. All aspects of the exam, which would typically result in a bill in excess of \$4,000 per participant, are provided free of charge. Of those screened, more than half were found to have a lipid abnormality indicating a need to change lifestyle and diet, and several were found to have potentially serious heart irregularity and were advised to seek follow-up care with a personal physician.

- ***Blood Drives & Donate Life Events:*** In collaboration with the American Red Cross, Rush hosted 6 blood drives in FY09. One of those blood drives was held in April at the first annual Donate Life Now & Then event at Rush. The Donate Life event brings the National Marrow Donor Program, the Gift of Hope Organ Donation program and a blood drive together at one location. Nearly 200 attended and were encouraged to give blood and to add their name to the national marrow or organ donor registries. By providing a location as well as employee and student volunteers for these events, Rush has provided much needed life resources to the people of Chicago and beyond. In FY2009, Rush collected a total of 233 units of blood for the American Red Cross and added 55 new names to the National Marrow Donor Program, Be the Match Registry.

- **McCormick Foundation Center for Advanced Emergency Response:** In 2002, Rush University Medical Center (RUMC) applied for and received the designation of a Center of Excellence in Bioterrorism Preparedness through the Chicago Department of Public Health (CDPH). This program was part of a national Health Resource and Service Administration (HRSA) initiative that targeted four strategic cities designed to improve local hospitals' ability to manage an event where bioterrorism was involved. Since then, RUMC has re-applied and received the same designation each year with an average annual grant amount of more than \$440,000 for advanced disaster planning and necessary equipment purchases. The program concluded its original format in FY2009, but Rush maintains a leadership role in the disaster planning efforts for the city of Chicago through CDPH and continued funding through ASPR grants (Office of the Assistant Secretary for Preparedness and Response).

Rush has given great consideration to the population that enters the emergency department and works closely with the Department of Defense and the Illinois Army National Guard to provide a critical medical link and augmented disaster response which benefits civilian support measures. Through its bioterrorism preparedness initiatives, Rush provides a benefit to the local community as well as to the city as a whole. Collaborating with the city in order to prepare the community for a bioterrorism event is a continuing goal for Rush and will be further pursued in the future.

- **Partnership with Chicago Bulls' Read to Achieve Program:** Rush University Medical Center is a proud partner of the Chicago Bulls and their Read to Achieve program. Initially launched in the fall of 2001, the National Basketball Association's (NBA)'s Read to Achieve program is a year-round campaign to help young people develop a lifelong love for reading and encourage adults to read regularly to children. Reaching millions of children a year, Read to Achieve is the most extensive educational outreach initiative in the history of professional sports. The program's goal is to inspire young children to develop strong reading habits and build a genuine interest in learning through literacy. The Chicago Bulls have established dedicated Reading Learning Center/rooms decorated by the Chicago Bulls and stocked with books and other learning materials at Rush Children's Hospital as well as five Chicago public schools or community centers. In March 2009, Rush and the Bulls teamed up to host a virtual book drive that supplied over 250 science and math books to John C. Calhoun North Elementary School, a member of the Science and Math Excellence (SAME) Network.
- **Community Benefits Plan & Health Assessment:** Building on a long tradition of commitment to its diverse communities and neighbors, Rush recognizes the immense needs of its core service areas. With ongoing community service programs throughout Chicago, Rush will focus its patient care, research, education and workforce development outreach efforts on three community areas - East Garfield Park, Near Westside and West Town. This will be the starting point in an incremental approach to community benefits planning. Over time, the focus will expand to the larger West Side of Chicago and to the broader Chicago Metropolitan Area.

In order to ensure that its community benefits programs were truly reflective of the community needs, Rush performed a needs assessment and provided a comprehensive overview of its core service area. Following the assessment process in FY2009, Rush developed a Community Benefits Plan with the following Vision Statement:

Rush will be a good neighbor and a committed partner by focusing its strengths and resources on sustainable programs to:

- improve the health status of its diverse communities
- provide educational opportunities towards health careers

- promote research to reduce health disparities
 - provide economic development in its community
- **Partnership with Malcolm X College:** Malcolm X College and Rush University Medical Center are developing a partnership to assist in providing a continuing education path in the healthcare field. Rush has also established clinical slots for MXC students, will provide lecturers and teaching staff to programs where possible, assist in the development of new programs and proposals and provide assistance in writing self-studies for accreditation and letters of support.
 - **Partnership with the Larry King Cardiac Foundation:** In September 2008, The Larry King Cardiac Foundation and Rush University Medical Center joined forces to provide life-saving cardiac care for patients who have no insurance or limited means. Rush cardiologists, heart surgeons, anesthesiologists and radiologists donated their time and services for this event. With the goal of bringing critical care to people in need, this event provided health screening services at Rush to 218 people. In addition to providing free care, Rush works in an ongoing capacity with the Foundation's Health Across America campaign to raise awareness about heart disease and provide testing to those who do not typically have access to it. The risk for illness and death from heart disease is greatly reduced by addressing risk factors such as high cholesterol, high blood pressure, diabetes, obesity, physical inactivity, unhealthy diet and smoking.
 - **Community Workforce Hiring:** Rush University Medical Center, in collaboration with Malcolm X College and the City of Chicago Department of Community Development, conducts annual hiring fairs in which residents of Rush's surrounding communities are invited to apply for any available positions. In FY2009, Rush hired 75 local residents via the collaborative outreach efforts between Rush and our community partners.
 - **Expansion of the RTSC Community Network:** Using the Rush Alzheimer's Disease Center model created for its multicultural outreach program, the Rush Translational Science Consortium (RTSC) will build on its existing network of community connections (complete listing of current relationships in Appendix B) by establishing new partnerships within the community. This program supports community outreach workers who network with other community organizations to learn about health-related concerns of the organizations' constituents. The outreach workers provide education, health screening, and health information. They also recruit participants for ongoing research studies. By creating new partnerships, RTSC can continue to collect important data from the population studies and patient visits. This will be used to inform local officials and community organizations about health and environmental disparities of their constituencies. RTSC will then work with them to improve health outcomes.
 - **The Mexican-American Trial of Community Health Workers (MATCH):** Begun in 2003, the MATCH program is an NIH randomized behavioral clinical trial of the use of community health care workers to teach self-management skills to underserved Mexican-Americans with diabetes. The trial draws on long-standing partnerships among the Mexican-American community, primary care practitioners within the community, and researchers at Rush.
 - **Building a Healthier Chicago (BHC) Health Surveillance Collaborative Workshop:** BHC is a collaborative initiative organized by the Office of the Regional Health Administrator of the U.S. Department of Health and Human Services (DHHS), the Chicago Department of Public Health (CDPH), and the American Medical Association (AMA). The goal is to improve the health of Chicago's residents and employees through the integration of existing

and new health promotion activities available through worksites, schools, health care organizations, faith-based organizations, parks and neighborhoods. Collaborating with community organizations, academic and health care institutions, private businesses and governmental agencies, BHC will provide its partners with broad support to increase activity levels, improve healthy eating, and to prevent, detect and control high blood pressure.

BHC also plans to develop a geocoded city-wide health surveillance system that will be a low-cost, scalable data repository allowing for rapid responses to public health concerns. The DHHS awarded Drs. Martha Clare Morris and Robert A Weinstein, of the Rush Translational Sciences Consortium (RTSC), a 1-year contract to convene stakeholders in discussions about the design of a Chicago Community Health Information System and a plan for implementation. Over 100 stakeholders were identified including researchers from the academic medical centers (Rush / Stroger Hospital, University of Chicago, University of Illinois at Chicago, Northwestern University, and Loyola University), public health officials (DHHS, CDPH, and the Illinois Department of Public Health), and the business community (e.g. Blue Cross-Blue Shield). Stakeholders engaged in live meetings, teleconferences, and on-line surveys designed to 1) identify possible outcomes for tracking, 2) identify the various sources of data and their strengths and weaknesses, and 3) to consider various tracking systems. Based on these communications, the RTSC investigators developed a plan for a data sharing consortium responsible for establishing protocols and policies. Ideally, the health surveillance system will serve as a platform for public health interventions and policies at the community level as well as for complex multi-level epidemiologic analyses – helping to stimulate research collaborations, establish research priorities, and address health disparities.

IV. Geographical Boundaries of “Community”

As an academic medical center, Rush performs many community benefit activities in neighborhoods within and surrounding the Illinois Medical District (IMD) and throughout Chicago. While it is difficult to define set boundaries for the Rush “community,” for the purposes of this plan and future planning initiatives, Rush defines its community using the recognized Chicago Community Areas of: a) 24 – West Town, h) 27 – East Garfield Park and c) 28 – Near West Side (Maps in Appendix A). These geographical areas encompass the location of the Medical Center in addition to the locations of clinics that are the sites for a significant number of community benefit projects. Additionally, as Rush engages with its partners in the Chicago Department of Planning and Development, among other departments, it will facilitate easier demographic and other analyses because there will be a common understanding of the area in question.

Despite these boundaries, Rush does not plan to discontinue those activities currently undertaken outside the aforementioned community areas. For example, the Science and Math Excellence (SAME) Network supports educational efforts in Chicago Public Schools across the City in more than 40 schools. In addition, Rush’s financial assistance policies apply to all Rush patients in the State of Illinois.

V. Integration with Chicago Department of Public Health’s Strategic Plan 2006-2011

Chicago, like any large urban city, surveys the health services it provides to its citizens. Over the course of the last year, the Chicago Department of Public Health (CDPH) engaged in a strategic planning exercise aimed to focus the energies of the department, set organizational priorities and guide the allocation of public health resources.

The CDPH's strategic plan shows the department's seven strategic priorities over the next five years. They are as follows:

1. Prevent chronic disease and promote health for all Chicagoans.
2. Assure access to needed physical and mental health services.
3. Ensure the health, safety and well-being of children and youth.
4. Ensure that Chicago is prepared to quickly and effectively respond to epidemics and public health emergencies.
5. Increase the visibility and awareness of CDPH and public health among the public, other stakeholders and policymakers.
6. Excellence in management.
7. Reduce disparities in health status.

Many of the community benefit activities undertaken by Rush University Medical Center address these strategic priorities. While the Rush Center of Excellence for Bioterrorism Preparedness continues to contribute to strategic priority #4, several other Rush community benefits programs are aligned with strategic priorities #1, #2, and #3. These include the Clinic at Franciscan House of Mary & Joseph, the Community Health Clinic, the Health Educators/ASAP program, Marah's Place, Red Ribbon Friends, the Maternal Advocates Program, and the Rush Adolescent Family Center. Rush performed a preliminary community needs assessment during FY2008. A formal planning process was initiated in FY2009 to ensure that future community benefit efforts are aligned with the needs of the community.

IV. Data Sources

With many of Rush University Medical Center's clinical and research departments maintaining close relationships with community organizations, improvements upon Rush's existing community benefits are ongoing. Information provided by community organizations, internal data sources and publicly available information provided by the Chicago Department of Public Health and the Metropolitan Chicago Healthcare Council are used to generate a comprehensive community benefits plan.

VII. FY2009 Consolidated Financial Information

Community Benefits Report Component	RUMC	ROPH	Entity	Footnote References
Time Charity Care (Cost)	15,507,719	706,206	16,213,925	Footnote 1, 4, 5,6
Language Assistant Services	818,707	0	818,707	
Government Sponsored Indigent Health Care				
Medicare Program	27,338,993	4,329,020	31,668,013	Footnote 1,
Medicaid Program	35,017,385	2,618,575	37,635,960	Footnote 1, 2
Donations	374,925	8,438	383,363	
Volunteer Services	2,280,377	166,539	2,446,916	
Education				
Graduate Medical Education	37,676,175	0	37,676,175	
Rush University Programs	1,245,922	0	1,245,922	
Other	783,253	0	783,253	
Research	11,487,000	0	11,487,000	
Subsidized Health Services				
Physician Practices	8,401,411	0	8,401,411	
Bad Debts	33,085,301	7,437,832	40,523,133	Footnote 3
Other Community Benefits	1,972,538	156,439	2,128,977	
Total	175,989,706	15,423,049	191,412,755	

Footnote #1:

The computation of charity care (cost) is based on the filed 2009 Medicare cost report. The Medicare loss and Medicaid loss is based on a discrete ratio of cost to charges utilizing Rush's cost accounting software. These amounts will differ from the amounts in the footnotes to the audited financial statements as this report reflects more recent and updated costs.

Footnote #2:

During FY 2009, Rush received payments related to a renewed Provider Assessment Program which was approved by CMS and administered through the Illinois Department of Health and Family Services. The five-year program (2009 – 2013) was designed to improve Medicaid payments to hospitals. Rush received a net benefit of \$16.6 million annually. Without the Provider Assessment Program additional reimbursement, the FY2009 unreimbursed cost of the Medicaid program would have been \$54.2 million

Footnote #3:

The amount of had debt reported for purposes of the Community Benefit filing includes uncompensated care write-offs within Rush University Medical Group, Rush University Hospital and Rush Oak Park Hospital. This amount is valued at expected payments written off and not charges.

Footnote #4:

The amount of charity care reported for purposes of the Community Benefit filing includes only uncompensated care meeting the strict definition of charity care as defined by the Office of the Attorney General in the Community Benefits Act Compliance Information. As defined in the compliance information, "Only the portion of a patient's account that meets the organization's charity care criteria is recognized as charity. Although it is not necessary for the entity to make

this determination upon admission or registration of an individual, at some point the entity must determine that the individual meets the established criteria for charity care." Under this definition, if Rush has not received information from the patient that is required to determine eligibility for charity care under Rush's policy, any uncollected amount cannot be included in charity care per the Community Benefits Act compliance information.

Footnote #5:

In the discussion of the Medical Center's provision of charity care to our patient population there are several factors which must be considered in addition to the charity care number provided for purposes of the Community Benefits filing, to obtain a full understanding of the breadth of charity provided. These factors are outlined as follows:

Through utilization of a patient eligibility service the Medical Center is extremely proactive in enrolling patients, who arrive at Rush without insurance coverage, into various state and federal programs that provide health insurance coverage. During FY2009, this service was able to obtain coverage for 545 patients who initially were classified as uninsured, representing approximately \$51 million in gross charges. The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided. In addition to achieving appropriate, available coverage for our patients' medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients. Guiding the patient through this often time consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check that provides a benefit well beyond their health care at Rush.

Because of the process that the Rush and other hospitals must go through to prove a patient's eligibility for charity care, the amount of charity care often can be undistinguished from other categories of uncompensated care. Without the cooperation of the patient to provide appropriate documentation, Rush cannot correctly distinguish patients that meet the defined charity care policies and who should appropriately be counted as charity write-offs. Instead, these patient cases are frequently classified as bad debt write-offs due to a lack of information to support qualification/classification for charity care. This creates a reported charity care amount that is not representative of the true amount of care provided to low income and indigent patients. During FY2006 Rush started preparing a detailed analysis of patients who completed charity care applications and the results of the application process. A summary of this analysis for Rush University Medical Center only in FY2009 follows:

	Approved Patient Applications	Pending Patient Applications	No Response Patient Applications
Charity Care (100% write-off)			
Number of Patients	1,656	729	963
Write-Off Amount	\$43,290,979		
Limited Income (50% write-off)			
Number of Patients	218	0	4
Write-Off Amount	\$1,241,228		

The above amounts represent charges written off. Only the cost of providing these services can be included as charity care per the definition required in this filing.

Footnote 6:

In recognition of the need to simplify policies, expand assistance to the growing population of uninsured and remain compliant with State law, Rush increased the discount for all Illinois

patients without insurance from 50 percent to 62 percent during FY2009. Non-Illinois residents who do not have health insurance automatically qualify for a 50 percent discount. This discount is immediately given to all individuals without insurance regardless of whether a request was made for financial assistance. In addition, the discount under the limited income program was increased from 50 percent to 70 percent, and a catastrophic policy for patients with large medical bills was added with discounts up to 70 percent. Rush also formalized an annual review of these policies, implemented a formal communication plan to all staff at Rush, and assigned accountability for communication to patients.

 **RUSH**
OAK PARK HOSPITAL

SPONSORED BY THE WHEATON FRANCISCAN SISTERS

Community Benefit Report
Fiscal Year 2009

Rush Oak Park Hospital Administrative Management Team

Bruce M. Elegant, President and CEO

Mary Barrie, Vice President Quality & Resource Management

James Kaese, Vice President Administrative Service

Karen Mayer, Vice President Patient Care Services

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 **RUSH**
OAK PARK HOSPITAL

SPONSORED BY THE WHEATON FRANCISCAN SISTERS

Community Benefit Report
Fiscal Year 2009

BACKGROUND AND ORGANIZATIONAL INFORMATION

Rush Oak Park Hospital (ROPH) is a Catholic community hospital consisting of 296 beds located in Oak Park, Illinois and affiliated with Rush University Medical Center, Chicago, IL and Wheaton Franciscan Healthcare, Inc., in Wheaton, IL.

HISTORY AND HERITAGE

Since it was founded more than 100 years ago, Rush Oak Park Hospital has always put the highest priority on reaching out to and giving back to the community it serves. At ROPH, we foster the belief that people make the difference in the art of healing. We strive to create a professional and healing environment that respects human dignity, provides excellent service, stewards our healthcare resources and collaborates with healthcare providers and community leaders.

Year after year, ROPH's surgical, rehabilitation, diagnostic, diabetic and endocrine care and emergency services meet the growing needs of the communities we serve.

As part of Rush Oak Park's faith-based mission, emanating from the sponsorship of the Wheaton Franciscan Sisters, we are constantly striving to improve quality of care, safety and the patient experience. Our affiliation with Rush University Medical Center (RUMC) provides patients with access to advanced medical treatments without having to leave their neighborhoods. ROPH is committed to balancing clinical excellence with compassionate care and greater community outreach programs in order to provide a lifetime of care for individuals and their entire family.

MISSION AND VISION STATEMENT

Mission

Rush Oak Park Hospital's mission, as a member of Wheaton Franciscan Healthcare, Inc., is committed to living out the healing ministry of Jesus by providing exceptional and compassionate health care service that promotes the dignity and well-being of the people we serve.

Vision

Our health ministry at Rush Oak Park Hospital will be recognized in the community we serve for superior and compassionate patient service, clinical excellence, as the health care employer of choice and the preferred partner of physicians.

Values

Our commitment to the mission is our top priority. At ROPH, as participants in the work of our health care ministry, we are dedicated to meeting the needs of the people we serve by living our Core Values:

- **R – Respect:** We value each person as sacred, created in the image and likeness of God, which gives worth and meaning to each person's life.
- **I – Integrity:** We value honesty, and works and actions that build trust.
- **D – Development:** We value personal and professional growth that combines the physical, emotional, spiritual and relational aspects of life and work.
- **E – Excellence:** We value superior performance in our work and service.
- **S – Stewardship:** We value our responsibility to use human, financial and natural resources entrusted to us for the common good, with special concern for those who are poor.

In addition, our employees are held to specific standards of conduct and behaviors.

- Promote quality health care and ethical behavior
- Ensure compliance with the law
- Demonstrate respect, fairness and courtesy in the workplace
- Understand, avoid and disclose conflicts of interest
- Maintain confidentiality of information
- Ensure safety and security

Caring for the community and the patients we serve is the core of Rush Oak Park Hospital's mission and values.

FOCUSING ON COMMUNITY CARE

COMMUNITY COMMUNITY UNITY

In 2008 and 2009, Rush Oak Park Hospital has made significant strides towards improving the quality of patient care, garnering national recognition for excellence in total knee replacement, joint replacement, inpatient diabetes care and other areas.

Rush Oak Park Hospital strives every day to provide patients with a safe environment and high-quality care. The Hospital has increased its efforts in recent years, reporting core measures to the Centers for Medicare and Medicaid Services. These include the percentage of heart attack patients given aspirin at arrival and the percentage of pneumonia patients given an oxygenation assessment. Focusing efforts on preventing patient falls and moving patients quickly through the Emergency Department to inpatient beds are two projects that have shown improvements.

ROPH's Inpatient Diabetes Management program has again been awarded the Joint Commission's Gold Seal of Approval™ for health care quality. Rush Oak Park Hospital is one of seven hospitals in the country and the only hospital in Illinois to earn certification for advanced inpatient diabetes



care. ROPH follows evidence-based guidelines and standards developed by the Joint Commission and the American Diabetes Association in caring for hospitalized patients with diabetes. This continuum of care means that from admission to discharge, all patients receive the best all-around care, and those utilizing the Center for Diabetes and Endocrine Care (CDEC) receive the benefits of complete diabetes education.



For two years in a row, Rush Oak Park Hospital is best rated in the Chicago West Region* for total knee replacement. ROPH earned five-star ratings from HealthGrades® for the superior outcomes people experienced after total knee replacement. Specifically, patients were more likely to have smooth recoveries and less likely to experience complications. *The Eleventh Annual HealthGrades Hospital Quality in America Study* identifies key trends in the quality of care provided by about 5,000 hospitals nationwide. The 2009 HealthGrades ratings for all hospitals nationwide are available, free of charge, on the organization's Web site, www.healthgrades.com.

Building on a decade of high performance in patient satisfaction, exceptional health rates and outstanding clinical outcomes, the **Wound Care Center of Rush Oak Park Hospital** has earned the new *Center of Distinction Award* from its wound care partner, Diversified Clinical Services, Inc. (DCS). Out of the 300 hospitals measured, the Wound Care at Rush Oak Park Hospital was one of only five Centers that met or exceeded the stringent award requirements. ROPH is proud to offer some of the best wound care treatments in the country and the Center meets an increasing community need for dedicated outpatient wound care.

ROPH's Inpatient Rehabilitation Unit received a 3-year accreditation from the **Commission on Accreditation of Rehabilitation Facilities (CARF)**. This accreditation decision represents the dedicated, continuous quality performance within the Rehabilitation department. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its patient care programs and services are of the highest expertise and class.

For helping patients with lung disorders breathe easier, the Pulmonary Rehabilitation Program at ROPH received national certification from the American Association of Cardiovascular and Pulmonary Rehabilitation. The 10-week outpatient program incorporates exercise, nutrition and education to improve the lives of patients with lung disorders and chronic lung diseases, such as chronic obstructive pulmonary disease (COPD), bronchitis, emphysema and asthma.

*See Page 35 for Geographical Boundaries of "Community"

Rush Oak Park Hospital has earned **Quality Respiratory Care Recognition** under a national program aimed at helping health care consumers make informed decisions about the quality of respiratory care services available in hospitals. ROPH is one of 700 hospitals to apply for and receive this award. ROPH succeeded in the QRCR designation to ensure patient safety by adhering to a strict set of criteria governing respiratory care services. Respiratory Care treats patients from pediatrics to geriatrics and strives daily to bring excellent quality health care to the community.

More than an obligation or a list of programs, community outreach at Rush Oak Park Hospital is an essential part of its beginnings, its history and traditions, and its identity today.

TO BENEFIT OUR COMMUNITIES

Rush Oak Park Hospital is located among communities of various ethnicities, as well as families of all ages and economic backgrounds. Many in the community, however, still cannot easily get the medical care they need because they cannot afford health insurance, are unemployed, or are frail, elderly or indigent. ROPH is committed to ensuring these individuals, and any others who need help, get the health care they need and deserve.

Rush Oak Park Hospital defines Community Benefit as – services and activities that address community health needs primarily through disease prevention, health promotion and education, improving access to services and working with others to improve individual and community health status.

Community benefit activities highlighted in this report include:

- Charity Care
- Education for Community Health
- Services and Medical Specialties
- Community Outreach/Special Events
- Community Service Activities

FINANCIAL ASSISTANCE PROGRAM

In accordance with our mission, ROPH is committed to care for the sick that are medically or financially indigent and assist patients who cannot pay for part or all of the care they receive.

ROPH has a policy and defined guidelines for identifying and assisting low-income, uninsured individuals who reside in our community, who do not have the ability to pay full charges and for providing financial assistance to patients who have exhausted their insurance benefits.

This community benefit includes financial losses recorded as charity care and the financial losses associated with participation in Medicaid and other government programs.

Going beyond community programs, Rush Oak Park Hospital provides charity care assistance to patients who maintain a household income up to 200% above the Federal Poverty Level. In addition, the hospital provides a 62% discount off the hospital charges to all uninsured patients.

In addition to these shortfalls, ROPH experiences significant losses due to underpayment for Medicare patients and bad debt for patients who cannot pay for their care. While businesses generally consider bad debt—a debt that is not collectable—as one of the costs of doing business, ROPH faces a challenge at the time of admission to identify those who need care, but are unwilling or unable to pay for it.

During Fiscal Year 2009, Rush Oak Park Hospital provided approximately \$706,000 in charity care (at cost), underwrote \$6.9 million in expenses that were not fully reimbursed by Medicare and Medicaid, and wrote off \$7.4 million in bad debts.

REACHING OUT TO THE COMMUNITY

AGE-WISE Clinic

The mission of Rush Oak Park's AGE-WISE program, which began in 1995, is to offer older adults and their families a comprehensive resource for current information and support of health-related issues. The approach is holistic and includes health education classes, support groups and screenings for common health problems in order to better prevent, or detect and treat diseases early on.

Identifying unmet health care needs in the community is another mission of the program. Clinical health screenings range from diabetes, prostate, cholesterol and thyroid blood tests to glaucoma, skin cancer and bone density. The tests are a benefit to long-term health and the free lab work is a financial boon for an uninsured person who would normally have to pay out of pocket. Follow-up for those with abnormal results has led to early intervention for many. In fact, 38% of those screened in FY2009 showed abnormal results. In addition, AGE-WISE is a referral source for information regarding unmet needs in the community such as transportation, caregivers, nursing homes as well as state and county services. In FY2009, 4,636 people within the community attended various health related AGE-WISE events. This represents a 19% increase over the previous year, which exceeds the 15% goal. Exceeding the goal shows the commitment and care the ROPH AGE-WISE program extends to its many community participants. Going forward, the goal for 2010 is to increase the number of AGE-WISE participants, ages 60 to 65 years old, by 10%.

Throughout the year, a valuable and exciting array of seminars, screenings and support groups offers the latest information on areas of primary interest to older adults. These include lectures by physicians on topics such as advancements in eye surgery, digestive fitness and stroke prevention. Special events include the popular Women's Pink Tea with Friends. Educational sessions address a range of health and lifestyle issues, everything from gait and balance evaluation to driver safety and preparation for severe weather events.

Upcoming AGE-WISE programs are listed in the free quarterly newsletter entitled *Aging Wisely*, and at <http://www.roph.org/calendar/>. Further information is available by calling (708) 660-4636.

Diabetes Fair

Rush Oak Park Hospital conducts an annual health fair on diabetes. This health fair provides blood pressure, a fasting glucose and lipid profile blood test, optional foot screening and a healthy breakfast for every participant. In addition, a dozen or more pharmaceutical and other vendors are present to give away free literature and share information about diabetes care and related matters. Test results are mailed to participants with a recommendation to follow up with their respective physician in the case of an abnormal result. Each year, people benefit from early detection of the disease, some of whom were not previously receiving regular health care.

COMMUNITY SERVICE ACTIVITIES

Rush Oak Park Hospital promotes and encourages volunteerism among its physicians, employees and administration. Each year, our staff and physicians volunteer their time, manpower and other resources to make a positive impact and to build strong, safe and healthy communities. Examples of this are as follows:

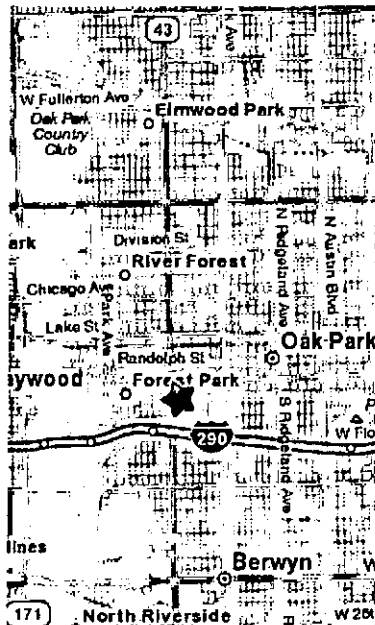
Through the August *Back-to-School Drive*, employees had an opportunity to donate school supplies that were filtered to families of grandparents raising grandchildren. Human Resources and Nursing Administration staff participate in numerous *Career Planning & Job Fairs* throughout the year.

ROPH's Annual Thanksgiving *Food Drive* helped to deliver food to families at St. Eulalia, a Catholic parish and elementary school in Maywood, IL. Through the December *Toy Drive*, employees donated items that helped benefit Sarah's Inn, a sanctuary for women and children, in Oak Park, IL and the non-profit organization, Toys for Tots.



ROPH's contribution to the environment, which ultimately improves the quality of life for all people, includes initiatives such as a concerted effort to reduce energy usage. Actual savings totaled over \$340,000 in the first nine months of the fiscal year and earned ROPH the Environmental Protection Agency's esteemed Energy Star®. This honor, which was awarded to only two other Illinois hospitals in 2009, ranks ROPH in the top 25% of energy efficient buildings nationwide. Commercial buildings that earn the Energy Star® use an average of 35% less energy than typical buildings and release 35% less carbon dioxide into the atmosphere.

Geographical Boundaries of "Community"



Rush Oak Park Hospital primarily serves residents in Oak Park, IL and its surrounding communities. These communities include but are not limited to River Forest, Forest Park,

Elmwood Park, North Riverside and Berwyn, IL. ROPH directs community outreach strategies toward the target population, but our health care services are available to all who are in need. Certain community programs at Rush Oak Park Hospital have different target audiences due to the average age of the residents in the community, the types of services the Hospital provides, or the nature of the programs themselves. According to Metro Chicago Facts OnLine, MCIC.org, the number of Oak Park residents aged 55 and over is projected to be 19% by 2010.

COMMUNITY BENEFIT DATA SUMMARY

Charity Care (at cost)	\$	706,206
Unpaid Costs of Medicare	\$	4,329,020
Unpaid Costs of Medicaid	\$	2,618,577
Bad Debts	\$	7,437,832
Community Health Services	\$	166,538
Subsidized Health Services	\$	156,439
Donations	\$	<u>8,438</u>
Total	\$	15,423,049

Community benefit calculations of financial assistance, Medicare and Medicaid are based on uncompensated cost of care, not charges.

WEB SITE

www.oakparkhospital.org is Rush Oak Park Hospital's official web site. The site features information about hospital programs and services, upcoming screenings and health care classes, a comprehensive employment section, an online database of physicians and an informative newsroom of current health care articles and events.

MANAGEMENT OF COMMUNITY BENEFITS PROGRAM

Rush Oak Park Hospital's Community Benefits Plan is developed by the Community Benefits Task Force, an interdisciplinary team consisting of staff throughout various departments and service areas of the hospital. The Controller of the hospital serves as the Manager of the Community Benefits Plan, responsible for ensuring that the plan is written, approved and implemented.

In addition, the Manager of the Community Benefits Program is responsible for coordinating the efforts associated with the filing of the annual Community Benefit Report with the strategic initiatives at Rush University Medical Center.

ROPH Community Task Team is committed to the task of a successful community program. Steps for FY10 include the following:

- Utilize our mission and values statements to set the framework for the community benefit program.
- Integrate a strategic plan for community benefits incorporating attention to the community needs, required resources and commitment.

- Hold leaders accountable for meeting community benefit goals and make it integral to their work.
- Finally, reflect a culture that welcomes people of all economic, racial and ethnic backgrounds.

The Community Benefits Report is an integral part of the Hospital's 2010 Strategic Plan, which is reviewed and revised annually to meet the Hospital's vision for "improved community health and access to quality care for all."

OUR COMMITMENT – The Heart of the Mission

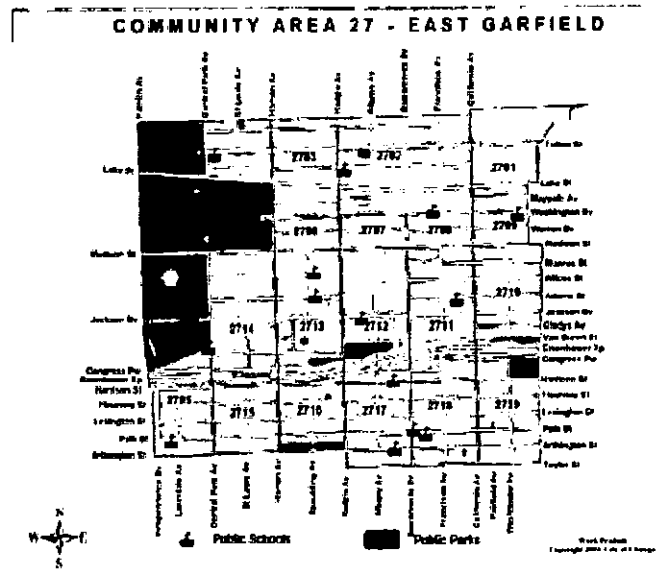
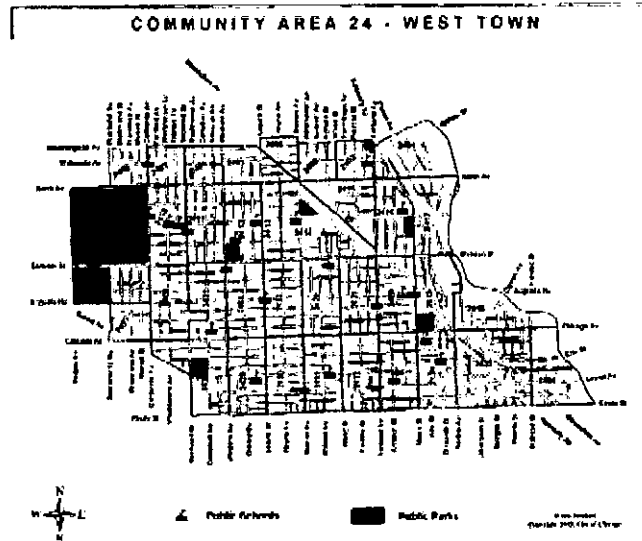
COMMITMENT COMMITMENT COMMITMENT

The Community Benefits are about more than just numbers, they are a testimony to the value of focused, advanced medical care in the community. Every resident who benefits from a program or service improves their quality of life, and in turn, the quality of the community as a whole.

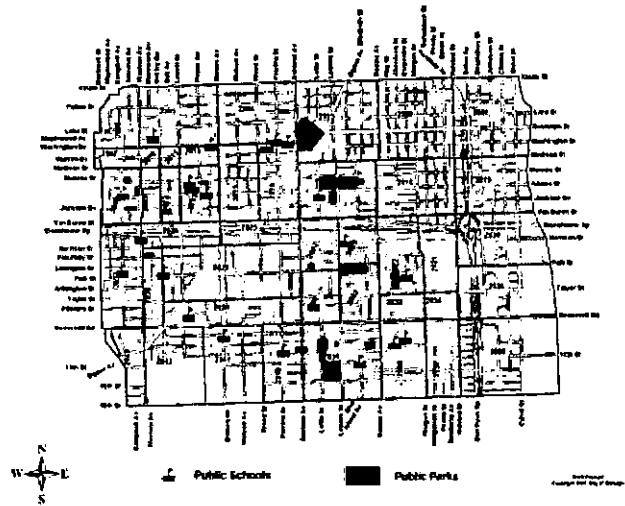
A hospital is a trusted partner in the community. Inherent in that trust is the certainty that anyone in need can find help when it's needed most. Rush Oak Park Hospital is proud to be that trusted partner here in this community and to help people in need in ways both large and small.

At Rush Oak Park Hospital, we hold ourselves accountable to our community for the human, financial and ecological resources entrusted to our care. We are proud to share this 2009 Report to the Community on the strategic efforts we have undertaken over the last year to promote the health of the Rush Oak Park Hospital community.

APPENDIX A



COMMUNITY AREA 28 - NEAR WEST SIDE



Source: Chicago Department of Planning and Development

**APPENDIX B
ESTABLISHED PARTNERSHIPS OF THE RUSH CONSORTIUM**

Organization	Location	Population Served	Partnership
AAA-Chicago Motor Club	Chicago, IL	All Ages	Education, training
AARP	222 N La Salle St # 710 Chicago, IL	Adults 50+	Education, training
Access Community Health Network	1501 South California Avenue Chicago, Illinois	All Ages	Research
Accolade Adult Day Services Catholic Charities of Chicago	112 Humphrey Oak Park, IL	older adults with physical or cognitive impairments	Clinical service, Research
Ada S. McKinley/Evelyn Wright Renaissance Center	7939 S. Western Avenue	Low Income Adults	Training, Education
Adult Christian Care Center	314 W. Vallette Elmhurst, IL	older adults with physical or cognitive impairments	Clinical service, Research
Advocate Christ Medical Center	4440 W. 95 th Street Oak Lawn, IL	Adults with heart failure	Research
Advocate Lutheran General Hospital	1775 Dempster Street Park Ridge, IL	Adults with heart failure	Research
Advocate Lutheran General Older Adult Services	9375 Church St. Des Plaines, IL	older adults with physical or cognitive impairments	Clinical service, Research
AgeOptions	1048 Lake St, Suite 300 Oak Park, Illinois 60301	Seniors	Research, Education, Training
Ald. Rugai's office	Chicago's 19 th Ward	All Ages	Education, Training
Alivio Medical Center	966 W 21 st St	Latino	Education, Training
Alzheimer's Family Care Center	6141 N. Cicero Ave.	older adults with physical or cognitive impairments	Clinical service, Research, Training
American Indian Center	1630 W Wilson	Native Americans	Education
American Indian Health Service of Chicago, Inc. (AIHS)	4081 N. Broadway	American Indians	Clinical Service
American Medical Association	515 N. State Street Chicago, IL 60610	All Ages	Research
Bethel New Life/Senior Services	4950 W. Thomas	older adults with physical or cognitive impairments, African American	Clinical service, Research
Beverly Kiwanis Club	W. 111 th Street	Men 55+	
Organization	Location	Population Served	Partnership

Beverly Men of Leisure	W. 111 th Street	Seniors	Training, Education
Bluhm Cardiovascular Institute	201 East Huron Street	Adults with heart failure	Research
Cardiovascular Risk Reduction Center (CRR)	8816 W. Dempster St Niles, IL	Adults with heart failure	Research
Cardiovascular Associates of Glenbrook	2501 Compass Drive Glenview, IL	Adults with heart failure	Research
Casa Juan Diego After School Program	2020 S Blue Island Ave	Latino school age children	Clinical Service, Training, Education
Central DuPage Hospital	25 N. Winfield Rd. Winfield, IL	Adults with heart failure	Research
Centro Comunitario Juan Diego	8812 S Commercial	Latino	Education, Research
Centro San Bonifacio	4145 W Armitage	Latino adults and children	Education, Research
Centro Sin Fronteras	4811 W. Armitage Chicago	Latino	Research
Cherished Place Adult Day Services c/o Lutheran Home & Services	800 W. Oakton Arlington Heights, IL	older adults with physical or cognitive impairments	Clinical service, Research
Chicago Christian Industrial League	123 South Green St.	Homeless	Clinical Services, Training, Education
Chicago Commons	1258 W. 51st St.	older adults with physical or cognitive impairments, African American	Clinical service, Research
Chicago Commons/Guadalupano Family Center	1814 S. Paulina Chicago, IL	Latino	Training, Education
Chicago Dept. on Aging Portage Park Senior Wellness Center	4200 North Long Ave	Seniors	Clinical Services, Education
Chicago Dept. on Aging Central West Regional Center	2102 W Ogden Ave	Seniors	Research, Education
Chicago Dept. on Aging Atlas (Southeast) Center	1787 E. 79 th Street	Seniors	Research, Education
Chicago Dept. on Aging Southwest Regional Center	6117 S. Kedzie	Seniors	Research, Education
Organization	Location	Population Served	Partnership
	Chicago	geriatric	

Chicago Dept. on Aging' Caregiver Advisory Board			Education, Clinical service
Chicago Dept. on Aging' Grandparents Raising Children Task Force and Advisory Board	Chicago	geriatric	Education
Chicago Dept. on Aging Well Being Task Force	30 N. LaSalle	Seniors	Education
Chicago Department of Health	2045 W Washington Blvd.	Latino	Education
Chicago Christian Industrial League	123 South Green St.	General	Clinical Service
Chicago Department of Public Health	DePaul Center, Rm. 200 333 S. State St. Chicago, IL 60604	All Ages	Research
Chicago Hispanic Health Coalition	2600 S. Michigan Ave, Suite 104	Latino	Research
Chicago Lighthouse	1850 West Roosevelt Rd.	Disabled children	Clinical Services, Training, Education
Chicago Public Library	Theodore Roosevelt Branch 1101 W. Taylor Street Chicago, IL 60607	All Ages	Education, Research
Chicago Public Schools (Mexican American Problem Solving Program)	125 South Clark	Immigrant Mexican women and their 4 th and 5 th graders	Education, Research, Training
Chicago Police Department	Chicago	All Ages	Education
Chicago Reach	4501 W Augusta	African American, geriatric	Clinical Services, Training
Children's Memorial Hospital	2300 N Childrens Pl Chicago, IL	African American and Latino children impacted by HIV/AIDS	Clinical Service, Training, Education
Chinese American Service League	2141 S. Tan Court	Chinese	Education
Christian Evangelical Church	3253 W Wilson Ave	African American adults and children	Clinical Service, Training, Education
Church of God True Believers	Chicago	Adults and Children	Training
Clara's House	1850 W 62nd St.	Homeless	Clinical service, Training
Organization	Location	Population Served	Partnership
CLESE (Coalition for Limited	53 W. Jackson, suite 1301 Chicago, IL 60604	Seniors	Research

English Speaking Elderly)			
Community Adult Day Care	501 Main St. Downers Grove, IL	older adults with physical or cognitive impairments	Clinical service, Research
Community Health Clinic	2611 W Chicago Ave	Adult immigrants, Polish and Latino	Clinical Service, Training, Education, Research
Community Renewal Society's Senior Ministry Advisory Board	Chicago	geriatric	Education, Research, Clinical service
Cong. Davis Senior Citizens Task Force	Congressman Davis District	geriatric	Education
Cook County Bureau of Health Services	1900 W Polk Chicago, IL 60612	Latino	Education
Cook County/ Stroger Hospital	Chicago	All Ages	Research
CORE	2100 W. Harrison	All Ages	Clinical Service
Crane School-Based Clinic	2245 W. Jackson	Children	Clinical Service
Day care centers-Chicago Parenting Program	City wide	Low income, Hispanic and African American	Research, Training
Dr. Dwenzar Howard	24 Joliet St. Dyer, IN	Adults	Clinical Services
Dunbar High School	3000 S. MLK Dr. Chicago, IL	Adolescents	Clinical Services, Education
Ecumenical Adult Day Services	305 W. Jackson Naperville, IL	older adults with physical or cognitive impairments	Clinical service, Research
Edward Hospital	801 S. Washington Naperville, IL	Adults with heart failure	Research
Erie Neighborhood House	1701 W. Superior St. Chicago, IL	Low Income Adults	Training, education
ESSE Adult Day Services	515 S. Wheaton Wheaton, IL	Older adults with physical or cognitive impairments	Clinical service, Research
Organization	Location	Population Served	Partnership
Evanston Northwestern Healthcare	2650 Ridge Ave Evanston	Children with asthma in Chicago	Research
Excellent Way	2510 E 79 th St, 60649	Homeless	Clinical service, Training

Fourth Presbyterian Church	North Michigan Ave At Delaware Pl & Chestnut Ave	All Ages	Education
Franciscan House of Mary and Joseph	2715 W Harrison St	African American	Clinical Service, Training, Education
Franciscan Outreach	1645 W Le Moine	Homeless adults and children	Research
Great Hope Family Center	2622 W Cermak	Homeless	Clinical service, Training
God's Helping Hands	5820 W Chicago	Homeless	Clinical service, Training
Good Samaritan Hospital	3825 Highland Ave. Downers Grove, IL	Adults with heart failure, Uninsured of DuPage County	Research, Clinical Services, Training, Education
Great Opportunities ADS/Presbyterian Homes	4555 Church St Skokie, IL	older adults with physical or cognitive impairments	Clinical service, Research
Harmony Village	7750 S Kingston #1B	Homeless	Clinical service, Training
Health and Medicine Policy Research Group	29 E. Madison St. Suite 602 Chicago, IL 60602	All Ages	Research
Heartland Hospice	4415 W Harrison, Hillside	geriatric	Clinical Services, Training
Hektoen Institute CORE Center	2100 W. Harrison	HIV/AIDS patients	Clinical Services, Training
Henry Horner After School Program	123 N. Hoyne Ave	African American school age children	Clinical Service, Training, Education
Hispanic Provider Council	Chicago	Latino geriatric	Clinical service, Education
Holy Family church	1019 S. May	All Ages	Education, Research
Holy Name of Mary Catholic Church	1423 W 112th St, Chicago	Seniors	Education, training
Hope Village	7852 S Essex	Homeless	Clinical service, Training
Organization	Location	Population Served	Partnership
House of Welcome Adult Day Services of the North Shore Senior Center	1779 Winnetka Rd. Winnetka	older adults with physical or cognitive impairments	Clinical service, Research

Hugenie Crane School Based Health Center	2245 West Jackson	Inner city poor adolescents	Clinical Services, Training, Education
Humboldt Park Community of Wellness	Chicago	Residents of Humboldt Park	Research
Illinois Department on Aging	160 N. LaSalle St. Suite N-700 Chicago, IL 60601	Seniors	Research, Education
Illinois department of Public Health	122 S. Michigan Ave Chicago, IL 60603	All Ages	Research, Education
Infant Welfare Society	3600 West Fullerton	Hispanic poor women	Clinical Services, Training, Education
Interfaith Council for the Homeless	Sanctuary Place 642 North Kedzie	Homeless adult women	Clinical Services, Training, Education
Interfaith House	1111 N Wells	Homeless adults and children	Research, Clinical, Education
Laurance Armour Day School (LADS)	630 South Ashland	Preschool children	Clinical Services, Training, Education
Lakefront Housing	3150 N Racine	Homeless adults and children	Research
Lene Washington Center	1609 S Homan	Homeless	Clinical service, Training
Levy Center	300 Dodge Evanston, IL	Adults with heart failure	Research
Lighthouse for the Blind School	Roosevelt Road Chicago	Impaired children and Young Adults	Clinical Services, Education
Little Company of Mary Hospital Adult Day Care Center	2800 W. 87th St.	older adults with physical or cognitive impairments	Clinical service, Research
Malcolm X College	1900 W Van Buren	African American, White, Latino	Education, Research
Marah's Place	1456 West Oakdale	Homeless	Clinical Service, Training, Education
Marillac House	212 S. Francisco	Low Income Adults	Training, Education
Organization	Location	Population Served	Partnership
Mary Crane Center	2905 N Leavitt St Chicago, IL	Adults and Children	Training
Mather Life Ways	Chicago	Seniors	Education, Training
Mercy Hospital	2525 South Michigan	HS Students, adults	Clinical Services,

	Ave.	and children	Training, Education
Merwick & Associates.	533 W. North Ave. Elmhurst	Adults	Clinical Services, Training
Metro Seniors in Action	220 S. State Street	Seniors	Research, education
Metropolitan Family Services	Chicago	All Ages	Research
Mt Greenwood Park	3724 W. 111th St	Women 65+	Education, training
Mount Sinai Baptist Church	2841 W. Washington Blvd	All Ages	Education
Morgan Park Women's Club	Morgan Park, IL	Senior Women	Education
New Birth Church of God in Christ	1500 W. 69 th Street	All Ages	Education
Nia Family Center	744 N. Monticello Ave. Chicago, IL	Low Income Adults	Training, Education
North Avenue Day Nursery	2001 W Pierce Ave Chicago, IL	Low Income Adults	Training, Education
North Shore Senior Center	161 Northfield Rd Northfield, IL 60093	Senior	Education
Northside Housing and Supportive Services	835 West Addison	Homeless adult men	Clinical Services, Training, Education
Northside Shelter	835 W. Addison Chicago, IL	Homeless Adult Men	Clinical Services, Education
Northwestern University Settlement House	1400 Augusta Blvd. Chicago, IL	Adults and children	Training
OARS Adult Day Care	712 E. Elm Ave. La Grange, IL	older adults with physical or cognitive impairments	Clinical service, Research
Onward Neighborhood House	<u>600 N. Leavitt Street</u> Chicago, IL	Adults and Children	Training
Oaklawn Federal	Oaklawn, IL	Retired Seniors	Education
Orr High School	730 S. Pulaski	Adolescents	Clinical Services, Education
Organization	Location	Population Served	Partnership
Paulo Freire Child Care Center	1653 West 43 rd Street Chicago, IL	Low income Adults	Education, Training
Pilsen Homeless Services	731 W 17 th St, 60616	Latino homeless	Clinical services, Education
Phillips High School	224 E. Pershing Rd. Chicago, IL	Adolescents	Clinical Services, Education

Portage Park Senior Wellness Center	4200 N. Long Ave.	Seniors	Clinical Service
Prime Center	4241 W Washington	Homeless	Clinical service, Training
PRO Center	2650 W Hirsch	Homeless	Clinical service, Training
Proviso Adult Day Health Center	439 Bohland Bellwood, IL	older adults with physical or cognitive impairments, African American	Clinical service, Research
Puerto Rican Community Center	2739 W Division	Latino	Research
Rainbow House	Confidential address	Homeless	Clinical service, Training
Renaissance Adult Day Services Inc.	7920 S. Greenwood	older adults with physical or cognitive impairments, African American	Clinical service, Research
Respiratory Health Association of Metropolitan Chicago (formerly American Lung Association)	1440 W Washington Blvd	All Ages	Education
Resurrection Project	1818 S Paulina	Latino	Education, Training
Resurrection Health Care	Chicago	All Ages	Education
Retirement Research Foundation	8765 W. Higgins Rd Suite 430 Chicago, IL 60631	Seniors	Education
Rezin Orr School Based Health Center.	730 North Pulaski	Inner city poor adolescents	Clinical Services, Training, Education
Ridgeland	6822 S Ridgeland, #1E	Homeless	Clinical service, Training
Roth & Zucker	Highland Lakes, Suite 130 248 Janata Blvd. Lombard, IL	Women	Clinical Services, Training
Salem Baptist Church of Chicago	11816 S. Indiana Ave	All Ages	Education
Salvation Army	5040 N. Pulaski Road	Low income	Clinical Service, Training, Education
Sanctuary Place	642 N. Kedzie	Women and Children	Clinical Services,

			Education
Senior Fair at Mt. Greenwood Park	3724 W. 111th St	Seniors 55+	Education, Training
Senior Housing ASSIST	Chicago	geriatric	Education, Research
Senior Service Coalition of SE Chicago	Southeast Chicago	geriatric	Clinical service, Education, Research
SE Provider Council for CDOA	Southeast Chicago	geriatric	Education, Research
Southside Dementia Consortium	Chicago	geriatric	Education, Clinical service
South Short United Methodist Child Care Center	Chicago	All Ages	Training
South Suburban Hospital	17850 S. Kedzie Hazel Crest, IL	Adults with heart failure	Research
St. Christina	11005 S Homan Ave Chicago, IL	Seniors 65+	Education, Training
St. Phillip Lutheran Church	1609 Phingston Road Glenview, IL	Adults with heart failure	Research
St. Vincent DePaul Day Care Center	2145 N. Halsted St. Chicago, IL 60614	Low Income Adults	Education, Training
TAB House	2676 W Washington	Homeless	Clinical service, Training
Theresa House	5017 S Hermitage	Homeless	Clinical service, Training
Third Baptist Church	1551 W 95th St, Chicago, IL	Seniors 55+	Education, Training
UIC Department of Family Medicine	1919 W Taylor St	Students	Research, Education
UIC School of Public Health	1603 W. Taylor St	All Ages	Research, Education
Webster Elementary School	4055 W Arthington St	African American school age children	Clinical Service, Training, Education
Westside Coalition for Seniors	West Chicago	geriatric	Clinical service, Education, Research
Webster Elementary School	4055 W Arthington St	African American school age children	Clinical Service, Training, Education
West Side Health Authority Westside Coalition for Seniors	5437 W Division West Chicago	African American geriatric	Research, Clinical Service Clinical service, Education, Research

White Crane Wellness Center	1355 West Foster Chicago, IL 60640	Seniors	Research, Education
West Side Health Authority	5437 W Division	African American	Research, Clinical Service
Why Wait Clinic White Crane Wellness Center	3815 Highland Ave Downers Grove, IL 1355 West Foster Chicago, IL 60640	Women Seniors	Clinical Services Research, Education
Why Wait Clinic	3815 Highland Ave Downers Grove, IL	Women	Clinical Services

RML Specialty Hospital – FY2009 Community Benefits Report Attachment A

A. RML SPECIALTY HOSPITAL: B. A VALUABLE PARTNER FOR THE CHICAGOLAND COMMUNITY

RML Specialty Hospital is Chicagoland's center of excellence for long-term acute care and the largest single ventilator weaning hospital in the nation. Our work in ventilator weaning, complex medical rehabilitation, and wound care focuses on patients who require intensive, specialized care as they recover from debilitating disease and injury. At RML we recognize that these patients and their families need a high level of clinical expertise and compassionate care in an environment that gives them the time they need to heal.

As a not-for-profit organization, we also embrace the responsibility we have to those in our community. Through both local programs and far-reaching initiatives, RML Specialty Hospital's unique presence is felt throughout the Chicago area and beyond, even by people who have never heard of our facility. The following narrative summarizes our community benefits activities for fiscal year 2009 (June 1, 2008 to May 31, 2009).

C. Partnering for better community health

Beyond our work with our long-term acute patients, RML Specialty Hospital's primary community benefit is the special relationship we have with our partners, Rush University Medical Center and Loyola University Medical Center. Through contributions back to these nationally recognized institutions, we invest in the missions of both systems — helping to provide care and health resources to thousands of people throughout the Chicago area each year. In addition, RMLHP Corporation oversees the charitable mission of RML Specialty Hospital, ensuring timely and appropriate aid to local organizations in need.

D. Conducting research for medical advancement

Clinical research is imperative to uncovering the root causes of conditions, determining alternative treatments, and improving patient outcomes. RML conducts and participates in numerous clinical research studies on the treatment and care of long-term ventilated patients, as well as those with infectious diseases and medically complex conditions. We are the first and only long-term acute care hospital in the country to be included in a research grant from the National Institute of Health (NIH). There were a total of eight active studies underway at RML during 2009. Following are several examples of studies being conducted jointly by RML Specialty Hospital, Loyola University, and Hines VA Hospital this year:

- Weaning from Prolonged Mechanical Ventilation, Amal Jubran, MD principal investigator. (Funded by National Institute of Health, National Institute of Nursing Research).
- The Effect of Prolonged Mechanical Ventilation on Patients Well Being.
- Measurement and Outcomes Post severe Brain Injury.

In addition, RML employees have contributed to the body of research knowledge concerning patients requiring RML's specialized care in the areas of dietetics, pharmacy, and rehabilitation therapy.

RML maintains an active Institutional Review Board (IRB) to ensure the ethical performance of all research activities and provides space and administrative/office support for researchers. For the past three years, RML has partnered with the Research Triangle Institute (RTI) in a CMS-led effort to develop a patient management tool for post-acute care. RML is currently pilot testing the new tool to evaluate the tool's application in an LTCH setting.

E. Educating the caregivers of the future

Many studies have pointed to a shortage of qualified health professionals in the not-too-distant future. At RML Specialty Hospital, we provide opportunities for hands-on clinical experience that ensure well-trained caregivers will be available for our community. Each year, we welcome dozens of nursing students as well as students of other health care disciplines to sample, study and continue RML's brand of quality, compassionate care for those who need it most. In 2009:

- 85 nursing students from Morton College, College of DuPage, and Joliet Junior College performed clinical rotations.
- 14 Pulmonary Fellows were trained.
- 20 students received training in pharmacy, respiratory therapy, and rehabilitation therapy.

F. Offering health education and resources to our community

RML Specialty Hospital provides a number of additional benefits to our community, including lung function testing, health education for the students of local schools, and support groups for the grieving families of seriously ill patients. In addition, RML employees volunteer countless hours in many community events such as back-to-school fairs and Earth Day projects. In these ways and many more, RML Specialty Hospital stands as a vital health resource to our patients, their families, our own employees and our neighbors. These programs are an honor to provide, and an essential part of our mission. In 2009,

- RML's clinical psychologists conducted weekly support groups for patients' families.
- RML held three blood drives during the year, attracting a total of 185 donors.
- Staff members participated in morale-boosting activities, such as Christmas caroling for patients, around the holidays.
- RML employees hosted a lung health fair for the community ("Breathe Well with RML") and participated in back-to-school fairs.
- Sensitive to individual beliefs and traditions, RML's Chaplains provided emotional and spiritual support services to those in need.

Supporting local and far-reaching initiatives through volunteerism and donations

In 2009, RML built on its recognized status as an organizational leader in the community. This past year,

- RML's annual Holiday Drive and Christmas in July collected nearly 600 pounds of food and scores of toys, hats and mittens and other clothing items.

- Employees volunteered to raise funds for and participated in both the American Heart Association's Heart Walk and American Lung Association's Lung Walk.
- Employees donated to the RML fund, which provided for taxi services, hotel stays, and meals to support families with loved ones in the hospital.
- RML staff created 40 Memory Bears that were given to families receiving support from VITAS Hospice in remembrance of their loved ones.
- Community members volunteered over 440 hours of their time and efforts at RML this year. They visited with patients, assisted at nursing stations, participated on the President's Advisory Board and took part in community awareness and fundraising projects.
- RML operates a Community Benefits Council made up of RML employees and physicians to organize and promote volunteer opportunities in the community for its employees.

Providing charity care to those in need

In 2009, RML provided charitable health care services to the community in several ways:

- Medicaid – RML Specialty Hospital provided unreimbursed health care services to Medicaid patients.
- Debt forgiveness – RML provided unreimbursed services to several individuals in the community who were unable to fully finance their hospital expenses.
- Charity care - Charity Care was extended to all who needed and applied.
- Emergency care – RML's Level 4 emergency room provided 29 patients emergency care at no charge; patients were treated, stabilized, and then transferred to local hospitals.