

10-042

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

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

JUN 23 2010

## Facility/Project Identification

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

## Applicant Identification

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

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

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

## Type of Ownership

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

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

## Primary Contact

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

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

## Additional Contact

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

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

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**Additional Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

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

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

**Type of Ownership**

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

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

**Additional Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

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

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

**Type of Ownership**

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

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

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance]

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

**Additional Post-Permit Contact**

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

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

**Site Ownership**

[Provide this information for each applicable site]

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

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

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

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

Exact Legal Name:	St. John's Hospital		
Address:	800 East Carpenter Street Springfield, Illinois 62769		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other		
<input type="checkbox"/>	Corporations and limited liability companies must provide an Illinois certificate of good standing.		
<input type="checkbox"/>	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. <b>SEE ATTACHMENT-2A</b>		

**Organizational Relationships**

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

APPEND DOCUMENTATION AS ATTACHMENT 3 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Flood Plain Requirements**

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

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

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

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**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 ATTACHMENTS 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)]

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

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

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care			X		176
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• MRI					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

### 3. Narrative Description

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

This modernization project proposes to modernize 4 floors of St. John's Hospital's existing Medical/Surgical nursing units. The project will modernize the 6<sup>th</sup> through 9<sup>th</sup> floors of 2 contiguous buildings that were constructed in 1939 and 1970 and are connected to each other, functioning as a single tower.

This project will not include any demolition of existing buildings or construction of any new buildings or additions to existing buildings.

When this project is completed, St. John's Hospital will have reduced its Authorized Medical/Surgical Beds from 281 to 204.

The only Clinical Service Area included in this project is the Medical/Surgical Category of Service.

The project also includes modernization of existing space for the following Non-Clinical Service Areas:

- Family Support Space;
- Medical Education;
- Elevator Lobbies;
- Mechanical/Electrical Space and Equipment;
- Elevator shafts;
- Stairwells;
- Mechanical, Electrical, and Data Shafts.

Each floor of the project will be modernized in an identical manner. A schematic drawing found on the next page documents the plan for each floor being modernized in this project.

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



**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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NON-CLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$405,033	\$101,258	\$506,291
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$22,549,028	\$5,637,257	\$28,186,285
Contingencies	\$2,370,489	\$592,622	\$2,963,111
Architectural/Engineering Fees	\$1,396,131	\$349,033	\$1,745,164
Consulting and Other Fees	\$1,474,847	\$362,461	\$1,837,308
Movable or Other Equipment (not in construction contracts)	\$5,484,843	\$498,123	\$5,982,966
Bond Issuance Expense (project related)	\$420,275	\$105,069	\$525,344
Net Interest Expense During Construction (project related)	\$2,870,664	\$717,666	\$3,588,330
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$40,000	\$5,813,515	\$5,853,515
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$37,011,310</b>	<b>\$14,177,004</b>	<b>\$51,188,314</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NON-CLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$15,395,791	\$5,897,283	\$21,293,074
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$21,615,519	\$8,279,721	\$29,895,240
Mortgages/Loans	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$37,011,310</b>	<b>\$14,177,004</b>	<b>\$51,188,314</b>

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

### Related Project Costs

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

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

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

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

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

### Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

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

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

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

### State Agency Submittals

Are the following submittals up to date as applicable:

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



**Cost Space Requirements**

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON CLINICAL</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

ALL COSTS MUST BE SUPPORTED BY A DETAILED BUDGET AND A DETAILED SCHEDULE OF VALUES. THE TOTAL COSTS MUST BE ENTERED IN THE TOTAL COSTS OF THE PROJECT COLUMN.

**Facility Bed Capacity and Utilization**

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

FACILITY NAME: St. John's Hospital		CITY: Springfield			
REPORTING PERIOD DATES:		From:	January 1, 2009	to:	December 31, 2009
Category of Service	Authorized Beds****	Admissions	Patient Days Incl. Observ.	Bed Changes	Proposed Beds
Medical/Surgical	281****	12,211	57,884*	-77	204
Obstetrics	38	2,499	6,894*	0	38
Pediatrics	32	1,312	5,259*	0	32
Intensive Care	40****	2,879**	11,564*	0	40
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	40	758	7,407	0	40
Neonatal Intensive Care	40	461	9,254	0	40
General Long Term Care	37	895	9,985	0	37
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
<b>TOTALS:</b>	<b>508****</b>	<b>20,281***</b>	<b>108,247*</b>	<b>-77</b>	<b>431</b>

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

\*\*Intensive Care Admissions include 734 Transfers into the Intensive Care Unit.

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

\*\*\*\*Authorized Beds are in accordance with the 2009 Annual Bed Report (ABR), submitted in May, 2010

**CERTIFICATION**

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

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

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

*J. Michael Houston*  
 SIGNATURE  
J. Michael Houston  
 PRINTED NAME  
Chairman, Board of Directors.  
 PRINTED TITLE

*Robert P. Ritz*  
 SIGNATURE  
Robert P. Ritz  
 PRINTED NAME  
President + CEO  
 PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 14th day of April

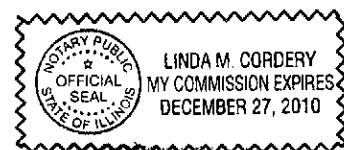
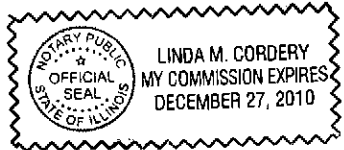
Notarization:  
Subscribed and sworn to before me  
this 14th day of April

*Linda M. Cordery*  
Signature of Notary

*Linda M. Cordery*  
Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

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

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

Leo A. Leenn  
SIGNATURE  
LEO A. LEENN  
PRINTED NAME  
SYSTEM TREASURER  
PRINTED TITLE

Larry P. Schumacher  
SIGNATURE  
Larry P Schumacher  
PRINTED NAME  
COO  
PRINTED TITLE

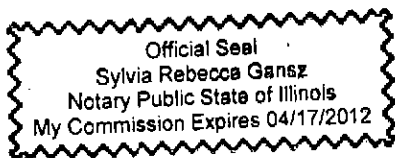
Notarization:  
Subscribed and sworn to before me  
this 30 day of April, 2010

Notarization:  
Subscribed and sworn to before me  
this 30 day of April, 2010

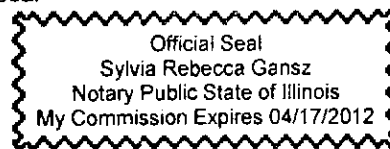
Sylvia Rebecca Gansz  
Signature of Notary

Sylvia Rebecca Gansz  
Signature of Notary

Seal



Seal



\*Insert EXACT legal name of the applicant

**CERTIFICATION**

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

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

Larry P. Schumacher  
SIGNATURE  
Larry P Schumacher  
PRINTED NAME  
COO  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 30 day of April, 2010

Notarization:  
Subscribed and sworn to before me  
this 30 day of April, 2010

Sylvia Rebecca Gansz  
Signature of Notary  
Seal  
Official Seal  
Sylvia Rebecca Gansz  
Notary Public State of Illinois  
My Commission Expires 04/17/2012

Sylvia Rebecca Gansz  
Signature of Notary  
Seal  
Official Seal  
Sylvia Rebecca Gansz  
Notary Public State of Illinois  
My Commission Expires 04/17/2012

\*Insert EXACT legal name of the applicant

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

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

#### Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

##### PURPOSE OF PROJECT

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

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

NOTE: The description of the Purpose of the Project should not exceed one page in length. Information regarding the Purpose of the Project will be included in the State Agency Design Application. APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

**UNFINISHED OR SHELL SPACE:**

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

Provide the following information:

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

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- a. Historical utilization for the area for the latest five-year period for which data are available; and
- b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

**ASSURANCES:**

**NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT HAVE 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 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

**SECTION VII. - CATEGORY OF SERVICE - REVIEW CRITERIA**

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

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

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

**A. Planning Area Need - Formula Need Calculation:**  
**THIS SECTION IS NOT APPLICABLE BECAUSE THIS PROJECT PROPOSES TO MODERNIZE EXISTING AUTHORIZED BEDS.**

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

Planning Area \_\_\_\_\_

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard

Using the formatting above:

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

**B. Planning Area Need - Service to the Planning Area Residents:**  
**THIS SECTION IS NOT APPLICABLE BECAUSE THIS PROJECT PROPOSES TO MODERNIZE EXISTING AUTHORIZED BEDS.**

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

area.

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

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

**C. Service Demand - Establishment of Category of Service**

**THIS SECTION IS NOT APPLICABLE BECAUSE THIS PROJECT PROPOSES TO MODERNIZE AN EXISTING CATEGORY OF SERVICE.**

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

1. Historical Referrals

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

EXAMPLE:

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

2. Projected Referrals

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

3. Project Service Demand - Based on Rapid Population Growth

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

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

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

**THIS SECTION IS NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT PROPOSE TO EXPAND AN EXISTING CATEGORY OF SERVICE.**

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

1. Historical Service Demand

Category of Service	Board Occupancy/Utilization Standards	Year One Indicate CY or FY	Year Two Indicate CY or FY
	[Indicate standards for the planning area.]		
		019	

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

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

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

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

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

**E. Service Accessibility - Service Restrictions**

**THIS SECTION IS NOT APPLICABLE BECAUSE THIS PROJECT PROPOSES TO MODERNIZE EXISTING AUTHORIZED BEDS.**

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

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

**F. Unnecessary Duplication/Maldistribution**

**THIS SECTION IS NOT APPLICABLE BECAUSE THIS PROJECT PROPOSES TO MODERNIZE EXISTING AUTHORIZED BEDS.**

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

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

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

### G. Category of Service Modernization

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

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

### H. Staffing Availability

**THIS SECTION IS NOT APPLICABLE BECAUSE THIS PROJECT PROPOSES TO MODERNIZE EXISTING AUTHORIZED BEDS.**

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

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

APPLICATION FORM

**I. Performance Requirements**

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

**K. Assurances**

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

APPLICANT'S SIGNATURE AND TITLE REQUIRED TO BE SUBMITTED WITH PERMIT APPLICATION. SEE THE IHSR PERMITTING APPLICATION FORM.

**SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA**

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

**A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care**

1. In addition to addressing the Category of Service Review Criteria for ALL category of service projects [SECTION VII], applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> Medical/Surgical	281	204	0	0	176
<input type="checkbox"/> Obstetric					
<input type="checkbox"/> Pediatric					
<input type="checkbox"/> Intensive Care					

3. READ the applicable review criteria outlined below:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(b)(5) - Planning Area Need - Service Accessibility	X		
1110.530(c)(1) - Unnecessary Duplication of Services	X		
1110.530(c)(2) - Maldistribution			
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X
1110.530(d)(2) - Documentation			X
1110.530(d)(3) - Documentation Related to Cited Problems			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(d)(4) - Occupancy			X
110.530(e) - Staffing Availability	X	X	
1110.530(f) - Performance Requirements	X	X	X
1110.530(g) - Assurances	X	X	



**T. Financial Feasibility**

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

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

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

Yes  No

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

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

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

**SEE ATTACHMENT 75 FOR PROOF OF "AA" BOND RATING**

**A. Criterion 1120.210(a), Financial Viability**

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

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

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

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

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

**B. Criterion 1120.210(b), Availability of Funds**

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

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

- \_\_\_\_\_ Cash & Securities  
Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.
- \_\_\_\_\_ Pledges  
For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.
- \_\_\_\_\_ Gifts and Bequests  
Provide verification of the dollar amount and identify any conditions of the source and timing of its use.
- \_\_\_\_\_ Debt Financing (indicate type(s))  
For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;  
For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;  
For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;  
For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.
- \_\_\_\_\_ Governmental Appropriations  
Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.
- \_\_\_\_\_ Grants  
Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.
- \_\_\_\_\_ Other Funds and Sources  
Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.
- \_\_\_\_\_ TOTAL FUNDS AVAILABLE

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

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

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

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

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**U. Economic Feasibility**

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

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

**A. Criterion 1120.310(a), Reasonableness of Financing Arrangements**

Is the project classified as a Category B project? Yes  No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes  No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

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

Are all available cash and equivalents being used for project funding prior to borrowing?  Yes  No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Criterion 1120.310(b), Conditions of Debt Financing**

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment. **SEE ATTACHMENT 76**

**B. Criterion 1120.310(c), Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

**NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE MAJOR MEDICAL EQUIPMENT**

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**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE - BED TOWER RENOVATION**

Department	A		B		C		D		E		F		G	
	Cost/Sq. Foot		Gross Sq. Foot		Gross Sq. Ft.		Gross Sq. Ft.		New Const. \$		Mod. \$		Total Costs	
	New	Mod.	New	Mod.	New	Mod.	(A x C)	(B x D)	(E + F)					
<b>Clinical Service Areas:</b>														
Medical/Surgical Nursing Units	\$0.00	\$243.72	0	92,520	\$0	\$22,549,028	\$0	\$22,549,028	\$22,549,028				\$22,549,028	
<b>SUBTOTAL CLINICAL SERVICE AREAS</b>	\$0.00	\$243.72	0	92,520	\$0	\$22,549,028	\$0	\$22,549,028	\$22,549,028				\$22,549,028	
Contingency					\$0	\$2,370,489	\$0	\$2,370,489	\$2,370,489				\$2,370,489	
<b>TOTAL - CLINICAL SERVICE AREAS</b>	\$0.00	\$269.34	0	92,520	\$0	\$24,919,517	\$0	\$24,919,517	\$24,919,517				\$24,919,517	
<b>Non-Clinical Service Areas:</b>														
Family Support Space	\$0.00	\$177.75	0	13,320	\$0	\$2,367,647	\$0	\$2,367,647	\$2,367,647				\$2,367,647	
Medical Education	\$0.00	\$199.55	0	2,260	\$0	\$450,981	\$0	\$450,981	\$450,981				\$450,981	
Elevator Lobbies	\$0.00	\$213.17	0	2,380	\$0	\$507,353	\$0	\$507,353	\$507,353				\$507,353	
Mechanical/Electrical Space and Equipment	\$0.00	\$189.72	0	2,080	\$0	\$394,608	\$0	\$394,608	\$394,608				\$394,608	
Elevator Shafts	\$0.00	\$180.26	0	6,880	\$0	\$1,240,197	\$0	\$1,240,197	\$1,240,197				\$1,240,197	
Stairwells	\$0.00	\$156.59	0	3,600	\$0	\$563,726	\$0	\$563,726	\$563,726				\$563,726	
Mechanical/Electrical/Data Shafts	\$0.00	\$82.90	0	1,360	\$0	\$112,745	\$0	\$112,745	\$112,745				\$112,745	
<b>SUBTOTAL NON-CLINICAL SERVICE AREAS</b>	\$0.00	\$176.83	0	31,880	\$0	\$5,637,257	\$0	\$5,637,257	\$5,637,257				\$5,637,257	
Contingency					\$0	\$592,622	\$0	\$592,622	\$592,622				\$592,622	
<b>TOTAL NON-CLINICAL SERVICE AREAS</b>	\$0.00	\$195.42	0	31,880	\$0	\$6,229,879	\$0	\$6,229,879	\$6,229,879				\$6,229,879	
<b>PROJECT TOTAL</b>	\$0.00	\$250.40	0	124,400	\$0	\$31,149,396	\$0	\$31,149,396	\$31,149,396				\$31,149,396	

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

- a. that the lowest net cost available has been selected; or
- b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

**NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE MAJOR MEDICAL EQUIPMENT**

- 3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

**D. Criterion 1120.310(d), Projected Operating Costs**

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

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

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

Is the project classified as a category B project? Yes  No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

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

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

**NOT APPLICABLE**

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

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

**SAFETY NET IMPACT STATEMENT that describes all of the following:**

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

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

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

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

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

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

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1003202760

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

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

*Jesse White*

SECRETARY OF STATE



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

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



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

*Jesse White*

SECRETARY OF STATE

Authentication #: 1003202764

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

034



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

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1003202768

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

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

*Jesse White*

SECRETARY OF STATE



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

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1003202760

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

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

*Jesse White*

SECRETARY OF STATE

ALTA Form - 1966

Commitment

American Land Title Association



**REVISED**

# Chicago Title Insurance Company

*Providing Title Related Services Since 1847*

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

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

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

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

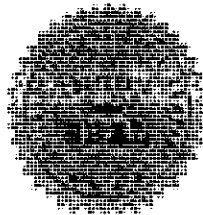
This commitment shall not be valid or binding until signed by an authorized signatory.

Issued By:

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

Refer Inquiries To:  
 (217) 789-9863

Fax Number:  
 (217) 789-9898



CHICAGO TITLE INSURANCE COMPANY

By

*Henry S. Gery*  
 \_\_\_\_\_  
 Authorized Signatory

Commitment No.:

710104374

CHICAGO TITLE INSURANCE COMPANY  
COMMITMENT FOR TITLE INSURANCE  
SCHEDULE A

YOUR REFERENCE:

ORDER NO.: 1271 710104374 SPR

EFFECTIVE DATE: JUNE 2, 2008

1. POLICY OR POLICIES TO BE ISSUED:

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

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

3. TITLE TO SAID ESTATE OR INTEREST IN SAID LAND IS AT THE EFFECTIVE DATE VESTED IN:

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

4. MORTGAGE OR TRUST DEED TO BE INSURED:

NONE

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

ORDER NO.: 1271 710104374 SPR

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

## Parcel I:

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

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

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

Block 2 of J. Mitchell's Addition.

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

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

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

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

## Parcel II:

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

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 5 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 18 of Wells and Peck's Addition, including the vacated alley lying therein.

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

## Parcel III:

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

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

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

CONTINUED ON NEXT PAGE

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

ORDER NO.: 1271 710104374 SPR

as per real property tax assessment bill).

Parcel IV:

Block 11 of Wells and Peck's Addition.

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

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

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

Parcel V:

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

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

Parcel VI:

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

Parcel VII:

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

Parcel IX:



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

ORDER NO.: 1271 710104374 SPR

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

## Parcel X:

Lot 1 James Adams Addition;

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

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

## Parcel XI:

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

## Parcel XII:

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

All parcels located in Sangamon County, Illinois.

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

ORDER NO.: 1271 710104374 SPR

**GENERAL EXCEPTIONS**

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

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

**SCHEDULE B**

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

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

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

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

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

ORDER NO.: 1271 710104374 SPR

14-27-413-011 (exempt)

II.

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

III.

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

IV.

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

V.

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

VI.

- 14-27-333-008 (exempt)

VII.

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

IX.

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

X.

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

XI.

- 14-27-414-012 (exempt)

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

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

ORDER NO.: 1271 710104374 SPR

follows:

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

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

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

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

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

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

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

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

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

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

North Side:  
 14-27-410-009

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

ORDER NO.: 1271 710104374 SPR

14-27-410-020

South Side:

14-27-414-012

14-27-414-016.

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

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

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

ORDER NO.: 1271 710104374 SPR

Parcel V).

- AT 12. Rights of other parties to the Parking and Ingress and Egress Agreement recorded May 24, 1996 as Document Number 96-21015 to the concurrent use thereof, as specified in said agreement. (For further particulars, see record.) (Affects Parcel V).
- AV 13. We find no conveyance of title to Lots 9 and 10 of Block 4, although the Tax Assessment billing indicates that ownership lies with St. John's Hospital. (Affects Parcel VI).
- AX 14. Note: The following item, while appearing on this commitment/policy, is provided solely for your information.  
The following environmental disclosure document(s) for transfer of real property appear of record which include a description of the land insured or a part thereof:  
Document Number: 90J011341 Date of Recording: May 3, 1990  
Document Number: 92054679 recorded December 30, 1992.  
(Affects Parcel XI).
- BL 15. Illinois EPA Letter of Remediation recorded July 5, 2005 as Document 2005R26804. (Affects Parcel XI).
- BW 16. Terms, conditions and provisions contained in an air rights lease as provided in Ordinance 124-2-86. (Affects Parcels II, III and XIII).
- BN 17. Confirmed special assessments, if any, constructive note of which is not imparted by the records of the Recorder of Deeds.

NOTE: Drainage assessments, drainage taxes, water rentals and water taxes are included in General Exception (5) herein before shown and should be considered when dealing with the land.

Financing Statements, if any.

Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highway.

Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.

Rights of parties in possession, encroachments, overlaps, boundary line disputes, and any such matters as would be disclosed by an accurate survey and inspection of the land, and easements or claims of easements not shown by the public records.

- BO 18. Note: It appears that the amount of insurance stated in Schedule A may be less than 80 percent of the lesser of: (1) the value of the insured estate or

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

ORDER NO.: 1271 710104374 SPR

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

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

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

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

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

Effective Date: May 1, 2008

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

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

**Personal Information Collected**

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

**Disclosure of Personal Information**

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

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

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

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

**Confidentiality and Security of Personal Information**

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

**Access to Personal Information/**

**Requests for Correction, Amendment, or Deletion of Personal Information**

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

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

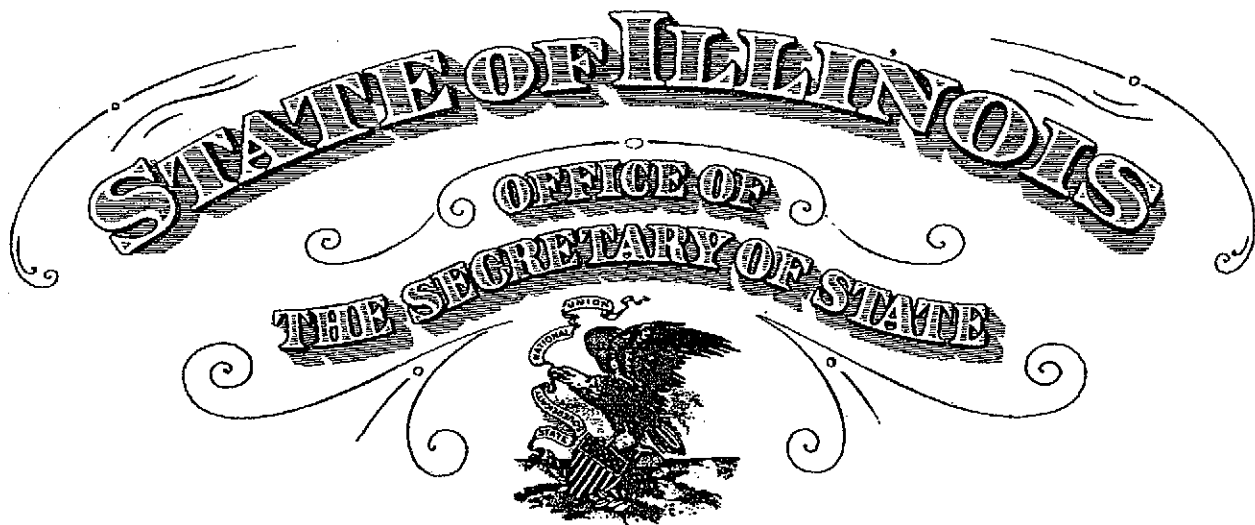
Where permitted by law we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

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

**Changes to this Privacy Statement**

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





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

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1003202760

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

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

*Jesse White*

SECRETARY OF STATE

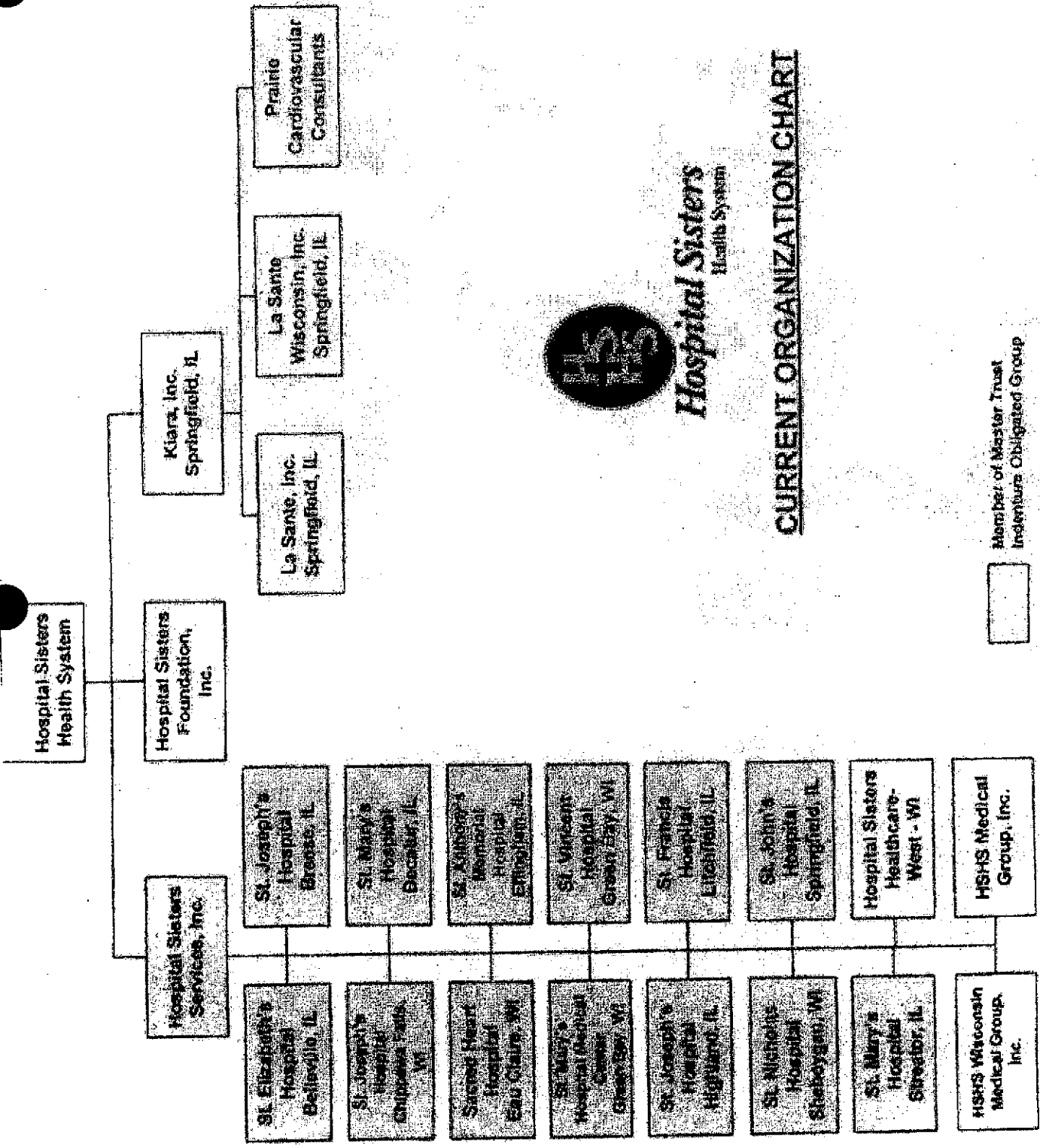
I.  
Organizational Relationships

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

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

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

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



**Hospital Sisters**  
Health System

**CURRENT ORGANIZATION CHART**

Member of Master Trust  
Indenture Obligated Group



I.  
Flood Plain Requirements

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

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



# Illinois State Water Survey

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



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

Requester: Suzanne Gallo, Diversified Health Resources, Inc.  
Address: 975 North Michigan Ave., Suite 3250  
City, state, zip: Chicago, IL 60611 Telephone: (312) 266-0466

### Site description of determination:

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

The property described above IS NOT located in a Special Flood Hazard Area (SFHA).  
Floodway mapped: N/A Floodway on property: No  
Sources used: FEMA Flood Insurance Rate Map (FIRM) Index Map 5/3/2004; USGS Terraserver aerial photo 4/14/1998.  
Community name: City of Springfield, IL Community number: 170604  
Panel/map number: 17167C0242 E\* Effective Date: May 3, 2004  
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

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

### The primary structure on the property:

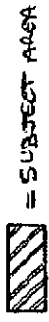
- N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.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

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

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

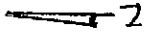
William Saylor Title: ISWS Surface Water and Floodplain Information Date: 8/10/2005  
William Saylor, CFM, Illinois State Water Survey

PANEL NOT PRINTED - NO SPECIAL FLOOD HAZARD AREA



= SUBJECT FEMA

(No Scale)



**NATIONAL FLOOD INSURANCE PROGRAM**

**FIRM FLOOD INSURANCE RATE MAP**

SANGAMON COUNTY, ILLINOIS

AND INCORPORATED AREAS (SEE LISTING OF COMMUNITIES TABLE)

**MAP INDEX**

PANELS PRINTED: 25, 50, 75, 100, 125, 185, 200, 220, 225, 230, 235, 237, 239, 240, 241, 243, 255, 260, 265, 270, 300, 305, 350, 375, 400, 404, 405, 410, 415, 420, 435, 450, 475, 500, 520, 525, 535, 545, 550, 555, 575

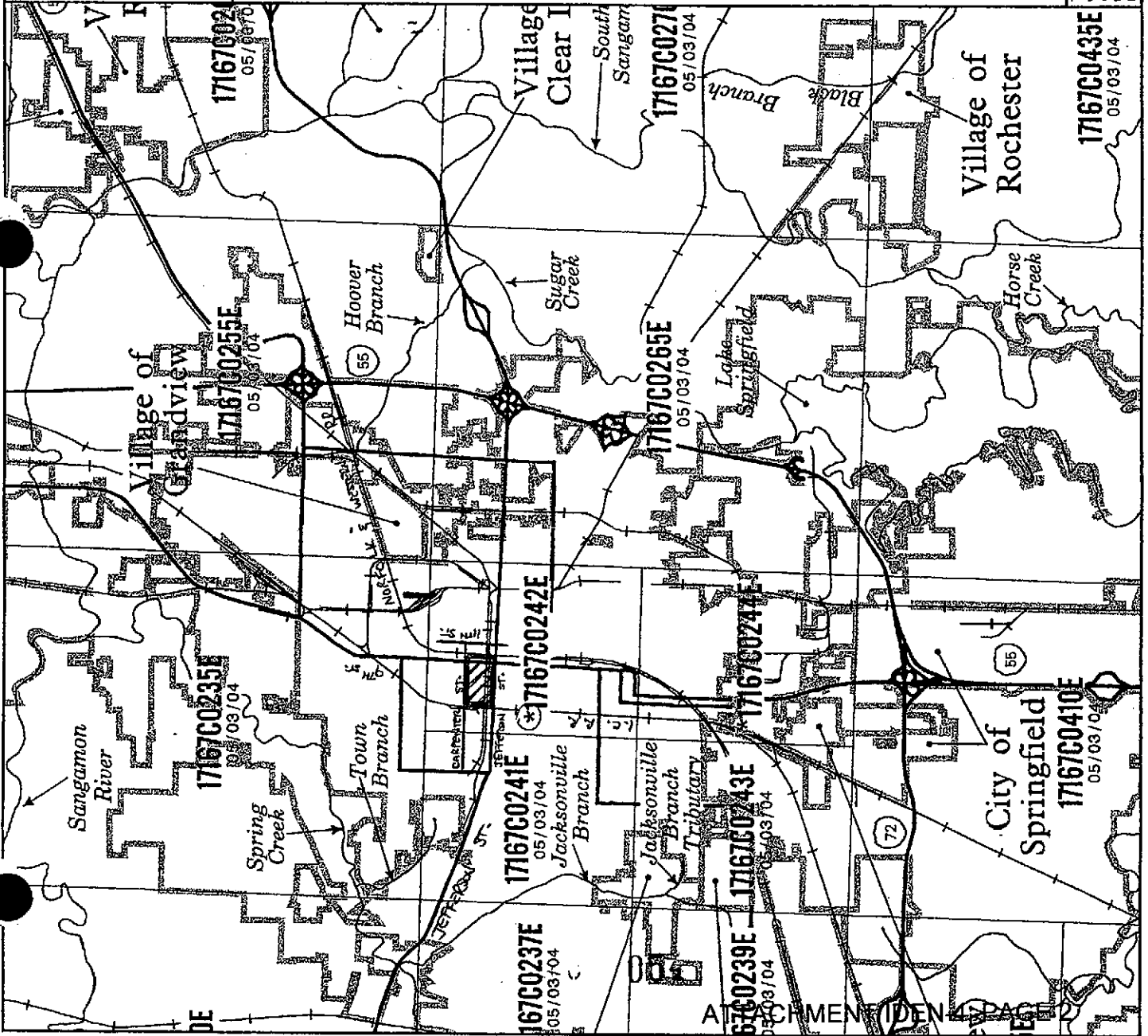
MAP NUMBER 17167CIND0A

EFFECTIVE DATE: MAY 3, 2004



Federal Emergency Management Agency

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



DE

ATTACHMENT IDENT PAGE 2



**St. John's  
Hospital**

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

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February 12, 2010

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

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

Dear Mr. Constantino:

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

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

Signed and dated as of February 12, 2010.

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

By: David Olejnicak  
Its: Chief Operating Officer



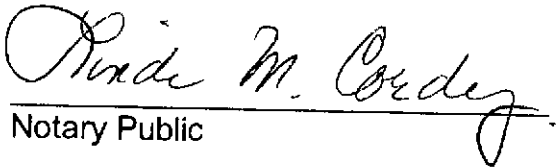
An Affiliate of Hospital Sisters Health System

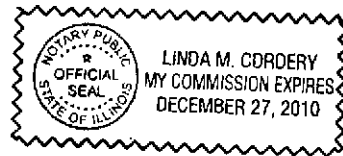
SS

Mr. Michael Constantino  
Page Two  
February 12, 2010

State of Illinois  
County of Sangamon

Dated this 12<sup>th</sup> day of February, 2010.

  
\_\_\_\_\_  
Notary Public





I.  
Historic Resources Preservation Act Requirements

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

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

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



Illinois Historic  
Preservation Agency

FAX (217) 782-8161

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

Sangamon County  
Springfield

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

March 1, 2010

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

Dear Ms. Rozran:

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

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

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

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

**DIVERSIFIED  
HEALTH  
RESOURCES INC.**

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

October 26, 2009

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

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

Dear Ms. Haaker:

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

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

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

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

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

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

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

Sincerely,



Andrea R. Rozran  
Principal

Attachments

059

**ATTACHMENT 7**

ATTACHMENT 7

**St. John's Hospital Itemized Project Costs**

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
<b>Pre-Planning Costs:</b>			
Architectural Programming Costs	\$ 56,000	\$ 14,000	\$ 70,000
Architectural (Schematic Design) Costs	\$ 349,033	\$ 87,258	\$ 436,291
<b>Total Pre-Planning Costs</b>	<b>\$ 405,033</b>	<b>\$ 101,258</b>	<b>\$ 506,291</b>
<b>Modernization Contracts</b>	<b>\$ 22,549,028</b>	<b>\$ 5,637,257</b>	<b>\$ 28,186,285</b>
<b>Contingencies</b>	<b>\$ 2,370,489</b>	<b>\$ 592,622</b>	<b>\$ 2,963,111</b>
<b>Architectural and Engineering Fees</b>	<b>\$ 1,396,131</b>	<b>\$ 349,033</b>	<b>\$ 1,745,164</b>
<b>Consulting and Other Fees:</b>			
Pre-Construction Services	\$ 52,000	\$ 13,000	\$ 65,000
Design Team Construction Administration	\$ 581,722	\$ 145,430	\$ 727,152
Architecture Reimbursables	\$ 220,410	\$ 55,103	\$ 275,513
Program Management	\$ 235,949	\$ 58,987	\$ 294,936
Program Management Reimbursables	\$ 21,138	\$ 5,284	\$ 26,422
Hazardous Materials Survey	\$ 17,078	\$ 4,270	\$ 21,348
Medical Equipment Planning	\$ 56,557	\$ 14,139	\$ 70,696
Medical Equipment Planning Reimbursables	\$ 3,200	\$ 800	\$ 4,000
Legal Fees	\$ 63,236	\$ 15,809	\$ 79,045
CON Planning and Consultation	\$ 90,557	\$ 22,639	\$ 113,196
CON Application Processing Fee	\$ 85,000	\$ 15,000	\$ 100,000
IDPH Plan Review Fee	\$ 32,000	\$ 8,000	\$ 40,000
Building Permit Fee	\$ 16,000	\$ 4,000	\$ 20,000
<b>Total Consulting and Other Fees</b>	<b>\$ 1,474,847</b>	<b>\$ 362,461</b>	<b>\$ 1,837,308</b>
<b>Movable or Other Equipment (not in Construction Contracts):</b>			
Medical Equipment	\$ 1,056,968	\$ -	\$ 1,056,968
Furniture/Furnishings	\$ 2,435,382	\$ -	\$ 2,435,382
Telecom. Equipment	\$ 1,445,572	\$ 361,393	\$ 1,806,965
Artwork & Plants	\$ 182,307	\$ 45,577	\$ 227,884
Signage and Graphics	\$ 364,614	\$ 91,153	\$ 455,767
<b>Total Movable or Other Equipment</b>	<b>\$ 5,484,843</b>	<b>\$ 498,123</b>	<b>\$ 5,982,966</b>
<b>Bond Issuance Expense (project related):</b>			
Underwriting Fees	\$ 239,162	\$ 59,790	\$ 298,952
Bond Counsel	\$ 29,024	\$ 7,256	\$ 36,280
Issuer Fees	\$ 34,830	\$ 8,707	\$ 43,537
IFA Counsel Fees	\$ 4,644	\$ 1,161	\$ 5,805
Financial Advisor to Hospital Sisters Services, Inc.	\$ 29,025	\$ 7,256	\$ 36,281
Auditor Fees	\$ 23,220	\$ 5,805	\$ 29,025
Underwriter's Counsel	\$ 23,220	\$ 5,805	\$ 29,025
Trustee	\$ 1,161	\$ 290	\$ 1,451
Printer	\$ 1,161	\$ 290	\$ 1,451
Rating Agencies' Fees	\$ 34,830	\$ 8,707	\$ 43,537
<b>Total Bond Issuance Expense</b>	<b>\$ 420,275</b>	<b>\$ 105,069</b>	<b>\$ 525,344</b>
<b>Other Costs to be Capitalized:</b>			
Patient Tower Infrastructure Upgrades	\$ -	\$ 5,578,696	\$ 5,578,696
Internal Move Costs	\$ -	\$ 224,819	\$ 224,819
Hazardous Material Removal	\$ 40,000	\$ 10,000	\$ 50,000
<b>Total Other Costs to be Capitalized</b>	<b>\$ 40,000</b>	<b>\$ 5,813,515</b>	<b>\$ 5,853,515</b>

PATIENT TOWER RENOVATIONS PROJECT

Clinical Services						
Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
8th Floor	Patient Room - Headwall	\$ 3,638	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,855	2	\$ 19,730		
					\$ 264,242	
7th Floor	Patient Room - Headwall	\$ 3,638	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,855	2	\$ 19,730		
					\$ 264,242	
8th Floor	Patient Room - Headwall	\$ 3,638	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,855	2	\$ 19,730		
					\$ 264,242	
9th Floor	Patient Room - Headwall	\$ 3,638	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,855	2	\$ 19,730		
					\$ 264,242	
						\$ 1,056,088
Other (Identify):						

**PATIENT TOWER RENOVATIONS PROJECT**

Clinical Services						
Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
8th Floor	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
	Patient Room - Chair	\$ 2,909.09	\$ 44	\$ 127,999.96		
	Patient Room - Overbed Table	\$ 356.77	\$ 44	\$ 15,697.88		
	Patient Room - Sharps Disposal/Container	\$ 336.73	\$ 44	\$ 14,816.12		
	Patient Room - Glove Dispenser	\$ 52.36	\$ 44	\$ 2,303.84		
	Patient Room - Waste Receptacle, Step-on	\$ 66.18	\$ 44	\$ 2,911.92		
	North Nursing Station - UIC Refrigerator	\$ 295.00	\$ 1	\$ 295.00		
	Clean Room - Linen Cart	\$ 1,032.00	\$ 1	\$ 1,032.00		
	Clean Room - Shelving	\$ 4,759.00	\$ 1	\$ 4,759.00		
	Clean Room - Waste Receptacle	\$ 79.00	\$ 1	\$ 79.00		
	Soiled - Truck Waste Receptacle	\$ 1,605.00	\$ 1	\$ 1,605.00		
	Soiled - Linen Bin/Truck	\$ 1,095.00	\$ 2	\$ 2,190.00		
	Soiled - Glove Dispenser	\$ 72.00	\$ 1	\$ 72.00		
	Soiled - Waste Receptacle	\$ 96.39	\$ 1	\$ 96.39		
	Linen Alcove - Linen Cart	\$ 1,032.00	\$ 7	\$ 7,224.00		
	Pharmacy - UIC Refrigerator	\$ 294.00	\$ 1	\$ 294.00		
	Staff Lounge - Upright Refrigerator	\$ 479.00	\$ 1	\$ 479.00		
	Staff Lounge - Microwave Oven	\$ 335.00	\$ 1	\$ 335.00		
	Staff Lounge - Coffee Brewer	\$ 578.00	\$ 1	\$ 578.00		
	Staff Lounge - Waste Receptacle	\$ 78.51	\$ 1	\$ 78.51		
	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Housekeeping - Four Station Chemical/Cleaning Dispenser	\$ 182.00	\$ 1	\$ 182.00		
					\$ 608,848	
7th Floor	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
	Patient Room - Chair	\$ 2,909.09	\$ 44	\$ 127,999.96		
	Patient Room - Overbed Table	\$ 356.77	\$ 44	\$ 15,697.88		
	Patient Room - Sharps Disposal/Container	\$ 336.73	\$ 44	\$ 14,816.12		
	Patient Room - Glove Dispenser	\$ 52.36	\$ 44	\$ 2,303.84		
	Patient Room - Waste Receptacle, Step-on	\$ 66.18	\$ 44	\$ 2,911.92		
	North Nursing Station - UIC Refrigerator	\$ 295.00	\$ 1	\$ 295.00		
	Clean Room - Linen Cart	\$ 1,032.00	\$ 1	\$ 1,032.00		
	Clean Room - Shelving	\$ 4,759.00	\$ 1	\$ 4,759.00		
	Clean Room - Waste Receptacle	\$ 79.00	\$ 1	\$ 79.00		
	Soiled - Truck Waste Receptacle	\$ 1,605.00	\$ 1	\$ 1,605.00		
	Soiled - Linen Bin/Truck	\$ 1,095.00	\$ 2	\$ 2,190.00		
	Soiled - Glove Dispenser	\$ 72.00	\$ 1	\$ 72.00		
	Soiled - Waste Receptacle	\$ 96.39	\$ 1	\$ 96.39		
	Linen Alcove - Linen Cart	\$ 1,032.00	\$ 7	\$ 7,224.00		
	Pharmacy - UIC Refrigerator	\$ 294.00	\$ 1	\$ 294.00		
	Staff Lounge - Upright Refrigerator	\$ 479.00	\$ 1	\$ 479.00		
	Staff Lounge - Microwave Oven	\$ 335.00	\$ 1	\$ 335.00		
	Staff Lounge - Coffee Brewer	\$ 578.00	\$ 1	\$ 578.00		
	Staff Lounge - Waste Receptacle	\$ 78.51	\$ 1	\$ 78.51		
	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Housekeeping - Four Station Chemical/Cleaning Dispenser	\$ 182.00	\$ 1	\$ 182.00		
					\$ 608,848	
8th Floor	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
	Patient Room - Chair	\$ 2,909.09	\$ 44	\$ 127,999.96		
	Patient Room - Overbed Table	\$ 356.77	\$ 44	\$ 15,697.88		
	Patient Room - Sharps Disposal/Container	\$ 336.73	\$ 44	\$ 14,816.12		
	Patient Room - Glove Dispenser	\$ 52.36	\$ 44	\$ 2,303.84		
	Patient Room - Waste Receptacle, Step-on	\$ 66.18	\$ 44	\$ 2,911.92		
	North Nursing Station - UIC Refrigerator	\$ 295.00	\$ 1	\$ 295.00		
	Clean Room - Linen Cart	\$ 1,032.00	\$ 1	\$ 1,032.00		
	Clean Room - Shelving	\$ 4,759.00	\$ 1	\$ 4,759.00		
	Clean Room - Waste Receptacle	\$ 79.00	\$ 1	\$ 79.00		
	Soiled - Truck Waste Receptacle	\$ 1,605.00	\$ 1	\$ 1,605.00		
	Soiled - Linen Bin/Truck	\$ 1,095.00	\$ 2	\$ 2,190.00		
	Soiled - Glove Dispenser	\$ 72.00	\$ 1	\$ 72.00		

	Soiled - Waste Receptacle	\$ 95.39	\$ 1	\$ 95.39		
	Linen Akove - Linen Cart	\$ 1,032.00	\$ 7	\$ 7,224.00		
	Pharmacy - UIC Refrigerator	\$ 294.00	\$ 1	\$ 294.00		
	Staff Lounge - Upright Refrigerator	\$ 478.00	\$ 1	\$ 478.00		
	Staff Lounge - Microwave Oven	\$ 335.00	\$ 1	\$ 335.00		
	Staff Lounge - Coffee Brewer	\$ 578.00	\$ 1	\$ 578.00		
	Staff Lounge - Waste Receptacle	\$ 78.51	\$ 1	\$ 78.51		
	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Houskeeping - Four Station Chemical/Cleaning Dispenser	\$ 182.00	\$ 1	\$ 182.00		
					\$	608,846
9th Floor						
	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
	Patient Room - Chair	\$ 2,909.09	\$ 44	\$ 127,999.96		
	Patient Room - Overbed Table	\$ 358.77	\$ 44	\$ 15,697.88		
	Patient Room - Sharps Disposal/Container	\$ 330.73	\$ 44	\$ 14,616.12		
	Patient Room - Glove Dispenser	\$ 52.35	\$ 44	\$ 2,303.84		
	Patient Room - Waste Receptacle, Step-on	\$ 68.18	\$ 44	\$ 2,911.92		
	North Nursing Station - UIC Refrigerator	\$ 295.00	\$ 1	\$ 295.00		
	Clean Room - Linen Cart	\$ 1,032.00	\$ 1	\$ 1,032.00		
	Clean Room - Shelving	\$ 4,758.00	\$ 1	\$ 4,758.00		
	Clean Room - Waste Receptacle	\$ 79.00	\$ 1	\$ 79.00		
	Soiled - Truck Waste Receptacle	\$ 1,605.00	\$ 1	\$ 1,605.00		
	Soiled - Linen Bin/Truck	\$ 1,095.00	\$ 2	\$ 2,190.00		
	Soiled - Glove Dispenser	\$ 72.00	\$ 1	\$ 72.00		
	Soiled - Waste Receptacle	\$ 98.39	\$ 1	\$ 98.39		
	Linen Akove - Linen Cart	\$ 1,032.00	\$ 7	\$ 7,224.00		
	Pharmacy - UIC Refrigerator	\$ 294.00	\$ 1	\$ 294.00		
	Staff Lounge - Upright Refrigerator	\$ 479.00	\$ 1	\$ 479.00		
	Staff Lounge - Microwave Oven	\$ 335.00	\$ 1	\$ 335.00		
	Staff Lounge - Coffee Brewer	\$ 578.00	\$ 1	\$ 578.00		
	Staff Lounge - Waste Receptacle	\$ 78.51	\$ 1	\$ 78.51		
	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Houskeeping - Four Station Chemical/Cleaning Dispenser	\$ 182.00	\$ 1	\$ 182.00		
					\$	608,846
					\$	2,435,382



ST. JOHN'S HOSPITAL  
Space Requirements - MEDICAL/SURGICAL MODERNIZATION

Department	Cost	Entire Hospital		Total Building Gross Square Footage (BGSF)			Vacated as a Result of This Project
		Existing	Total Upon Project Completion	New	Modernized	As Is	
<b>Clinical Service Areas:</b>							
Medical/Surgical Nursing Units (this Project)	\$37,011,310	108,100	92,520	0	92,520	0	15,580*
<b>TOTAL CLINICAL SERVICE AREAS</b>	<b>\$37,011,310</b>	<b>108,100</b>	<b>92,520</b>	<b>0</b>	<b>92,520</b>	<b>0</b>	<b>15,580*</b>
<b>Non-Clinical Service Areas:</b>							
Family Support Space	\$5,954,339	0	13,320	0	13,320	0	0
Medical Education (Classrooms, Faculty Offs.) (this project)	\$1,134,162	0	2,260	0	2,260	0	0
Elevator Lobbies: (this project)	\$1,275,930	2,380	2,380	0	2,380	0	0
Mechanical /Electrical Space and Equipment (this project)	\$992,390	2,080	2,080	0	2,080	0	0
Elevator Shafts: (this project)	\$3,118,942	6,880	6,880	0	6,880	0	0
Stairwells: (this project)	\$1,417,701	3,600	3,600	0	3,600	0	0
Mechanical/Electrical/Data Shafts: (this project)	\$283,540	1,360	1,360	0	1,360	0	0
<b>TOTAL NON-CLINICAL SERVICE AREAS</b>	<b>\$14,177,004</b>	<b>16,300</b>	<b>31,880</b>	<b>0</b>	<b>31,880</b>	<b>0</b>	<b>0</b>
<b>TOTAL PROJECT (CLINICAL + NON-CLINICAL SERVICE AREAS)</b>	<b>\$51,188,314</b>	<b>124,400</b>	<b>124,400</b>	<b>0</b>	<b>124,400</b>	<b>0</b>	<b>15,580*</b>

\*All space vacated by the Medical/Surgical Nursing Units will be reused for the Non-Clinical Service Areas that are part of this project.

III.

Criterion 1110.230 - Background of Applicant

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

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

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

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

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

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

1927332

State of Illinois  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. JOHN'S HOSPITAL	EXPIRATION DATE	CATEGORY	ID NUMBER
	06/30/10	BGBD	0002451

FULL LICENSE  
GENERAL HOSPITAL

EFFECTIVE: 07/01/09

05/02/09

ST. JOHN'S HOSPITAL  
800 EAST CARPENTER

SPRINGFIELD IL 62769

FEE RECEIPT NO.

State of Illinois 1927332  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.  
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/10	BGBD	0002451

FULL LICENSE  
GENERAL HOSPITAL

EFFECTIVE: 07/01/09

BUSINESS ADDRESS

ST. JOHN'S HOSPITAL  
800 EAST CARPENTER

06 SPRINGFIELD IL 62769

The user of this license has a criminal background check by authority of the State of Illinois - 457



February 12, 2009

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

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

Dear Mr. Ritz:

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

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

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

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

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

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

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

Sincerely,

*Ann Scott Blouin RN, PhD*

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



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

**Organization Identification Number: 7432**

**Measure of Success Received: 2/12/2009**

**PROGRAM(S)**

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

**Executive Summary**

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

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



August 22, 2008

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

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

Dear Mr. Ritz:

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Linda S. Murphy-Knoll".

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1954453  
 Department of Public Health  
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. ANTHONY'S MEMORIAL HOSPITAL	CATEGORY	ID. NUMBER
12/31/10	BGBD	0002279

FULL LICENSE  
 GENERAL HOSPITAL  
 EFFECTIVE: 01/01/10

11/07/09

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

FEE RECEIPT NO.

State of Illinois 1954453  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

ISSUED UNDER THE AUTHORITY OF  
The State of Illinois  
Department of Public Health

DAMON T. ARNOLD, M.D.  
DIRECTOR

12/31/10	CATEGORY	ID. NUMBER
12/31/10	BGBD	0002279

FULL LICENSE  
 GENERAL HOSPITAL  
 EFFECTIVE: 01/01/10

BUSINESS ADDRESS

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

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •





February 3, 2009

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

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

Dear Mr. Woods:

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

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

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

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

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

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

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

Sincerely,

*Ann Scott Blouin RN, Ph.D.*

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 1954455  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.  
DIRECTOR

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

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

EFFECTIVE: 01/01/10

BUSINESS ADDRESS

ST. ELIZABETH'S HOSPITAL  
211 SOUTH 3RD STREET

BELLEVILLE IL 62221

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State of Illinois 1954455  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. ELIZABETH'S HOSPITAL

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

EFFECTIVE: 01/01/10

11/07/09

ST. ELIZABETH'S HOSPITAL  
211 SOUTH 3RD STREET

BELLEVILLE IL 62221

FEE RECEIPT NO.



The Joint Commission

April 23, 2008

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

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

Dear Mr. Brady:

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

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

Comprehensive Accreditation Manual for Hospitals

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

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

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

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

Sincerely,

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

cc: Admin Council

075



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

**Organization Identification Number: 7242**

**Evidence of Standards Compliance Received: 4/23/2008**

**PROGRAM(S)**

Hospital Accreditation Program

**Executive Summary**

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

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

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



State of Illinois 1954456

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.  
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/10	BGBD	0002386

FULL LICENSE  
 CRITICAL ACCESS HOSP  
 EFFECTIVE: 01/01/10

BUSINESS ADDRESS

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

LITCHFIELD IL 62056

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February 13, 2009

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

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

Dear Mr. Perryman:

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

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

Accreditation Manual for Critical Access Hospitals

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

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

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

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

Sincerely,

*Ann Scott Blouin RN, Ph.D.*

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



**State of Illinois 1927333**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

ISSUED UNDER THE AUTHORITY OF  
The State of Illinois  
Department of Public Health

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

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

**FULL LICENSE**  
**GENERAL HOSPITAL**  
**EFFECTIVE: 07/01/09**

BUSINESS ADDRESS

**ST. JOSEPH'S HOSPITAL**  
**9515 HOLY CROSS LANE**

**BREESE, ILL 62230**

The State of Illinois has a colored background, identifying facilities of the State of Illinois • 497 •

**State of Illinois 1927333**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**ST. JOSEPH'S HOSPITAL**

**FULL LICENSE**  
**GENERAL HOSPITAL**  
**EFFECTIVE: 07/01/09**

05/02/09

**ST. JOSEPH'S HOSPITAL**  
**JAMESTOWN ROAD**

**BREESE ILL 62230**

FEE RECEIPT NO.



The Joint Commission

January 6, 2010

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

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

Dear Mr. Reifsteck:

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

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

Comprehensive Accreditation Manual for Hospitals

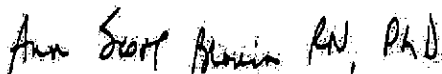
This accreditation cycle is effective beginning November 16, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

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

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

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

Sincerely,



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



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois 1927334**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

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

**BUSINESS ADDRESS**

**ST. JOSEPH'S HOSPITAL**  
**1515 MAIN STREET**

**HIGHLAND ILL 62249**  
This form of the ILLIANS has technical background printed by authority of the State of Illinois • 457 •

State of Illinois  
Department of Public Health

**1927334**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

EXPIRATION DATE	CATEGORY	IL NUMBER
06/30/10	BGBD	0002543

**FULL LICENSE**  
**CRITICAL ACCESS HOSP**

**EFFECTIVE: 07/01/09**

**05/02/09**

**ST. JOSEPH'S HOSPITAL**  
**1515 MAIN STREET**

**HIGHLAND ILL 62249**

**FEE RECEIPT NO.**



September 14, 2009

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

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

Dear Mr. Hutchison:

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

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

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

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

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

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

Sincerely,

*Ann Scott Blouin RN, Ph.D.*

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

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

[www.jointcommission.org](http://www.jointcommission.org)

Headquarters  
One Renaissance Boulevard  
Oak Brook, Illinois 60181  
630 792 5000 Voice

082



September 14, 2009

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

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

Dear Mr. Hutchison:

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

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

Accreditation Manual for Critical Access Hospitals

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

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

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

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

Sincerely,

*Ann Scott Blouin RN, PhD*

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



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

**Organization Identification Number: 2825**

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

**Program(s)**

Critical Access Hospital Accreditation

**Executive Summary**

**Critical Access Hospital  
Accreditation :**

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

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

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

The Joint Commission  
Summary of Compliance

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



State of Illinois 1927335

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.  
DIRECTOR

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

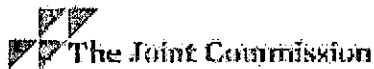
EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/10	BGBD	0002592
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 07/01/09		

BUSINESS ADDRESS

ST. MARY'S HOSPITAL  
1800 EAST LAKE SHORE DRIVE

DECATUR IL 62521-3883

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September 17, 2009

Joint Commission ID:# 4605

CCN: 14-0166

Program: Hospital

Accreditation Expiration Date: September 4, 2012

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

Dear Mr. Kast:

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

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

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

This recommendation applies to the following locations:

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

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

Sincerely,

*Ann Scott Blouin RN, Ph.D.*

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

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

[www.jointcommission.org](http://www.jointcommission.org)

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



September 17, 2009

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

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

Dear Mr. Kast:

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

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

Comprehensive Accreditation Manual for Hospitals

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

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

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

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

Sincerely,

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





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

**Organization Identification Number: 4605**

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

**Program(s)**  
Hospital Accreditation

**Executive Summary**

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

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

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

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

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

The Joint Commission  
Summary of Compliance

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

1927336

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

ST. MARY'S HOSPITAL  
EXPIRATION DATE: 06/30/10  
CATEGORY: BGBD  
I.L. NUMBER: 0002659

FULL LICENSE  
GENERAL HOSPITAL  
EFFECTIVE: 07/01/09

05/02/09

ST. MARY'S HOSPITAL  
111 SPRING STREET

STREATOR IL 61364

FEE RECEIPT NO.

State of Illinois 1927336  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

DAMON T. ARNOLD, M.D.  
DIRECTOR

EXPIRATION DATE: 06/30/10  
CATEGORY: BGBD  
I.L. NUMBER: 0002659

FULL LICENSE  
GENERAL HOSPITAL  
EFFECTIVE: 07/01/09

BUSINESS ADDRESS

ST. MARY'S HOSPITAL  
111 SPRING STREET

STREATOR IL 61364  
The fact of this license has a colored background. Printed by Authority of the State of Illinois 4-1/97



May 14, 2009

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

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

Dear Ms. Fenton:

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

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

Comprehensive Accreditation Manual for Hospitals

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

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

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

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

Sincerely,

*Ann Scott Blouin RN, PhD*

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1939674

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

PRAIRIE DIAGNOSTIC CENTER, LLC

EXPIRATION DATE	CATEGORY	IDENTIFICATION NUMBER
09/26/10	EGBD	7003114

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 09/27/09

07/25/09

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

FEE RECEIPT NO. 1719



State of Illinois 1939674  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.  
DIRECTOR

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

EXPIRATION DATE	CATEGORY	IDENTIFICATION NUMBER
09/26/10	EGBD	7003114

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 09/27/09

BUSINESS ADDRESS

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

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ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

November 7, 2007

Organization #: 76792

Accreditation Expires: September 20, 2010

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

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

Survey Date: **September 19-20, 2007**

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

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

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

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

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

094



## Surveyor Confidentiality Statement

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

Prairie Diagnostic Center  
Name of Surveyed Organization

401 E Carpenter Springfield, IL 62702  
Address City State Zip

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

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

[Signature]  
Surveyor Signature

Godofredo Herzog MD  
Surveyor Printed Name

0-19-07  
Date



ACCREDITATION ASSOCIATION for AMBULATORY HEALTH CARE, INC.

*grants this*

# CERTIFICATE OF ACCREDITATION

to

## PRAIRIE DIAGNOSTIC CENTER, LLC

401 EAST CARPENTER STREET  
SPRINGFIELD, IL 62702

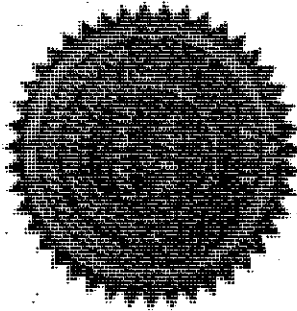
*In recognition of its commitment to high quality of care and substantial compliance  
with the Accreditation Association standards for ambulatory health care organizations.*

President, Accreditation Association

*Raymond E. Grundman*  
RAYMOND E. GRUNDMAN

76792

Organization Identification Number



Executive Director, Accreditation Association


*John E. Burke*  
JOHN E. BURKE, PhD

SEPTEMBER 20, 2010

*This Award of Accreditation expires on the above date*

### MEMBER ORGANIZATIONS OF THE ACCREDITATION ASSOCIATION

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

 5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077  
TEL: 708/470-0000 • FAX: 708/470-0001 • INFO@AAAHCC.ORG • WEB SITE: WWW.AAAHCC.ORG





**Hospital Sisters**  
Health System

April 26, 2010

*Belleville, IL  
St. Elizabeth's Hospital*

*Breese, IL  
St. Joseph's Hospital*

*Decatur, IL  
St. Mary's Hospital*

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

*Highland, IL  
St. Joseph's Hospital*

*Litchfield, IL  
St. Francis Hospital*

*Springfield, IL  
St. John's Hospital*

*Streator, IL  
St. Mary's Hospital*

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

*Eau Claire, WI  
Sacred Heart Hospital*

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

*Sheboygan, WI  
St. Nicholas Hospital*

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

Dear Mr. Constantino:

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

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

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

We hereby certify that there has been no adverse action taken against any of the Illinois health care facilities identified above during the three years prior to the filing of this application as that term is defined in the rules.<sup>1</sup>

This letter is also sent to authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents

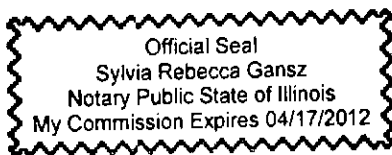
<sup>1</sup> Although the matter does not appear to constitute adverse action, we wish to acknowledge and disclose that counsel for St. Elizabeth's Hospital, Belleville and counsel for the Board are engaged in discussions regarding post permit reporting issues on a project initiated in 2000.

necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Sincerely,



Larry Schumacher, Chief Operating Officer



Acknowledgement  
Attached →

Acknowledgements	
State of	<u>ILLINOIS</u>
County of	<u>Jackson</u>
On	<u>April 20, 2010</u> personally appeared to me.
<input checked="" type="checkbox"/>	who is personally known to me
<input type="checkbox"/>	whose identity I proved on the basis of
<input type="checkbox"/>	whose identity I proved on the oath/affirmation of _____
<input type="checkbox"/>	a credible witness
to be the signer of the above document and he/she acknowledged that he/she signed it.	
<u>Sylvia Rebecca Gansz</u> Notary Public	

III.

Criterion 1110.230 - Purpose of Project

1. This project will improve the health care and well-being of the market area population by modernizing a portion of St. John's Hospital's Medical/Surgical nursing units. All of St. John's Hospital's Medical/ Surgical nursing units are located in 2 buildings that are contiguous with each other and function as a single bed tower. One of these buildings is 71 years old and the other is 40 years old.

This project will modernize 4 floors of the Medical/Surgical nursing units, replacing some of the hospital's Medical/Surgical Authorized Beds in a complete modernization of the affected nursing units. The modernization of the remaining Medical/Surgical nursing units, which will take place after this project is completed and operational, will be the subject of a separate CON application in the future.

As a result of this project, St. John's Hospital's Authorized Beds in the Medical/Surgical Category of Service will be reduced from 281 to 204, a reduction of 104 Authorized Beds.

St. John's Hospital's Medical/Surgical nursing units need to be modernized in order to upgrade the mechanical infrastructure for these patient floors, correct structural limitations, increase the number of patient rooms with negative air-flow for infection control, and provide patient rooms that meet contemporary standards with appropriate space for patient care, family support and medical education. The modernized Medical/Surgical nursing units will result in an increased percentage of private (single bed occupancy) private rooms.

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

This project is a necessary modernization of St. John's Hospital's existing Medical/Surgical Category of Service.

The Medical/Surgical Category of Service is the only Clinical Service Area included in this project.

Specific information regarding the increasing functional obsolescence of the Medical/Surgical Category of Service is presented in Attachment 24.

2. St. John's Hospital's market area for the Medical/Surgical Category of Service consists of those zip codes in which 0.5% or more of its Medical/Surgical patients reside, as shown in the patient origin chart on Page 5 of this Attachment.

This market area is predominantly located within St. John's Hospital's primary and secondary service areas, with 41% of the patients residing in Sangamon County, the county in which the hospital is located, and more than 55% of the patients residing in zip codes in the hospital's primary and secondary service areas.

Nearly half of these Medical/Surgical patients (more than 58%) reside in the State-designated planning area in which St. John's Hospital is located, Planning Area E-01, even though St. John's Hospital is a tertiary care hospital that is a major teaching affiliate of Southern Illinois University's (SIU's) College of Medicine that attracts referral patients from a broad region of Central and Southern Illinois.

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

- Primary Service Area: Sangamon County, which is within the State-designated Planning Area E-01 in which St. John's Hospital is located.
- Secondary Service Area:
  - Counties which include zip codes in which more than 0.5% of St. John's surgical cases reside, which are within the State-designated Planning Area E-01 in which St. John's Hospital is located.
    - Cass
    - Christian
    - Logan
    - Menard
  - The following counties which include zip codes in which more than 0.5% of St. John's Hospital's surgical cases reside.
    - Macon
    - Macoupin
    - Montgomery
    - Morgan

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

Bond  
Brown  
Clay  
Coles  
DeWitt  
Effingham  
Fayette  
Greene  
Marion  
Mason  
Moultrie  
Piatt  
Pike  
Schuyler  
Scott  
Shelby

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

- In addition, the market area includes 2 zip codes outside the hospital's service area in each of which less than 1% of St. John's Hospital's Medical/Surgical admissions reside: Streator in LaSalle County and Quincy in Adams County.
3. The problems that need to be addressed by this project are discussed in Attachment 24. These problems are due to the age of the buildings in which the Medical/Surgical nursing units are located and their non-conformance with contemporary standards.
  4. The sources of information provided as documentation are the following:
    - a. Hospital records regarding the age of hospital buildings;
    - b. Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250);
    - c. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG (Americans with Disabilities Act [ADA]);

- d. National Fire Protection Association, NFPA 101: Life Safety Code (2000 Edition);
  - e. The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Health Care Facilities;
  - f. Reports by the hospital's architects;
  - g. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by State and County, <http://muafind.hrsa.gov/index.aspx> for Sangamon, Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery, and Morgan Counties in Illinois;
  - h. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Health Professional Shortage Areas by State and County, <http://hpsafind.hrsa.gov/HPSASearch.aspx> for Sangamon, Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery, and Morgan Counties in Illinois.
5. This project will address and improve the health care and well-being of residents of St. John's Hospital's Market Area, Planning Area E-01, and the participants in medical education and health professional education programs offered by St. John's Hospital because it will enable St. John's Hospital to provide Medical/Surgical nursing units in facilities that meet contemporary standards with adequate space for medical education and health professional education.

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

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

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

The hospital will be able to meet these goals by FY2015 by completing this project and modernizing a number of its Medical/Surgical nursing units. Following the completion of this project, St. John's Hospital plans to undertake a

separate project that will modernize 3 more floors of the bed tower to accommodate the balance of its Medical/Surgical Authorized Beds in contemporary facilities.

That project will be the subject of a separate CON application after this project is completed and operational, if it is required at that time.

Evidence of the community's support for St. John's Hospital's historic provision of quality health care and of the need for the proposed project is found in the support letters that appear beginning on Page 8 of this Attachment.

**ST. JOHN'S HOSPITAL**  
**Medical/Surgical Patients**

**Patient Origin for November 1, 2008 - October 31, 2009**

Community	County	Zip Code	Cases 11/1/08-10/31/09	% of Total Cases	Cumulative %
SPRINGFIELD*	Sangamon	*	4,608	33.9%	33.9%
JACKSONVILLE	Morgan	62650	380	2.8%	36.7%
TAYLORVILLE	Christian	62568	223	1.6%	38.3%
LINCOLN	Logan	62656	214	1.6%	39.9%
CHATHAM	Sangamon	62629	198	1.5%	41.3%
LITCHFIELD	Montgomery	62058	192	1.4%	42.7%
PANA	Christian	62557	177	1.3%	44.0%
BEARDSTOWN	Cass	62618	167	1.2%	45.3%
RIVERTON	Sangamon	62561	158	1.2%	46.4%
DECATUR	Macon	62521	157	1.2%	47.6%
SHERMAN	Sangamon	62684	151	1.1%	48.7%
HILLSBORO	Montgomery	62049	149	1.1%	49.8%
EFFINGHAM	Effingham	62401	142	1.0%	50.8%
SHELBYVILLE	Shelby	62565	133	1.0%	51.8%
AUBURN	Sangamon	62615	127	0.9%	52.7%
CARLINVILLE	Macoupin	62626	126	0.9%	53.7%
VANDALIA	Fayette	62471	123	0.9%	54.6%
RUSHVILLE	Schuyler	62681	116	0.9%	55.4%
VIRDEN	Sangamon	62690	116	0.9%	56.3%
GIRARD	Macoupin	62640	113	0.8%	57.1%
MATTOON	Coles	61938	106	0.8%	57.9%
DECATUR	Macon	62526	102	0.7%	58.6%
ROCHESTER	Sangamon	62563	95	0.7%	59.3%
PETERSBURG	Menard	62675	95	0.7%	60.0%
PITTSFIELD	Pike	62363	91	0.7%	60.7%
GREENVILLE	Bond	62246	88	0.6%	61.3%
CLINTON	DeWitt	61727	86	0.6%	62.0%
GILLESPIE	Macoupin	62033	75	0.6%	62.5%
STREATOR	LaSalle	61364	75	0.6%	63.1%
MASON CITY	Mason	62664	74	0.5%	63.6%
NEW BERLIN	Sangamon	62670	74	0.5%	64.2%
STAUNTON	Macoupin	62088	73	0.5%	64.7%
CARROLLTON	Greene	62016	67	0.5%	65.2%
NOKOMIS	Montgomery	62075	65	0.5%	65.7%
QUINCY	Adams	62301	65	0.5%	66.2%
PAWNEE	Sangamon	62558	65	0.5%	66.6%
<b>Total, These Zipcodes</b>			<b>9,066</b>	<b>66.6%</b>	
<b>Total Medical/Surgical Patients</b>			<b>13,606</b>	<b>100.0%</b>	

**PRIMARY SERVICE AREA FOR ST. JOHN'S HOSPITAL (SANGAMON COUNTY)**

Total Medical/Surgical Admissions from these zip codes in St. John's Hospital's Primary Service Area  
**5,592 41.10%**

**PRIMARY AND SECONDARY SERVICE AREAS FOR ST. JOHN'S HOSPITAL (SANGAMON COUNTY)**

Total Medical/Surgical Admissions from these zip codes in St. John's Hospital's Primary and Secondary Service Areas  
**7,520 55.27%**

**IHFSSRB DESIGNATED PLANNING AREA FOR ST. JOHN'S HOSPITAL (E-1)**

Total Medical/Surgical Admissions from these zip codes in Planning Area E-1 at St. John's Hospital  
**6,584 48.39%**

\*Data for Springfield include the following zip codes: 62701, 62702, 62703, 62704, 62705, 62706, 62707, 62708, 62711, 62712, 62791, 62794



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

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

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

RICHARD J. DURBIN  
LONDON

COMMITTEE ON APPROPRIATIONS

COMMITTEE ON THE JUDICIARY

COMMITTEE ON RULES  
AND ADMINISTRATION

ASSISTANT MAJORITY  
LEADER

United States Senate  
Washington, DC 20510-1704

March 8, 2010

350 HART SENATE OFFICE BUILDING  
WASHINGTON, DC 20510-1704  
202 224-2732  
TTY (202) 224-6140

220 SOUTH DEARBORN, 3RD FLOOR  
CHICAGO, IL 60604  
312 353-4932

325 SOUTH BRIGHT STREET  
SPRINGFIELD, IL 62763  
217 492-4062

PALM SIMON FEDERAL BUILDING  
250 W. CHERRY STREET  
SUITE 115 D  
CARBONDALE, IL 62901  
618 351-1122

[rdurbin.senate.gov](mailto:rdurbin.senate.gov)

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

Dear Michael:

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

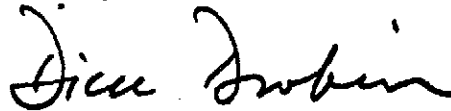
St. John's Hospital has been serving central and southern Illinois for over 135 years, as a teaching hospital and a Level I Trauma Center. Modernization of its patient tower will enable St. John's to provide modern, high quality care in a more efficient manner.

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

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

Thank you for your attention to this matter.

Sincerely,



Richard J. Durbin  
U.S. Senator

JOHN M. SHIMKUS  
19TH DISTRICT, ILLINOIS

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

ENERGY AND COMMERCE  
COMMITTEE

SUBCOMMITTEES:  
ENERGY AND ENVIRONMENT

HEALTH

COMMUNICATIONS,  
TELECOMMUNICATIONS, AND  
THE INTERNET

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

March 5, 2010

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

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

221 EAST BROADWAY, SUITE 102  
CENTRALIA, IL 62801  
(618) 532-9876

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

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

[www.house.gov/shimkus](http://www.house.gov/shimkus)

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


Dear Mr. Constantino:

I am writing in strong support of St. John's Hospital and its efforts to renovate four floors of its patient room tower.

Upgrading the patient room tower of St. John's will allow this important community institution to continue its 135 year tradition of providing a high quality of care to residents of central Illinois. As a teaching hospital, St. John's fills an important role not only in serving the needs of today's patients, but also in educating tomorrow's doctors and nurses. It is therefore imperative that St. John's have the highest possible quality of facilities, and this application does much to retain that quality for future generations.

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

Sincerely,

  
JOHN SHIMKUS  
Member of Congress

JMS:3c

**PHIL HARE**  
17TH DISTRICT, ILLINOIS

425 CARNegie HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-1317

PHONE: (202) 225-5905  
FAX: (202) 225-5396

<http://hare.house.gov>  
(Email through Website)

**SENIOR WHIP**  
**REGIONAL WHIP**



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

EDUCATION AND LABOR  
COMMITTEE

SUBCOMMITTEE ON HEALTH,  
EMPLOYMENT, LABOR, AND PERSONS

SUBCOMMITTEE ON WORKFORCE  
PROTECTION

TRANSPORTATION AND  
INFRASTRUCTURE COMMITTEE  
SUBCOMMITTEE ON HIGHWAYS AND TRANSIT

SUBCOMMITTEE ON  
WATER RESOURCES AND ENVIRONMENT

March 12, 2010

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

Dear Mr. Constantino:

I am writing to express my strong support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

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

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

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

Sincerely,

PHIL HARE  
Member of Congress

PH:ar

PLEASE REPLY TO:

2001 52ND AVENUE, #5  
MOLINE, IL 61265  
(815) 793-5760

261 NORTH BROAD, #5  
GALENSDALE, IL 61401  
(815) 342-4411

236 NORTH WATER STREET, #705  
DECATUR, IL 62523  
(317) 422-9150

210 NORTH BROAD  
CARLESWILLE, IL 62626  
(317) 874-2590

DISTRICT TOLL FREE: 800-322-6710

PRINTED ON RECYCLED PAPER

PH 7, 10

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AARON SCHOCK  
18TH DISTRICT, ILLINOIS

DEPUTY REPUBLICAN WHIP

COMMITTEE ON TRANSPORTATION  
AND INFRASTRUCTURE

COMMITTEE ON OVERSIGHT  
AND GOVERNMENT REFORM

COMMITTEE ON SMALL BUSINESS

## Congress of the United States

House of Representatives  
Washington, DC 20515-1602

March 1, 2010

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

WWW.SCHOCK.HOUSE.GOV

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

I am writing to express my support of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

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

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

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

Sincerely,

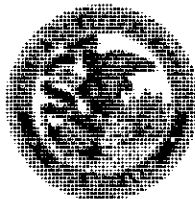


Aaron Schock  
Member of Congress

AJS/br

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

ILLINOIS STATE SENATE



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

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

**LARRY K. BOMKE**  
STATE SENATOR • 50TH DISTRICT

March 2, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

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

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

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

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

Sincerely,

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

Larry K. Bomke  
State Senator  
50<sup>th</sup> District

ILLINOIS HOUSE OF REPRESENTATIVES

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



**RICH BRAUER**  
STATE REPRESENTATIVE  
100TH DISTRICT

COMMITTEES:

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

March 2, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Renovation

Dear Mr. Constantino,

Please consider this as my letter of support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

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

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

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

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

Sincerely,

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

Rich Brauer  
State Representative  
100<sup>th</sup> District



SPRINGFIELD OFFICE:

E-1 Stratton Building  
Springfield, Illinois 62706  
2177782-0044  
FAX: 217782-0897



**RAYMOND POE**  
STATE REPRESENTATIVE - 99TH DISTRICT

COMMITTEES:

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

March 1, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

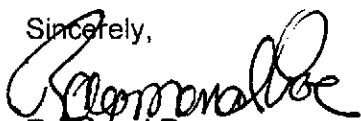
Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.


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

St. John's patient tower will not only enable St. John's to provide health care in a more efficient manner, it will also create new jobs for the citizens of Springfield and surrounding communities. As a partner in care, we appreciate St. John's dedication to serving the most vulnerable of our residents and value the collaboration they bring to healing. As our economy continues to struggle, this project is not only vital for the long term health of our region, but is critical to help spur economic development in the near term.

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

Sincerely,

  
Raymond Poe  
Illinois State Representative  
99<sup>th</sup> District



# SIU School of Medicine

March 3, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino:

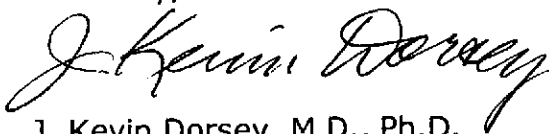
Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

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

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

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

Sincerely,



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

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Office of the Dean and Provost

Southern Illinois University School of Medicine | 801 N Rutledge St | Springfield, Illinois 62702  
PO Box 19620 | Springfield, Illinois 62794-9620 | (217) 545-3625 | Fax: (217) 545-0786  
kdorsey@siumed.edu | www.siumed.edu



March 17, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Ritz:

We understand that St. John's Hospital is submitting a Certificate of Need application to the Illinois Health Facilities and Services Review Board to modernize its Patient Tower.

Insofar as both our organizations are teaching hospital affiliates of the Southern Illinois University School of Medicine and partners in the Southern Illinois Trauma Center with a strong commitment to providing quality care to all, Memorial Health System has no objections to this project.

Sincerely,

Edgar J. Curtis  
President and  
Chief Executive Officer



**SANGAMON COUNTY  
COUNTY BOARD OFFICE**

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

March 9, 2010

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

**Re: Patient Room Tower Renovation  
St. John's Hospital, Springfield, IL**

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

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

Foremost, renovation of the patient room tower will enable St. John's to continue to provide high quality, compassionate care, while also leading the effort in our community to promote health and wellness. Our community is fortunate that St. John's has not only made high quality care a top priority, but has also made sure that such care is accessible to all those who seek it.

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

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

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

Sincerely,

Andy Van Meter  
Chairman  
Sangamon County Board



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

March 3, 2010

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

RE: Patient Tower Modernization for St. John's Hospital, Springfield, IL

Dear Mr. Constantino:

On behalf of the City of Springfield, I am writing in strong support of St. John's Hospital's application to you to modernize its facility by renovating four floors of the patient room tower. St. John's Hospital is an anchor institution in this region, having served our community with its quality health care for more than 135 years. I want to commend St. John's for its ongoing commitment to provide state of the art care to our community. Modernization is consistent with St. John's status as a Level I Trauma Center.

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

Modernization of St John's Hospital is not only critical to our community's health care needs, but there are important economic issues at stake. The hospital is a major employer in our community and we expect their expansion plans, if approved, to create new jobs and opportunities for the citizens of Springfield and surrounding communities. As our economy continues to struggle, this project is not only vital for the long term health of our region, but is also critical to help spur economic development in the near term.

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

Sincerely,

Timothy J. Davlin  
Mayor



CITY OF SPRINGFIELD, ILLINOIS

SAM CAHNMAN  
ALDERMAN - WARD 5

March 11, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

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

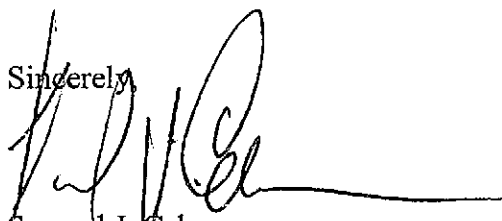
As the alderman representing St. John's Hospital, I appreciate all the hospital does not only for my constituents, but for residents across the region. St. John's Hospital is a leader when it comes to improving our quality of life. Therefore, it is critical that the hospital is allowed to modernize its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

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

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

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Sincerely,

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

Samuel J. Cahnman  
Alderman Ward 5

SJC:jmb



**SANGAMON COUNTY  
DEPARTMENT OF PUBLIC HEALTH**

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

March 8, 2010

**Dirksen Parkway Office**

2501 North Dirksen Parkway  
Springfield, Illinois 62702

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

**Jefferson Street Office**

1415 East Jefferson Street  
Springfield, Illinois 62703

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

**Chatham Road Office**

6130 Chatham Road, Suite B  
Springfield, Illinois 62704

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

**Animal Control Center**

2100 Shale Road  
Springfield, Illinois 62703

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

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino,

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

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

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

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

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

Sincerely,

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





# CENTRAL COUNTIES HEALTH CENTERS, INC.

March 1, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino,

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

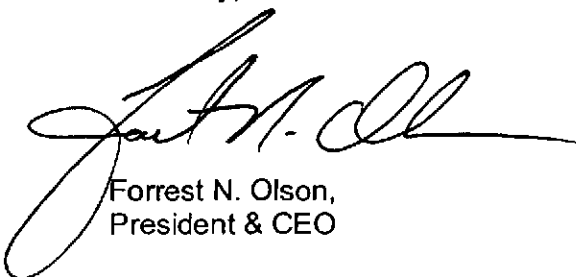
CCHC is Springfield and Sangamon County's sole Federally Qualified Health Center whose specific mission is to provide care for our area's un and under-insured as well as Medicaid recipients and anyone who is disenfranchised or lacks access to basic care in any form. Our organization is proud to call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

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

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

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

Sincerely,



Forrest N. Olson,  
President & CEO



# SANGAMON COUNTY SHERIFFS OFFICE

"Keeping the Peace Since 1821"

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

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

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

March 3, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino,

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

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

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

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

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

Sincerely,

Neil M. Williamson  
Sheriff of Sangamon County

NMW/jb

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IN PARTNERSHIP WITH THE COMMUNITY



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

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

March 2, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

The Springfield Police Department hereby submits this letter of support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

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

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

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

Sincerely,

Robert L. Williams, Jr.  
Chief of Police

RLW/lsw

Cc: File

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# Sangamon County Medical Society



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

Isabel Manker, *Executive Director*

March 10, 2010

#### 2010 OFFICERS

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

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

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

#### ISMS VICE SPEAKER

Donald R. Graham, M.D.

#### ISMS DISTRICT V TRUSTEES

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

#### ISMS DELEGATES

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

#### ISMS ALTERNATE DELEGATES

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

#### ALLIANCE PRESIDENT

Kathryn O'Marro

#### RESIDENT REPRESENTATIVES

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

#### STUDENT REPRESENTATIVES

Michael Sinha, MSIII  
Sameer Vohra, MSIII

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

RE: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

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

St. John's Hospital is an important partner in Sangamon County's expanding medical community. For more than 135 years, St. John's has steadfastly served our community by providing compassionate healing to patients from across central Illinois. Long at the forefront of medical advancements in our community, St. John's continues as a teaching hospital with a strong commitment to providing quality care to all.

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

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

We are fortunate to have an organization that is committed to high quality care that is accessible to all who seek it. This expansion would enable St. John's Hospital to provide health care in a more efficient manner, and further strengthen our health care sector, which leads the way in job creation for citizens of Springfield and surrounding communities.

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

Sincerely,

  
Lawrence J. Smith, M.D.

President

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



March 10, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino,

I write in support of St. John's Hospital Patient Tower modernization.

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

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

Sincerely,

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

TAP:pm

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

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

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

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



# Central Illinois Building and Construction Trades Council

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

IN AFFILIATION WITH  
BUILDING AND CONSTRUCTION TRADES DEPARTMENT  
AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS  
[www.centralilbctc.com](http://www.centralilbctc.com)

ALLAN LAUHER  
PRESIDENT  
[alauher@sbcglobal.net](mailto:alauher@sbcglobal.net)

DAVID BURNS  
VICE PRESIDENT

STEVE CLEMENT  
FIN. SEC. TREAS.

March 8, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino,

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

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

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

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

Sincerely,

International Brotherhood  
Electrical Workers



Local Union No. 193

AFFILIATED WITH AMERICAN FEDERATION OF LABOR AND ALL CENTRAL BODIES IN SANGAMON, MORGAN AND LOGAN COUNTIES

Phone: Area Code 217/544-3479

Office and Meeting Hall, 3150 Wide Track Drive

Springfield, Illinois 62703

March 9, 2010

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

Dear Mr. Constantino:

I am writing to you in support of St. John's Hospital's proposed project to modernize the patient tower. The project will ensure continued stellar care for the patients. St. John's has been a strong anchor for this community and the surrounding area for over 135 years. The level of patient care and medical technology is of the finest in the entire country.

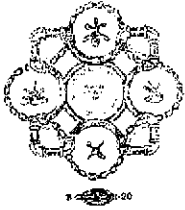
This project is very important to the future of the hospital and the Springfield community. Local 193 of the IBEW is in full support of St. John's Hospital and its endeavor to modernize the patient tower at its facility.

Sincerely,

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

RDB/lh  
Seiu#73

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



**JAMES W. FLEMMING**  
BUSINESS MANAGER

**JOHN A. HAINES**  
FINANCIAL SECRETARY

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

March 3, 2010

Mr. Michael CONSTANTION, Project Review Supervisor

Illinois Health Facilities and Services Review Board

C/o Mr. Bob Ritz, President and CEO

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

Springfield, IL. 62769

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

Patient Tower Modernization

Dear Mr. Constantion

U.A. Local 137 Plumbers and Steamfitters are in support of the approval of St. John's Hospital Certificate of need application to allow the renovation of its patient tower.

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

St. John's patient tower project will create jobs for Local 137 members, Springfield and the surrounding communities. This will enable St. John's to supply a more proficient and caring health care system.

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

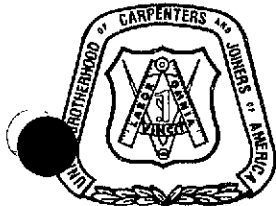
SINCERELY

James W. Flemming

Business manager

Local 137 Plumbers and Steamfitters





UNITED BROTHERHOOD OF  
CARPENTERS & JOINERS OF AMERICA

Local Union No. 16

CHARTERED NOVEMBER 14, 1887

211 W. LAWRENCE AVENUE  
SPRINGFIELD, ILLINOIS 62704

AREA CODE 217  
Phone 528-7572

Fax Number  
217-528-9364



March 1, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

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

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

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

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

Sincerely,

Jeff Burnett  
Business Representative  
Carpenters Local No. 16

JB/vl

 **Benedictine University**<sup>®</sup>  
*at Springfield*

---

1500 N. Fifth Street • Springfield, Illinois 62702

March 4, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino,


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

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

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

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

Sincerely,



Michael Bromberg  
Dean of Academic Affairs

March 2, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

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

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

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

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

Sincerely,



Charlotte J. Warren, Ph.D.  
President

CJW/js

131



# Lincoln Land Community College

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

Charlotte J. Warren, Ph.D., President

March 2, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino:

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

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

St. John's patient tower renovation project will not only enable St. John's to provide its patients with a more modern environment, it will also enhance the environment for teaching future health professionals. Because of the ongoing demand for clinicians, it is vital that we provide the opportunity for organizations such as St. John's to upgrade the facilities in which these individuals learn. St. John's currently provides learning experiences for not only Lincoln Land nursing students but also EMS, radiography, occupational therapy assistant, medical coding and paramedic. Lincoln Land also works in partnership with St. John's for delivery of the Respiratory Care Program and the Electroneurodiagnostic Program. These learning resources are invaluable to our community.

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

Sincerely,

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



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

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

March 12, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino,

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

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

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

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

Sincerely,

Janet Wessel Krejci, PhD, RN  
Dean & Professor

**MacMurray**  
COLLEGE

March 3, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino,

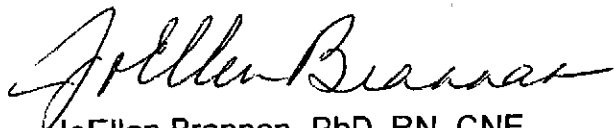
Please accept this letter as a statement of my support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

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

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

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

Sincerely,



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



**Capital Area Career Center**

March 4, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino:

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

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

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

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

Sincerely,

Cindy Stover, Director

# Springfield Public Schools



March 9, 2010

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

Dr. Walter Milton, Jr.  
Superintendent

Re: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino,

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

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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Walter Milton, Jr.', is written over a faint, larger version of the same signature.

Dr. Walter Milton, Jr.  
Superintendent of Schools

## Working Together to Achieve Outstanding Results

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





# Sacred Heart-Griffin High School

Office of the President

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

March 4, 2010

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino:

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

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

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

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

Sincerely,

Sister Katherine O'Connor, O.P.  
President



United Way of Central Illinois  
1999 Wabash, Suite 109  
Springfield, IL 62704  
Phone: (217) 726-7000  
Fax: (217) 726-9690  
E-mail: unitedway@uwcil.org  
Web Site: www.uwcil.org



United Way  
of Central Illinois

March 3, 2010

**UNITED WAY  
MEMBER ORGANIZATIONS**

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

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

Dear Mr. Constantino,


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

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

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

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

Sincerely,

  
John P. Kelker  
President



**Catholic Charities**  
Diocese of Springfield in Illinois

**SPRINGFIELD AREA OFFICE**

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

4 March 2010

**CHILD WELFARE SERVICES**

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

- Adoptions
- Foster Care
- Family First Preservation

Mr. Michael Constantino, Project Review Supervisor  
Illinois Health Facilities and Services Review Board

**CRISIS ASSISTANCE  
& ADVOCACY**

1023 E. Washington St. 62703  
(217) 523-4551  
Fax (217) 523-8425

c/o Mr. Bob Ritz, President and CEO  
St. John's Hospital  
800 E. Carpenter Street  
Springfield, Illinois 62769

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

RE: St. John's Hospital, Springfield, Illinois  
Patient Tower Modernization

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

Dear Mr. Constantino,

The following is a letter of support for St. John's Hospital, Springfield, Illinois in their efforts to renovate four floors of the hospital's patient room tower.

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

St. John's Hospital has been a vital partner to the Springfield Area Office of Catholic Charities since 1928. The Hospital Sisters served soup and bread to people standing outside their doors during the Great Depression. They graciously ask Catholic Charities to become involved with them and since that time their support of our mission to serve the poor and vulnerable has never faltered.

**MedAssist**  
700 N. Seventh St.,  
Suite A, 62702  
(217) 241-0214  
Fax (217) 523-0194

We fully support and encourage their efforts to renovate their patient tower as they see appropriate for the needs of this community.

Please feel free to contact me if you need further information.

Sincerely,

*Danielle K Zellers*

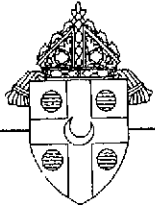
Danielle K. Zellers  
Springfield Area Director  
Office of Catholic Charities  
(217) 525-0500



**ACCREDITED**

Council on Accreditation  
for Children and Family Services





## Diocese of Springfield in Illinois

Catholic Pastoral Center • 1615 West Washington Street • P.O. Box 3187 • Springfield, Illinois 62708-3187  
www.dio.org 217-698-8500 FAX 217-698-0802

March 8, 2010

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

Re: Saint John's Hospital, Springfield, Illinois  
Patient Tower modernization

Dear Mr. Constantino,

Please accept this letter as a statement of my strong support for the approval of Saint John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

The Catholic Diocese of Springfield in Illinois and Saint John's Hospital work closely together to provide social services to our most vulnerable residents. Saint John's Hospital has always and will continue to care for all who seek health care services. Their unwavering dedication to compassionate healing has had a profound impact on our community for the past 135 years. We are truly fortunate to have an organization that is not only committed to delivering high quality medical care, but is also a leader in promoting health and wellness in our community.

Recognizing Saint John's Hospital's positive contributions to the community, the diocese firmly believe that it is vital that the hospital be allowed to upgrade its facility so that it may continue to meet the health care needs of all it serves.

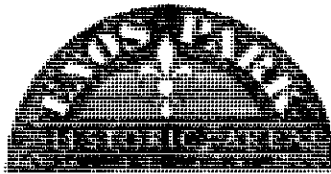
Saint John's patient tower renovation project is needed so that it can serve patients in a more contemporary and comfortable setting. The project will also allow it to more efficiently operate as a hospital. We believe this project will enhance Saint John's ability to promote health and wellness in our community while continuing to serve all who seek compassionate medical care.

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

Sincerely yours in Christ,

*Msgr. Carl A. Kemme*

Reverend Monsignor Carl A. Kemme  
140 Diocesan Administrator



Enos Park Neighborhood Improvement Association

Mr. Michael Constantino, Project Review Supervisor  
Illinois Health Facilities and Services Review Board

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

Re: St. John's Hospital, Springfield, IL  
Patient Tower modernization

Dear Mr. Constantino,

On behalf of the Enos Park Neighborhood Improvement Association, I want to confirm our support for the approval of St. John's Hospital's Certificate of Need application to permit the renovation of its patient tower.

For over a hundred years St. John's Hospital has been the corner stone for the growth and development of our neighborhood. It is most fitting that as the neighborhood under goes a major renovation and revitalization of our historic homes, so too, St. John's is moving forward through its modernization program to meet the health care needs of the community and central Illinois.

The renovation of the patient tower will not only enhance St. John's ability to provide health care in a more efficient manner, it will also strengthen the entire health care sector of the Mid Illinois Medical District, which is leading the way in creating new jobs for our neighborhood residents, as well as, those in surrounding communities.

EPNIA strongly supports St. John's Hospital's Certificate of Need application.

Sincerely,

Steve Combs  
President, Enos Park Neighborhood Improvement Association

Enos Park Neighborhood Improvement Association, Inc.  
837 North 8th Street  
Springfield, Illinois 62702



**American Red Cross**  
Illinois Capital Area Chapter

1045 Outer Park Drive  
Springfield, IL 62704

March 15, 2010

Mr. Michael Constantino,  
Project Review Supervisor  
Illinois Health Facilities and Services Review Board

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

Re: St. John's Hospital, Springfield, IL  
Patient Room Tower Modernization

Dear Mr. Constantino:

I am pleased to write this letter of support regarding a proposed renovation of four floors of the patient room tower for St. John's Hospital. As a partner with St. John's in serving our community, we believe there are several key points that are most relevant in our endorsement:

Modernization is consistent with St. John's status as a Level I Trauma Center and is warranted if St. John's is going to continue providing the same high quality of care the community has received for over 135 years. In addition, the hospital is a major employer and teaching hospital and plays a critical role in caring for all our citizens, particularly the most vulnerable.

We have valued our partnership with St. John's over the year in collaborating on efforts to educate area citizens about safety, health maintenance and disaster response. Particularly noteworthy efforts have been the Safe Family Saturday promotions to distribute bike helmets to young people and their provision of support to acquire personal care items for disaster victims.

Recognizing the good work that St. John's Hospital does every day, we firmly believe that it is vital that the hospital be allowed to upgrade its facility so that it may continue to meet the health care needs of our community.

Sincerely,

Roger E. Dahl  
Chief Executive Officer



Transforming the economy  
of Sangamon County.

March 9, 2010

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

Dear Mr. Constantino,

St. John's Hospital has been serving our community for more than 135 years, providing compassionate healing to patients from across southern and central Illinois.

Modernization of the patient tower is warranted if St. John's Hospital is going to be able to provide the high quality of care it has provided for over 135 years. Recognizing the good work that St. John's Hospital does every day, we firmly believe that it is vital that the hospital be allowed to upgrade its facility so that it may continue to meet the health care needs of those it serves.

Modernization of St John's Hospital is not only a critical to our community's health care needs. The hospital also is a major employer in our community and is a partner in our community's economic growth.

The Greater Springfield Chamber of Commerce supports the modernization of St. John's patient tower.

Sincerely,

Gary Plummer  
President & CEO

11 South Second Street  
Springfield, IL 62704

Ph: 217.525.1173

Fax: 217.525.8768

[www.gscc.org](http://www.gscc.org)



w w w . d o w n t o w n s p r i n g f i e l d . o r g

March 5, 2010

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

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

Dear Mr. Constantino:

Please consider this correspondence as Downtown Springfield, Inc.'s enthusiastic support of St. Johns Hospital's proposal to renovate four floors of their patient room tower.

Downtown Springfield, Inc. frequently works hand in hand with the health care community on issues of importance to the City's central district. St. John's has been an outstanding partner in our efforts and has helped make many of our goals a success.

Their status as a Level 1 Trauma Center is vital to Springfield and critical to this community's health care needs. We are very fortunate to have St. John's dedication and commitment to high quality health care serving those that need their services the most. Not only are they a leading employer in our community but they are truly a leader in giving back to Springfield.

We believe this project will continue the momentum achieved by this world class health care facility and pledge our support to St. John's Hospital and its health care initiatives.

Sincerely,

Jane Mosey-Nicoletta, Board President  
Downtown Springfield, Inc.

Victoria Clemons, Executive Director  
Downtown Springfield, Inc.





GENERAL OFFICE  
Bunn Park  
2500 South Eleventh Street  
Springfield, IL 62703  
www.springfieldparks.org  
P. 217-544-1751  
F. 217-544-1811

March 9, 2010

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

ADMINISTRATION  
Michael Stratton, CPRP  
Executive Director

Elliott McKinley  
Director of Parks

Derek Harms, CPRP  
Director of Recreation

Mark Bartolozzi  
Director of Finance & HR

Diane Mathis  
Director of Marketing  
& Development

RE: St. John's Hospital, Springfield, IL  
Patient Tower Modernization

Dear Mr. Constantino:

On behalf of the Springfield Park District and its Board of Trustees please accept this letter as a support for the modernization of patient tower at St. John's Hospital.

The Springfield Park District is the single public provider of parks and recreation services to a growing and aging population of over 140,000 residents in the greater Springfield area. Our organization is very familiar with and continues to provide a wealth of direct and indirect support for health and wellness programs in conjunction with other partnering organizations that includes St. John's Hospital.

TRUSTEES  
Leslie A. Sgro  
President

Willis (Bill) Logan  
Vice President

We recognize the good work that St. John's Hospital does every day and see the high quality of life that is being provided through their community efforts and vital service to our community. It is critical St. John's Hospital be allowed to upgrade its facility so that it may continue to meet the growing health care needs of all they serve.

Mark Beagles  
Jim Fulgenzi, Jr.  
Tina Jannazzo  
Gray Herndon Noll  
Brian Reardon

As a partner with St. John's on many health and wellness programs and services that is critical to the continued support of the persons we serve together we believe this project will help St. John's continue to lead efforts to promote health and wellness in our community.

OFFICERS  
Michael Stratton  
Secretary

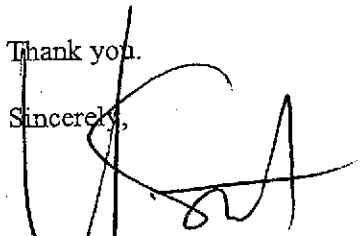
Robert C. Walbaum  
Attorney

Again, we recommend approval for modernization of patient tower at St. John's.

Joseph W. Hills  
Treasurer

Thank you.

Sincerely,

  
Michael Stratton, CPRP  
Executive Director/Secretary-Board of Trustees  
Springfield Park District



III.

Criterion 1110.230 - Alternatives

1. The following alternatives to the proposed project were considered and found to be infeasible.

- a. Modernize the Medical/Surgical nursing units included in this project in their existing space without changing the configuration and size of patient rooms and nursing stations. Modernization would occur by providing only minimal renovation of the floor plan and not "gutting" the unit.

This alternative would include cosmetic upgrading of finishes in patient rooms, toilet rooms; nursing stations, support space, and corridors.

- b. Replace and expand the Medical/Surgical nursing units by constructing a replacement bed tower.
- c. Construct a replacement hospital and replace and expand the entire Medical/Surgical Category of Service in the replacement hospital.

2. Each of these alternatives was found to be infeasible for the following reasons.

- a. Modernize the Medical/Surgical nursing units included in this project in their existing space without changing the configuration and size of patient rooms and nursing stations. Modernization would occur by providing only minimal renovation of the floor plan and not "gutting" the unit.

This alternative would include cosmetic upgrading of finishes in patient rooms, toilet rooms; nursing stations, support space, and corridors.

Capital Costs: \$31,181,505

This alternative was considered to be infeasible because this project is designed to correct a number of deficiencies beyond cosmetic upgrading.

The deficiencies that this project proposes to correct have resulted in the increasing functional obsolescence of the Medical/Surgical nursing units due to the size of existing patient rooms, nursing stations, and support space. It would be financially imprudent for St. John's only to provide cosmetic upgrades to its Medical/Surgical nursing units.

The specific deficiencies of the Medical/Surgical nursing units included in this project, the only Clinical Service Area in the project, that this project proposes to correct, are discussed in Attachment 24 of this application.

It is important to note that a number of the deficiencies that need to be corrected apply to Non-Clinical Service Areas, such as Family Support, Medical and other Professional Education, and Mechanical/Electrical/Plumbing Systems. The deficiencies of these Non-Clinical Service Areas are not discussed in Attachment 24 because they are not deficiencies of the Medical/Surgical Clinical Service Area, but the correction of these deficiencies requires modernization of the Medical/Surgical nursing units.

This alternative is infeasible because some of the deficiencies of the Medical/Surgical nursing units, which are in 2 buildings, one of which is 71 years old and the other which is 40 years old, could not be corrected by cosmetic upgrades to the existing nursing units.

- 1) Modernization of the patient rooms is necessary to increase the floor-to-ceiling height of the Medical/Surgical patient rooms for the nursing units included in this project so they can more closely approximate the 9 foot floor-to-ceiling height of new, modern facilities. It is not possible to undertake the necessary construction in a project that consists solely of cosmetic upgrades.

The existing floor-to-floor height of the patient tower buildings (the buildings in which the Medical/Surgical nursing units are located) is under 11 feet, which provides less floor-to-ceiling height (after the utilities and infrastructure above the ceiling are placed between the ceiling and the floor of the next level) than the preferred spacing currently being used in new construction of Medical/Surgical nursing units.

More extensive remodeling of St. John's Hospital's Medical/Surgical nursing units is necessary to consolidate the utilities and infrastructure above the ceiling in order to create the desired 9 foot floor-to-ceiling height that is necessary to accommodate the equipment that is found in contemporary Medical/Surgical patient rooms and to give an open feeling for positive patient care in a modern facility.

It will only be possible to construct this higher floor-to-ceiling height within the patient rooms by undertaking more extensive remodeling than would be possible in a project consisting solely of cosmetic upgrades.

- 2) The existing Medical/Surgical patient rooms on the nursing units included in this project are of varying size and configuration. In order to minimize staff errors and to enhance nursing procedures, it is important to construct uniformly sized and configured patient rooms on each nursing unit. It would not be possible to undertake such construction in a project consisting solely of cosmetic upgrades.
- 3) Modernization of patient rooms is necessary because many of the existing Medical/Surgical patient rooms are too small to permit the installation of head walls that are sufficiently wide to accommodate the equipment that is needed to treat patients with high acuity. As noted previously, it is not possible to remodel patient rooms in a project consisting solely of cosmetic upgrades.
- 4) Contemporary patient care calls for the establishment of Medical/Surgical patient rooms that are consistently sized and configured so they may accommodate a range of patient types in a universal manner, treating patients of varying acuity and needs. As noted previously, it is not possible to remodel patient rooms to be of uniform size and configuration in a project consisting solely of cosmetic upgrades.
- 5) Medical/Surgical patient rooms need to be reconfigured in order to place the toilet rooms on the exterior wall. It is not possible to remodel patient rooms to relocate the toilet rooms from the corridor side of the rooms in a project consisting solely of cosmetic upgrades.

The existing toilet rooms in Medical/Surgical nursing units in the bed tower are constructed on the corridor side of the patient rooms. This hinders the staff's access to patients. The patient rooms need to be remodeled in order to relocate the toilet rooms to the exterior wall, which will allow patients to be more readily accessed by staff.

- 6) Patient toilet rooms also need to be replaced and expanded because they are too small and do not meet current standards of the Americans with Disabilities Act (ADA) or permit staff to comfortably and safely assist patients with toileting activities. It is not possible to replace toilet rooms in a project consisting solely of cosmetic upgrades.

In addition to increasing the size of the toilet rooms in order to meet ADA standards, it is necessary to expand many of the existing toilet rooms in order to install showers. Many of the Medical/Surgical

patient rooms lack showers and bathtubs, requiring patients to use communal showers in a central bathing area on the nursing unit.

- 7) Medical/Surgical patient rooms need to be reconfigured in order to create nurse work areas that are uniform in relation to the patients. These nurse work areas should be located on the corridor side of the patient rooms. It is not possible to remodel patient rooms to relocate the nurse work areas in a project consisting solely of cosmetic upgrades because actual remodeling of the rooms would be necessary.
- 8) Contemporary standards call for Medical/Surgical patient rooms to be large enough to accommodate family members so that they can provide family support. It would not be possible to construct larger patient rooms by a cosmetic upgrade.

Family support space is important for the following reasons.

- a) St. John's Hospital is a regional referral center for tertiary care, as noted in the patient origin data provided in Attachments 11, 13, and 14.

With patients residing throughout a large geographic area, often too far from Springfield for their family members to be able to travel daily to visit them and assist in their care, it is essential that the Medical/Surgical patient rooms be remodeled so they are large enough for family members to provide family support.

- b) Studies have shown that the active involvement of family members in patient care actually improves the outcomes for those patients and can reduce patients' hospital lengths of stay.
- 9) The Medical/Surgical patient rooms need to be increased in size to accommodate participants in medical education and nursing education who receive clinical training at St. John's Hospital.

Medical students, residents, fellows, and nursing students routinely undergo clinical training on the Medical/Surgical nursing units. At any time, there are numerous students on each Medical/Surgical nursing unit, as presented below.

St. John's Hospital is a major teaching affiliate of the Southern Illinois University (SIU) School of Medicine. The SIU School of Medicine has 215 medical students studying in Springfield during their second through fourth years of medical school and 226 residents and fellows participating in 21 different specialty programs. Participants in these medical education and post-graduate medical education programs spend 50% of their clinical education time at St. John's Hospital.

Approximately 300 undergraduate nursing students and 6 graduate nursing students from 7 nursing schools throughout central Illinois receive clinical experiences at St. John's Hospital each semester. These students rotate through the nursing departments.

In addition, 40 students from the Capital Area Career Center's program for Licensed Practical Nurses (L.P.N.s) and 22 students from its high school program for Nursing Assistants receive clinical training at St. John's Hospital at any one time.

- b. Replace and expand the Medical/Surgical nursing units by constructing a replacement bed tower.

Capital Costs: \$204,086,178

This alternative was determined to be infeasible for the following reasons.

- 1) The capital costs required would exceed the amount determined to be available for this project.
- 2) This project would result in vacated space on at least 4 floors of the bed tower, and no plan has been developed for the reuse of this vacated space.

As noted earlier in this application, this project is intended to be the first of 2 phases that will eventually result in the replacement of all of St. John's Hospital's Medical/Surgical patient rooms. The second phase of the Medical/Surgical modernization project, which will not begin until this project is completed, is planned to include modernization of the balance of the Medical/Surgical nursing units in 3 additional floors of the bed tower.

It should be noted that St. John's Hospital has determined that the bed tower will not be demolished as part of this project, so a plan for the reuse of this space would need to be developed. Reusing the bed tower for a purpose other than Medical/Surgical nursing units would be difficult for the following reasons.

- a) The configuration of the upper floors of the bed tower, with a narrow double-loaded corridor in the 1939 building, would preclude using this space for any purpose except for nursing units.
- b) The floor-to-floor height of less than 11' is too low to accommodate the installation of equipment for a number of Clinical Service Areas.
- c. Construct a replacement hospital and replace and expand the entire Medical/Surgical Category of Service in the replacement hospital.

Capital Costs: \$ 636,158,213 plus an estimated \$8,000,000 for land acquisition and site development costs

This alternative was considered to be infeasible for the following reasons.

- 1) The capital expenditure required to implement this alternative and to abandon the existing hospital buildings would be imprudent and excessive since some hospital departments do not require replacement.
- 2) As a major teaching affiliate of the Southern Illinois University School of Medicine, St. John's Hospital does not want to leave its current location, which is an integral component of a medical corridor in close proximity to the School of Medicine, its faculty, and medical students.

Thus, the current location is optimal for a major tertiary care center involved in patient care, teaching and research.

- 3) St. John's Hospital does not consider it appropriate to abandon the low-income community it serves by moving from its current location, and it is not possible to assemble a parcel of land large enough to replace the hospital near its current location.

3. This item is not applicable to this project.

The purpose of this project is to modernize existing services at St. John's Hospital, not to establish new categories of service or a new health care facility.



IIV.  
Project Scope, Utilization:  
Size of Project

This project includes both Clinical and Non-Clinical Service Areas.

The project includes only 1 Clinical Service Area: Medical/Surgical Category of Service.

This project proposes to replace 176 of St. John's Hospital's existing Medical/Surgical beds. When this project is completed, St. John's Hospital will reduce its Authorized Medical/Surgical beds from 281 to 204. Twenty-eight (28) existing Medical/Surgical beds that are part of St. John's Hospital's Authorized Medical/Surgical beds will remain in operation after this project is completed and are not part of this project.

1. The Illinois certificate of need (CON) Rules include occupancy targets in 77 Ill. Adm. Code 1100 for the Medical/Surgical Category of Service.

The Illinois certificate of need (CON) Rules also include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the Medical/Surgical Category of Service.

An analysis of the proposed size (number of beds or rooms and gross square footage) of the Medical/Surgical Category of Service in relation to the current CON Rules is found below.

This analysis is based upon the following.

- Projected utilization for St. John's Hospital's Medical/Surgical Category of Service during CY2015, the first complete year of operation after the modernization of the Medical/Surgical beds is completed.

The justification for the projected increase in Medical/Surgical utilization by CY2015 is found in the Bed Need Assessment, which is appended to this Attachment and cited throughout this Attachment.

This Bed Need Assessment documents that the annual Medical/Surgical census at St. John's Hospital is projected to increase by CY2015 to an average daily census that would justify 205 Medical/Surgical beds at the 88% occupancy target.

- Peak Medical/Surgical patient census experienced in the Medical/Surgical Category of Service during CY2009.

An analysis of peak Medical/Surgical patient census was undertaken at St. John's Hospital to demonstrate that average daily census of the Medical/Surgical Service does not adequately express bed need because peak utilization and the frequency of its occurrence more realistically reflects bed need on a day to day basis.

A study of daily peak census, which is appended to this Attachment, documents that there were 37 days in CY2009 when St. John's Hospital's Medical/Surgical peak census exceeded 181 beds, the number of beds justified at the 88% occupancy target.

Medical/Surgical Service

	CY2009	CY2015
Occupancy Target for modernization of M/S Beds (77 IAC 1100.520.c)1))	88%	88%
M/S Patient Days including Observation	57,884	65,610
M/S Average Daily Census	159	180
Number of M/S Beds Justified at Occupancy Target	181	205
Proposed Number of M/S Beds	N/A	204

The proposed number of Medical/Surgical beds will meet the occupancy target found in the Illinois Administrative Code (CON Rules) because St. John's Hospital's Medical/Surgical utilization is projected to increase by 2015 due to the following factors:

- The population growth and aging projected within its Primary and Secondary Service Areas, as seen in the attached Bed Need Assessment;
- The population growth and aging projected within Planning Area E-01, the planning area in which Springfield is located, for the Medical/Surgical Service (Source: Illinois Health Facilities Planning Board [sic], Illinois Department of Public Health: "Inventory of Health Care Facilities and Services and Need Determinations, 2008."

The space program for each of the 4 identical floors of Medical/Surgical nursing units that will be modernized in this project is appended to this Attachment, following the Bed Need Assessment and the Peak Census Study.

2. As stated earlier in this Attachment, the Illinois CON Rules include State Guidelines for the Medical/Surgical Category of Service.

State Guideline for Medical/Surgical Service:	500-660 DGSF/Bed
Medical/Surgical Beds Modernized in this Project:	176
DGSF Justified for 176 Modernized Beds per State Guideline:	116,160 DGSF
Proposed GSF for this Project:	92,520 BGSF

The proposed square footage for the Medical/Surgical Category of Service is within the State Guidelines found in 77 Ill. Adm. Code 1110.APPENDIX B.

The following documents were used as the key guidelines in determining the appropriate floor area for these clinical services:

- Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250.2440);
- Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4);
- The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities. 2006: American Institute of Architects;
- Space Programs for the Medical/Surgical nursing units included in this project.

# BED NEED PROJECTION ANALYSIS

FOR ST. JOHN'S HOSPITAL  
04.22.10



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## Bed Need Projection Analysis

St. John's Hospital - Springfield, IL

April 22, 2010

### EXECUTIVE SUMMARY

St. John's Hospital (SJS) in Springfield, Illinois is a regional referral center serving central and southern Illinois. SJS is in the process of applying for a Certificate of Need (CON) for the modernization of a portion of its bed tower and has engaged ADAMS to develop a projection of future medical/surgical beds needed by 2015.

In developing its projections, ADAMS considered certain market and demographic factors including SJS's current market share and the projected population growth both from an overall and from an age cohort perspective, and found the following:

- SJS serves a nine county area with a population of approximately 525,000 in 2009. According to the Illinois Center for Health Statistics, between 2005 and 2015, the Primary Service Area (PSA) and the Secondary Service Area (SSA) are expected to grow by 4.6% and 3.7% respectively, with an overall increase in SJS's Service Area of 4.0%.
- The number of service area residents over the age of 65 is expected to grow from 78,000 (15.0%) in 2005 to 92,500 (17.2%) in 2015.
- As a result, service area utilization for healthcare services is projected to increase over the next five years due to the aging population and increasing overall population.
- ***Thus, based on projected population growth, ADAMS estimates that the average daily census (ADC) in medical/surgical beds will be 181 in 2015 with a bed need of 205, when applying the current Illinois CON occupancy target of 88% for a hospital with 200 or more medical/surgical beds.***
- Furthermore, ADAMS projects that additional volume could be realized by decreasing out-migration from the service area to out-of-state hospitals, as SJS updates its facilities and capabilities.
- Healthcare reform may have a favorable impact on utilization and thus, demand for services. Based on the service area's level of uninsured, SJS could realize approximately 543 additional medical/surgical admissions<sup>1</sup> by 2015.
- ***When the impact of population growth, reduced out-of-state out-migration and healthcare reform are considered, ADAMS projects that the need for medical/surgical beds should be no less than 205 in 2015 and could increase to a bed need of 220.***

The balance of this report will outline the methodology and assumptions for these projections.

<sup>1</sup>This report uses internal data from SJS and State data from IL Hospital Association CompData. Internal data was collected for admissions and CompData is discharge data. For consistency, this report uses 'admissions' to refer to both.

**BED NEED PROJECTION REPORT**

ADAMS methodology for projecting future bed need may be summarized as a) determine the SJS service area; b) determine use rates of the service area; c) project future population growth and aging; d) project future utilization for the service area based on the aforementioned use rates; e) determine SJS's current proportion of patients both from an overall and medical/surgical perspective; f) apply that proportion to the projected utilization and g) translate that utilization into bed need. These steps are described in detail below.

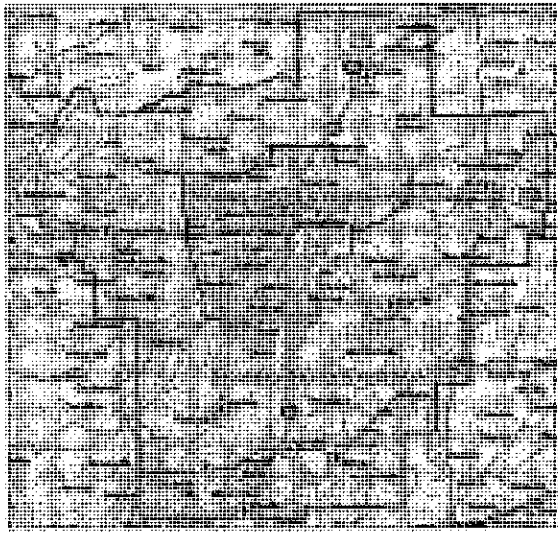
It is important to reiterate that the Bed Need Projection only incorporates the impact of growth and aging of the service area population. Additional considerations of reducing out-migration to out-of-state hospitals and the impact of healthcare reform are addressed separately.

**Service Area Definition**

SJS serves a nine county service area from which it derives approximately 71.4% of its patients (Table 1). Of SJS's total patient admissions in calendar year 2009, approximately 45.1% derive from its PSA of Sangamon County and 26.3% originate from eight other counties, defined as the SSA. The generally accepted rule in healthcare is that a hospital's service area is defined as the area from which 75-80% of the hospital's patients originate.

**Table 1**

<b>SJS SERVICE AREA DEFINITION</b>		
<i>2009 SJS Total Admissions – Primary and Secondary Service Area</i>		
<b>County</b>	<b>Admissions</b>	<b>Admission %</b>
<i>Primary</i>		
Sangamon	9,418	45.1%
<i>Secondary</i>		
Macoupin	1,025	4.9%
Christian	921	4.4%
Morgan	771	3.7%
Montgomery	839	4.0%
Macon	668	3.2%
Logan	497	2.4%
Cass	423	2.0%
Menard	354	1.7%
<b>Subtotal</b>	<b>5,498</b>	<b>26.3%</b>
Other	5,980	28.6%
<b>TOTAL</b>	<b>20,896</b>	<b>100.0%</b>



Source: SJS Data and IL CompData




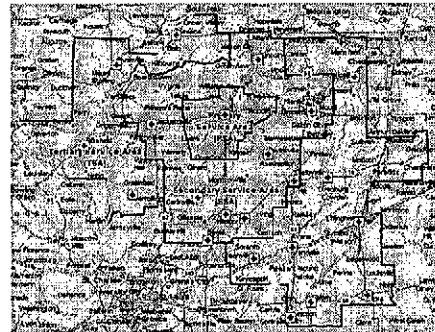


Table 2 illustrates that SJS is a regional referral center with the Hospital receiving 28.6% of its patients from outside the primary and secondary service areas.

**Table 2**

**SJS SERVICE AREA DEFINITION**  
**2009 SJS Total Admissions –**  
**Primary, Secondary and Tertiary Service Area**

County	Admissions	Admission %	County	Admissions	Admission %
<i>Primary</i>			<i>Tertiary</i>		
Sangamon	9,418	45.07%	Greene	320	1.5%
<i>Secondary</i>			Effingham	343	1.6%
Macoupin	1,025	4.9%	Shelby	342	1.6%
Christian	921	4.4%	Fayette	324	1.6%
Morgan	771	3.7%	Pike	208	1.0%
Montgomery	839	4.0%	Coles	212	1.0%
Macon	668	3.2%	Mason	190	0.9%
Logan	497	2.4%	Marion	158	0.8%
Cass	423	2.0%	Schuyler	181	0.9%
Menard	354	1.7%	Bond	146	0.7%
<b>Subtotal</b>	<b>5,498</b>	<b>26.31%</b>	Clay	131	0.6%
			De Witt	127	0.6%
			Scott	126	0.6%
			Brown	83	0.4%
			Moultrie	60	0.3%
			Platt	48	0.2%
			<b>Subtotal</b>	<b>2,999</b>	<b>14.35%</b>
			OTHER	2,981	14.27%
			<b>TOTAL</b>	<b>20,896</b>	<b>100.0%</b>



Source: SJS Data and IL CompData




Table 3 provides patient origin data by zip code.

Table 3

SJS MEDICAL/SURGICAL PATIENT ORIGIN					11/1/08 – 10/31/09				
County	Zip Code	Cases	% of Total Cases	Cumulative %	County	Zip Code	Cases	% of Total Cases	Cumulative %
Sangamon	*	4,608	33.9%	33.9%	Macoupin	62640	113	0.8%	57.1%
Morgan	62650	380	2.8%	36.7%	Coles	61938	106	0.8%	57.9%
Christian	62568	223	1.6%	38.3%	Macon	62526	102	0.7%	58.6%
Logan	62656	214	1.6%	39.9%	Sangamon	62563	95	0.7%	59.3%
Sangamon	62629	198	1.5%	41.3%	Menard	62675	95	0.7%	60.0%
Montgomery	62056	192	1.4%	42.7%	Pike	62363	91	0.7%	60.7%
Christian	62557	177	1.3%	44.0%	Bond	62246	88	0.6%	61.3%
Cass	62618	167	1.2%	45.3%	DeWitt	61727	86	0.6%	62.0%
Sangamon	62561	158	1.2%	46.4%	Macoupin	62033	75	0.6%	62.5%
Macon	62521	157	1.2%	47.6%	LaSalle	61364	75	0.6%	63.1%
Sangamon	62684	151	1.1%	48.7%	Mason	62664	74	0.5%	63.6%
Montgomery	62049	149	1.1%	49.8%	Sangamon	62670	74	0.5%	64.2%
Effingham	62401	142	1.0%	50.8%	Macoupin	62088	73	0.5%	64.7%
Shelby	62565	133	1.0%	51.8%	Greene	62016	67	0.5%	65.2%
Sangamon	62615	127	0.9%	52.7%	Montgomery	62075	65	0.5%	65.7%
Macoupin	62626	126	0.9%	53.7%	Adams	62301	65	0.5%	66.2%
Fayette	62471	123	0.9%	54.6%	Sangamon	62558	65	0.5%	66.6%
Schuyler	62681	116	0.9%	55.4%	Total, These Zipcodes		9,066	66.6%	
Sangamon	62690	116	0.9%	56.3%	Total Medical/Surgical Patients		13,606	100.0%	

\*Data for Springfield include the following zip codes: 62701, 62702, 62703, 62704, 62705, 62706, 62707, 62708, 62711, 62712, 62791, 62794

Source: SJS Data




**Service Area Population**

According to data from the Illinois Center for Health Statistics (Table 4), the 2005 population for the primary and secondary service area was 517,580. In 2005, 78,142 or approximately 15% of the 2005 population were over the age of 65. This age cohort is expected to increase to 92,494 or 17% of the population by 2015. Both the 65-74 and 85+ age cohorts are expected to grow significantly at 33.1% and 23.5% respectively. Overall, the 2015 population is expected to increase by 4.0% to 538,567. In short, the service area population is projected to show both significant growth and aging over time.

**Table 4**

<b>POPULATION GROWTH</b>				
<b>SJS Service Area (2005 - 2015)</b>				
<b>2005 Population</b>				
2005	PSA	SSA	TOTAL	Composition % to Total
0-14	38,443	61,331	99,774	19.3%
15-44	76,100	127,902	204,002	39.4%
45-64	51,953	83,709	135,662	26.2%
65-74	13,232	24,251	37,483	7.2%
75-84	9,521	18,621	28,142	5.4%
85+	4,096	8,421	12,517	2.4%
<b>TOTAL</b>	<b>193,345</b>	<b>324,235</b>	<b>517,580</b>	<b>100.0%</b>
<b>2015 Population</b>				
2015	PSA	SSA	TOTAL	Composition % to Total
0-14	39,747	63,268	103,015	19.1%
15-44	71,073	125,042	196,115	36.4%
45-64	57,537	89,206	146,743	27.3%
65-74	18,768	31,128	49,896	9.3%
75-84	9,819	17,324	27,143	5.0%
85+	5,214	10,241	15,455	2.9%
<b>TOTAL</b>	<b>207,158</b>	<b>336,209</b>	<b>538,567</b>	<b>100.0%</b>
<b>2005 - 2015 Overall % Change</b>				
	PSA %	SSA %	Total %	
0-14	3.4%	3.2%	3.2%	
15-44	-6.6%	-2.2%	-3.9%	
45-64	10.7%	6.6%	8.2%	
65-74	41.8%	28.4%	33.1%	
75-84	3.1%	-7.0%	-3.5%	
85+	27.3%	21.6%	23.5%	
<b>TOTAL</b>	<b>4.6%</b>	<b>3.7%</b>	<b>4.0%</b>	

2005 population estimates prepared by Illinois Center for Health Statistics, Illinois Department of Public Health  
 2015 population projections based upon the latest county-level numbers prepared by Illinois Department of Commerce and Economic Opportunity



**Service Area Utilization Rates and Future Volume**


To derive a utilization rate for the PSA and SSA, two pieces of information must be known: 1) the population and; 2) the number of admissions for that time period. It is important to note due to limitations in the source data, these calculations represent hospital admissions for all types of inpatient care (e.g. medical/surgical, pediatrics, behavioral health, OB/GYN, etc.). Specific projections for medical/surgical patients at SJS are derived in a later step.

As shown in Table 5, ADAMS has calculated age specific utilization rates for a series of age cohorts. Future utilization is projected by multiplying the 2015 projected population by constant utilization rates in each age cohort.

**Table 5**

INPATIENT UTILIZATION RATES SJS Primary and Secondary Service Area – 2005 vs. 2015								
<b>2005</b>	<b>TOTAL</b>	<b>0-14</b>	<b>15-44</b>	<b>45-64</b>	<b>over 65</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
Admissions	70,427	5,152	17,496	18,318	29,456	10,746	11,452	7,257
Population	517,580	99,774	204,002	135,662	78,142	37,483	28,142	12,517
Use Rate per 1000	136.06	51.64	85.76	135.03	376.95	286.69	406.95	579.79
<b>2015</b>	<b>TOTAL</b>	<b>0-14</b>	<b>15-44</b>	<b>45-64</b>	<b>over 65</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
Admissions	76,819	5,319	16,820	19,814	34,866	14,305	11,046	8,961
Population	538,367	103,015	196,115	146,743	92,494	49,896	27,143	15,455
Use Rate per 1000	142.69	50.08	83.19	130.97	365.62	278.07	394.71	562.36

2005 population estimates prepared by Illinois Center for Health Statistics, Illinois Department of Public Health  
 2015 population projections based upon the latest county-level numbers prepared by Illinois Department of Commerce and Economic Opportunity



**This calculation results in a projection of 76,819 admissions from the PSA and SSA in 2015.** Even though age specific utilization rates were held constant for this calculation, the overall utilization rates grew from 136.06 admissions per 1,000 in 2005 to 142.69 admissions per 1,000 in 2015. This is again due to the aging of the population.

**SJS Service Area Market Share**

SJS calendar year 2009 market share is derived from an examination of the Illinois Hospital Association's CompData (Table 6) that reported admissions for Illinois hospitals and several other states. This data shows that approximately 67,733 admissions were generated by residents of SJS's 9 county service area and that 14,916 or 22.0% of these admissions were hospitalized at SJS.

**Table 6**

**SJS INPATIENT MARKET SHARE BY SERVICE AREA**  
**2009 Calendar Year Admissions**

Service Area	PSA 2009	SSA 2009	TOTAL 2009
SJS	9,418	5,498	14,916
Other Illinois Providers	14,687	35,836	50,523
Subtotal	24,105	41,334	65,439
Out-of-State Out-migration	384	1,910	2,294
Total	24,489	43,244	67,733

Service Area	PSA 2009	SSA 2009	TOTAL 2009
SJS	38.5%	12.7%	22.0%
Other Illinois Providers	60.0%	82.9%	74.6%
Subtotal	98.4%	95.6%	96.6%
Out-of-State Out-migration	1.6%	4.4%	3.4%
Total	100.0%	100.0%	100.0%

*Out-of-state out-migration is defined as admissions originating within the defined service area but receiving care at providers outside of Illinois.*

Source: Illinois CompData,  
 Out-of-state data is 1/1/09 to 6/30/09 Annualized



**Bed Need Projection**

In order to determine SJS's future volume and bed need from the market projection, ADAMS undertook a four step process, which is depicted in Table 7:

- Determine SJS's market share of the future admissions - In this step, SJS's CY 2009 actual market share of 22.0% was calculated and applied to the projected 2015 admissions. This resulted in an estimated 16,907 SJS admissions from the PSA and SSA.
- Determine medical/surgical admissions - In 2009, SJS admitted 8,716 medical/surgical patients from the PSA and SSA or approximately 58.4% of SJS's total admissions. ADAMS assumed that the portion of medical/surgical admissions will remain constant, resulting in a future medical/surgical projection of 9,880 admissions from SJS's PSA and SSA.


- Add in-migration for medical/surgical admissions - In 2009, approximately 28.6% of SJS medical/surgical patients came from outside of the defined service area. ADAMS again assumed that this proportion will remain constant and an additional 466 medical/surgical patients will seek admission to SJS by 2015, resulting in a total of 3,961 medical/surgical admissions from outside SJS's PSA and SSA. Adding the 9,880 admissions from SJS's PSA and SSA with the 3,961 admissions from outside of this service area results in a total projection of 13,841 medical/surgical admissions for SJS by 2015.
- Translate admissions into bed need - In order to translate projected medical/surgical admissions into bed need; historic length of stay (which includes observation days) was applied to the medical/surgical admissions which resulted in 65,610 projected medical/surgical patient days for SJS in 2015. Finally, by utilizing the current Illinois CON medical/surgical occupancy target of 88% for a hospital with 200 or more medical/surgical beds, these volume levels would translate into a projected need for 205 medical/surgical beds.

Table 7

CY 2009 Service Area					CY 2015 Service Area				
Bed Need Forecast	Admissions <sup>1</sup>	Admissions	Market Share	Admissions (M/S)	Admissions	Admissions	Market Share	Admissions (M/S)	
Total Service Area	67,733	14,816	22.0%	8,716	76,819	16,907	22.0%	9,880	
SJS In-migration		5,980		3,495		6,778		3,961	
Subtotal		20,896		12,211		23,685		13,841	
Total Admissions All Areas		20,896		12,211				13,841	
<b>M/S Sizing</b>					<b>M/S Sizing</b>				
ALOS					ALOS				
4.7403					4.7403				
<b>Patient Days<sup>2</sup></b>					<b>Patient Days<sup>3</sup></b>				
57,884					65,610				
<b>ADC</b>					<b>ADC</b>				
159					180				
<b>Bed Need @ 88%</b>					<b>Bed Need @ 88%</b>				
181					205				

1 - Excludes normal newborns  
 2 - Includes 1934 Observation Days  
 3 - Includes 2609 Observation Days

Source: 2006 National Hospital Discharge Survey published 7/30/08, IL CompData, and SJS Data  
 2005 population estimates prepared by Illinois Center for Health Statistics. Illinois Department of Public Health  
 2015 population projections based upon the latest county-level numbers prepared by Illinois Department of Commerce and Economic Opportunity



### Potential Bed Need Projection

ADAMS took the Bed Need Projection and added two assumptions based on factors that could support higher volumes and increased bed need. It is important to understand that these additional beds are not being requested at this time.

### Potential Reduction in Out-of-state Out-Migration

As described in Table 8 below, CompData reports 6,192 individuals living in SJS's primary, secondary and tertiary service areas who receive care at hospitals outside of Illinois. As SJS updates its facilities and capabilities, thus providing an enhanced platform for local physicians; Illinois residents who live in the service area will have a greater opportunity to receive care in Illinois. Utilizing the assumptions in Table 8, ADAMS has projected that an additional 483 medical/surgical admissions at SJS are possible in 2015.


Table 8

<b>POTENTIAL INCREASE INPATIENT VOLUME DUE TO DECREASED OUT-MIGRATION</b>	
<b>Reduce Out-of-State Out-migration</b>	
Out-of-State Out-migration <sup>1</sup>	6,192
% of Out-migration cases that are Med/Surg <sup>2</sup>	65.0%
Total to Service Area Hospitals	4,025
SJS Potential Share <sup>3</sup>	12.0%
SJS Potential Incremental Admissions	483

1 - PSA(384), SSA (1910), TSA (3898)  
2 - ADAMS estimate based on MDC analysis of out of state data  
3 - ADAMS estimate based on SJS market share in combined PSA, SSA, TSA

**Out-of-state out-migration is defined as admissions originating within the defined service area but receiving care at providers outside of Illinois.**

Source: Illinois CompData,  
Out-of-state data is 1/1/09 to 6/30/09 Annualized



## Potential Impact of Healthcare Reform


As in most areas of the country, utilization rates of healthcare services by the uninsured in SJS's service area are lower than utilization rates of Medicaid enrollees. As insurance coverage is expanded by offering Medicaid type insurance plans to the uninsured, it is possible that utilization rates for this group will increase to mirror Medicaid utilization. Should such a utilization rate increase occur, additional volume at all Illinois hospitals could result. Utilizing the assumptions in Table 9, ADAMS has estimated that an additional 547 medical/surgical admissions at SJS are possible in 2015 from residents of SJS's PSA and SSA.

Table 9

<b>POTENTIAL IMPACT OF HEALTHCARE REFORM</b>			
<b>Primary and Secondary Service Area</b>			
County	2005 Population	2005 Uninsured %	2005 Uninsured #
Cass	14,209	0.218	3,098
Christian	36,254	0.113	4,097
Logan	31,226	0.108	3,372
Macoupin	49,622	0.149	7,394
Macon	112,450	0.109	12,257
Menard	12,991	0.145	1,884
Montgomery	30,573	0.154	4,708
Morgan	36,910	0.156	5,758
Sangamon	193,345	0.159	30,742
<b>Total</b>	<b>517,580</b>		<b>73,309</b>
<b>Current Uninsured Use Rate per 1000<sup>1</sup></b>			<b>53.59</b>
<b>Current Uninsured Admissions</b>			<b>3,929</b>
<b>Revised Uninsured Use Rate per 1000<sup>2</sup></b>			<b>118.72</b>
<b>Revised Uninsured Admissions</b>			<b>8,703</b>
<b>Additional Service Area Admissions</b>			<b>4,774</b>
<b>SJS Market Share<sup>3</sup></b>			<b>19.6%</b>
<b>Additional SJS Admissions</b>			<b>936</b>
<b>Additional SJS M/S Admissions</b>			<b>547</b>

1) Service area self pay admissions/# of service area uninsured.  
2) 2008 USA Medicaid admissions/2008 USA Medicaid enrollees.  
3) SJS self pay admissions/Service area self pay admissions.

Sources: Taking a Closer Look at Illinois Uninsured, April 2009 – Gilead Outreach & Referral Center  
Total Medicaid Enrollment, 2008 Kaiser Health Facts  
HCUP Facts and Figures 2008





**Conclusion**

ADAMS utilized the methodology described in the Potential Bed Need Projection above to project the number of medical/surgical beds that could be required (Table 10). When the impact of population growth, reduced out-of-state out-migration and healthcare reform are considered; ADAMS projects that the need for medical/surgical beds should be no less than 205 in 2015 and could increase to a bed need of 220.

**Table 10**

CY 2009 Service				CY 2015 Service				
Bed Need Forecast	Area	CY 2009 SJS Admissions	CY 2009 SJS Market Share	CY 2009 SJS Admissions (M/S)	Area	CY 2015 SJS Admissions	CY 2015 SJS Market Share	CY 2015 SJS Admissions (M/S)
<b>Total Service Area</b>		67,733	22.0%	8,716		75,819	22.0%	9,880
SJS In-migration		5,980		3,495		6,778		3,961
Subtotal		20,895		12,211		23,685		13,941
1) Potential Impact of Reduced Out-of-State Out-migration								483
2) Potential Impact of Healthcare Reform								547
<b>Total Admissions All Areas</b>		<b>20,896</b>		<b>12,211</b>				<b>14,871</b>
		<b>M/S Sizing</b>				<b>M/S Sizing</b>		
			ALOS	4.7403			ALOS	4.7403
			Patient Days <sup>2</sup>	57,884			Patient Days <sup>3</sup>	70,492
			ADC	159			ADC	193
			Bed Need @ 88%	181			Bed Need @ 88%	220
<p>1 - Excludes normal newborns                  2 - Includes 1994 Observation Days                  3 - Includes 2009 Observation Days</p>								
<p>Source: 2006 National Hospital Discharge Survey published 7/30/08, IL CompData, and SJS Data                  2005 population estimates prepared by Illinois Center for Health Statistics, Illinois Department of Public Health                  2015 population projections based upon the latest county-level numbers prepared by Illinois Department of Commerce and Economic Opportunity</p>								



St. John's  
Hospital

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

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## ST. JOHN'S HOSPITAL

PEAK CENSUS STUDY  
COVERING JANUARY 1 – DECEMBER 31, 2009

Conducted by  
St. John's Hospital  
Springfield, Illinois  
TeleTracking System



An Affiliate of Hospital Sisters Health System

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Day of the Week	Date	Occupied Beds
Friday,	4/24/09	195
Friday,	3/6/09	193
Wednesday,	3/18/09	193
Tuesday,	3/17/09	192
Thursday,	3/19/09	191
Wednesday,	3/25/09	191
Saturday,	4/25/09	191
Thursday,	4/16/09	190
Thursday,	4/23/09	190
Sunday,	4/26/09	190
Monday,	4/27/09	190
Thursday,	4/9/09	189
Friday,	4/10/09	188
Wednesday,	12/16/09	188
Wednesday,	2/11/09	187
Thursday,	3/5/09	187
Thursday,	3/12/09	187
Friday,	3/20/09	187
Tuesday,	3/24/09	187
Tuesday,	4/28/09	187
Thursday,	6/25/09	187
Wednesday,	3/11/09	186
Wednesday,	4/29/09	186
Wednesday,	4/15/09	185
Tuesday,	2/3/09	184
Wednesday,	4/22/09	184
Wednesday,	6/24/09	184
Wednesday,	7/1/09	184
Friday,	12/18/09	184
Wednesday,	2/18/09	183
Friday,	3/27/09	183
Wednesday,	4/8/09	183
Friday,	5/1/09	183
Saturday,	3/7/09	182
Friday,	4/17/09	182
Thursday,	8/13/09	182
Thursday,	12/17/09	182
Friday,	2/13/09	181
Friday,	4/3/09	181
Wednesday,	5/20/09	181
Friday,	10/16/09	181
Wednesday,	2/4/09	180
Thursday,	3/26/09	180
Tuesday,	4/7/09	180
Tuesday,	4/14/09	180
Wednesday,	5/6/09	180
Friday,	5/8/09	180
Tuesday,	6/23/09	180
Wednesday,	3/4/09	179
Tuesday,	3/10/09	179
Friday,	3/13/09	179
Thursday,	7/2/09	179

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Thursday,	10/29/09	179
Wednesday,	11/18/09	179
Tuesday,	12/15/09	179
Monday,	3/16/09	178
Thursday,	4/30/09	178
Thursday,	5/21/09	178
Thursday,	2/12/09	177
Thursday,	4/2/09	177
Tuesday,	4/21/09	177
Friday,	5/15/09	177
Friday,	5/22/09	177
Thursday,	7/23/09	177
Wednesday,	9/2/09	177
Thursday,	9/3/09	177
Friday,	10/30/09	177
Wednesday,	11/11/09	177
Saturday,	12/19/09	177
Tuesday,	2/24/09	176
Saturday,	4/11/09	176
Friday,	6/26/09	176
Thursday,	10/16/09	176
Tuesday,	2/10/09	175
Monday,	3/9/09	175
Sunday,	4/12/09	175
Monday,	4/13/09	175
Tuesday,	5/5/09	175
Thursday,	5/7/09	175
Tuesday,	9/15/09	175
Wednesday,	10/28/09	175
Friday,	2/27/09	174
Wednesday,	5/13/09	174
Thursday,	5/14/09	174
Tuesday,	7/14/09	174
Wednesday,	9/16/09	174
Tuesday,	6/30/09	173
Friday,	7/24/09	173
Thursday,	12/3/09	173
Thursday,	1/8/09	172
Friday,	1/30/09	172
Saturday,	1/31/09	172
Monday,	3/23/09	172
Friday,	8/28/09	172
Tuesday,	11/10/09	172
Tuesday,	1/27/09	171
Thursday,	1/29/09	171
Wednesday,	2/25/09	171
Thursday,	2/26/09	171
Sunday,	3/8/09	171
Wednesday,	5/27/09	171
Tuesday,	7/7/09	171
Wednesday,	7/22/09	171
Tuesday,	7/28/09	171
Thursday,	8/27/09	171

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Tuesday,	12/22/09	171
Tuesday,	3/3/09	170
Tuesday,	5/19/09	170
Thursday,	5/28/09	170
Thursday,	7/9/09	170
Wednesday,	10/21/09	170
Tuesday,	11/17/09	170
Wednesday,	1/7/09	169
Saturday,	4/4/09	169
Tuesday,	6/16/09	169
Wednesday,	6/17/09	169
Friday,	8/14/09	169
Thursday,	9/17/09	169
Tuesday,	10/27/09	169
Saturday,	1/17/09	168
Wednesday,	1/28/09	168
Saturday,	7/25/09	168
Wednesday,	7/29/09	168
Wednesday,	8/12/09	168
Tuesday,	9/1/09	168
Thursday,	10/1/09	168
Friday,	10/23/09	168
Tuesday,	11/3/09	168
Saturday,	3/21/09	167
Friday,	5/29/09	167
Tuesday,	7/21/09	167
Friday,	10/2/09	167
Tuesday,	1/20/09	166
Tuesday,	2/17/09	166
Monday,	2/23/09	166
Monday,	4/6/09	166
Thursday,	6/18/09	166
Wednesday,	11/4/09	166
Friday,	11/13/09	166
Thursday,	1/15/09	165
Friday,	1/16/09	165
Wednesday,	1/21/09	165
Friday,	2/20/09	165
Tuesday,	5/12/09	165
Wednesday,	6/10/09	165
Thursday,	8/6/09	165
Friday,	8/7/09	165
Thursday,	10/22/09	165
Thursday,	11/12/09	165
Wednesday,	12/2/09	165
Tuesday,	12/29/09	165
Wednesday,	12/30/09	165
Tuesday,	1/6/09	164
Tuesday,	1/13/09	164
Monday,	2/2/09	164
Thursday,	2/5/09	164
Friday,	2/6/09	164
Sunday,	3/15/09	164

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Saturday,	3/28/09	164
Tuesday,	5/26/09	164
Wednesday,	7/15/09	164
Wednesday,	10/14/09	164
Thursday,	11/5/09	164
Friday,	12/4/09	164
Friday,	1/9/09	163
Saturday,	2/21/09	163
Tuesday,	9/29/09	163
Sunday,	12/20/09	163
Monday,	12/21/09	163
Monday,	3/2/09	162
Tuesday,	3/31/09	162
Thursday,	6/11/09	162
Monday,	6/15/09	162
Friday,	7/3/09	162
Monday,	7/13/09	162
Thursday,	9/24/09	162
Tuesday,	10/20/09	162
Friday,	11/6/09	162
Tuesday,	12/8/09	162
Thursday,	2/19/09	161
Saturday,	5/16/09	161
Wednesday,	9/23/09	161
Sunday,	1/18/09	160
Thursday,	1/22/09	160
Wednesday,	4/1/09	160
Sunday,	4/5/09	160
Saturday,	5/23/09	160
Wednesday,	8/19/09	160
Tuesday,	12/1/09	160
Sunday,	2/22/09	159
Sunday,	3/29/09	159
Wednesday,	6/3/09	159
Tuesday,	6/9/09	159
Friday,	6/19/09	159
Friday,	7/10/09	159
Saturday,	8/29/09	159
Thursday,	12/10/09	159
Wednesday,	1/14/09	158
Monday,	2/9/09	158
Saturday,	2/28/09	158
Monday,	3/30/09	158
Saturday,	4/18/09	158
Saturday,	5/9/09	158
Monday,	5/11/09	158
Monday,	5/25/09	158
Friday,	6/5/09	158
Thursday,	7/16/09	158
Thursday,	7/30/09	158
Tuesday,	8/11/09	158
Thursday,	8/20/09	158
Friday,	9/25/09	158

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Saturday,	10/17/09	158
Wednesday,	12/23/09	158
Monday,	1/26/09	157
Sunday,	2/1/09	157
Sunday,	7/19/09	157
Monday,	1/19/09	156
Saturday,	1/24/09	156
Saturday,	5/30/09	156
Thursday,	6/4/09	158
Monday,	6/29/09	156
Tuesday,	9/22/09	156
Saturday,	11/14/09	156
Thursday,	11/19/09	156
Tuesday,	11/24/09	156
Wednesday,	11/25/09	156
Saturday,	12/5/09	156
Wednesday,	12/9/09	156
Friday,	12/11/09	156
Friday,	1/23/09	155
Monday,	2/16/09	155
Sunday,	5/10/09	155
Saturday,	6/27/09	155
Wednesday,	7/8/09	155
Friday,	7/31/09	155
Tuesday,	8/18/09	155
Friday,	9/4/09	155
Saturday,	9/26/09	155
Monday,	4/20/09	154
Sunday,	5/24/09	154
Saturday,	2/14/09	153
Saturday,	5/2/09	153
Sunday,	5/3/09	153
Tuesday,	6/2/09	153
Monday,	7/27/09	153
Sunday,	8/30/09	153
Saturday,	1/10/09	152
Monday,	1/12/09	152
Monday,	5/4/09	152
Monday,	5/18/09	152
Monday,	7/6/09	152
Saturday,	7/18/09	152
Saturday,	10/24/09	152
Friday,	11/20/09	152
Monday,	12/14/09	152
Wednesday,	9/30/09	151
Saturday,	10/3/09	151
Tuesday,	10/13/09	151
Saturday,	11/21/09	151
Saturday,	3/14/09	150
Monday,	6/8/09	150
Sunday,	6/14/09	150
Monday,	6/22/09	150
Saturday,	7/11/09	150

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Friday,	10/9/09	150
Monday,	11/2/09	150
Monday,	11/30/09	150
Thursday,	12/31/09	150
Monday,	1/5/09	149
Sunday,	5/17/09	149
Saturday,	8/8/09	149
Sunday,	2/15/09	148
Saturday,	6/13/09	148
Friday,	7/17/09	148
Friday,	8/21/09	148
Monday,	8/31/09	148
Saturday,	12/12/09	148
Monday,	12/28/09	148
Sunday,	2/8/09	147
Sunday,	3/22/09	147
Friday,	6/12/09	147
Saturday,	8/15/09	147
Tuesday,	8/25/09	147
Monday,	9/14/09	147
Monday,	9/28/09	147
Thursday,	10/8/09	147
Saturday,	11/7/09	147
Saturday,	6/20/09	146
Sunday,	7/12/09	146
Saturday,	8/22/09	146
Monday,	11/9/09	146
Sunday,	12/6/09	146
Sunday,	5/31/09	145
Sunday,	6/28/09	145
Sunday,	9/27/09	145
Sunday,	11/29/09	145
Sunday,	1/11/09	144
Sunday,	6/21/09	144
Wednesday,	8/5/09	144
Wednesday,	10/7/09	144
Saturday,	10/10/09	144
Monday,	10/26/09	144
Monday,	11/16/09	144
Sunday,	12/13/09	144
Saturday,	2/7/09	143
Sunday,	3/1/09	143
Monday,	7/20/09	143
Sunday,	10/18/09	143
Monday,	10/19/09	143
Monday,	12/7/09	143
Saturday,	1/3/09	142
Sunday,	1/4/09	142
Monday,	6/1/09	142
Saturday,	6/8/09	142
Sunday,	7/26/09	142
Thursday,	9/10/09	142
Friday,	9/18/09	142



**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Saturday,	9/19/09	142
Thursday,	12/24/09	142
Sunday,	1/25/09	141
Sunday,	4/19/09	141
Sunday,	7/5/09	141
Monday,	8/17/09	141
Sunday,	11/1/09	141
Friday,	1/2/09	140
Saturday,	9/12/09	140
Saturday,	10/31/09	140
Thursday,	1/1/09	139
Sunday,	6/7/09	139
Saturday,	8/1/09	139
Monday,	8/10/09	139
Sunday,	8/16/09	139
Wednesday,	8/26/09	139
Sunday,	11/15/09	139
Sunday,	8/9/09	138
Sunday,	9/20/09	138
Sunday,	11/8/09	138
Sunday,	10/4/09	137
Monday,	10/12/09	137
Sunday,	11/22/09	137
Monday,	11/23/09	137
Thursday,	11/26/09	137
Friday,	11/27/09	137
Saturday,	7/4/09	136
Saturday,	9/5/09	136
Wednesday,	9/9/09	136
Sunday,	9/13/09	136
Monday,	10/5/09	136
Sunday,	10/25/09	136
Sunday,	8/23/09	135
Monday,	8/24/09	135
Friday,	9/11/09	135
Monday,	9/21/09	135
Sunday,	10/11/09	135
Tuesday,	8/4/09	134
Sunday,	12/27/09	134
Saturday,	11/28/09	133
Tuesday,	10/6/09	130
Tuesday,	9/8/09	129
Saturday,	12/26/09	129
Sunday,	8/2/09	124
Monday,	8/3/09	122
Monday,	9/7/09	121
Friday,	12/25/09	119
Sunday,	9/6/09	117

Source: St. John's Hospital, TeleTracking System

MEDICAL/SURGICAL NURSING UNITS (THIS PROJECT ONLY)

SPACE PROGRAM FOR EACH FLOOR (6<sup>th</sup> - 9<sup>th</sup> FLOORS)

- 18 Medical/Surgical private patient rooms, each with its own toilet, lavatory and shower
- 12 Medical/Surgical semi-private patient rooms, each with its own toilet, lavatory and shower
- 2 airborne infection isolation Medical/Surgical private rooms with negative airflow, each with an ante-room and its own toilet, lavatory and shower
- 2 Nursing Stations (Control Desks), each with space for the following:
  - 1 Clerk Workstation
  - 7 Nurse/Physician Workstations
  - 1 Workspace for Copier, Printer, Pneumatic Tube, Pyxis Machine
  - 1 Report Alcove
- 1 Satellite Nursing Station (Control Desk) with space for the following:
  - 5 Nurse/Physician Workstations
  - 1 Workspace for Copier, Printer
  - 1 Medication Station, with space for Pyxis Machine
  - 1 Report Alcove
- 2 Satellite Nursing Stations (Control Desks), each with space for the following:
  - 5 Nurse/Physician Workstations
  - 1 Report Alcove
- 1 Telemetry Room
- 1 Nutrition Station
- 1 Medication Room
- 1 Clean Utility Room
- 1 Soiled Holding Room
- 7 Linen Cart Closets
- 6 Equipment Rooms
  
- 1 Consultation Room
- 1 Family Lounge
- 2 Public Toilets
- 1 Vending Machine
  
- 1 Office for Nurse/Manager
- 1 Office for Clinical Nurse Leader
- 1 shared Office for Case Managers, Social Workers, Dietician with workstations
  
- 1 Classroom
- 1 Staff Break Room, with 100 purse lockers
- 2 Staff Toilets
  
- 1 Oxygen Tank Storage Room
  
- 3 Housekeeping Closets
- 1 Communication Room, located in Electrical Equipment Room
- 1 Electrical Equipment Room

2006

# Guidelines

## for Design and Construction of Health Care Facilities

The Facility  
Guidelines Institute

The American  
Institute of Architects  
Academy of Architecture  
for Health

With assistance from the  
U.S. Department of Health  
and Human Services

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## 2.1 General Hospitals

*Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.*

### 1 General Considerations

#### 1.1 Applicability

The general hospital shall meet all the standards described herein. Deviations shall be described and justified in the functional program for specific approval by authorities having jurisdiction.

#### 1.2 Functional Program

For each project, there shall be a functional program for the facility in accordance with Section 1.2-2.

##### 1.2.1 Size and Layout

Department size and clear floor areas shall depend on program requirements and organization of services within the hospital. Combination or sharing of some functions shall be permitted provided the layout does not compromise safety standards and medical and nursing practices.

##### \*1.2.2 Swing Beds

When the concept of swing beds is part of the functional program, care shall be taken to include requirements for all intended categories.

### 1.3 Site

#### \*1.3.1 Parking

1.3.1.1 Each new facility, major addition, or major change in function shall have parking space to satisfy the needs of patients, personnel, and the public.

1.3.1.2 A formal parking study is desirable. In the absence of such a study, provide one space for each bed plus one space for each employee normally present on any single weekday shift. This ratio may be reduced in an area convenient to public transportation or public parking facilities, or where carpool or other arrangements to reduce traffic have been developed.

1.3.1.3 Additional parking may be required to accommodate outpatient and other services.

1.3.1.4 Separate and additional space shall be provided

for service delivery vehicles and vehicles utilized for emergency patients.

### 2 Common Elements

#### 2.1 General

The spaces included in this section are common to most hospital facilities and shall be required for a specific hospital unit or location when specified in the Guidelines text for that unit or location.

#### 2.2 Patient Rooms or Care Areas

##### 2.2.1 Toilet Rooms

Each patient shall have access to a toilet room without having to enter a general corridor area.

2.2.1.1 One toilet room shall serve no more than two patient rooms and no more than four beds.

2.2.1.2 The toilet room shall contain a water closet and a hand-washing station.

2.2.1.3 Toilet room doors shall swing outward or be double acting. Where local requirements permit, use of folding doors shall be permitted, provided adequate provisions are made for acoustical and visual privacy.

##### 2.2.2 Patient Storage Locations

Each patient shall have within his or her room a separate wardrobe, locker, or closet suitable for hanging full-length garments and for storing personal effects.

### APPENDIX

#### A1.2.2 Swing Beds

Facility design for swing beds often requires additional corridor doors and provisions for switching nurse call operations from one nurse station to another depending on use.

#### A1.3.1 Parking

A formal parking/traffic study should be conducted to ensure that adequate parking and traffic flow is provided to accommodate inpatients, outpatients, staff, and visitors.

## 2.1 GENERAL HOSPITALS

### 2.3 Support Areas for Patient Care

#### 2.3.1 Administrative Center or Nurse Station

2.3.1.1 This area shall have space for counters and storage and shall have convenient access to hand-washing stations.

2.3.1.2 This area may be combined with or include centers for reception and communication.

#### 2.3.2 Documentation Area

Charting facilities shall have linear surface space adequate to ensure that staff and physicians can chart and have simultaneous access to information and communication systems.

#### 2.3.3 Multipurpose Room

Multipurpose rooms are provided for staff, patients, and patients' families for patient conferences, reports, education, training sessions, and consultation.

2.3.3.1 These rooms shall be accessible to each nursing unit.

2.3.3.2 These rooms may be on other floors if convenient for regular use.

2.3.3.3 One such room shall be permitted to serve several nursing units and/or departments.

#### 2.3.4 Medication Station

Medication shall be distributed from a medicine preparation room or unit, from a self-contained medicine dispensing unit, or by another approved system.

##### 2.3.4.1 Medicine preparation room

- (1) This room shall be under visual control of the nursing staff.
- (2) This room shall contain a work counter, a hand-washing station, a lockable refrigerator, and locked storage for controlled drugs.
- (3) When a medicine preparation room is to be used to store one or more self-contained medicine-dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained medicine-dispensing unit(s) present.

##### 2.3.4.2 Self-contained medicine dispensing unit

- (1) Location of a self-contained medicine dispensing unit shall be permitted at the nurse station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.
- (2) Convenient access to hand-washing stations shall be provided. (Standard cup-sinks provided in many self-contained units are not adequate for hand-washing.)

#### 2.3.5 Nourishment Area

2.3.5.1 A nourishment area shall have a sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishment between scheduled meals. This area shall include space for trays and dishes used for nonscheduled meal service.

2.3.5.2 Provisions and space shall be included for separate temporary storage of unused and soiled dietary trays not picked up at mealtime.

2.3.5.3 Hand-washing stations shall be in or immediately accessible from the nourishment area.

#### 2.3.6 Ice Machine

2.3.6.1 Ice-making equipment may be in the clean workroom/holding room or at the nourishment station.

2.3.6.2 Ice intended for human consumption shall be from self-dispensing ice makers.

#### 2.3.7 Clean Workroom or Clean Supply Room

Such rooms shall be separate from and have no direct connection with soiled workrooms or soiled holding rooms.

2.3.7.1 Clean workroom. If the room is used for preparing patient care items, it shall contain a work counter, a hand-washing station, and storage facilities for clean and sterile supplies.

2.3.7.2 Clean supply room. If the room is used only for storage and holding as part of a system for distribution of clean and sterile materials, omission of the work counter and hand-washing station shall be permitted.

**2.3.8 Soiled Workroom or Soiled Holding Room**

Such rooms shall be separate from and have no direct connection with clean workrooms or clean supply rooms.

**2.3.8.1** Soiled workrooms. These shall contain the following:

- (1) A clinical sink (or equivalent flushing-rim fixture) and a hand-washing station. Both fixtures shall have a hot and cold mixing faucet.
- (2) A work counter and space for separate covered containers for soiled linen and a variety of waste types.

**2.3.8.2** Soiled holding rooms. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of soiled material. If the flushing-rim clinical sink is not provided, facilities for cleaning bedpans shall be provided elsewhere.

**2.3.9 Equipment and Supply Storage****2.3.9.1 Clean linen storage**

- (1) Location of the designated area within the clean workroom, a separate closet, or an approved distribution system on each floor shall be permitted.
- (2) If a closed cart system is used, storage of clean linen carts in an alcove shall be permitted. This cart storage must be out of the path of normal traffic and under staff control.

**2.3.9.2** Equipment storage room or alcove. Appropriate room(s) or alcove(s) shall be provided for storage of equipment necessary for patient care and as required by the functional program. Each unit shall provide sufficient storage area(s) located on the patient floor to keep its required corridor width free of all equipment and supplies, but not less than 10 square feet (0.93 square meters) per patient bed shall be provided.

**2.3.9.3** Storage space for stretchers and wheelchairs. Space shall be provided in a strategic location, without restricting normal traffic.

**2.3.9.4** Emergency equipment storage. Space shall be provided for emergency equipment that is under

direct control of the nursing staff, such as a cardiopulmonary resuscitation (CPR) cart. This space shall be located in an area appropriate to the functional program but out of normal traffic.

**2.3.10 Housekeeping Room**

**2.3.10.1** Housekeeping rooms shall be directly accessible from the unit or floor they serve and may serve more than one nursing unit on a floor.

**2.3.10.2** In nursing locations, at least one housekeeping room per floor shall contain a service sink or floor receptor and provisions for storage of supplies and housekeeping equipment.

**2.4 Support Areas for Staff****2.4.1 Staff Lounge Facilities**

Lounge facilities shall be sized per the functional program but shall not be less than 100 square feet (9.29 square meters).

**2.4.2 Staff Toilet Room(s)**

These shall be conveniently located for staff use and may be unisex.

**2.4.3 Staff Storage Facilities**

**2.4.3.1** Securable closets or cabinet compartments for the personal articles of nursing personnel shall be located in or near the nurse station. At a minimum, they shall be large enough for purses and billfolds.

**2.4.3.2** If coat storage is provided, coats may be stored in closets or cabinets on each floor or in a central staff locker area.

**3 Nursing Locations****3.1 Medical/Surgical Nursing Units**

Each medical and surgical nursing unit shall include the following (see Sections 1.1-1.3.5 and 1.1-3 for waiver of standards where existing conditions make absolute compliance impractical):

**Note:** See other sections of this document for special care areas or units such as recovery rooms, critical care units, pediatric units, rehabilitation units, and skilled nursing care or other specialty units.

## 2.1 GENERAL HOSPITALS

### 3.1.1 Typical Patient Rooms

Each patient room shall meet the following standards:

#### 3.1.1.1 Capacity

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

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

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

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

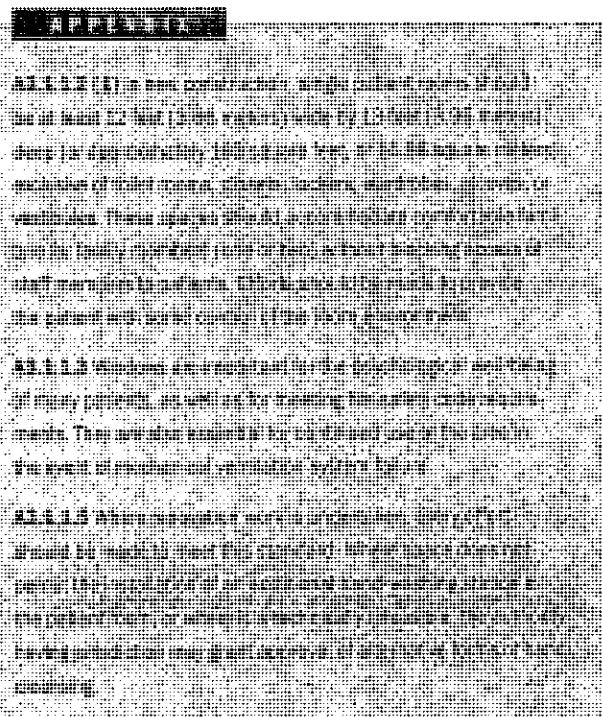
- (2) Dimensions and clearances. The dimensions and arrangement of rooms shall be such that there is a minimum of 3 feet (91.44 centimeters) between the sides and foot of the bed and any wall or any other fixed obstruction. In multiple-bed rooms, a clearance of 4 feet (1.22 meters) shall be available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

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

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

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

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





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

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

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

**\*3.1.2 Patient/Family-Centered Care Rooms**

**3.1.3 Examination/Treatment Room(s)**

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

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

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

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

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

**3.1.4 Support Areas—General**

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

**3.1.4.2 Location**

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

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

**3.1.5 Support Areas for Medical/Surgical Nursing Units**

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

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

**3.1.5.3 Nurse or supervisor office**

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

**3.1.5.5 Hand-washing stations**

- (1) In nursing locations, hand-washing stations shall be conveniently accessible to the nurse station, medication station, and nourishment area.

**APPENDIX**

**A3.1.2 Patient/Family-Centered Care Rooms**

Where a facility contemplates patient/family-centered care rooms, the rooms should be constructed to meet the needs of the functional program.

- a. Capacity. Patient/family-centered rooms should be single-bed rooms.
- b. Area and dimensions. These rooms should have a minimum of 250 square feet (23.22 square meters) of clear floor area exclusive of family alcoves, toilet rooms, closets, lockers, wardrobes, vestibules, staff charting areas, or staff hand-washing stations, with a minimum clear dimension of 15 feet (4.57 meters).
- c. Additional area. Additional areas should be provided at a minimum clear area of 30 square feet (2.79 square meters) per family member (permitted by the facility).
- d. Environment of care. Consideration for a homelike atmosphere, furniture arrangements, and orientation to the patient bed and room windows should reflect the needs of the functional program.

**A3.1.5.1** The station should permit visual observation of all traffic into the unit.

**A3.1.5.4** Multipurpose rooms are used primarily for staff purposes and generally are not available for family or visitors. A waiting room convenient to the unit should be provided.

## 2.1 GENERAL HOSPITALS

- (2) If it is convenient to each, one hand-washing station shall be permitted to serve several areas.

**3.1.5.6 Medication station.** Provision shall be made for distribution of medications in accordance with Section 2.1-2.3.4.

**3.1.5.7 Nourishment area.** This area shall be provided in accordance with Section 2.1-2.3.5.

**3.1.5.8 Ice machine.** Each nursing unit shall have equipment to provide ice for treatments and nourishment. Ice-making equipment shall be provided in accordance with Section 2.1-2.3.6.

### 3.1.5.9 Patient bathing facilities

- (1) Showers and bathtubs

- (a) Where individual bathing facilities are not provided in patient rooms, there shall be at least one shower and/or bathtub for each 12 beds without such facilities.

- (b) Each bathtub or shower shall be in an individual room or enclosure that provides privacy for bathing, drying, and dressing.

- (2) Toilets. A toilet shall be provided within or directly accessible to each central bathing facility.

- (3) Special bathing facilities, including space for attendant, shall be provided for patients on stretchers, carts, and wheelchairs at the ratio of one per 100 beds or a fraction thereof. These facilities may be on a separate floor if convenient for use.

**3.1.5.10 Clean workroom or clean supply room.** Such rooms shall be provided in accordance with Section 2.1-2.3.7.

**3.1.5.11 Soiled workroom or soiled holding room.** Such rooms shall be provided in accordance with Section 2.1-2.3.8.

### 3.1.5.12 Equipment and supply storage

- (1) Clean linen storage. Each nursing unit shall contain a designated area for clean linen storage in accordance with Section 2.1-2.3.9.1.
- (2) Equipment storage room or alcove. Appropriate room(s) or alcove(s) shall be provided in accordance with Section 2.1-2.3.9.2.
- (3) Storage space for stretchers and wheelchairs. Space shall be provided in accordance with Section 2.1-2.3.9.3.
- (4) Emergency equipment storage. Storage shall be provided for emergency equipment in accordance with Section 2.1-2.3.9.4.

**\*3.1.5.13 Housekeeping room.** One housekeeping room shall be provided for each nursing unit or nursing floor in accordance with Section 2.1-2.3.10.

**Note:** This housekeeping room may not be used for other departments and nursing units that require separate housekeeping rooms.

### 3.1.6 Support Areas for Staff

**3.1.6.1 Staff lounge facilities.** Lounge facilities shall be provided in accordance with Section 2.1-2.4.1.

**3.1.6.2 Staff toilet room(s).** Staff toilet rooms shall be provided in accordance with Section 2.1-2.4.2.

**3.1.6.3 Staff storage facilities.** Storage facilities for the personal use of staff shall be provided in accordance with Section 2.1-2.4.3.

### 3.1.7 Support Areas for Patients and Visitors

**3.1.7.1 Visitor lounge.** Each nursing unit shall have access to a lounge for visitors and family.

- (1) This lounge shall be sized appropriately for the number of beds and/or nursing units served per the functional program.
- (2) This lounge shall be conveniently located to the nursing unit(s) served.
- (3) This lounge shall provide comfortable seating.

- (4) This lounge shall be designed to minimize the impact of noise and activity on patient rooms and staff functions.

**3.1.7.2 Toilet room(s).** A toilet room(s) with hand-washing station shall be located convenient to multipurpose room(s).

- (1) Patient use. If the functional program calls for the toilet rooms(s) to be for patient use, it shall be designed/equipped for patient use.
- (2) Public use. If called out in the functional program, the toilet room(s) serving the multipurpose rooms(s) may also be designated for public use.

### 3.2 Special Patient Care Areas

#### 3.2.1 Applicability

As designated by the functional program, both airborne infection isolation and protective environment rooms may be required. Many facilities care for patients with an extreme susceptibility to infection (e.g., immunosuppressed patients with prolonged granulocytopenia, most notably bone marrow recipients, or solid-organ transplant recipients and patients with hematological malignancies who are receiving chemotherapy and are severely granulocytopenic). These rooms are not intended for use with patients diagnosed with HIV infection or AIDS, unless they are also severely granulocytopenic. Generally, protective environments are not needed in community hospitals, unless these facilities take care of these types of patients.

#### \*3.2.2 Airborne Infection Isolation Room(s)

The airborne infection isolation room requirements contained in these Guidelines for particular areas throughout a facility should be predicated on an infection control risk assessment (ICRA) and based on the needs of specific community and patient populations served by an individual health care provider (see Glossary and Section 1.5–2.3).

**3.2.2.1 Number.** At least one airborne infection isolation room shall be provided in the hospital. The number of airborne infection isolation rooms for individual patient units shall be increased based upon an ICRA or by a multidisciplinary group designated for

that purpose. This process ensures a more accurate determination of environmentally safe and appropriate room types and spatial needs. Special ventilation requirements are found in Table 2.1-2.

**3.2.2.2 Location.** Airborne infection isolation rooms may be located within individual nursing units and used for normal acute care when not required for patients with airborne infectious diseases, or they may be grouped as a separate isolation unit.

**3.2.2.3 Capacity.** Each room shall contain only one bed.

**3.2.2.4 Facility requirements.** Each airborne infection isolation room shall comply with the acute care patient room section (Section 2.1–3.1.1) of this document as well as the following requirements:

- (1) Each room shall have an area for hand-washing, gowning, and storage of clean and soiled materials located directly outside or immediately inside the entry door to the room.
  - (2) Construction requirements
    - (a) Airborne infection isolation room perimeter walls, ceiling, and floors, including penetrations, shall be sealed tightly so that air does not infiltrate the environment from the outside or from other spaces. (See Glossary.)
    - (b) Airborne infection isolation room(s) shall have self-closing devices on all room exit doors.
  - (3) Separate toilet, bathtub (or shower), and hand-washing stations shall be provided for each airborne infection isolation room.
- \* (4) Rooms shall have a permanently installed visual mechanism to constantly monitor the pressure

#### APPENDIX

**A3.2.2** For additional information, refer to the Centers for Disease Control and Prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Facilities" as they appear in the *Federal Register* dated October 28, 1994, and to the CDC "Guidelines for Environmental Infection Control in Health-Care Facilities," December 2003.

## 2.1 GENERAL HOSPITALS

status of the room when occupied by patients with an airborne infectious disease. The mechanism shall continuously monitor the direction of the airflow.

### \*3.2.3 Protective Environment Room(s)

The differentiating factor between protective environment rooms and other patient rooms is the requirement for positive air pressure relative to adjoining spaces, with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**3.2.3.1 Applicability.** When determined by an ICRA, special design considerations and ventilation to ensure the protection of patients who are highly susceptible to infection shall be required.

**3.2.3.2 Functional program.** The appropriate clinical staff shall be consulted regarding room type, and spatial needs to meet facility infection control requirements shall be incorporated into the functional program.

**3.2.3.3 Number and location.** The appropriate numbers and location of protective environment rooms shall be as required by the ICRA.

**3.2.3.4 Capacity.** Protective environment rooms shall contain only one bed.

**3.2.3.5 Facility requirements.** Protective environment rooms shall comply with Section 2.1-3.2.2. Special ventilation requirements are found in Table 2.1-2.

- (1) Each protective environment room shall have an area for hand-washing, gowning, and storage of clean and soiled materials located directly outside or immediately inside the entry door to the room.
- (2) Patient bathing and toilet facilities. Separate toilet, bathtub (or shower), and hand-washing stations shall be directly accessible from each protective environment room.
- (3) Monitoring equipment. Rooms shall have a permanently installed visual mechanism to constantly monitor the pressure status of the room when occupied by patients requiring a protective environment. The mechanism shall continuously monitor the direction of the airflow.
- (4) Construction requirements
  - (a) Protective environment room perimeter walls, ceiling, and floors, including penetrations,

## APPENDIX

**A3.2.2.1.1** A protective environment room shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**A3.2.2.1.2** In general, protective environment rooms shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**A3.2.2.1.3** The minimum number of protective environment rooms shall be determined by the ICRA. The minimum number of protective environment rooms shall be determined by the ICRA.

**A3.2.2.1.4** Protective environment rooms shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**A3.2.2.1.5** Protective environment rooms shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**A3.2.2.1.6** Protective environment rooms shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**A3.2.2.1.7** Protective environment rooms shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**A3.2.2.1.8** Protective environment rooms shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

**A3.2.2.1.9** Protective environment rooms shall be designed to maintain a positive air pressure relative to adjoining spaces with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles  $> 0.3 \mu\text{m}$  in diameter.

shall be sealed tightly so that air does not infiltrate the environment from the outside or from other spaces.

(b) Protective environment room(s) shall have self-closing devices on all room exit doors.

(5) Renovation. See references to protective environment rooms during renovation and construction in Section 1.5-2.2.

\*3.2.3.6 Bone marrow transplant units. Rooms in allogeneic bone marrow transplant units shall be designed to meet specific patient needs.

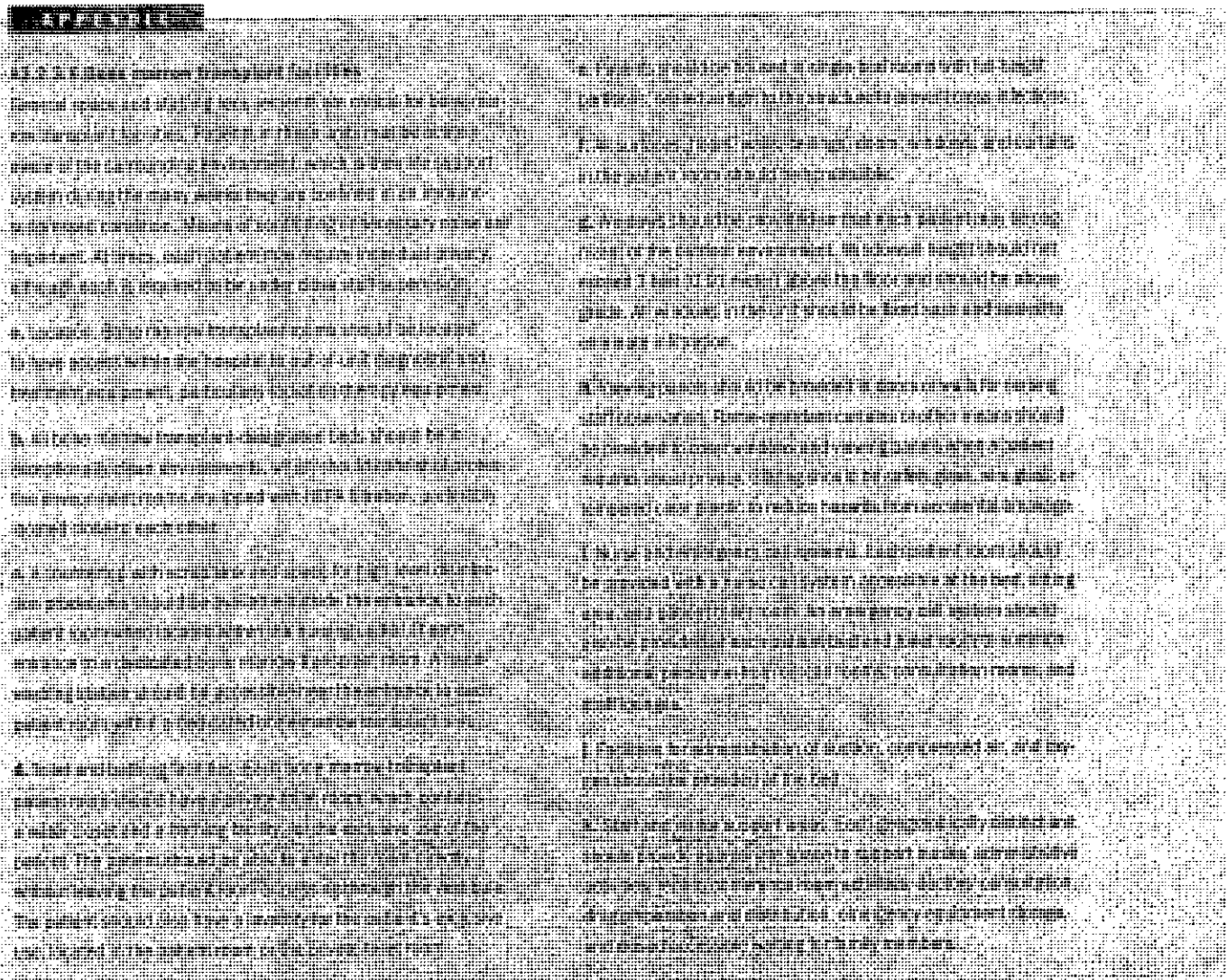
3.2.4 Seclusion Room(s)

3.2.4.1 Applicability. If indicated by the functional program, the hospital shall provide one or more single-bed rooms for patients needing close supervision for medical and/or psychiatric care.

3.2.4.2 Location. These rooms may be part of the psychiatric unit described in Section 2.1-3.8.

3.2.4.3 Facility requirements. If the single-bed room(s) is part of the acute care nursing unit, the provisions of Section 2.1-3.8.2 shall apply, with the following exceptions:

- (1) Each room shall be for single occupancy.



## 2.1 GENERAL HOSPITALS

- (2) Each room shall be located to permit staff observation of the entrance, preferably adjacent to the nurse station.
- (3) Each room shall be designed to minimize the potential for escape, concealment, injury, or suicide.
- (4) If vision panels are used for observation of patients, the arrangement shall ensure patient privacy and prevent casual observation by visitors and other patients.

### \*3.2.5 Protected Units

### 3.3 Intermediate Care Units

Intermediate care units, sometimes referred to as step-down units, are routinely utilized in acute care hospitals for patients who require frequent monitoring of vital signs and/or nursing intervention that exceeds the level needed in a regular medical/surgical unit but is less than that provided in a critical care unit.

#### 3.3.1 General

3.3.1.1 Classification. Intermediate care units can be progressive care units or specialty units such as cardiac, surgical (e.g., thoracic, vascular), neurosurgical/neurological monitoring, or chronic ventilator respiratory care units.

3.3.1.2 Applicability. These standards shall apply to adult beds designated to provide intermediate care, but not pediatric or neonatal intermediate care.

3.3.1.3 Location. In hospitals that provide intermediate care, beds shall be designated for this purpose. These

beds shall be permitted to constitute a separate unit or be a designated part of another unit.

3.3.1.4 Nurse management space. There shall be a separate physical area devoted to nursing management for the care of the intermediate patient.

#### 3.3.2 Patient Rooms

The following shall apply to all intermediate care units unless otherwise noted.

##### 3.3.2.1 Capacity

Maximum room capacity shall be four patients.

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

- (1) Area. In new construction, patient rooms shall be constructed to meet the needs of the functional program and have a minimum of 120 square feet (11.15 square meters) of clear floor area per bed in multiple-bed rooms and 150 square feet (13.94 square meters) of clear floor area for single-bed rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules.
- (2) Clearances. In new construction, the dimensions and arrangement of rooms shall be such that there is a minimum clearance of 4 feet (1.22 meters) between the sides of the beds and other beds, walls, or fixed obstructions. A minimum clearance of 4 feet (1.22 meters) shall be available at the foot of each bed to permit the passage of equipment and beds.
- (3) Renovation. Where renovation work is undertaken, every effort shall be made to meet these standards. If it is not possible to meet these minimum standards, the authorities having jurisdiction may grant approval to deviate from this requirement. In such cases, patient rooms shall have no less than 100 square feet (9.29 square meters) of clear floor area per bed in multiple-bed rooms and 120 square feet (11.15 square meters) of clear floor area in single-bed rooms.

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

## APPENDIX

### A3.2.5 Protected Units

The purpose of this section is to lend guidance in the design of units that by their very nature require a protected environment for the treatment and care of their patients. The following units fall within this intended guidance, although this list is not inclusive: transplant units, burn units, nurseries, units for immunosuppressed populations, and neonatal intensive care units. Portions of emergency departments where the initial triage occurs may be incorporated as part of the triage service while an assessment of potential infection and contamination is made prior to processing the suspected patient. Consideration for appropriate pressurization and air exchange rates to control contamination should be addressed.

**3.3.2.4 Patient privacy.** In multiple-bed rooms, visual privacy shall be provided for each patient. The design for privacy shall not restrict patient access to the room entrance, lavatory, toilet, or room windows.

**3.3.2.5 Nurse call systems.** Nurse call systems for two-way voice communication shall be provided in accordance with Section 2.1-10.3.8. The call system for the unit shall include provisions for an emergency code resuscitation alarm to summon assistance from outside the intermediate care unit.

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

- (1) In new construction and renovation, a hand-washing station shall be provided in the patient room in addition to that in the toilet room.
- (2) The hand-washing station in the patient room shall be located outside the patient's cubicle curtain so it is convenient to staff entering and leaving the room.

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

**3.3.2.8 Bathing facilities.** Patients shall have access to bathing facilities within their rooms or in a central bathing facility.

- (1) Each shower or bathtub in a central bathing facility shall be in an individual room or enclosure that provides privacy for bathing, drying, and dressing.
- (2) A water closet and lavatory in a separate enclosure shall be directly accessible to each central bathing facility.

**3.3.2.9 Patient storage.** Storage locations for patient use shall be provided in accordance with Section 2.1-2.2.2.

### **3.3.3 Airborne Infection Isolation Room**

Access to at least one airborne infection isolation room shall be provided unless provided elsewhere in the facility. The number of airborne infection isolation rooms shall be determined on the basis of an infection control risk assessment (ICRA). Each room shall comply

with the requirements of Section 2.1-3.2.2. Special ventilation requirements are found in Table 2.1-2.

### **3.3.4 Support Areas—General**

**3.3.4.1** Provision for the support areas listed below shall be in or readily available to each intermediate care unit.

**3.3.4.2** The size and location of each staff support area shall depend upon the numbers and types of beds served.

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

**3.3.4.4** Services shared with adjacent units shall be permitted.

### **3.3.5 Support Areas for Intermediate Care Units**

#### **3.3.5.1 Administrative center or nurse station**

- (1) An administrative center or nurse station shall be provided in accordance with Section 2.1-2.3.1.
- (2) There shall be direct or remote visual observation between the administrative center or nurse station, staffed charting stations, and all patient beds in the unit.

**3.3.5.2 Documentation area.** This area shall be provided within the patient unit in accordance with Section 2.1-2.3.2.

**3.3.5.3 Medication station.** Provision shall be made for 24-hour distribution of medications in accordance with Section 2.1-2.3.4.

#### **3.3.5.4 Hand-washing stations**

- (1) In nursing locations, hand-washing stations shall be conveniently accessible to the nurse station, medication station, and nourishment area.
- (2) If it is convenient to each, one hand-washing station shall be permitted to serve several areas.



## 2.1 GENERAL HOSPITALS

3.3.5.5 Nourishment area. There shall be a nourishment area with a work counter, a hand-washing station, a refrigerator, storage cabinets, and equipment for preparing and serving hot and cold nourishments between scheduled meals.

3.3.5.6 Ice machine. A self-dispensing ice machine shall be provided to supply ice for treatments and nourishment.

3.3.5.7 Clean workroom or clean supply room. This room shall be provided in accordance with Section 2.1-2.3.7.

3.3.5.8 Soiled workroom or soiled holding room. This room shall be provided in accordance with Section 2.1-2.3.8.

### 3.3.5.9 Equipment and supply storage

(1) Equipment storage room. An equipment storage room shall be provided for storage of equipment necessary for patient care.

(a) This room shall be permitted to serve more than one unit.

(b) Each unit shall provide sufficient storage area(s) located on the patient floor to keep its required corridor width free of all equipment and supplies, but not less than 20 square feet (1.86 square meters) per patient bed shall be provided.

(2) Emergency equipment storage. This shall be provided in accordance with Section 2.1-2.3.9.4.

3.3.5.10 Housekeeping room. This room shall be provided in accordance with Section 2.1-2.3.10.

### 3.3.6 Support Areas for Staff

3.3.6.1 Staff lounge facilities. Staff lounge facilities shall be provided in accordance with Section 2.1-2.4.1.

(1) The location of these facilities shall be convenient to the intermediate care unit.

(2) These facilities may be shared with other nursing unit(s).

3.3.6.2 Staff toilet room(s). These shall be provided in accordance with Section 2.1-2.4.2.

3.3.6.3 Staff storage facilities. Storage facilities for personal use of the staff shall be provided in accordance with Section 2.1-2.4.3.

## 3.4 Critical Care Units

### 3.4.1 General Considerations

#### 3.4.1.1 Applicability

(1) The following standards are intended for typical critical care services. Design of critical care units shall comply with these standards and shall be appropriate to the needs of the functional program.

(2) Where specialized services are required, additions and/or modifications shall be made as necessary for efficient, safe, and effective patient care.

3.4.1.2 Environment of care. Critical care units require special space and equipment considerations for safe and effective patient care, staff functions, and family participation. Families and visitors to critical care units often wait for long periods, including overnight, under highly stressful situations. They tend to congregate at unit entries to be readily accessible to staff interaction. Clinical personnel perform in continuously stressful circumstances over long hours. Often they cannot leave the critical care unit, necessitating space and services to accommodate their personal and staff group needs in close proximity to the unit. Design shall address such issues as privacy, atmosphere, and aesthetics for all involved in the care and comfort of patients in critical care units.

3.4.1.3 Functional program. Not every hospital will provide all types of critical care. Some hospitals may have a small combined unit; others may have separate, sophisticated units for highly specialized treatments. Critical care units shall comply in size, number, and type with these standards and with the functional program.

3.4.1.4 Unit location. The following shall apply to all types of critical care units unless otherwise noted.

(1) The location shall offer convenient access from the emergency, respiratory therapy, laboratory,



IV.  
 Project Scope, Utilization:  
 Project Services Utilization

The project proposes to modernize the Medical/Surgical Category of Service. It is the only Clinical Service Area included in this project.

- a. This project includes only one Clinical Service Area, the Medical/Surgical Category of Service. The Illinois Health Facilities and Services Review Board has established a utilization target of 88% for modernization of the Medical/Surgical Service in facilities with more than 200 Medical/Surgical beds.

The projected Medical/Surgical utilization for St. John's Hospital for the first two full years after project completion is shown below.

	<u>CY2009</u>	<u>CY2015</u>	<u>CY2016</u>
Total Medical/Surgical Admissions	12,211	13,841	13,902*
Total Medical/Surgical Days (includes Observation Days)	57,884	65,606	65,895*
Average Length of Stay	4.74	4.74	4.74
Average Daily Census	158.59	179.74	180.04
Authorized Beds (Bed Capacity)	281	204	204
Occupancy	56.44%	88.11%	88.26%

\*CY2016 is a Leap Year

The projected utilization levels are based on the following factors.

1. St. John's Hospital will modernize existing Medical/Surgical nursing units, constructing 176 replacement Medical/Surgical beds.
2. When this project is completed, St. John's Hospital will reduce its Authorized Medical/Surgical Beds to 204, which will include 28 existing Authorized Medical/Surgical Beds. This reduction in Authorized Beds will result in an increased occupancy percentage for the Medical/Surgical Service.

The modernization of the remaining Authorized Medical/Surgical Beds will be the subject of a future project for which a CON application will be submitted after this project is completed and operational, if it is required at that time.

3. St. John's Hospital experienced a peak Medical/Surgical patient census of 195 in its Medical/Surgical Category of Service during CY2009, including patient days for Observation patients accommodated on the Medical/Surgical nursing units.

The peak census data indicate that the average daily census of the Medical/Surgical Service does not adequately express bed need and that peak utilization and the frequency of its occurrence more realistically reflects bed need on a day to day basis, even at the present time before the projected increases in Medical/Surgical utilization discussed in the following items are considered.

A Peak Census Study, which is appended to this Attachment, documents that during CY2009, there were 37 days when St. John's Hospital's Medical/Surgical peak census exceeded 181 beds, the number of beds justified at the 88% occupancy target. This study of St. John's Hospital's Medical/Surgical peak census on a daily basis during CY2009, documents that St. John's Hospital needs to have more than 181 authorized Medical/Surgical beds in order to accommodate its current caseload in this service.

4. Medical/Surgical patient days at St. John's Hospital (including patient days for Observation patients accommodated in the Medical/Surgical nursing units) are projected to increase by more than 13% (more than 21 patients each day) from CY2009 to CY2015 (2% annually) and to increase by 0.44% (0.3 patient days) from CY2015 to CY2016.

The projected increase in Medical/Surgical patient days is due to projected increases of 4% in population in St. John's Hospital's primary and secondary service areas and to the aging of the population in the primary and secondary service areas from 2005 to 2015. The total population aged 65 and older is projected to increase by more than 18%, with a 33% increase of those aged 65 to 74, a 23% increase of those aged 85 or higher, and 3.5% decrease of those aged 75 to 84. These projected population increases and aging of the population are discussed in the Bed Need Projection Analysis that is appended to this Attachment and to Attachment 13.

The projected population increases and aging of the population in St. John's Hospital's primary and secondary service areas is exceeded by projected population increases from 2005 to 2015 in Planning Area E-01, the state-designated planning area in which St. John's Hospital is located. The most recent Bed Need Determinations issued by the Illinois Health Facilities Planning Board and Illinois Department of Public Health in May, 2008, projected that the total population in Planning Area E-01 would increase by 5.8% from 2005 to 2015 and that the population aged 65 and older would increase by 23.7%.

The increased total population, coupled with the larger increases for the aging population, will result in additional Medical/Surgical utilization, both at St. John's Hospital and throughout its service area and Planning Area E-01.

5. When the 2010 Patient Protection and Affordable Care Act (the federal healthcare reform law) is implemented by 2014, it is likely to result in increased Medical/Surgical admissions and observation days at St. John's Hospital because currently uninsured residents of the hospital's primary and secondary service areas are likely to receive more hospital care than they currently do.

The impact of the federal healthcare reform law on Medical/Surgical utilization at St. John's Hospital is discussed in the Bed Need Projection Analysis that is appended to this Attachment and also found in Attachment 13.

The implementation of the federal healthcare reform law is projected to result in an increase of 547 additional Medical/Surgical discharges (admission) annually to St. John's Hospital. These admissions would result in 2,593 additional Medical/Surgical patient days annually, an additional average daily census of 7.1, based upon St. John's Hospital's current Medical/Surgical 4.74 day average length of stay.

5. Out-migration of Medical/Surgical patients from St. John's Hospital's primary and secondary service areas to hospitals outside the State of Illinois is projected to decline by more than 1 admission per day by 2015.

Out-migration of patients from St. John's Hospital's primary and secondary service areas to hospitals outside the State of Illinois is discussed in the Bed Need Projection Analysis that is appended to this Attachment and also found in Attachment 13.

6. St. John's Hospital has been actively engaged in developing new surgical programs and recruiting surgeons, and the projected increase in surgical visits to St. John's Hospital (which is discussed in Project #10-019, the CON application proposing to replace St. John's Hospital's Main Surgical Suite) is one of the reasons for the projected decrease in out-migration to hospitals outside of Illinois.

The projected increase in surgical cases that are expected to impact inpatient admissions to St. John's Hospital's Medical/Surgical Service, thereby increasing Medical/Surgical patient days is due to the following.

- Development of a Neurosurgical Program that includes anticipated increases in the following neurosurgical procedures, which have not been performed at St. John's Hospital:
  - Crani-Tumor Work - endoscopic/minimally invasive brain tumor surgery;
  - V-P shunts and shunt revisions;
  - Deep Brain Stimulator program.

The development of this Neurosurgical Program is made possible by the recruitment of two Neurosurgeons: one started practicing at St. John's Hospital on January 25, 2010, and another will be starting to practice at St. John's Hospital on July 1, 2010.

- Strengthening of St. John's Hospital's Gastro-Intestinal Surgical Program, with an increase in Colon-Rectal and other Gastro-Intestinal Surgical Procedures.

The development of these Gastro-Intestinal Surgical Programs is due to one Gastroenterologist transferring his practice to St. John's Hospital.

- An increased number of Orthopedic cases due to increases in the number of total joint replacement cases performed because of new partnerships with Orthopedic surgeons.
- An increased number of Bariatric Surgery cases due to St. John's Hospital's application for designation of its Center for Metabolic and Weight Loss Surgery (its Bariatrics Program) as a Center of Excellence.
- Growth of the Robotic Surgery program at St. John's Hospital.



St. John's  
Hospital

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

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ST. JOHN'S HOSPITAL  
PEAK CENSUS STUDY  
COVERING JANUARY 1 – DECEMBER 31, 2009

Conducted by  
St. John's Hospital  
Springfield, Illinois  
TeleTracking System



An Affiliate of Hospital Sisters Health System

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Day of the Week	Date	Occupied Beds
Friday,	4/24/09	195
Friday,	3/6/09	193
Wednesday,	3/18/09	193
Tuesday,	3/17/09	192
Thursday,	3/19/09	191
Wednesday,	3/25/09	191
Saturday,	4/25/09	191
Thursday,	4/16/09	190
Thursday,	4/23/09	190
Sunday,	4/26/09	190
Monday,	4/27/09	190
Thursday,	4/9/09	189
Friday,	4/10/09	188
Wednesday,	12/16/09	188
Wednesday,	2/11/09	187
Thursday,	3/5/09	187
Thursday,	3/12/09	187
Friday,	3/20/09	187
Tuesday,	3/24/09	187
Tuesday,	4/28/09	187
Thursday,	6/25/09	187
Wednesday,	3/11/09	186
Wednesday,	4/29/09	186
Wednesday,	4/15/09	185
Tuesday,	2/3/09	184
Wednesday,	4/22/09	184
Wednesday,	6/24/09	184
Wednesday,	7/1/09	184
Friday,	12/18/09	184
Wednesday,	2/18/09	183
Friday,	3/27/09	183
Wednesday,	4/8/09	183
Friday,	5/1/09	183
Saturday,	3/7/09	182
Friday,	4/17/09	182
Thursday,	8/13/09	182
Thursday,	12/17/09	182
Friday,	2/13/09	181
Friday,	4/3/09	181
Wednesday,	5/20/09	181
Friday,	10/16/09	181
Wednesday,	2/4/09	180
Thursday,	3/26/09	180
Tuesday,	4/7/09	180
Tuesday,	4/14/09	180
Wednesday,	5/6/09	180
Friday,	5/8/09	180
Tuesday,	6/23/09	180
Wednesday,	3/4/09	179
Tuesday,	3/10/09	179
Friday,	3/13/09	179
Thursday,	7/2/09	179

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Thursday,	10/29/09	179
Wednesday,	11/18/09	179
Tuesday,	12/15/09	179
Monday,	3/16/09	178
Thursday,	4/30/09	178
Thursday,	5/21/09	178
Thursday,	2/12/09	177
Thursday,	4/2/09	177
Tuesday,	4/21/09	177
Friday,	5/15/09	177
Friday,	5/22/09	177
Thursday,	7/23/09	177
Wednesday,	9/2/09	177
Thursday,	9/3/09	177
Friday,	10/30/09	177
Wednesday,	11/11/09	177
Saturday,	12/19/09	177
Tuesday,	2/24/09	176
Saturday,	4/11/09	176
Friday,	6/26/09	176
Thursday,	10/15/09	176
Tuesday,	2/10/09	175
Monday,	3/9/09	175
Sunday,	4/12/09	175
Monday,	4/13/09	175
Tuesday,	5/5/09	175
Thursday,	5/7/09	175
Tuesday,	9/15/09	175
Wednesday,	10/28/09	175
Friday,	2/27/09	174
Wednesday,	5/13/09	174
Thursday,	5/14/09	174
Tuesday,	7/14/09	174
Wednesday,	9/16/09	174
Tuesday,	6/30/09	173
Friday,	7/24/09	173
Thursday,	12/3/09	173
Thursday,	1/8/09	172
Friday,	1/30/09	172
Saturday,	1/31/09	172
Monday,	3/23/09	172
Friday,	8/28/09	172
Tuesday,	11/10/09	172
Tuesday,	1/27/09	171
Thursday,	1/29/09	171
Wednesday,	2/25/09	171
Thursday,	2/26/09	171
Sunday,	3/8/09	171
Wednesday,	5/27/09	171
Tuesday,	7/7/09	171
Wednesday,	7/22/09	171
Tuesday,	7/28/09	171
Thursday,	8/27/09	171

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Tuesday,	12/22/09	171
Tuesday,	3/3/09	170
Tuesday,	5/19/09	170
Thursday,	5/28/09	170
Thursday,	7/9/09	170
Wednesday,	10/21/09	170
Tuesday,	11/17/09	170
Wednesday,	1/7/09	169
Saturday,	4/4/09	169
Tuesday,	6/16/09	169
Wednesday,	6/17/09	169
Friday,	8/14/09	169
Thursday,	9/17/09	169
Tuesday,	10/27/09	169
Saturday,	1/17/09	168
Wednesday,	1/28/09	168
Saturday,	7/25/09	168
Wednesday,	7/29/09	168
Wednesday,	8/12/09	168
Tuesday,	9/1/09	168
Thursday,	10/1/09	168
Friday,	10/23/09	168
Tuesday,	11/3/09	168
Saturday,	3/21/09	167
Friday,	5/29/09	167
Tuesday,	7/21/09	167
Friday,	10/2/09	167
Tuesday,	1/20/09	166
Monday,	2/17/09	166
Monday,	2/23/09	166
Monday,	4/6/09	166
Thursday,	6/18/09	166
Wednesday,	11/4/09	166
Friday,	11/13/09	165
Thursday,	1/15/09	165
Friday,	1/16/09	165
Wednesday,	1/21/09	165
Friday,	2/20/09	165
Tuesday,	5/12/09	165
Wednesday,	6/10/09	165
Thursday,	8/6/09	165
Friday,	8/7/09	165
Thursday,	10/22/09	165
Thursday,	11/12/09	165
Wednesday,	12/2/09	165
Tuesday,	12/29/09	165
Wednesday,	12/30/09	165
Tuesday,	1/6/09	164
Tuesday,	1/13/09	164
Monday,	2/2/09	164
Thursday,	2/5/09	164
Friday,	2/6/09	164
Sunday,	3/15/09	164



**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Saturday,	3/28/09	164
Tuesday,	5/26/09	164
Wednesday,	7/15/09	164
Wednesday,	10/14/09	164
Thursday,	11/5/09	164
Friday,	12/4/09	164
Friday,	1/9/09	163
Saturday,	2/21/09	163
Tuesday,	9/29/09	163
Sunday,	12/20/09	163
Monday,	12/21/09	163
Monday,	3/2/09	162
Tuesday,	3/31/09	162
Thursday,	6/11/09	162
Monday,	6/15/09	162
Friday,	7/3/09	162
Monday,	7/13/09	162
Thursday,	9/24/09	162
Tuesday,	10/20/09	162
Friday,	11/6/09	162
Tuesday,	12/8/09	162
Thursday,	2/19/09	161
Saturday,	5/16/09	161
Wednesday,	9/23/09	161
Sunday,	1/18/09	160
Thursday,	1/22/09	160
Wednesday,	4/1/09	160
Sunday,	4/5/09	160
Saturday,	5/23/09	160
Wednesday,	8/19/09	160
Tuesday,	12/1/09	160
Sunday,	2/22/09	159
Sunday,	3/29/09	159
Wednesday,	6/3/09	159
Tuesday,	6/9/09	159
Friday,	6/19/09	159
Friday,	7/10/09	159
Saturday,	8/29/09	159
Thursday,	12/10/09	159
Wednesday,	1/14/09	158
Monday,	2/9/09	158
Saturday,	2/28/09	158
Monday,	3/30/09	158
Saturday,	4/18/09	158
Saturday,	5/9/09	158
Monday,	5/11/09	158
Monday,	5/25/09	158
Friday,	6/5/09	158
Thursday,	7/16/09	158
Thursday,	7/30/09	158
Tuesday,	8/11/09	158
Thursday,	8/20/09	158
Friday,	9/25/09	158

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Saturday,	10/17/09	158
Wednesday,	12/23/09	158
Monday,	1/25/09	157
Sunday,	2/1/09	157
Sunday,	7/19/09	157
Monday,	1/19/09	156
Saturday,	1/24/09	156
Saturday,	5/30/09	156
Thursday,	6/4/09	156
Monday,	6/29/09	156
Tuesday,	9/22/09	156
Saturday,	11/14/09	156
Thursday,	11/19/09	156
Tuesday,	11/24/09	156
Wednesday,	11/25/09	156
Saturday,	12/5/09	156
Wednesday,	12/9/09	156
Friday,	12/11/09	156
Friday,	1/23/09	155
Monday,	2/16/09	155
Sunday,	5/10/09	155
Saturday,	6/27/09	155
Wednesday,	7/8/09	155
Friday,	7/31/09	155
Tuesday,	8/18/09	155
Friday,	9/4/09	155
Saturday,	9/26/09	155
Monday,	4/20/09	154
Sunday,	5/24/09	154
Saturday,	2/14/09	153
Saturday,	5/2/09	153
Sunday,	5/3/09	153
Tuesday,	6/2/09	153
Monday,	7/27/09	153
Sunday,	8/30/09	153
Saturday,	1/10/09	152
Monday,	1/12/09	152
Monday,	5/4/09	152
Monday,	5/18/09	152
Monday,	7/6/09	152
Saturday,	7/18/09	152
Saturday,	10/24/09	152
Friday,	11/20/09	152
Monday,	12/14/09	152
Wednesday,	9/30/09	151
Saturday,	10/3/09	151
Tuesday,	10/13/09	151
Saturday,	11/21/09	151
Saturday,	3/14/09	150
Monday,	6/8/09	150
Sunday,	6/14/09	150
Monday,	6/22/09	150
Saturday,	7/11/09	150

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Friday,	10/9/09	150
Monday,	11/2/09	150
Monday,	11/30/09	150
Thursday,	12/31/09	150
Monday,	1/5/09	149
Sunday,	5/17/09	149
Saturday,	8/8/09	149
Sunday,	2/15/09	148
Saturday,	6/13/09	148
Friday,	7/17/09	148
Friday,	8/21/09	148
Monday,	8/31/09	148
Saturday,	12/12/09	148
Monday,	12/28/09	148
Sunday,	2/8/09	147
Sunday,	3/22/09	147
Friday,	6/12/09	147
Saturday,	8/15/09	147
Tuesday,	8/25/09	147
Monday,	9/14/09	147
Monday,	9/28/09	147
Thursday,	10/8/09	147
Saturday,	11/7/09	147
Saturday,	6/20/09	146
Sunday,	7/12/09	146
Saturday,	8/22/09	146
Monday,	11/9/09	146
Sunday,	12/6/09	146
Sunday,	5/31/09	145
Sunday,	6/28/09	145
Sunday,	9/27/09	145
Sunday,	11/29/09	145
Sunday,	1/11/09	144
Sunday,	6/21/09	144
Wednesday,	8/5/09	144
Wednesday,	10/7/09	144
Saturday,	10/10/09	144
Monday,	10/26/09	144
Monday,	11/18/09	144
Sunday,	12/13/09	144
Saturday,	2/7/09	143
Sunday,	3/1/09	143
Monday,	7/20/09	143
Sunday,	10/18/09	143
Monday,	10/19/09	143
Monday,	12/7/09	143
Saturday,	1/3/09	142
Sunday,	1/4/09	142
Monday,	6/1/09	142
Saturday,	6/6/09	142
Sunday,	7/26/09	142
Thursday,	9/10/09	142
Friday,	9/18/09	142

**ST. JOHN'S HOSPITAL**  
**Peak Census Study**  
**January 1, 2009 thru December 31, 2009**

Saturday,	9/19/09	142
Thursday,	12/24/09	142
Sunday,	1/25/09	141
Sunday,	4/19/09	141
Sunday,	7/5/09	141
Monday,	8/17/09	141
Sunday,	11/1/09	141
Friday,	1/2/09	140
Saturday,	9/12/09	140
Saturday,	10/31/09	140
Thursday,	1/1/09	139
Sunday,	6/7/09	139
Saturday,	8/1/09	139
Monday,	8/10/09	139
Sunday,	8/16/09	139
Wednesday,	8/26/09	139
Sunday,	11/15/09	139
Sunday,	8/9/09	138
Sunday,	9/20/09	138
Sunday,	11/8/09	138
Sunday,	10/4/09	137
Monday,	10/12/09	137
Sunday,	11/22/09	137
Monday,	11/23/09	137
Thursday,	11/26/09	137
Friday,	11/27/09	137
Saturday,	7/4/09	136
Saturday,	9/5/09	136
Wednesday,	9/9/09	136
Sunday,	9/13/09	136
Monday,	10/5/09	136
Sunday,	10/25/09	136
Sunday,	8/23/09	135
Monday,	8/24/09	135
Friday,	9/11/09	135
Monday,	9/21/09	135
Sunday,	10/11/09	135
Tuesday,	8/4/09	134
Sunday,	12/27/09	134
Saturday,	11/28/09	133
Tuesday,	10/6/09	130
Tuesday,	9/8/09	129
Saturday,	12/26/09	129
Sunday,	8/2/09	124
Monday,	8/3/09	122
Monday,	9/7/09	121
Friday,	12/25/09	119
Sunday,	9/6/09	117

Source: St. John's Hospital, TeleTracking System



St. John's Hospital

# BED NEED PROJECTION ANALYSIS

FOR ST. JOHN'S HOSPITAL  
04.22.10



**ADAMS**<sup>®</sup>

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## Bed Need Projection Analysis St. John's Hospital - Springfield, IL

ADAMS® April 22, 2010

### EXECUTIVE SUMMARY

St. John's Hospital (SJS) in Springfield, Illinois is a regional referral center serving central and southern Illinois. SJS is in the process of applying for a Certificate of Need (CON) for the modernization of a portion of its bed tower and has engaged ADAMS to develop a projection of future medical/surgical beds needed by 2015.

In developing its projections, ADAMS considered certain market and demographic factors including SJS's current market share and the projected population growth both from an overall and from an age cohort perspective, and found the following:

- SJS serves a nine county area with a population of approximately 525,000 in 2009. According to the Illinois Center for Health Statistics, between 2005 and 2015, the Primary Service Area (PSA) and the Secondary Service Area (SSA) are expected to grow by 4.6% and 3.7% respectively, with an overall increase in SJS's Service Area of 4.0%.
- The number of service area residents over the age of 65 is expected to grow from 78,000 (15.0%) in 2005 to 92,500 (17.2%) in 2015.
- As a result, service area utilization for healthcare services is projected to increase over the next five years due to the aging population and increasing overall population.
- **Thus, based on projected population growth, ADAMS estimates that the average daily census (ADC) in medical/surgical beds will be 181 in 2015 with a bed need of 205, when applying the current Illinois CON occupancy target of 88% for a hospital with 200 or more medical/surgical beds.**
- Furthermore, ADAMS projects that additional volume could be realized by decreasing out-migration from the service area to out-of-state hospitals, as SJS updates its facilities and capabilities.
- Healthcare reform may have a favorable impact on utilization and thus, demand for services. Based on the service area's level of uninsured, SJS could realize approximately 543 additional medical/surgical admissions<sup>1</sup> by 2015.
- **When the impact of population growth, reduced out-of-state out-migration and healthcare reform are considered, ADAMS projects that the need for medical/surgical beds should be no less than 205 in 2015 and could increase to a bed need of 220.**

The balance of this report will outline the methodology and assumptions for these projections.

<sup>1</sup>This report uses internal data from SJS and State data from IL Hospital Association CompData. Internal data was collected for admissions and CompData is discharge data. For consistency, this report uses 'admissions' to refer to both.



## BED NEED PROJECTION REPORT

ADAMS methodology for projecting future bed need may be summarized as a) determine the SJS service area; b) determine use rates of the service area; c) project future population growth and aging; d) project future utilization for the service area based on the aforementioned use rates; e) determine SJS's current proportion of patients both from an overall and medical/surgical perspective; f) apply that proportion to the projected utilization and g) translate that utilization into bed need. These steps are described in detail below.

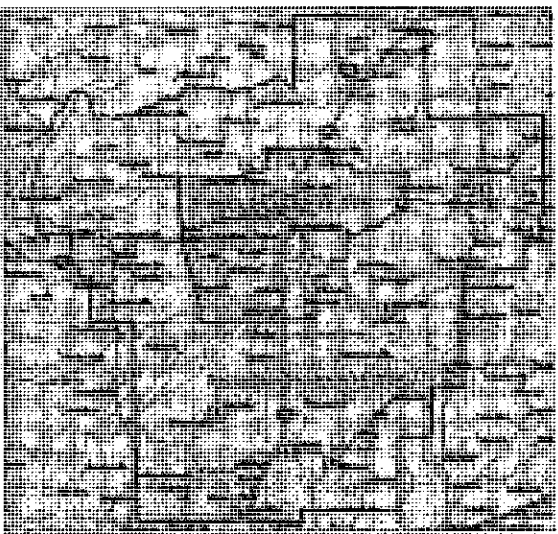
It is important to reiterate that the Bed Need Projection only incorporates the impact of growth and aging of the service area population. Additional considerations of reducing out-migration to out-of-state hospitals and the impact of healthcare reform are addressed separately.

### Service Area Definition

SJS serves a nine county service area from which it derives approximately 71.4% of its patients (Table 1). Of SJS's total patient admissions in calendar year 2009, approximately 45.1% derive from its PSA of Sangamon County and 26.3% originate from eight other counties, defined as the SSA. The generally accepted rule in healthcare is that a hospital's service area is defined as the area from which 75-80% of the hospital's patients originate.

Table 1

<b>SJS SERVICE AREA DEFINITION</b>		
<b>2009 SJS Total Admissions – Primary and Secondary Service Area</b>		
<b>County</b>	<b>Admissions</b>	<b>Admission %</b>
<i>Primary</i>		
Sangamon	9,418	45.1%
<i>Secondary</i>		
Macoupin	1,025	4.9%
Christian	921	4.4%
Morgan	771	3.7%
Montgomery	839	4.0%
Macon	668	3.2%
Logan	497	2.4%
Cass	423	2.0%
Menard	354	1.7%
<b>Subtotal</b>	<b>5,498</b>	<b>26.3%</b>
Other	5,980	28.6%
<b>TOTAL</b>	<b>20,896</b>	<b>100.0%</b>



Source: SJS Data and IL CompData




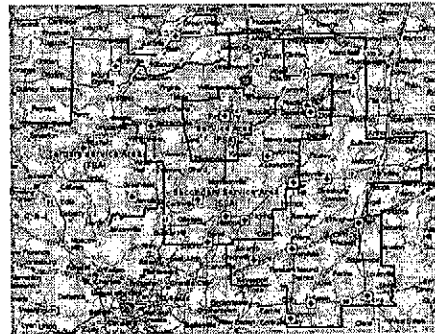
Table 2 illustrates that SJS is a regional referral center with the Hospital receiving 28.6% of its patients from outside the primary and secondary service areas.

Table 2

**SJS SERVICE AREA DEFINITION**  
**2009 SJS Total Admissions –**  
**Primary, Secondary and Tertiary Service Area**

County	Admissions	Admission %
<i>Primary</i>		
Sangamon	9,418	45.07%
<i>Secondary</i>		
Macoupin	1,025	4.9%
Christian	921	4.4%
Morgan	771	3.7%
Montgomery	839	4.0%
Macon	668	3.2%
Logan	497	2.4%
Cass	423	2.0%
Menard	354	1.7%
<b>Subtotal</b>	<b>5,498</b>	<b>26.31%</b>

County	Admissions	Admission %
<i>Tertiary</i>		
Greene	320	1.5%
Effingham	343	1.6%
Shelby	342	1.6%
Fayette	324	1.6%
Pike	208	1.0%
Coles	212	1.0%
Mason	190	0.9%
Marion	158	0.8%
Schuyler	181	0.9%
Bond	146	0.7%
Clay	131	0.6%
De Witt	127	0.6%
Scott	126	0.6%
Brown	83	0.4%
Moultrie	60	0.3%
Piatt	48	0.2%
<b>Subtotal</b>	<b>2,999</b>	<b>14.35%</b>
OTHER	2,981	14.27%
<b>TOTAL</b>	<b>20,896</b>	<b>100.0%</b>



Source: SJS Data and IL CompData




Table 3 provides patient origin data by zip code.

Table 3

SJS MEDICAL/SURGICAL PATIENT ORIGIN				
11/1/08 – 10/31/09				
County	Zip Code	Cases	% of Total Cases	Cumulative %
Sangamon	*	4,608	33.9%	33.9%
Morgan	62650	380	2.8%	36.7%
Christian	62568	223	1.6%	38.3%
Logan	62656	214	1.6%	39.9%
Sangamon	62629	198	1.5%	41.3%
Montgomery	62056	192	1.4%	42.7%
Christian	62557	177	1.3%	44.0%
Cass	62618	167	1.2%	45.3%
Sangamon	62561	158	1.2%	46.4%
Macon	62521	157	1.2%	47.6%
Sangamon	62684	151	1.1%	48.7%
Montgomery	62049	149	1.1%	49.8%
Effingham	62401	142	1.0%	50.8%
Shelby	62565	133	1.0%	51.8%
Sangamon	62615	127	0.9%	52.7%
Macoupin	62626	126	0.9%	53.7%
Fayette	62471	123	0.9%	54.6%
Schuyler	62681	116	0.9%	55.4%
Sangamon	62690	116	0.9%	56.3%
Macoupin	62640	113	0.8%	57.1%
Coles	61938	106	0.8%	57.9%
Macon	62526	102	0.7%	58.6%
Sangamon	62563	95	0.7%	59.3%
Menard	62675	95	0.7%	60.0%
Pike	62363	91	0.7%	60.7%
Bond	62246	88	0.6%	61.3%
DeWitt	61727	86	0.6%	62.0%
Macoupin	62033	75	0.6%	62.5%
LaSalle	61364	75	0.6%	63.1%
Mason	62664	74	0.5%	63.6%
Sangamon	62670	74	0.5%	64.2%
Macoupin	62088	73	0.5%	64.7%
Greene	62016	67	0.5%	65.2%
Montgomery	62075	65	0.5%	65.7%
Adams	62301	65	0.5%	66.2%
Sangamon	62558	65	0.5%	66.6%
Total, These Zipcodes		9,066	66.6%	
<b>Total Medical/Surgical Patients</b>		<b>13,606</b>	<b>100.0%</b>	

\*Data for Springfield include the following zip codes: 62701, 62702, 62703, 62704, 62705, 62706, 62707, 62708, 62711, 62712, 62791, 62794

Source: SJS Data




**Service Area Population**

According to data from the Illinois Center for Health Statistics (Table 4), the 2005 population for the primary and secondary service area was 517,580. In 2005, 78,142 or approximately 15% of the 2005 population were over the age of 65. This age cohort is expected to increase to 92,494 or 17% of the population by 2015. Both the 65-74 and 85+ age cohorts are expected to grow significantly at 33.1% and 23.5% respectively. Overall, the 2015 population is expected to increase by 4.0% to 538,567. In short, the service area population is projected to show both significant growth and aging over time.

**Table 4**

<b>POPULATION GROWTH</b>				
<b>SJS Service Area (2005 - 2015)</b>				
<b>2005 Population</b>				
Age Group	PSA	SSA	TOTAL	Composition % to Total
0-14	38,443	61,331	99,774	19.3%
15-44	76,100	127,902	204,002	39.4%
45-64	51,953	83,709	135,662	26.2%
65-74	13,232	24,251	37,483	7.2%
75-84	9,521	18,621	28,142	5.4%
85+	4,096	8,421	12,517	2.4%
<b>TOTAL</b>	<b>193,345</b>	<b>324,235</b>	<b>517,580</b>	<b>100.0%</b>
<b>2015 Population</b>				
Age Group	PSA	SSA	TOTAL	Composition % to Total
0-14	39,747	63,268	103,015	19.1%
15-44	71,073	125,042	196,115	36.4%
45-64	57,537	89,206	146,743	27.3%
65-74	18,768	31,128	49,896	9.3%
75-84	9,819	17,324	27,143	5.0%
85+	5,214	10,241	15,455	2.9%
<b>TOTAL</b>	<b>202,158</b>	<b>336,409</b>	<b>538,567</b>	<b>100.0%</b>
<b>2005 - 2015 Overall % Change</b>				
Age Group	PSA %	SSA %	Total %	
0-14	3.4%	3.2%	3.2%	
15-44	-6.6%	-2.2%	-3.9%	
45-64	10.7%	6.6%	8.2%	
65-74	41.8%	28.4%	33.1%	
75-84	3.1%	-7.0%	-3.5%	
85+	27.3%	21.6%	23.5%	
<b>TOTAL</b>	<b>4.6%</b>	<b>3.7%</b>	<b>4.0%</b>	

2005 population estimates prepared by Illinois Center for Health Statistics, Illinois Department of Public Health  
 2015 population projections based upon the latest county-level numbers prepared by Illinois Department of Commerce and Economic Opportunity



### Service Area Utilization Rates and Future Volume


To derive a utilization rate for the PSA and SSA, two pieces of information must be known: 1) the population and; 2) the number of admissions for that time period. It is important to note due to limitations in the source data, these calculations represent hospital admissions for all types of inpatient care (e.g. medical/surgical, pediatrics, behavioral health, OB/GYN, etc.). Specific projections for medical/surgical patients at SJS are derived in a later step.

As shown in Table 5, ADAMS has calculated age specific utilization rates for a series of age cohorts. Future utilization is projected by multiplying the 2015 projected population by constant utilization rates in each age cohort.

**Table 5**

<b>INPATIENT UTILIZATION RATES</b>								
<b>SJS Primary and Secondary Service Area – 2005 vs. 2015</b>								
<b>2005</b>	<b>TOTAL</b>	<b>0-14</b>	<b>15-44</b>	<b>45-64</b>	<b>over 65</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
Admissions	70,421	5,152	17,496	18,318	29,456	10,746	11,452	7,257
Population	517,580	99,774	204,002	135,662	78,142	37,483	28,142	12,517
Use Rate per 1000	136.06	51.64	85.76	135.03	376.95	286.69	406.95	579.79
<b>2015</b>	<b>TOTAL</b>	<b>0-14</b>	<b>15-44</b>	<b>45-64</b>	<b>over 65</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
Admissions	76,819	5,319	16,820	19,814	34,866	14,305	11,046	8,961
Population	538,367	103,015	196,115	146,743	92,494	49,896	27,143	15,455
Use Rate per 1000	142.69	50.08	83.19	130.97	365.62	278.07	394.71	562.36

2005 population estimates prepared by Illinois Center for Health Statistics, Illinois Department of Public Health  
 2015 population projections based upon the latest county-level numbers prepared by Illinois Department of Commerce and Economic Opportunity



**This calculation results in a projection of 76,819 admissions from the PSA and SSA in 2015.** Even though age specific utilization rates were held constant for this calculation, the overall utilization rates grew from 136.06 admissions per 1,000 in 2005 to 142.69 admissions per 1,000 in 2015. This is again due to the aging of the population.

## SJS Service Area Market Share

SJS calendar year 2009 market share is derived from an examination of the Illinois Hospital Association's CompData (Table 6) that reported admissions for Illinois hospitals and several other states. This data shows that approximately 67,733 admissions were generated by residents of SJS's 9 county service area and that 14,916 or 22.0% of these admissions were hospitalized at SJS.

Table 6

### SJS INPATIENT MARKET SHARE BY SERVICE AREA 2009 Calendar Year Admissions

Service Area	PSA 2009	SSA 2009	TOTAL 2009
SJS	9,418	5,498	14,916
Other Illinois Providers	14,687	35,836	50,523
Subtotal	24,105	41,334	65,439
Out-of-State Out-migration	384	1,910	2,294
Total	24,489	43,244	67,733

Service Area	PSA 2009	SSA 2009	TOTAL 2009
SJS	38.5%	12.7%	22.0%
Other Illinois Providers	60.0%	82.9%	74.6%
Subtotal	98.4%	95.6%	96.6%
Out-of-State Out-migration	1.6%	4.4%	3.4%
Total	100.0%	100.0%	100.0%

*Out-of-state out-migration is defined as admissions originating within the defined service area but receiving care at providers outside of Illinois.*

Source: Illinois CompData,  
Out-of-state data is 1/1/09 to 6/30/09 Annualized



### Bed Need Projection

In order to determine SJS's future volume and bed need from the market projection, ADAMS undertook a four step process, which is depicted in Table 7:

- Determine SJS's market share of the future admissions - In this step, SJS's CY 2009 actual market share of 22.0% was calculated and applied to the projected 2015 admissions. This resulted in an estimated 16,907 SJS admissions from the PSA and SSA.
- Determine medical/surgical admissions - In 2009, SJS admitted 8,716 medical/surgical patients from the PSA and SSA or approximately 58.4% of SJS's total admissions. ADAMS assumed that the portion of medical/surgical admissions will remain constant, resulting in a future medical/surgical projection of 9,880 admissions from SJS's PSA and SSA.


- Add in-migration for medical/surgical admissions - In 2009, approximately 28.6% of SJS medical/surgical patients came from outside of the defined service area. ADAMS again assumed that this proportion will remain constant and an additional 466 medical/surgical patients will seek admission to SJS by 2015, resulting in a total of 3,961 medical/surgical admissions from outside SJS's PSA and SSA. Adding the 9,880 admissions from SJS's PSA and SSA with the 3,961 admissions from outside of this service area results in a total projection of 13,841 medical/surgical admissions for SJS by 2015.
- Translate admissions into bed need - In order to translate projected medical/surgical admissions into bed need; historic length of stay (which includes observation days) was applied to the medical/surgical admissions which resulted in 65,610 projected medical/surgical patient days for SJS in 2015. Finally, by utilizing the current Illinois CON medical/surgical occupancy target of 88% for a hospital with 200 or more medical/surgical beds, these volume levels would translate into a projected need for 205 medical/surgical beds.

**Table 7**

CY 2009 Service					CY 2015 Service				
Area	CY 2009 SJS Admissions <sup>1</sup>	CY 2009 SJS Admissions	CY 2009 SJS Market Share	CY 2009 SJS Admissions (M/S)	Area	CY 2015 SJS Admissions	CY 2015 SJS Admissions	CY 2015 SJS Market Share	CY 2015 SJS Admissions (M/S)
<b>Total Service Area</b>	67,733	14,916	22.0%	8,716	76,819	16,907	22.0%	9,880	
SJS In-migration		5,980		3,495		6,778			3,961
Subtotal		20,896		12,211		23,685			13,841
<b>Total Admissions All Areas</b>		<b>20,896</b>		<b>12,211</b>					<b>13,841</b>
			<b>M/S Sizing</b>				<b>M/S Sizing</b>		
			ALOS	4.7403			ALOS	4.7403	
			Patient Days <sup>2</sup>	57,884			Patient Days <sup>3</sup>	65,610	
			ADC	159			ADC	180	
			Bed Need @ 88%	181			Bed Need @ 88%	205	

1 - Excludes normal newborns  
 2 - Includes 1934 Observation Days  
 3 - Includes 2508 Observation Days

Source: 2006 National Hospital Discharge Survey published 7/30/08, IL CompData, and SJS Data  
 2005 population estimates prepared by Illinois Center for Health Statistics, Illinois Department of Public Health  
 2015 population projections based upon the latest county-level numbers prepared by Illinois Department of Commerce and Economic Opportunity



### Potential Bed Need Projection

ADAMS took the Bed Need Projection and added two assumptions based on factors that could support higher volumes and increased bed need. It is important to understand that these additional beds are not being requested at this time.

### Potential Reduction in Out-of-state Out-Migration

As described in Table 8 below, CompData reports 6,192 individuals living in SJS's primary, secondary and tertiary service areas who receive care at hospitals outside of Illinois. As SJS updates its facilities and capabilities, thus providing an enhanced platform for local physicians; Illinois residents who live in the service area will have a greater opportunity to receive care in Illinois. Utilizing the assumptions in Table 8, ADAMS has projected that an additional 483 medical/surgical admissions at SJS are possible in 2015.


Table 8

Reduce Out-of-State Out-migration	
Out-of-State Out-migration <sup>1</sup>	6,192
% of Out-migration cases that are Med/Surg <sup>2</sup>	65.0%
Total to Service Area Hospitals	4,025
SJS Potential Share <sup>3</sup>	12.0%
SJS Potential Incremental Admissions	483

1 - PSA(384), SSA(1910), TSA(3898)  
2 - ADAMS estimate based on MDC analysis of out of state data  
3 - ADAMS estimate based on SJS market share in combined PSA, SSA, TSA

*Out-of-state out-migration is defined as admissions originating within the defined service area but receiving care at providers outside of Illinois.*

Source: Illinois CompData,  
Out-of-state data is 1/1/09 to 6/30/09 Annualized





**Potential Impact of Healthcare Reform**

As in most areas of the country, utilization rates of healthcare services by the uninsured in SJS's service area are lower than utilization rates of Medicaid enrollees. As insurance coverage is expanded by offering Medicaid type insurance plans to the uninsured, it is possible that utilization rates for this group will increase to mirror Medicaid utilization. Should such a utilization rate increase occur, additional volume at all Illinois hospitals could result. Utilizing the assumptions in Table 9, ADAMS has estimated that an additional 547 medical/surgical admissions at SJS are possible in 2015 from residents of SJS's PSA and SSA.


**Table 9**

<b>POTENTIAL IMPACT OF HEALTHCARE REFORM</b>			
<i>Primary and Secondary Service Area</i>			
	2005	2005	2005
County	Population	Uninsured %	Uninsured #
Cass	14,209	0.218	3,098
Christian	36,254	0.113	4,097
Logan	31,226	0.108	3,372
Macoupin	49,622	0.149	7,394
Macon	112,450	0.109	12,257
Menard	12,991	0.145	1,884
Montgomery	30,573	0.154	4,708
Morgan	36,910	0.156	5,758
Sangamon	193,345	0.159	30,742
<b>Total</b>	<b>517,580</b>		<b>73,309</b>
<i>Current Uninsured Use Rate per 1000<sup>1</sup></i>			53.59
<i>Current Uninsured Admissions</i>			3,929
<i>Revised Uninsured Use Rate per 1000<sup>1</sup></i>			118.72
<i>Revised Uninsured Admissions</i>			8,703
<i>Additional Service Area Admissions</i>			4,774
<i>SJS Market Share<sup>2</sup></i>			19.6%
<i>Additional SJS Admissions</i>			936
<i>Additional SJS M/S Admissions</i>			547

1) Service area self pay admissions/# of service area uninsured.	
2) 2008 USA Medicaid admissions/2008 USA Medicaid enrollees.	
3) SJS self pay admissions/Service area self pay admissions.	

Sources: Taking a Closer Look at Illinois Uninsured, April 2009 – Gilead Outreach & Referral Center  
 Total Medicaid Enrollment, 2008 Kaiser Health Facts  
 HCUP Facts and Figures 2008





VII.G. and VIII.A.

Category of Service - Review Criteria: Replacement and Expansion of Existing Services: Category of Service Modernization  
Service Specific Review Criteria: Medical/Surgical, Obstetric, Pediatric and Intensive Care

This application proposed the modernization of a portion of St. John's Hospital's Medical/Surgical nursing units.

The project will modernize 4 floors of the hospital's bed tower, replacing some of the hospital's Medical/Surgical Authorized Beds in a complete modernization of the affected nursing units.

All of St. John's Hospital's Medical/Surgical nursing units are located in 2 buildings that are contiguous with each other and function as a single bed tower. One of these buildings is 71 years old, and the other is 40 years old. This project will modernize 4 floors of the Medical/Surgical nursing units, while the modernization of the remaining Medical/Surgical nursing units, which will take place after this project is completed and operational, will be the subject of a separate CON application in the future, if it is required at that time.

As a result of this project, St. John's Hospital's Authorized Beds in the Medical/Surgical Category of Service will be reduced from 281 to 204, a reduction of 77 Authorized Beds.

1. The Medical/Surgical nursing units are becoming increasingly functionally obsolescent and need to be modernized for the following reasons.
  - a. The mechanical infrastructure for these nursing units needs to be upgraded.
  - b. The Medical/Surgical nursing units are located in buildings with structural limitations.
    - 1) The patient rooms have low floor-to-ceiling heights. The existing floor-to-floor height of the patient tower buildings (the buildings in which the Medical/Surgical nursing units are located) is under 11 feet, which provides less floor-to-ceiling height (after the utilities and infrastructure above the ceiling are placed between the ceiling and the floor of the next level) than the preferred spacing currently being used in new construction of Medical/Surgical nursing units.

The Medical/Surgical patient rooms need to be modernized to provide higher floor-to-ceiling heights, which are necessary to

The Medical/Surgical patient rooms need to be modernized to provide higher floor-to-ceiling heights, which are necessary to accommodate the equipment increasingly required in these patient rooms and to give an open feeling for positive patient care in a modern facility.

- 2) The patient rooms are of varying size and configuration. These patient rooms should be replaced with uniformly sized and configured patient rooms in order to minimize the risk of staff errors and to enhance nursing procedures.
- c. The patient rooms with negative air-flow for infection control need to be modernized, and the number of these rooms needs to be increased.
- d. The number of Medical/Surgical patient rooms that meet the current standards of the Americans with Disabilities Act (ADA) needs to be increased.
- e. Toilet rooms in Medical/Surgical patient rooms need to be replaced in order to meet ADA standards.
- f. Patient rooms need to be modernized to meet contemporary standards.

- 1) There are too few private Medical/Surgical patient rooms.

Private rooms, also known as single occupancy rooms, have become the standard for patient rooms for a number of reasons, which result in improved flexibility as well as patient satisfaction.

In fact, the American Institute of Architects (AIA) and the Facilities Guideline Institute have recommended single occupancy rooms in the 2006 edition of Guidelines for Design and Construction of Health Care Facilities, a reference source for hospital licensure written by the American Institute of Architects' (AIA) Academy of Architecture for Health and the Facilities Guideline Institute, with assistance from the U.S. Department of Health and Human Services (HHS).

- a) Private rooms will increase the hospital's ability to maintain infection control.
- b) Private rooms reduced problems of gender and age cohorting in making room assignments.

- c) Private rooms enhance patient privacy, which is of increased importance due to the federal Health Insurance Portability and Accountability Act (HIPAA) requirements for patient confidentiality.
- 2) Some patient rooms, especially those that have 2 authorized beds, barely meet minimum size standards for 2-bed rooms, which makes these rooms too small to be used as semi-private rooms for reasons discussed below.
- 3) Many of the patient rooms only meet minimum size standards, but increasingly are too small to accommodate contemporary medical equipment and to permit medical teams (which include nursing students, medical students, residents and fellows as well as physicians and nurses) to efficiently provide care to acutely ill patients when they are used as semi-private rooms.

This is particularly true of semi-private rooms.

- a) Many of the Medical/Surgical patient rooms are too small to permit the installation of head walls that are sufficiently wide to accommodate the equipment that is needed to treat patients of high acuity.
- b) Some of the patient rooms are too small to permit the full staff team to be present in a room at one time, particularly when both beds in a semi-private room are occupied.
- c) The patient rooms are too small to accommodate participants in medical education and nursing education programs who undergo clinical training at St. John's Hospital.

St. John's Hospital is a major teaching affiliate of the Southern Illinois University (SIU) School of Medicine. The SIU School of Medicine has 215 medical students studying in Springfield during their second through fourth years of medical school and 226 residents and fellows participating in 21 different specialty programs. Participants in these medical education and post-graduate medical education programs spend 50% of their clinical education time at St. John's Hospital.

Approximately 300 undergraduate nursing students and 6 graduate nursing students from 7 nursing schools throughout central Illinois receive clinical experiences at St. John's Hospital each semester. These students rotate through the nursing departments.

In addition, 40 students from the Capital Area Career Center's program for Licensed Practical Nurses (L.P.N.s) and 22 students from its high school program for Nursing Assistants receive clinical training at St. John's Hospital at any one time.

Students in medical manpower training programs, including these medical and nursing education programs, routinely undergo clinical training experiences on the Medical/Surgical nursing units.

- 4) In addition to failing to meet ADA standards, some patient rooms have inadequately-sized toilet rooms.
- 5) Many of the patient rooms lack showers, and none have bathtubs. As a result, many patients are required to use communal showers that are located in centralized bathing areas on the nursing unit.
- 6) The toilet rooms are on the corridor side of the patient rooms, which hinders the staff's access to patients.

The toilet room in each patient room needs to be replaced in order to place the toilet rooms on the exterior wall.

- 7) The patient rooms are of varying sizes, which is contrary to contemporary standards of care that call for the establishment of Medical/Surgical patient rooms that are consistently sized and configured so they may accommodate a range of patient types in a universal manner, treating patients of varying acuity and needs.
- 8) Some patient rooms lack nurse work areas, while the existing nurse work areas are located inconsistently within the patient rooms.

Patient rooms need to be reconfigured in order to create nurse work areas that are uniform in relation to patients and located on the corridor side of the patient rooms.

- 9) The patient rooms are too small to permit St. John's Hospital to provide family-centered care, which requires the rooms to have adequate space for a family member to visit and assist in providing support to the patient as well as adequate space for a family member to sleep.
  - 10) As noted above, the patient rooms are too small to permit participants in St. John's Hospital's medical education and other professional education programs to have adequate space to observe patients and to participate in their clinical training, in which they must assist in the provision of patient care.
- f. The nursing stations need to be reconfigured and expanded, which requires the redesign and modernization of each nursing unit.
- 1) Several of the nursing stations are located an excessive distance from patient rooms, which has resulted in the need to construct and staff nursing sub-stations in certain areas.
  - 2) The nursing stations are inadequately sized to accommodate the teams of specialists who work on the nursing units and must perform work at the nursing stations.
  - 3) There is inadequate space for equipment, such as Pyxis machines, which are literally jammed into circulation space in the nursing stations.
  - 4) There is inadequate work space, with no room for office equipment, such as printers and fax machines.
  - 5) There are inadequately sized physician dictating areas, as a result of which several of these areas are placed in sub-optimal locations.
- g. Support areas are inadequately sized and often poorly located in relation to the patient rooms and nursing stations.
- 1) The single existing soiled utility room, soiled linen chute, and clean utility room on each floor do not provide adequate space for depositing and storing soiled supplies or storing clean supplies.
  - 2) There is inadequate clean storage, as a result of which disposable sterile supplies need to be stored at nursing stations.

- 3) There is inadequate storage space.
  - a) There is no storage space for medication carts.
  - b) There is inadequate space for storing equipment.
  - c) There is no storage space for mobile computer carts, which are taken into patient rooms.
  - d) The linen supply room is too small, accommodating only 1 exchange cart.
  - e) There is inadequate storage space for equipment storage.
- h. Patient elevators are too narrow to accommodate patient gurneys.
- i. There are inadequate staff facilities on the nursing units.
  - 1) There are no rooms for staff reporting.
  - 2) There is only 1 small employee lounge on a floor, which is inadequately sized and poorly located for the 100 employees who work on each floor of the nursing tower.

These deficiencies result in the need for additional space for these facilities since the existing nursing units do not comply with contemporary licensing standards and changes in standards of care that are reflected in the 2006 edition of Guidelines for Design and Construction of Health Care Facilities, a reference source for hospital licensure written by the American Institute of Architects' (AIA) Academy of Architecture for Health and the Facilities Guideline Institute, with assistance from the U.S. Department of Health and Human Services (HHS).

2. St. John's Hospital does not have any inspection reports from the Illinois Department of Public Health (IDPH) on behalf of the federal Centers for Medicare and Medicaid Services (CMMS) that relate to any service other than Long-Term Care

St. John's Hospital's most recent report from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is attached. This report and recent survey reports do not address the need for modernization of St. John's Hospital's Medical/Surgical nursing units.

3. There is no additional documentation, as applicable to the factors cited above.



4. Annual occupancy/utilization data for the Medical/Surgical Service for CY2007-CY2009

	CY2007	CY2008*	CY2009
Medical/Surgical Admissions	12,852	12,257	12,211
Medical/Surgical Patient Days (including Observation)	60,934	58,946	57,884
Average Daily Census	166.94	161.05	158.59
Average Length of Stay	4.74	4.81	4.74
Authorized Medical/Surgical Beds	457	308	308
Occupancy (%)	36.53%	52.29%	51.49%

\*CY2008 is a leap year



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

February 10, 2010

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

Dear Mr. Constantino:

I am the applicant representative of St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis who has signed the CON application to modernize the hospital's Medical/Surgical category of service.

In accordance with 77 Ill. Adm. Code 1110.530.g., I hereby attest to the understanding of the co-applicants for this project that, by the second year of operation after this project is completed, St. John's Hospital will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for this category of service.

The occupancy standard for a hospital's Medical/Surgical category of service with more than 200 beds is 88% occupancy of the authorized beds on an annual basis.

Sincerely,

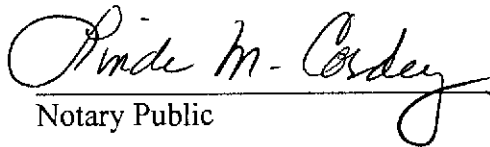
Dave Olejniczak  
Chief Operating Officer

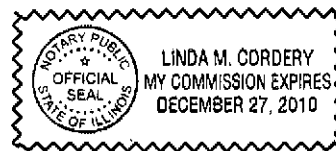


Mr. Michael Constantino  
Page Two  
February 10, 2010

State of Illinois  
County of Sangamon

Dated this 10<sup>th</sup> day of February, 2010.

  
\_\_\_\_\_  
Notary Public



**FINANCIAL FEASIBILITY**

ATTACHMENT 75

**STANDARD  
& POOR'S**

130 East Randolph Street  
Suite 2900  
Chicago, IL 60601  
tel 312 233-7001  
reference no.: 40150387

May 28, 2009

Hospital Sisters Health System  
4936 LaVerna Road  
Springfield, IL 62707  
Attention: Mr. Leo A. Lenn, Corporate Treasurer

Re: *\$65,550,000 Illinois Health Facilities Authority (Hospital Sisters Services, Inc.) (FSA)  
Hospital Variable Rate Demand Obligations, Series 2003A*

Dear Mr. Lenn:

Standard & Poor's has reviewed the Standard & Poor's underlying rating (SPUR) on the above-referenced obligations. After such review, we have affirmed the "AA" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

This letter constitutes Standard & Poor's permission to you to disseminate the above-assigned rating to interested parties. Standard & Poor's reserves the right to inform its own clients, subscribers, and the public of the rating.

Standard & Poor's relies on the issuer/obligor and its counsel, accountants, and other experts for the accuracy and completeness of the information submitted in connection with the rating. To maintain the rating, Standard & Poor's must receive all relevant financial information as soon as such information is available. Placing us on a distribution list for this information would facilitate the process. You must promptly notify us of all material changes in the financial information and the documents. Standard & Poor's may change, suspend, withdraw, or place on CreditWatch the rating as a result of changes in, or unavailability of, such information. Standard & Poor's reserves the right to request additional information if necessary to maintain the rating.

Mr. Leo A. Lenn  
Page 2  
May 28, 2009


Please send all information to:

Standard & Poor's Ratings Services  
Public Finance Department  
55 Water Street  
New York, NY 10041-0003

If you have any questions, or if we can be of help in any other way, please feel free to call or contact us at [nypublicfinance@standardandpoors.com](mailto:nypublicfinance@standardandpoors.com). For more information on Standard & Poor's, please visit our website at [www.standardandpoors.com](http://www.standardandpoors.com). We appreciate the opportunity to work with you and we look forward to working with you again.

Sincerely yours,

Standard & Poor's Ratings Services  
a division of The McGraw-Hill Companies, Inc.



gr  
enclosure

**STANDARD  
& POOR'S**

130 East Randolph Street  
Suite 2900  
Chicago, IL 60601  
tel 312 233-7001  
reference no.: 40184711

May 28, 2009

Hospital Sisters Health System  
4936 LaVerna Road  
Springfield, IL 62707  
Attention: Mr. Leo A. Lenn, Corporate Treasurer

Re: *\$100,425,000 Illinois Finance Authority (Hospital Sisters Services, Inc.) Hospital Variable Rate Demand Obligations, Series 2007C*

Dear Mr. Lenn:

Standard & Poor's has reviewed the Standard & Poor's underlying rating (SPUR) on the above-referenced obligations. After such review, we have affirmed the "AA" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

This letter constitutes Standard & Poor's permission to you to disseminate the above-assigned rating to interested parties. Standard & Poor's reserves the right to inform its own clients, subscribers, and the public of the rating.

Standard & Poor's relies on the issuer/obligor and its counsel, accountants, and other experts for the accuracy and completeness of the information submitted in connection with the rating. To maintain the rating, Standard & Poor's must receive all relevant financial information as soon as such information is available. Placing us on a distribution list for this information would facilitate the process. You must promptly notify us of all material changes in the financial information and the documents. Standard & Poor's may change, suspend, withdraw, or place on CreditWatch the rating as a result of changes in, or unavailability of, such information. Standard & Poor's reserves the right to request additional information if necessary to maintain the rating.

Mr. Leo A. Lenn  
Page 2  
May 28, 2009

Please send all information to:

Standard & Poor's Ratings Services  
Public Finance Department  
55 Water Street  
New York, NY 10041-0003

If you have any questions, or if we can be of help in any other way, please feel free to call or contact us at [nypublicfinance@standardandpoors.com](mailto:nypublicfinance@standardandpoors.com). For more information on Standard & Poor's, please visit our website at [www.standardandpoors.com](http://www.standardandpoors.com). We appreciate the opportunity to work with you and we look forward to working with you again.

Sincerely yours,

Standard & Poor's Ratings Services  
a division of The McGraw-Hill Companies, Inc.

*Standard & Poor's SEC*

gr  
enclosure

JUN 10 2009



**STANDARD  
& POOR'S**

130 East Randolph Street  
Suite 2900  
Chicago, IL 60601  
tel 312 233-7001  
reference no.: 40194937

May 28, 2009

Hospital Sisters Health System  
4936 LaVerna Road  
Springfield, IL 62707  
Attention: Mr. Leo A. Lenn, Corporate Treasurer

Re: *\$72,035,000 Illinois Finance Authority (Hospital Sisters Services, Inc.) Hospital Revenue Bonds, Series 2007A*

Dear Mr. Lenn:

Standard & Poor's has reviewed the rating on the above-referenced obligations. After such review, we have affirmed the "AA" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

This letter constitutes Standard & Poor's permission to you to disseminate the above-assigned rating to interested parties. Standard & Poor's reserves the right to inform its own clients, subscribers, and the public of the rating.

Standard & Poor's relies on the issuer/obligor and its counsel, accountants, and other experts for the accuracy and completeness of the information submitted in connection with the rating. To maintain the rating, Standard & Poor's must receive all relevant financial information as soon as such information is available. Placing us on a distribution list for this information would facilitate the process. You must promptly notify us of all material changes in the financial information and the documents. Standard & Poor's may change, suspend, withdraw, or place on CreditWatch the rating as a result of changes in, or unavailability of, such information. Standard & Poor's reserves the right to request additional information if necessary to maintain the rating.

Mr. Leo A. Lenn  
Page 2  
May 28, 2009

Please send all information to:  
Standard & Poor's Ratings Services  
Public Finance Department  
55 Water Street  
New York, NY 10041-0003

If you have any questions, or if we can be of help in any other way, please feel free to call or contact us at [nypublicfinance@standardandpoors.com](mailto:nypublicfinance@standardandpoors.com). For more information on Standard & Poor's, please visit our website at [www.standardandpoors.com](http://www.standardandpoors.com). We appreciate the opportunity to work with you and we look forward to working with you again.

Sincerely yours,

Standard & Poor's Ratings Services  
a division of The McGraw-Hill Companies, Inc.

*Standard & Poor's*

gr  
enclosure

MAR 10 2009



**Moody's Investors Service**

7 World Trade Center at 250 Greenwich Street  
New York, New York 10007

June 10, 2008

Mr. Leo Lenn  
Corporate Treasurer  
Hospital Sisters Health System  
4936 LaVerna Road  
Springfield, IL 62707

Dear Mr. Lenn:

We wish to inform you that Moody's Investors Service has assigned Aa3/VMIG 1 ratings to Hospital Sisters Services Inc.'s Series 2008A bonds to be issued through the Illinois Finance Authority and the Series 2008B bonds to be issued through the Wisconsin Health and Educational Facilities Authority. Concurrently, the rating on the Series 2003B bonds was revised to Aa3 / VMIG 1. The outlook is **stable**.

Moody's will monitor this rating and reserves the right, at its sole discretion, to revise or withdraw this rating at any time.

The rating as well as any other revisions or withdrawals thereof will be publicly disseminated by Moody's through the normal print and electronic media and in response to verbal requests to Moody's rating desk.

In order for us to maintain the currency of our rating, we request that you provide ongoing disclosure, including annual and quarterly financial and statistical information.

Should you have any questions regarding the above, please do not hesitate to contact me.

Sincerely,

Beth I. Wexler  
Vice President/Senior Credit Officer  
Phone: 212-553-1384  
Fax: 212-298-7155  
Email: [beth.wexler@moodys.com](mailto:beth.wexler@moodys.com)

BIW:ri

JUN 18 2008

# FitchRatings

One State Street Plaza  
New York, NY 10004

T 212 908 0500 / 800 75 FITCH  
www.fitchratings.com

June 10, 2008

Ms. Ann Carr  
Assistant Treasurer  
Hospital Sisters Services Inc.  
P.O. Box 19456  
Springfield, IL 62794

Dear Ms. Carr:

Fitch Ratings has assigned one or more ratings and/or otherwise taken rating action(s), as detailed on the attached Notice of Rating Action.

Ratings assigned by Fitch are based on documents and information provided to us by issuers, obligors, and/or their experts and agents, and are subject to receipt of the final closing documents. Fitch does not audit or verify the truth or accuracy of such information.

Ratings are not a recommendation or suggestion, directly or indirectly, to you or any other person, to buy, sell, make or hold any investment, loan or security or to undertake any investment strategy with respect to any investment, loan or security or any issuer. Ratings do not comment on the adequacy of market price, the suitability of any investment, loan or security for a particular investor (including without limitation, any accounting and/or regulatory treatment), or the tax-exempt nature or taxability of payments made in respect of any investment, loan or security. Fitch is not your advisor, nor is Fitch providing to you or any other party any financial advice, or any legal, auditing, accounting, appraisal, valuation or actuarial services. A rating should not be viewed as a replacement for such advice or services.

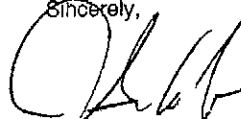
It is important that Fitch be provided with all information that may be material to its ratings so that they continue to accurately reflect the status of the rated issues. Ratings may be changed, withdrawn, suspended or placed on Rating Watch due to changes in, additions to or the inadequacy of information.

Ratings are not recommendations to buy, sell or hold securities. Ratings do not comment on the adequacy of market price, the suitability of any security for a particular investor, or the tax-exempt nature or taxability of payments made in respect of any security.

The assignment of a rating by Fitch shall not constitute a consent by Fitch to use its name as an expert in connection with any registration statement or other filing under U.S., U.K., or any other relevant securities laws.

We are pleased to have had the opportunity to be of service to you. If we can be of further assistance, please feel free to contact us at any time.

Sincerely,



Jeff Schaub  
Senior Director  
U.S. Public Finance

JS/ka

Enc: Notice of Rating Action  
(Doc ID: 106027)

## Notice of Rating Action

<u>Bond Description</u>	<u>Rating Type</u>	<u>Action</u>	<u>Rating</u>	<u>Outlook/ Watch</u>	<u>Eff Date</u>	<u>Notes</u>
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) Revenue Refunding Bonds ser 2008A	Long Term	New Rating	AA-	RO:Sta	09-Jun-2008	
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev rfdg bonds ser 2008B	Long Term	New Rating	AA-	RO:Sta	09-Jun-2008	
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev rfdg bonds ser 2008A	Short Term	New Rating	F1+		09-Jun-2008	
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2003B	Short Term	New Rating	F1+		09-Jun-2008	
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev rfdg bonds ser 2008B	Short Term	New Rating	F1+		09-Jun-2008	
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2007C (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007A	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	
Illinois Finance Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007A (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Health Facilities Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 1998A (insured: MBIA Insurance Corp.)	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Health Facilities Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2003C (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Illinois Health Facilities Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2003A (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 1998B (insured: MBIA Insurance Corp.)	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2003D (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2003B (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007B-1 (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1
Wisconsin Health & Educational Facilities Authority (WI) (Hospital Sisters Services, Inc. - Obligated Group) var-rate rev bonds (ARS) ser 2007B-2 (insured: Financial Security Assurance Inc. (FSA))	Long Term	Affirmed	AA-	RO:Sta	09-Jun-2008	1

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Key: RO: Rating Outlook, RW: Rating Watch; Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

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Notes

- 1 The rating is an underlying rating, given without consideration of credit enhancement.
-

**ECONOMIC FEASIBILITY**



**St. John's  
Hospital**

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

Re: St. John's Hospital  
Hospital Sisters Services, Inc.  
Hospital Sisters Health System

The undersigned, as authorized representatives of St. John's Hospital, Hospital Sisters Services, Inc., and Hospital Sisters Health System, in accordance with 77 Ill. Adm. Code 1120.310.b. and the requirements of Section XXVI.B. of the CON Application for Permit, hereby attest to the following:

The selected form of debt financing for this project will be tax exempt revenue bonds issued through the Illinois Finance Authority.

The selected forms of debt financing for this project will be at the lowest net cost available to the co-applicants.

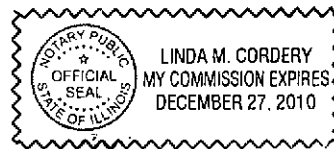
Signed and dated as of April 16, 2010

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis  
Hospital Sisters Services, Inc.  
Hospital Sisters Health System  
Illinois Not-for-Profit Corporations

By: [Signature]  
Its: President & CEO

By: Leo A. Lenn  
Its: Systems Treasurer

Notary: Linda M. Cordery  
Date: April 16, 2010



An Affiliate of Hospital Sisters Health System



St. John's Hospital Itemized Project Costs

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
<b>Pre-Planning Costs:</b>			
Architectural Programming Costs	\$ 56,000	\$ 14,000	\$ 70,000
Architectural (Schematic Design) Costs	\$ 349,033	\$ 87,258	\$ 436,291
<b>Total Pre-Planning Costs</b>	<b>\$ 405,033</b>	<b>\$ 101,258</b>	<b>\$ 506,291</b>
<b>Modernization Contracts</b>	<b>\$ 22,549,028</b>	<b>\$ 5,637,257</b>	<b>\$ 28,186,285</b>
<b>Contingencies</b>	<b>\$ 2,370,489</b>	<b>\$ 592,622</b>	<b>\$ 2,963,111</b>
<b>Architectural and Engineering Fees</b>	<b>\$ 1,396,131</b>	<b>\$ 349,033</b>	<b>\$ 1,745,164</b>
<b>Consulting and Other Fees:</b>			
Pre-Construction Services	\$ 52,000	\$ 13,000	\$ 65,000
Design Team Construction Administration	\$ 581,722	\$ 145,430	\$ 727,152
Architecture Reimbursables	\$ 220,410	\$ 55,103	\$ 275,513
Program Management	\$ 235,949	\$ 58,987	\$ 294,936
Program Management Reimbursables	\$ 21,138	\$ 5,284	\$ 26,422
Hazardous Materials Survey	\$ 17,078	\$ 4,270	\$ 21,348
Medical Equipment Planning	\$ 56,557	\$ 14,139	\$ 70,696
Medical Equipment Planning Reimbursables	\$ 3,200	\$ 800	\$ 4,000
Legal Fees	\$ 63,236	\$ 15,809	\$ 79,045
CON Planning and Consultation	\$ 90,557	\$ 22,639	\$ 113,196
CON Application Processing Fee	\$ 85,000	\$ 15,000	\$ 100,000
IDPH Plan Review Fee	\$ 32,000	\$ 8,000	\$ 40,000
Building Permit Fee	\$ 16,000	\$ 4,000	\$ 20,000
<b>Total Consulting and Other Fees</b>	<b>\$ 1,474,847</b>	<b>\$ 362,461</b>	<b>\$ 1,837,308</b>
<b>Movable or Other Equipment</b> <b>(not in Construction Contracts):</b>			
Medical Equipment	\$ 1,056,968	\$ -	\$ 1,056,968
Furniture/Furnishings	\$ 2,435,382	\$ -	\$ 2,435,382
Telecom. Equipment	\$ 1,445,572	\$ 361,393	\$ 1,806,965
Artwork & Plants	\$ 182,307	\$ 45,577	\$ 227,884
Signage and Graphics	\$ 364,614	\$ 91,153	\$ 455,767
<b>Total Movable or Other Equipment</b>	<b>\$ 5,484,843</b>	<b>\$ 498,123</b>	<b>\$ 5,982,966</b>
<b>Bond Issuance Expense (project related):</b>			
Underwriting Fees	\$ 239,162	\$ 59,790	\$ 298,952
Bond Counsel	\$ 29,024	\$ 7,256	\$ 36,280
Issuer Fees	\$ 34,830	\$ 8,707	\$ 43,537
IFA Counsel Fees	\$ 4,644	\$ 1,161	\$ 5,805
Financial Advisor to Hospital Sisters Services, Inc.	\$ 29,025	\$ 7,256	\$ 36,281
Auditor Fees	\$ 23,220	\$ 5,805	\$ 29,025
Underwriter's Counsel	\$ 23,220	\$ 5,805	\$ 29,025
Trustee	\$ 1,161	\$ 290	\$ 1,451
Printer	\$ 1,161	\$ 290	\$ 1,451
Rating Agencies' Fees	\$ 34,830	\$ 8,707	\$ 43,537
<b>Total Bond Issuance Expense</b>	<b>\$ 420,275</b>	<b>\$ 105,069</b>	<b>\$ 525,344</b>
<b>Other Costs to be Capitalized:</b>			
Patient Tower Infrastructure Upgrades	\$ -	\$ 5,578,696	\$ 5,578,696
Internal Move Costs	\$ -	\$ 224,819	\$ 224,819
Hazardous Material Removal	\$ 40,000	\$ 10,000	\$ 50,000
<b>Total Other Costs to be Capitalized</b>	<b>\$ 40,000</b>	<b>\$ 5,813,515</b>	<b>\$ 5,853,515</b>

PATIENT TOWER RENOVATIONS PROJECT

Clinical Services

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
6th Floor	Patient Room - Headwall	\$ 3,636	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,865	2	\$ 19,730		
					\$ 264,242	
7th Floor	Patient Room - Headwall	\$ 3,636	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,865	2	\$ 19,730		
					\$ 264,242	
8th Floor	Patient Room - Headwall	\$ 3,636	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,865	2	\$ 19,730		
					\$ 264,242	
9th Floor	Patient Room - Headwall	\$ 3,636	44	\$ 159,984		
	Patient Room - Bed Locator	\$ 1,762	44	\$ 77,528		
	Patient Room - Rail System	\$ 3,500	2	\$ 7,000		
	Patient Room - Overhead Lifter/Carrier	\$ 9,865	2	\$ 19,730		
					\$ 264,242	
					\$ 1,056,868	
Other (Identify):						

PATIENT TOWER RENOVATIONS PROJECT

Clinical Services

Department/Service	Item	Unit Cost	Number	Total Cost	Total for Department/Service	Total for Clinical Services
6th Floor	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
	Patient Room - Chair	\$ 2,909.09	\$ 44	\$ 127,999.96		
	Patient Room - Overbed Table	\$ 356.77	\$ 44	\$ 15,697.88		
	Patient Room - Sharps Disposal/Container	\$ 336.73	\$ 44	\$ 14,816.12		
	Patient Room - Glove Dispenser	\$ 52.36	\$ 44	\$ 2,303.84		
	Patient Room - Waste Receptacle, Step-on	\$ 66.18	\$ 44	\$ 2,911.92		
	North Nursing Station - U/C Refrigerator	\$ 295.00	\$ 1	\$ 295.00		
	Clean Room - Linen Cart	\$ 1,032.00	\$ 1	\$ 1,032.00		
	Clean Room - Shelving	\$ 4,759.00	\$ 1	\$ 4,759.00		
	Clean Room - Waste Receptacle	\$ 79.00	\$ 1	\$ 79.00		
	Soiled - Truck Waste Receptacle	\$ 1,605.00	\$ 1	\$ 1,605.00		
	Soiled - Linen Bin/Truck	\$ 1,095.00	\$ 2	\$ 2,190.00		
	Soiled - Glove Dispenser	\$ 72.00	\$ 1	\$ 72.00		
	Soiled - Waste Receptacle	\$ 96.39	\$ 1	\$ 96.39		
	Linen Alcove - Linen Cart	\$ 1,032.00	\$ 7	\$ 7,224.00		
	Pharmacy - U/C Refrigerator	\$ 294.00	\$ 1	\$ 294.00		
	Staff Lounge - Upright Refrigerator	\$ 479.00	\$ 1	\$ 479.00		
	Staff Lounge - Microwave Oven	\$ 335.00	\$ 1	\$ 335.00		
	Staff Lounge - Coffee Brewer	\$ 578.00	\$ 1	\$ 578.00		
	Staff Lounge - Waste Receptacle	\$ 78.51	\$ 1	\$ 78.51		
	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Houskeeping - Four Station Chemical/Cleaning Dispenser	\$ 182.00	\$ 1	\$ 182.00		
					\$ 608,846	
7th Floor	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
	Patient Room - Chair	\$ 2,909.09	\$ 44	\$ 127,999.96		
	Patient Room - Overbed Table	\$ 356.77	\$ 44	\$ 15,697.88		
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	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Houskeeping - Four Station Chemical/Cleaning Dispenser	\$ 182.00	\$ 1	\$ 182.00		
					\$ 608,846	
8th Floor	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
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	Patient Room - Overbed Table	\$ 356.77	\$ 44	\$ 15,697.88		
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	Clean Room - Shelving	\$ 4,759.00	\$ 1	\$ 4,759.00		
	Clean Room - Waste Receptacle	\$ 79.00	\$ 1	\$ 79.00		
	Soiled - Truck Waste Receptacle	\$ 1,605.00	\$ 1	\$ 1,605.00		
	Soiled - Linen Bin/Truck	\$ 1,095.00	\$ 2	\$ 2,190.00		
	Soiled - Glove Dispenser	\$ 72.00	\$ 1	\$ 72.00		

	Soiled - Waste Receptacle	\$ 96.39	\$ 1	\$ 96.39		
	Linen Alcove - Linen Cart	\$ 1,032.00	\$ 7	\$ 7,224.00		
	Pharmacy - U/C Refrigerator	\$ 294.00	\$ 1	\$ 294.00		
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	Staff Lounge - Coffee Brewer	\$ 578.00	\$ 1	\$ 578.00		
	Staff Lounge - Waste Receptacle	\$ 78.51	\$ 1	\$ 78.51		
	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Houskeeping - Four Station Chemical/Cleaning Dispens	\$ 182.00	\$ 1	\$ 182.00		
					\$ 608,848	
9th Floor						
	Patient Room - F/S Misc. Furniture	\$ 1,676.00	\$ 44	\$ 73,744.00		
	Patient Room - Sofa	\$ 8,000.00	\$ 44	\$ 352,000.00		
	Patient Room - Chair	\$ 2,909.09	\$ 44	\$ 127,999.96		
	Patient Room - Overbed Table	\$ 356.77	\$ 44	\$ 15,697.88		
	Patient Room - Sharps Disposal/Container	\$ 338.73	\$ 44	\$ 14,816.12		
	Patient Room - Glove Dispenser	\$ 52.38	\$ 44	\$ 2,303.84		
	Patient Room - Waste Receptacle, Step-on	\$ 66.18	\$ 44	\$ 2,911.92		
	North Nursing Station - U/C Refrigerator	\$ 295.00	\$ 1	\$ 295.00		
	Clean Room - Linen Cart	\$ 1,032.00	\$ 1	\$ 1,032.00		
	Clean Room - Shelving	\$ 4,759.00	\$ 1	\$ 4,759.00		
	Clean Room - Waste Receptacle	\$ 79.00	\$ 1	\$ 79.00		
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	Staff Lounge - Waste Receptacle	\$ 78.51	\$ 1	\$ 78.51		
	Staff Lounge - Recycling Receptacle	\$ 73.00	\$ 1	\$ 73.00		
	Houskeeping - Four Station Chemical/Cleaning Dispens	\$ 182.00	\$ 1	\$ 182.00		
					\$ 608,848	
						\$ 2,435,382

**ATTACHMENT-77**

**SAFETY NET IMPACT STATEMENT**

## Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Service, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003)

This modernization project will modernize St. John's Hospital's existing Medical/Surgical nursing units in its Medical/Surgical Category of Service, thereby improving St. John's Hospital's ability to provide essential Medical/Surgical services to all the patients it serves, including the uninsured and underinsured residents of Planning Area E-01, the State-defined planning area in which the hospital is located.

Planning Area E-01 includes Sangamon, Logan, Menard, Mason, Christian, and Cass Counties and selected townships within Brown and Schuyler Counties.

The market area for this project is discussed in Attachments 11, 13, and 14. Attachment 11 identifies the market area for this project as those zip codes in which 0.5% or more of St. John's Hospital's surgical cases reside, as shown in the patient origin chart for its surgical patients during the recent 12-month period of November 1, 2008, through October 31, 2009, which is found in Attachment 11, Page 6. This market area is predominantly located within St. John's Hospital's primary and secondary service areas, with 41% of the patients residing in Sangamon County, its primary service area, and a total of 55% of the patients residing in the secondary service area.

Although St. John's Hospital is a tertiary care facility that serves as a regional referral center and as a primary teaching hospital for the Southern Illinois University School of Medicine, 48% of its Medical/Surgical patients reside in Planning Area E-01.

St. John's Hospital's primary service area is Sangamon County, the county in which the hospital is located, which is in Planning Area E-01.

St. John's Hospital's secondary service area consists of 8 counties. Cass, Christian, Logan, and Menard Counties are within Planning Area E-01. Macon, Macoupin, Montgomery, and Morgan Counties are located in other planning areas.

The patient origin data demonstrate that St. John's Hospital serves Planning Area E-01 as well as its self-defined market area.

A discussion of its self-defined market area is found in the Bed Need Projection Analysis in Attachments 13 and 14.

This project will enable St. John's Hospital to continue to provide much-needed services to the low income and uninsured that reside and work within the market area for this project.

- a. Many of the patients that are served at St. John's Hospital are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas and/or Health Professional Shortage Areas.

Medically Underserved Areas and Medically Underserved Populations are designated by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) based on the Index of Medical Underservice. Designated Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are eligible for certification and funding under federal programs such as Community Health Center (CHC) grant funds, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (<http://bhpr.hrsa.gov/shortage/muaguide.htm>) (Health Resources and Services Administration, U.S. Department of Health and Human Services).

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care, dental, or mental health providers (<http://bhpr.hrsa.gov/shortage/index.htm> Health Resources and Services Administration, U.S. Department of Health and Human Services).

- Within the City of Springfield, there are 8 census tracts that the federal government has identified as Medically Underserved Areas/Populations and 21 census tracts that the federal government has identified as Health Professional Shortage Areas.

Documentation of this designation is found in the chart on Page 9 of this Attachment and in Attachment 11, Page 7.

- In St. John's Hospital's Secondary Service Area, there are a number of federally-designated Medically Underserved Areas/Populations and Health Professional Shortage Areas, as identified below and in the chart on Page 9 of this Attachment and in Attachment 11, Page 7.

Cass County:

The County is both a Medically Underserved Area/Population and a Health Professional Shortage Area

Christian County:

The County is a Health Professional Shortage Area, and 9 townships in the Pana/Ricks Service Area are a Medically Underserved Area/Population

Logan County:

Eminence Township (Eminence Service Area) is a Medically Underserved Area/Population, and 2 census tracts in Lincoln are a Health Professional Shortage Area

Menard County:

The County is a Health Professional Shortage Area

Macon County:

5 census tracts in the Macon Service Area are Medically Underserved Areas/Populations and 17 census tracts in Decatur are a Health Professional Shortage Area

Macoupin County:

The County is a Health Professional Shortage Area, and 2 townships (South Palmyra Township in the South Palmyra Service Area and Hillyard Township in the Hillyard Service Area) plus 2 census tracts in the Gillespie Service Area are Medically Underserved Areas/Populations

Montgomery County:

The County is a Health Professional Shortage Area, and 5 townships in the Irving/Witt Service Area and South Litchfield Township in the South Litchfield Service Area are Medically Underserved Areas/Populations

Morgan County:

Waverly Precinct #1 is a Medically Underserved Area/Population, and 4 census tracts in Jacksonville are Health Professional Shortage Areas

- b. A significant percentage of the residents of St. John's Hospital's Primary and Secondary Service Areas have been identified in recent studies as being uninsured.



- 1) In a study issued in April, 2009, Gilead Outreach & Referral Center identified Illinois' uninsured in 2005.

A total of 101,020 of Sangamon County residents under age 65, or 15.9% of the county's population in that age group, were uninsured in 2005.

A total of 2,557 of Cass County residents under age 65, or 21.8% of the county's population in that age group, were uninsured in 2005.

A total of 3,174 of Christian County residents under age 65, or 11.3% of the county's population in that age group, were uninsured in 2005.

A total of 2,393 of Logan County residents under age 65, or 10.8% of the county's population in that age group, were uninsured in 2005.

A total of 1,568 of Menard County residents under age 65, or 14.5% of the county's population in that age group, were uninsured in 2005.

A total of 9,766 of Macon County residents under age 65, or 10.9% of the county's population in that age group, were uninsured in 2005.

A total of 6,030 of Macoupin County residents under age 65, or 14.9% of the county's population in that age group, were uninsured in 2005.

A total of 567 of Montgomery County residents under age 65, or 15.4% of the county's population in that age group, were uninsured in 2005.

A total of 2,425 of Morgan County residents under age 65, or 15.6% of the county's population in that age group, were uninsured in 2005.

(Gilead Outreach & Referral Center, "Taking a Closer Look at Illinois' Uninsured," April, 2009)

- 2) In a study issued in June, 2007, Health & Disability Advocates identified Illinois' uninsured by state legislative district in 2005.

A total of 11,140 residents of Illinois State Representative District 99, the State Representative District in which St. John's Hospital is located, were between the ages of 19 and 64 in 2005 and were employed but uninsured. 79.7% of these residents had household incomes of 400% or less of the federal poverty level, while 21.3% had household incomes of 400% or more of the federal poverty level.

Similarly, but covering a broader geographic area, a total of 20,268 residents of Illinois State Senate District 50, the State Senate District in which St. John's Hospital is located, were between the ages of 19 and 64 in 2005 and were employed but uninsured. 66.7% of these residents had household incomes of 400% or less of the federal poverty level, while 23.3% had household incomes of 400% or more of the federal poverty level.

(Rob Paral and Associates and Health & Disability Advocates, "Uninsured & Employed Persons in Illinois State Legislative Districts," June, 2007)

This project will have a positive impact on essential safety net services in Planning Area E-01 and the market area for this project for those patients requiring Medical/Surgical Services because St. John's Hospital's Medical/Surgical facilities will be modernized, thus providing a contemporary environment for Medical/Surgical patients, a significant percentage of whom are low-income, uninsured, and otherwise vulnerable.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services

This project is designed to upgrade facilities currently provided by St. John's Hospital and, as such, it will not have any impact on other providers' or health care systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

This item is not applicable because St. John's Hospital is not proposing to discontinue any services or facilities.

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

1. The amount of charity care provided by St. John's Hospital for the 3 fiscal years prior to submission of the application

	<b>Total</b>
<b>FY2007</b>	\$ 10,587,721
<b>FY2008</b>	\$ 11,435,615
<b>FY2009</b>	\$ 10,187,094

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

A certification describing the amount of charity care provided is appended to this Attachment.

2. The amount of care provided by St. John's Hospital to Medicaid patients for the three fiscal years prior to submission of the application

	<b>Inpatients</b>	<b>Outpatients</b>	<b>Total</b>
<b>FY2007</b>	\$43,055,736	\$ 8,786,473	\$51,842,209
<b>FY2008</b>	\$41,383,841	\$15,046,446	\$56,430,287
<b>FY2009</b>	\$39,212,274	\$17,269,908	\$56,482,182

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A certification describing the amount of care provided to Medicaid patients is appended to this Attachment.

3. Any other information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.
  - a. A copy of St. John's Hospital's "Community Benefits Plan Report" for Fiscal Year 2009 (July 1, 2008 – June 30, 2009) is appended to this Attachment.
  - b. A copy of St. John's Hospital's "Supplemental Information" to its FY2009 Form 990 (Schedule H, Part VI), which was submitted to the Internal Revenue Service, is appended to this Attachment.

- c. St. John's Hospital is a major teaching affiliate of the Southern Illinois University (SIU) School of Medicine.

The SIU School of Medicine has 215 medical students studying in Springfield during their second through fourth years of medical school and 226 residents and fellows participating in 23 different specialty programs. Participants in these medical education and post-graduate medical education programs spend 50% of their clinical education time at St. John's Hospital.

St. John's Hospital provides educational opportunities on the Medical/Surgical nursing units for medical students, residents, and fellows in a number of specialties through its affiliation with the SIU School of Medicine.

- d. St. John's Hospital is actively involved in health professional education.

- 1) Approximately 300 undergraduate nursing students and 6 graduate nursing students from St. John's College's Department of Nursing and other schools of nursing in Central Illinois receive clinical experiences at St. John's Hospital each semester.

These students rotate through the nursing departments.

- 2) St. John's Hospital and Lincoln Land Community College jointly offer an associate's degree program for advanced-level respiratory care practitioners.
- 3) St. John's Hospital operates a 44-week School of Clinical Laboratory Science that fulfills the senior year baccalaureate degree requirement for 12 college/university academic affiliates.

- e. St. John's Hospital partners with Memorial Medical Center in supporting Capital Community Health Center (CCHC), which serves as the Federally Qualified Health Center (FQHC) for Sangamon County.

During alternating quarters throughout the year, St. John's Hospital provides inpatient, imaging, and laboratory services to all referred CCHC patients, regardless of the individual's or family's ability to pay.

St. John's Hospital assists CCHC patients in applying for any health reimbursement program for which they may be eligible. If the patient is not able to pay his/her portion of the bill, the amount is forgiven under the hospital's Christian Care (charity care) program.

During the 6 months of FY2009 when St. John's Hospital served CCHC patients, the hospital wrote off \$3,424,993 in charges for more than 2,600 CCHC participants.

- f. St. John's Hospital supports the Pregnancy Care Center of Springfield, which provides prenatal care, physician referrals, counseling, free classes, and access to State services such as All Kids to pregnant women, with an emphasis on serving young women with limited financial means. St. John's Hospital provides this program with an annual stipend, free office space, office supplies, etc.

During FY2009, the Pregnancy Care Center served 401 new clients from Sangamon County and the 5 surrounding counties.

- g. St. John's Hospital operates a HELP line.
- h. St. John's Hospital's residents and nurses participate in screenings in homeless shelters.
- i. St. John's Hospital is part of a team that is designing a new program that would create Medical Homes for approximately 16,000 uninsured people. This program is in the planning stages.



**St. John's  
Hospital**

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

March 10, 2010

Mr. Dale Galassie  
Chairman of the Board  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, Illinois 62761

Dear Mr. Galassie:

St. John's Hospital hereby certifies that St. John's Hospital provided the amount of charity care at cost that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

	<b>Total</b>
<b>FY2007</b>	\$ 10,587,721
<b>FY2008</b>	\$ 11,435,615
<b>FY2009</b>	\$ 10,187,094

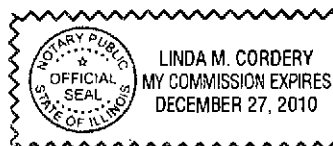
This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

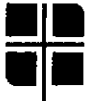
Larry J. Ragel  
Chief Financial Officer

Notary

*Linda M. Cordery*  
Date: 3/10/10



An Affiliate of Hospital Sisters Health System



**St. John's  
Hospital**

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Springfield, Illinois 62769  
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March 10, 2010

Mr. Dale Galassie  
Chairman of the Board  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, Illinois 62761

Dear Mr. Galassie:

St. John's Hospital hereby certifies that St. John's Hospital provided the following amount of care to Medicaid patients for the three audited fiscal years prior to submission of this certificate of need application.

	<u>Net Revenue</u>		
	<u>Inpatients</u>	<u>Outpatients</u>	<u>Total</u>
<b>FY2007</b>	\$43,055,736	\$ 8,786,473	\$51,842,209
<b>FY2008</b>	\$41,383,841	\$15,046,446	\$56,430,287
<b>FY2009</b>	\$39,212,274	\$17,269,908	\$56,482,182

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

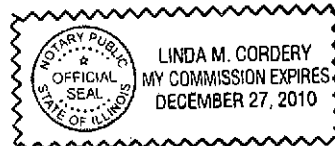
Sincerely,

Larry J. Ragel  
Chief Financial Officer

Notary:

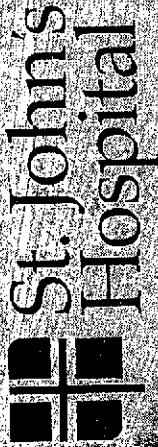
Date:

3/10/10



An Affiliate of Hospital Sisters Health System

COMMUNITY BENEFIT REPORT



**TRANSFORMING**  
*Our Community*



ST. JOHN'S HOSPITAL

**Quantifiable Costs for  
Community Benefit**

FY 2009

	FY 2009
<b>Benefits for the less fortunate:</b>	
Charity care at cost	\$ 10,187,094*
Unpaid cost of Medicaid and other public programs	\$ 10,599,490
Community health services	\$ 366,825
	<hr/>
	\$ 21,153,409
<b>Benefits for the broader community:</b>	
Community health services	\$ 851,782
Health professions education	\$ 8,163,751
	<hr/>
	\$ 9,015,533
<b>Total community benefit</b>	<b>\$ 30,168,942</b>

\*6,750 patients received partial or full charity care in FY 2009

**Message from Bob Ritz,  
President and CEO**

St. John's Hospital is proud to outline the results of our Fiscal Year 2009 Community Benefit efforts. This report highlights the different activities our Staff, Medical Staff, Sisters and Samaritans undertake each day to improve the health and wellness of our community. While this report quantifies our financial assistance to those without insurance through our Christian Care program, measures our support for training physicians and clinicians and calculates the funding shortfall for Medicaid reimbursements, it does not allocate a dollar amount on the impact the members of St. John's family make every day in the lives of individuals and the community at large.

Our healing ministry calls us "to serve suffering humanity for His sake." Our commitment to care for the sick, the less fortunate, the elderly and the isolated is at the heart of who we are. Each member of the St. John's family is called to serve others. Our greatest reward for these efforts is simply a smile, a warm gesture or a kind remark. In the pages that follow, we are pleased to share examples of how we serve our community and make a difference in people's lives.

*Each member of the St. John's family is called to serve others. Our greatest reward for these efforts is simply a smile, a warm gesture or a kind remark.*

## Collaborating

St. John's recognizes that by working together with other organizations we can often do the greatest good. We're proud to partner with dozens of local agencies across Central Illinois to improve the quality of life in these communities. We are happy to share with you some examples of these partnerships.

### Kidzeum Donation

To help build a strong community that emphasizes health and wellness, St. John's is partnering with the Kidzeum of Health and Science (KHS) to create a new children's museum in Springfield.

The hospital is committing \$1.25 million to help establish and construct a children's museum at the Edwin Watts Southwind Park in Springfield. St. John's provided staff and physician expertise to help plan and develop exhibits. The idea is to make a kid-friendly and fun learning environment that also provides enjoyment for children with physical limitations. St. John's contributed \$300,000 to Kidzeum as the first payment on this multi-year commitment.

The 20,000 square foot Kidzeum is projected to cost \$6 million. The facility will

*"We are very grateful to have the support of St. John's Children's Hospital. We appreciate the hospital's long-term commitment to the community in establishing a children's museum that will be a vibrant family attraction for the capital city."*

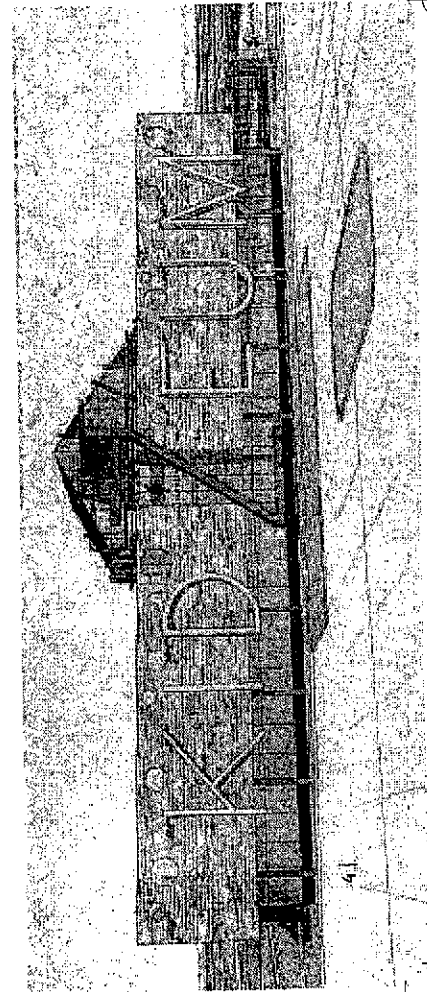
- Rachael Thomson, Kidzeum Board President



### Pregnancy Care Center

The Pregnancy Care Center of Springfield, Inc. provides prenatal care for pregnant women, with an emphasis on serving young women with limited financial means or challenging family dynamics. St. John's supports the Care Center with an annual stipend, free office space, various office needs, speaker engagements and other health professions as needed.

offer hands-on exhibits and programs that will allow visitors to learn about the inter-workings of the body, the value of renewable energy resources and how our community plays an important role in our health and well-being.



Through this collaboration, the Care Center served 401 new clients in FY 2009 from Sangamon and the five surrounding counties. Services provided include physician referrals, prenatal care, free classes and counseling. The Center also helps clients access services provided by State agencies, such as All Kids. The Care Center networks with other agencies in the area to avoid duplication of services.



As part of Breast Cancer Awareness Month in October 2008, St. John's joined a group of area health agencies and local hospitals by offering free mammograms to women without insurance. This effort was organ-

**Breast Cancer Awareness**  
Becoming knowledgeable about breast cancer is one way St. John's Hospital helps our

*"I am happy to urge, coax and share information about the importance of early detection. Annual mammograms really do save lives. My wife has urged me to get certain screenings, now it's my turn to help where I can."*

- Scott Elwell, a Real Men Wear Pink participant whose wife and mother-in-law both battled breast cancer

ized by the Regional Cancer Partnership of Illinois (RCP).

During the month of October, St. John's also collaborated with the American Cancer Society to promote the Real Men Wear Pink campaign. Real Men Wear Pink enlists men from the Springfield community to pose for pictures wearing pink attire. The pictures are used in a multi-media public awareness campaign that encourages men to remind the women in their lives to get an annual mammogram.

### Mission Outreach

St. John's Hospital works closely with Hospital Sisters Mission Outreach to provide needed medical supplies and equipment



to hospitals and clinics in developing countries. In FY 2009, more than 10,400 pounds and over \$60,000 worth of

*"St. John's commitment to Mission Outreach continues to play a vital role in our efforts to change the world, one piece of equipment, one supply and one neighbor at a time."*

- Bruce Compton,  
President and CEO  
of Mission Outreach

materials, such as mattresses, surgery packs, various medical supplies and printed materials were provided to Mission Outreach. Items that used to be thrown away in a landfill are now being shipped overseas to health care facilities in 12 different countries.

# Teaching

St. John's staff members and physicians understand that sharing our knowledge with others helps make our community stronger. It is gratifying to share our experience, talents and resources with students and ranging from pre-school to resident physicians at the SIU School of Medicine. Programs such as the Health Science Academy, Primed for Life and job shadowing experiences help us invest in our children's

future. As mentors, staff members talk to students about their lives and the challenges they face.

St. John's also offers ongoing educational programs on nutrition, asthma and injury prevention. They are:

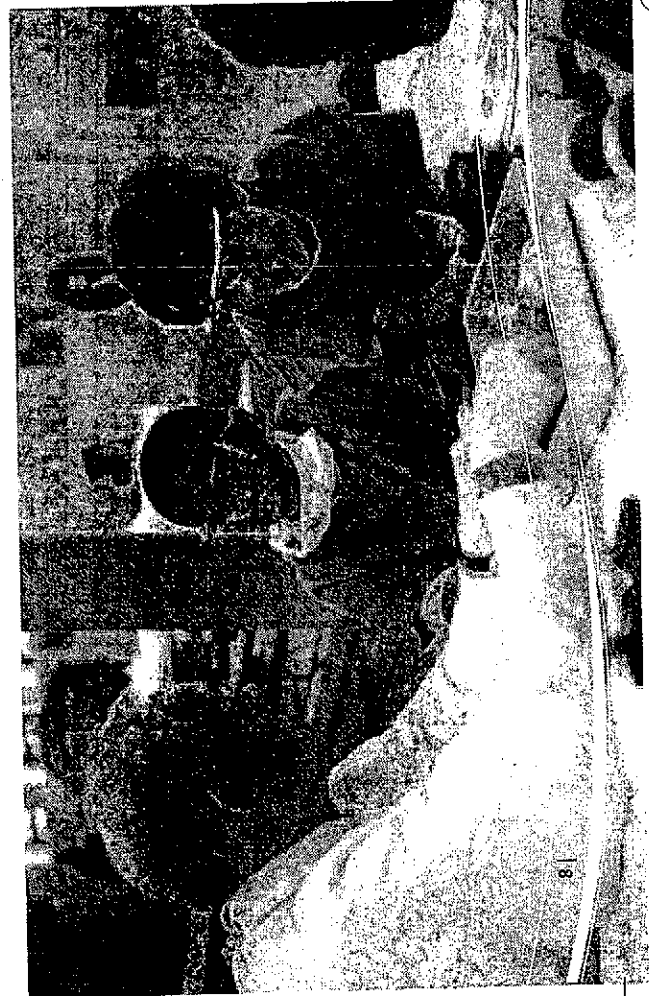
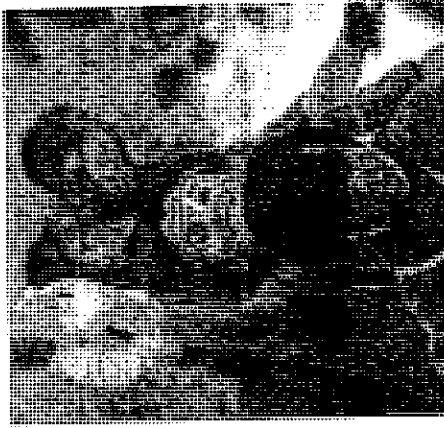
**Color Me Healthy** is an interactive, hands-on program designed to promote physical activity and healthy eating for children pre-school through first grade. The program, funded

through a grant from Kohl's, is designed to stimulate the five senses so children learn that eating healthy food and physical activity can be fun. Since May 2009, 40 educators from Sangamon County and District 186 have been trained to teach this curriculum.

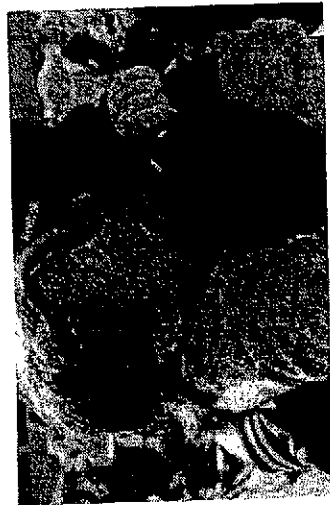
**Huff and Puff** uses hands-on learning materials and an animated DVD to help children learn about healthy breathing, asthma awareness and symptom control. Eighty-five families directly benefited from this educational service this past year. Along with these families, almost 2,000 students from 36 schools in Jacksonville, Lincoln, Murrayville, Buffalo and Springfield were educated on asthma awareness. Each student received a free educational handout and bookmark

on the symptoms and triggers of asthma and how to manage the symptoms.

**Safe Sitter** instructs adolescents in safe and nurturing child care techniques. In FY 2009, 120 students took part in this national program to help teach babysitters how to handle choking or emergency situations, basic first aid techniques, temper tantrums and how to set fees.



# Inspiring



St. John's promotes and hosts numerous events to encourage people to get fit and have fun.

For the third year, St. John's sponsored the Lincoln Memorial Half Marathon. This 13.1 mile race is a celebration of perseverance for participants who spend months training for the event. That preparation makes a positive difference in the health and lives of these individuals.

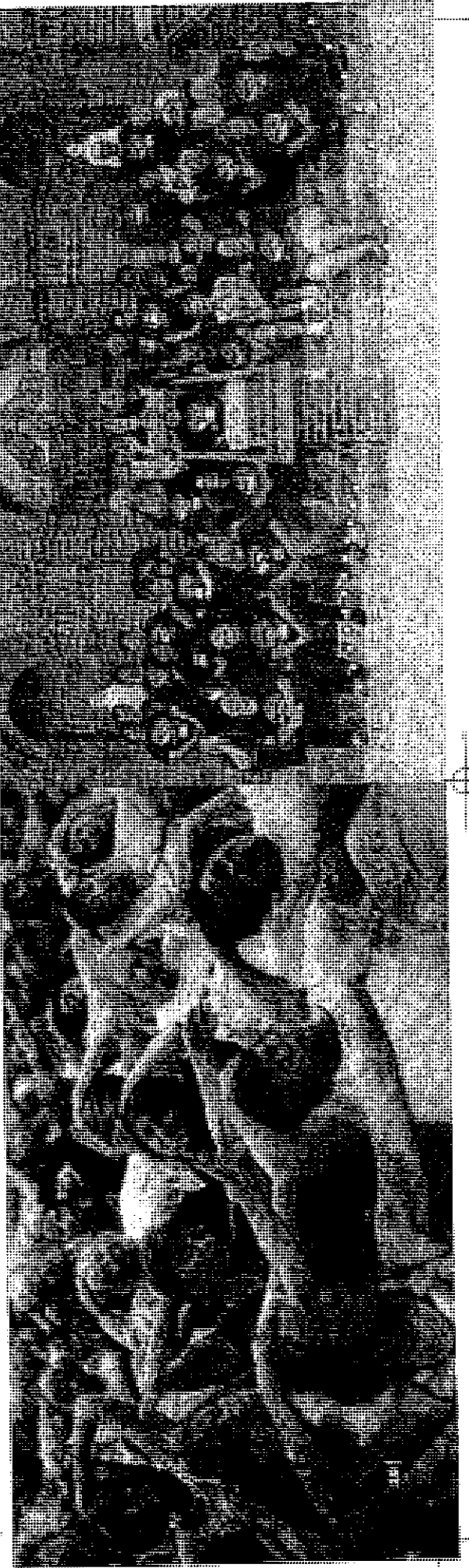
While there is overwhelming research that regular exercise can prevent and even reverse chronic diseases, many individuals still lack sufficient motivation to engage in routine physical fitness. That's why

in February. Almost 1,000 people participated in the free exercise session where they "Sweated to the Oldies" and heard firsthand from Richard that you can change lifestyle habits and improve your health by taking it one step at a time.

## Stroke Retreat

St. John's hosted nearly 30 stroke survivors, their caregivers and family members at a "Stroke Retreat" at the Chiara Center on the Motherhouse grounds in October 2008. The weekend retreat provided an opportunity for stroke survivors

to get together and share their life experiences. Activities included speech and physical therapy education, massages and a golf cart tour of the grounds. A rock and roll party with "Elvis Himself," dancing, outdoor games and crafts rounded out the weekend.





# Helping

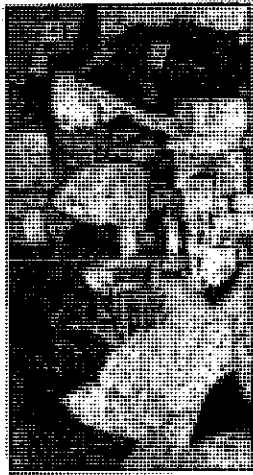
St. John's recognizes the intrinsic value of each person. We believe both large and small efforts can have a significant impact on a person's life. Whether it's taking someone's blood pressure at a health fair or feeding the hungry the goal is the same: improving someone's quality of life.

## Partners in Care

St. John's supports the Capitol Community Health Center (CCHC) by providing health care services at no charge to patients needing specialized tests and procedures not offered at the CCHC. St. John's provided \$3.4 million in health care services to more than 2,600 CCHC patients during FY 2009.

## Health screenings help save lives

Every August, St. John's clinicians screen thousands of people attending the Illinois State Fair. Often they will hear from repeat visitors, such as George Perry, about how important a simple screening can be.



George stopped by St. John's screenings at the Fair to get his blood pressure checked. After discovering his blood pressure was very high, a nurse suggested he see his doctor. As George

was walking around the fairgrounds, he felt a touch of chest pain and decided to go to a walk-in clinic. George eventually discovered he had a 95 percent blockage in one artery and needed emergency open-heart surgery. He credits the health screening for saving his life.

When Emergency Department (ED) nurse Jane Sims, RN, checked the heart rate of a Vietnam vet named James at a special health fair for veterans, she discovered it was only 40.

After re-checking it, the result was the same. "I encouraged James to go to the ED to be evaluated since he said he had been feeling more tired lately,"

Jane explains. "He told me he didn't want to go to the ED and wait, so I called the triage RN to let her know he was coming. I also told James I would be calling the department to see how he was doing." About 90 minutes later, James returned to tell Jane the outcome of his evaluation. "His med, Toprol, was the culprit," she said. "He said I would follow up with his own doctor to adjust the dosage."

## Jamaican man gets pacemaker

While on a mission trip to Jamaica with the Mercy Project, Dr. Nilesh Goswami, a cardiologist at Prairie Cardiovascular

*"Through the assistance and generosity of many people who've never met Oswald Simpson, we were able to get him medical attention that will improve and prolong his quality of life. This is a great example of what can be accomplished with a little motivation, cooperation and good will."*

- Dr. Nilesh Goswami



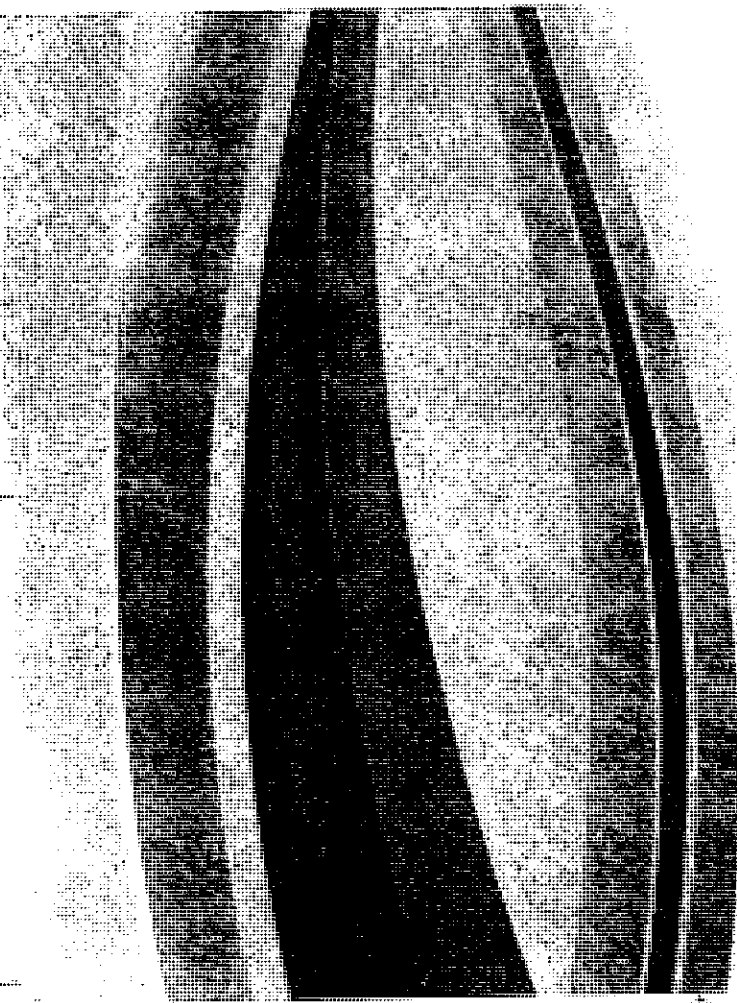
### St. John's Breadline

St. John's Hospital has always understood the importance of helping those who are less fortunate. Our ministry of helping feed those who are hungry dates back to the days when the Sisters would hand out sandwiches at the back door of the hospital. Today, St. John's is proud to continue this tradition by supporting St. John's Breadline. From July 2008 to June 2009, the Breadline served 209,882 meals. Leftover items from St. John's cafeteria are packaged and sent to the Breadline, along with one-half pint milk cartons specifically purchased for this use. St. John's also provides maintenance and repair work, painting and washing and clean-up services.

Consultants, saw Oswald Simpson at a rural clinic and discovered he had a heart condition. Through support from individuals in Illinois, St. John's Hospital, Prairie Cardiovascular Consultants and Boston Scientific, Mr. Oswald was flown to Springfield where he had a pacemaker implanted at no expense to him or his family.

*Our commitment to care for the sick, the less fortunate, the elderly and the isolated is at the heart of who we are.*





# St. John's Hospital

800 East Carpenter St. | Springfield, IL 62769  
(217) 544-6464 | [www.st-johns.org](http://www.st-johns.org)

