

ORIGINAL

10-059

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SEP 09 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name:	Trinity Rock Island		
Street Address:	2701 17 th Street		
City and Zip Code:	Rock Island 61201		
County:	Rock Island	Health Service Area	10
		Health Planning Area:	C-05

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Trinity Medical Center		
Address:	2701 17 th Street Rock Island, Illinois 61201		
Name of Registered Agent:	Mr. Steve Gross		
Name of Chief Executive Officer:	Mr. Rick Seidler		
CEO Address:	2701 17 th Street Rock Island, Illinois 61201		
Telephone Number:	309-779-2200		

Type of Ownership of Applicant/Co-Applicant

- Non-profit Corporation Partnership
 For-profit Corporation Governmental
 Limited Liability Company Sole Proprietorship Other

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

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

Primary Contact

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

Name:	Mr. Michael J. Patterson, RN, MSN
Title:	Vice President of Hospital Operations
Company Name:	Trinity Medical Center
Address:	2701 17 th Street Rock Island, Illinois 61201
Telephone Number:	309-779-2217
E-mail Address:	PatterM2@ihs.org
Fax Number:	309-779-2206

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:	65 E. Scott Street #9A Chicago, Illinois 60610-5274
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:	Trinity Regional Health System.
Address:	2701 17 th Street Rock Island, Illinois 61201
Name of Registered Agent:	Ms. Tamara Byram
Name of Chief Executive Officer:	Mr. Rick Seidler, Chief Executive Officer
CEO Address:	2701 17 th Street Rock Island, Illinois 61201
Telephone Number:	309-779-2200

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:	Iowa Health System
Address:	1200 Pleasant Street Des Moines, Iowa 50309
Name of Registered Agent:	Mr. William B. Leaver, President/Chief Executive Officer
Name of Chief Executive Officer:	Mr. William B. Leaver, President/Chief Executive Officer
CEO Address:	1200 Pleasant Street Des Moines, Iowa 50309
Telephone Number:	515-241-6347

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-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name:	Mr. Michael J. Patterson, RN, MSN
Title:	Vice President of Hospital Operations
Company Name:	Trinity Medical Center
Address:	2701 17 th Street Rock Island, Illinois 61201
Telephone Number:	309-779-2217
E-mail Address:	PatterM2@ihs.org
Fax Number:	309-779-2206

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Trinity Medical Center
Address of Site Owner:	2701 17 th Street Rock Island, Illinois 61201
Street Address or Legal Description of Site:	2701 17 th Street Rock Island, Illinois 61201
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2 , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Trinity Rock Island		
Address:	2701 17 th Street Rock Island, Illinois 61201		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3 , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- Substantive
 Non-substantive

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

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

2. Narrative Description

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

This CON application combines 2 separate projects to modernize portions of Surgery and other departments.

The first project began in 2006 and was completed in August, 2008. The total realized project costs were \$7,022,389, less than the capital expenditure threshold at the time.

This project consisted of the construction of a new addition to the hospital, built as a 1st floor expansion above a partial ground level, and the modernization of existing space on the 1st floor.

The first project consisted of the following Clinical Service Areas:

- New construction of an addition to the Surgical Suite, which replaced 4 existing operating rooms and modernized existing space;
- Expansion of Recovery (Post-Anesthesia Care Unit, PACU);
- Reduction in size, including decrease of 1 ICU bed, and modernization of the Surgical Intensive Care Unit's support areas: medication room, equipment storage room, Stat Lab.

A second project was submitted to the Illinois Department of Public Health's Design Standards Unit (DSU), in November, 2008. The DSU referred the matter to the Illinois Health Facilities Planning Board (now the Illinois Health Facilities and Services Review Board), seeking to ascertain whether a CON permit was needed for either project. This application is being submitted following extensive discussions between the hospital and the Board's staff and in response to the June 10, 2010, staff request that a CON application be submitted for both of these projects because the total combined project costs (including costs for non-clinical service areas) exceeded the threshold in existence in 2008. Accordingly, this CON application consolidates the 2 projects.

Because of the passage of time, this combined project now will include additional modernization that was not contemplated in 2008. The second project, including the additional project components, includes the following Clinical Service Areas:

- Modernization of space within the Surgical Suite for support space: nurses' station; surgical staff locker rooms, surgical lounge; departmental offices;
- Modernization of space to establish Surgical Prep/Stage II Recovery, including reception and registration areas for a.m. admits and same day surgical patients;
- Expansion of Central Sterile Processing adjacent to the Surgical Suite to accommodate a case cart system and storage for sterile instruments and equipment adjacent to Surgery;
- Expansion and modernization of Pharmacy;
- Upgrading of HVAC systems within the Surgical Suite, Recovery (PACU), and Central Sterile Processing.

As previously detailed, the first project is complete.

Upon completion of the second project, the consolidated project will include the following Clinical Service Areas:

- Construction of an addition to the Surgical Suite and modernization of existing space within the existing Surgical Suite;
- Expansion of Recovery (Post-Anesthesia Care Unit, PACU);
- Construction of Surgical Prep/Stage II Recovery, including reception and registration areas for a.m. admits and same day surgical patients;
- Expansion of Central Sterile Processing in a satellite department adjacent to the Surgical Suite;
- Expansion and modernization of Pharmacy;
- Reduction and modernization of the Surgical Intensive Care Unit (SICU).

The consolidated project also includes construction of space in the following Non-Clinical Service Areas:

- General Storage;
- Interdepartmental Circulation and Public Space;
- Mechanical/Electrical Space, include the construction of a Mechanical Penthouse;
- Mechanical, Electrical, and Data Shafts.

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.

004

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$66,121	\$0	\$66,121
Site Survey and Soil Investigation	\$16,643	\$7,207	\$23,850
Site Preparation	\$118,696	\$51,404	\$170,100
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$2,266,400	\$2,296,020	\$4,562,420
Modernization Contracts	\$4,199,445	\$412,909	\$4,612,354
Contingencies	\$216,096	\$28,904	\$245,000
Architectural/Engineering Fees	\$529,953	\$229,509	\$759,462
Consulting and Other Fees	\$295,841	\$15,496	\$311,337
Movable or Other Equipment (not in construction contracts)	\$990,461	\$64,708	\$1,055,169
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$12,439	\$56,704	\$69,143
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$8,712,095	\$3,162,861	\$11,874,956
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$8,712,095	\$3,162,861	\$11,874,956
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$8,712,095	\$3,162,861	\$11,874,956
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, 2013

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry
 APORS - see action plan for compliance on next 3 pages
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

006

Trinity Medical Center (TMC) Action Plan
Re: Adverse Pregnancy Outcomes Reporting System (APORS) for the State of IL
August 4, 2010

Statement of Problem:

It has come to leadership's attention that Trinity Medical Center is not in compliance with Illinois Health and Hazardous Substances Registry Act Rules and Regulations, 77 Illinois Administrative Code 840, pertaining to "Adverse Pregnancy Outcomes" as defined in Section 840.200.

Requirement:

The Adverse Pregnancy Outcome Reporting System's standard requires that 80% of cases must be reported within 7 days of patient (i.e.-infant) discharge.

TMC's Current Status:

Trinity is currently averaging report times of 8.1 days, with only 55.6% of cases getting reported within the required 7 day period.

TMC's Goal:

Trinity's goal is to achieve APORS reporting compliance immediately.

Brief History of Problem:

On July 26, 2010, Trish Wilson, Manager for the Adverse Pregnancy Outcomes Reporting System (APORS) at the Illinois Department of Public Health, communicated to Trinity that despite significant progress in its reporting over the past 3 years, it was her belief that "it is almost impossible for Trinity Medical Center to meet reporting requirements [under its current process] since reporting is done by the medical records staff rather than nursery nurses."

Trinity's Response/Action Plan:

It is Trinity's intent to follow the State's recommendation and transition its APORS reporting duties from its Medical Records department to Obstetrical Services in order to achieve compliance.

The action plan is mapped as follows:

Effective August 1st, 2010, coding staff will identify babies discharged meeting APORS definition. The identified accounts will be priority coded and sent to Vicky Anderson, revenue cycle clerk, who will complete the APORS forms and submit them to the state. Vicky will also maintain an internal log during this time, tracking each account number's discharge date, report date, and subsequent number of days elapsed for compliance tracking. This will be a temporary process to improve Trinity's reporting performance during the transition of this responsibility.

007

Action Plan for Compliant APORS reporting, August 2010

1

Nialene Boden, Coding Manager for Trinity Medical Center, will facilitate obstetrical services staff training for APORS account definition, form completion, and submission.

Jane Wiggins, Director of Women's Services, will be responsible for designating obstetrical services staff for APORS duties.

The targeted date for the completed transition of APORS reporting to Obstetrical Services is October 1, 2010.

Compliance monitoring:

On July 30, 2010, Nialene Boden, Trinity's Coding Manager, contacted Trish Wilson, Manager for the Adverse Pregnancy Outcomes Reporting System (APORS) at the Illinois Department of Public Health, to see if it was possible to obtain official monthly feedback on its compliance progress. Ms. Wilson advised that monthly feedback would not be readily available from the state. In her words, "To give you a monthly report, we have to wait at least three months after a time period before running a timeliness report. So for January – June 2010, we would run the report in October. The delay allows time for the late reports to be in our system." While Trinity *has* requested this official feedback which will be time delayed, Ms. Wilson's advice for the interim was to develop an internal tracking report with specific data elements. (This has been done and is attached to this action plan.) As mentioned earlier, Vicky Anderson will be responsible for populating this report and variances will be monitored by Nialene Boden--while the coding department is still involved in the reporting process.

Upon the completed transition to Obstetrical Services, Jane Wiggins will be responsible for monitoring Trinity's compliance of APORS reporting.

Cost Space Requirements

Provide in the following format, the department/area DGSF or the building/area BGSF and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Trinity Rock Island		CITY: Rock Island			
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	193	8,058	37,446*	0	0
Obstetrics	0	0	0	0	0
Pediatrics	9	313	995*	0	0
Intensive Care	20	1,499**	4,096*	0	0
Comprehensive Physical Rehabilitation	22	421	5,471*	0	0
Acute/Chronic Mental Illness	54	2,194	14,353*	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	29	584	7,785	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))					
TOTALS:	327	12,864***	70,146*	0	0

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

**Intensive Care Admissions include Transfers into the Intensive Care Unit

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

CERTIFICATION

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

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

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



SIGNATURE

Richard A. Seidler

PRINTED NAME

President and CEO

PRINTED TITLE



SIGNATURE

Gregory Pagliuzza

PRINTED NAME

Chief Financial Officer

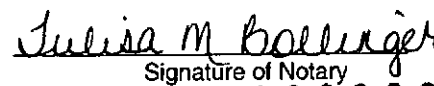
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4th day of August, 2010

Notarization:
Subscribed and sworn to before me
this 4th day of August, 2010

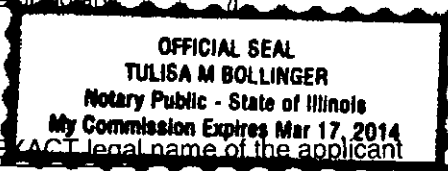


Signature of Notary

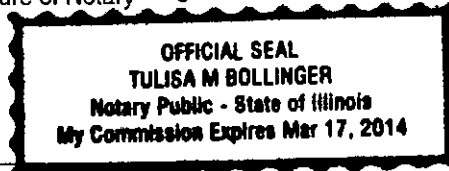


Signature of Notary

Seal



Seal



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 Trinity Regional 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.

[Handwritten Signature]

SIGNATURE

Richard A. Seidler

PRINTED NAME

President and CEO

PRINTED TITLE

[Handwritten Signature]

SIGNATURE

Gregory Pagliuzza

PRINTED NAME

Chief Financial Officer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4th day of August, 2010


Notarization:
Subscribed and sworn to before me
this 4th day of August, 2010

[Handwritten Signature]

Signature of Notary

[Handwritten Signature]

Signature of Notary

Seal


Seal


*Insert E-Notary Seal of the applicant

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 Iowa 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.

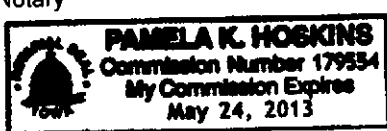
Denny Drake
SIGNATURE
Denny Drake
PRINTED NAME
VP, General Counsel,
Compliance Officer
PRINTED TITLE

William Leaver
SIGNATURE
William Leaver
PRINTED NAME
President/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4th day of August 2010

Notarization:
Subscribed and sworn to before me
this 5th day of August 2010

Tina M. Patten
Signature of Notary
Seal 

Pamela K. Hoskins
Signature of Notary
Seal 

*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

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

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

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

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

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

UNFINISHED OR SHELL SPACE:**NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE SHELL SPACE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES:**NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE SHELL SPACE**

Submit the following:

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

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII - 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. 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):
- 3.

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Medical/Surgical		
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input checked="" type="checkbox"/> Intensive Care	20*	20 currently

*There were 31 ICU beds prior to 4/22/09. Of the reduced beds, 1 SICU bed was reduced due to the first project in this CON.

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

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	X	X	
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(d)(2) - Documentation			X
1110.530(d)(3) - Documentation Related to Cited Problems			X
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	

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

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

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/> Surgery	10 operating rooms (prior to start of project in 2006)	8 (operating rooms) 5 General, 2 Open Heart, 1 Cystoscopy)
<input type="checkbox"/> Recovery (PACU)	7 stations	8 stations
<input type="checkbox"/> Surgical Prep/Stage II Recovery	0 stations*	12 cubicles
<input type="checkbox"/> Central Sterile Processing/ Distribution	Not Applicable	Not Applicable
<input type="checkbox"/> Pharmacy	Not Applicable	Not Applicable

*A.M. admits and same day surgical patients undergo Surgical Prep in a 6th floor nursing unit, which is where Stage II Recovery currently takes place

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

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

CO-APPLICANT IOWA HEALTH SYSTEM HAS AN "AA" BOND RATING

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

VIII. - 1120.120 - Availability of Funds

SEE ATTACHMENTS 39-41 FOR PROOF OF "AA" BOND RATING

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

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

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

IX. 1120.130 - Financial Viability

SEE ATTACHMENTS 39-41 FOR PROOF OF "AA" BOND RATING

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

SEE ATTACHMENTS 39-41 FOR PROOF OF "AA" BOND RATING

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

THIS CRITERION IS NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INVOLVE DEBT FINANCING

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

COST AND GROSS SQUARE FEET

Department	A	B	C	D	E	F	G
	Cost/Sq. Foot		Gross Sq. Ft.	Gross Sq. Ft.	Const. \$	Mod. \$	Total Costs
	New	Mod.	New	Mod.	(A x C)	(B x D)	(E + F)
Clinical Service Areas:							
Surgery	\$400.00	\$154.92	5,666	12,707	\$2,266,400	\$1,968,515	\$4,234,915
PACU (Stage 1 Recovery)		\$172.00	0	2,052	\$0	\$352,947	\$352,947
Pre-Surgical Prep/Stage II Recovery		\$140.91	0	5,623	\$0	\$792,337	\$792,337
Pharmacy		\$742.72	0	535	\$0	\$397,354	\$397,354
Sterile Processing & Supply		\$240.91	0	2,276	\$0	\$548,311	\$548,311
Surgical ICU		\$391.01	0	358	\$0	\$139,981	\$139,981
SUBTOTAL CON COMPONENTS	\$400.00	\$178.31	5,666	23,551	\$2,266,400	\$4,199,445	\$6,465,845
Contingency					\$0	\$216,096	\$216,096
TOTAL - CLINICAL SERVICE AREAS	\$400.00	\$187.49	5,666	23,551	\$2,266,400	\$4,415,541	\$6,681,941
Non-Clinical Service Areas:							
General Storage (multiple departments)	\$242.66		3,490	0	\$846,900	\$0	\$846,900
Yard Equipment Storage	\$275.00		715	0	\$196,625	\$0	\$196,625
Public Space (Surgical Waiting)		\$107.01	0	2,359	\$0	\$252,432	\$252,432
Interdepartmental Circulation (Public Corridors, 1st Floor only)		\$113.98	0	1,408	\$0	\$160,477	\$160,477
Mechanical/Electrical Space and Equipment:							
Ground Level	N/A		373	0	N/A		N/A
1st Floor	N/A		13	0	N/A		N/A
Penthouse	N/A		3,053	0	N/A		N/A
TOTAL Mechanical/Electrical Space & Equipment	\$359.23		3,439	0	\$1,235,375	\$0	\$1,235,375
Mechanical/Electrical/Data Shafts							
Ground Level	N/A		114	0	N/A		N/A
1st Floor	N/A		79	0	N/A		N/A
TOTAL Mechanical/Electrical/Data Shafts	\$88.70		193	0	\$17,120	\$0	\$17,120
SUBTOTAL NON-CON COMPONENTS	\$292.97	\$109.61	7,837	3,767	\$2,296,020	\$412,909	\$2,708,929
Contingency					\$0	\$28,904	\$28,904
TOTAL NON-CLINICAL SERVICE AREAS	\$170.04	\$16.17	13,503	27,318	\$2,296,020	\$441,813	\$2,737,833
PROJECT TOTAL	\$337.88	\$177.81	13,503	27,318	\$4,562,420	\$4,857,354	\$9,419,774

D. Projected Operating Costs

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

CY/FY 2013: \$968.38

E. Total Effect of the Project on Capital Costs

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

CY/FY 2013: \$78.96

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

026

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

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

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

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

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	29
2	Site Ownership	32
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	42
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	43
5	Flood Plain Requirements	46
6	Historic Preservation Act Requirements	51
7	Project and Sources of Funds Itemization	53
8	Obligation Document if required	55
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19	Mergers, Consolidations and Acquisitions	
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21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
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26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
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32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
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37	Clinical Service Areas Other than Categories of Service	155
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41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	185
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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

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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 #: 1020301828

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 22ND day of JULY 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

TRINITY REGIONAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 1984, 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.



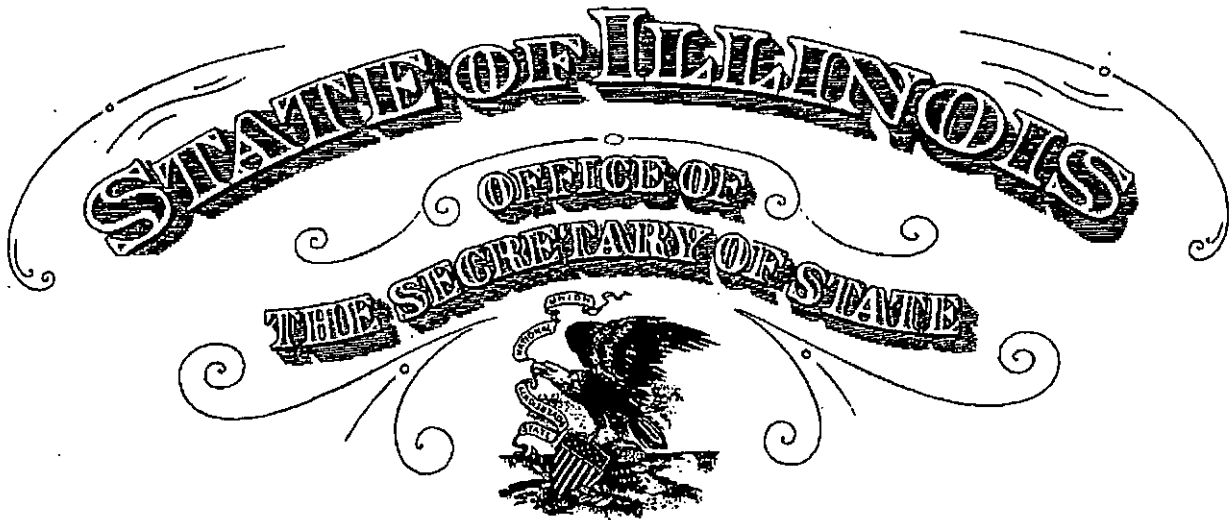
Authentication #: 1020301916

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 22ND day of JULY 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

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 16TH day of AUGUST A.D. 2010



Jesse White

SECRETARY OF STATE

Authentication #: 1022801410

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

TO:
Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
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COMMITMENT FOR TITLE INSURANCE

ISSUED BY

First American Title Insurance Company

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

- The Provisions in Schedule A.
- The Exceptions in Schedule B.
- The Conditions, Requirements and Standard Exceptions
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.



First American Title Insurance Company

BY *Parker S. Kennedy* PRESIDENT

ATTEST *Mark R. Amesa* SECRETARY

BY *[Signature]* COUNTERSIGNED

034

! UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY !

! Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-786-5476 !

CONDITIONS

1. **DEFINITIONS**
(a) "Mortgage" means mortgage, deed of trust or other security instrument. (b) "Public Record" means title records that give constructive notice of matters affecting the title according to the state law where the land is located.
2. **LATER DEFECTS**
The Exceptions in Schedule B may be amended to show any defects, liens or encumbrances that appear from the first time in the public records or are created or attached between the Commitment Date and the date on which all of the Requirements (a) and (c) shown below are met. We shall have no liability to you because of this amendment.
3. **EXISTING DEFECTS**
If any defects, liens or encumbrances existing at Commitment Date are not shown in Schedule B, we may amend schedule B to show them. If we do amend Schedule B to show these defects, liens or encumbrances, we shall be liable to you according to Paragraph 4 below unless you knew of this information and did not tell us about it in writing.
4. **LIMITATION OF OUR LIABILITY**
Our only obligation is to issue to you the Policy referred to in this Commitment, when you have met its Requirements. If we have any liability to you for any loss you incur because of an error in this Commitment, our liability will be limited to you actual loss caused by your relying on this Commitment when you acted in good faith to:

comply with the Requirements shown below

or

eliminate with our written consent any Exceptions shown
in Schedule B or the Standard Exceptions noted below.

We shall not be liable for more than the Policy Amount shown in Schedule A of this Commitment and our liability is subject to the terms of the Policy form to be issued to you.

5. **CLAIMS MUST BE BASED ON THIS COMMITMENT**
Any claim, whether or not based on negligence, which you may have against us concerning the title to the land must be based on this Commitment and is subject to its terms.

REQUIREMENTS

The following requirements must be met:

- (a) Pay the agreed amounts for the interest in the land and/or the mortgage to be insured.
- (b) Pay us the premiums, fees and charges for the policy.
- (c) Documents satisfactory to us creating the interest in the land and/or the mortgage to be insured must be signed, delivered and recorded.
- (d) You must tell us in writing the name of anyone not referred to in this Commitment who will get an interest in the land or who will make a loan on the land. We may then make additional requirements or exceptions.
- (e) Proper documentation to dispose of such exceptions as you wish deleted from Schedule B or the Standard Exceptions noted below.

STANDARD EXCEPTIONS

The following Standard Exceptions will be shown on your policy:

- (1) Rights or claims of parties in possession not shown by the public records.
- (2) Easements, or claims of easements, not shown by the public records.
- (3) Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey or inspection of the premises.
- (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.

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SCHEDULE A

COMMITMENT NO. F88-110-L

1. Commitment Date: **April 2, 2008 at 8:00 a.m.**

2. Policy (or policies) to be issued:

(a) ALTA Owner's Policy
Proposed Insured:

Policy Amount **\$TDB**

TBD

(b) ALTA Loan Policy
Proposed Insured:

Policy Amount **\$TBD**

TBD

3. The estate or interest in the land described or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:

Trinity Medical Center

4. The land referred to in this Commitment is described as follows:

See Schedule A, No. 4 - continued, attached.

034

! UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY !

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Schedule A - continued
File No. : F88-110-L

4. TRACT 1

All of Lot 3 in Bailey Addition to the City of Rock Island, Illinois, EXCEPTING the following Tract, more particularly described as follows:
Commencing at the Northwest corner of said Lot 3, said point being the point of beginning;
Thence South 89 degrees 42 minutes 20 seconds East along the North line of said Lot 3, a distance of 33.55 feet;
Thence South 0 degrees 32 minutes 00 seconds West, a distance of 352.25 feet to the South line of said Lot 3;
Thence North 89 degrees 59 minutes 08 seconds West along said South line, a distance of 6.48 feet to the Southwest corner of said Lot 3;
Thence North 0 degrees 02 minutes 56 seconds East along the West line of said Lot 3, a distance of 271.81 feet;
Thence North 16 degrees 35 minutes 44 seconds West along said West line, a distance of 84.10 feet to the point of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 2

Beginning at the Northeast corner of Lot One (1) of White Oak Hill Addition to the City of Rock Island;
thence South along the East line of said Subdivision, 125 feet for a place of beginning;
thence South 45°45'30" East for a distance of 295 feet;
thence South 44°14'30" West, 295 feet, more or less to the East line of White Oak Hill Addition aforesaid;
thence Northerly along the Easterly line of White Oak Hill Addition to the City of Rock Island, 417.19 feet, more or less to the place of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 3

Part of Lots 4, 5, 6, 8 and 9 of the Assessor's Plat of 1870 in the Northeast Quarter (NE 1/4) of Section Eleven (11), Township Seventeen North (T 17 N), Range Two (2) West (R 2 W) of the Fourth Principal Meridian (4th P.M.), City of Rock Island, County of Rock Island, State of Illinois, being more particularly described as follows:
Beginning at the Northeast Corner of said Lot 8;
Thence South 0 degrees - 29 minutes - 23 seconds East along the East line of said Lot 8, a distance of 478.64 feet;
Thence South 0 degrees - 48 minutes - 57 seconds East along the East line of said Lots 8 and 9, a distance of 359.97 feet;
Thence South 0 degrees - 10 minutes - 36 seconds East along the East line of said Lot 9, a distance of 421.65 feet to the North Right-of-Way line of 31st Avenue;
Thence South 89 degrees - 57 minutes - 24 seconds West along said North Right-of-Way line, a distance of 80.00 feet;
Thence North 0 degrees - 10 minutes - 36 seconds West, a distance of 313.78 feet;
Thence North 89 degrees - 53 minutes - 2 seconds West, a distance of 569.09 feet;
Thence North 31 degrees - 8 minutes - 33 seconds East, a distance of 300.12 feet;
Thence North 46 degrees - 23 minutes - 57 seconds West, a distance of 75.00 feet;
Thence South 43 degrees - 36 minutes - 3 seconds West, a distance of 295.23 feet;
Thence along the arc of a circle concave to the Northwest, a distance of 104.37 feet, said arc has a chord bearing of South 69 degrees - 35 minutes - 59 seconds West, a distance of 100.83 feet with a radius of 115.00 feet;

035

Schedule A - continued

File No. : F88-110-L

Thence North 84 degrees - 23 minutes - 27 seconds West, a distance of 93.38 feet to the East line of White Oak Hill Addition;
Thence North 0 degrees - 6 minutes - 52 seconds West along said East line, a distance of 307.26 feet;
Thence North 0 degrees - 36 minutes - 18 seconds West along said East line, a distance of 29.59 feet;
Thence North 44 degrees - 23 minutes - 42 seconds East, a distance of 295.00 feet;
Thence North 45 degrees - 36 minutes - 18 seconds West, a distance of 295.00 feet to the East line of White Oak Hill Addition;
Thence North 0 degrees - 36 minutes - 18 seconds West along said East line, a distance of 125.00 feet;
Thence North 89 degrees - 50 minutes - 6 seconds West along the North line of said White Oak Hill Addition, a distance of 233.50 feet to the East Right-of-Way line of 17th Street;
Thence North 0 degrees - 9 minutes - 13 seconds West along said East Right-of-Way line, a distance of 328.02 feet;
Thence North 89 degrees - 50 minutes - 6 seconds West along said Right-of-Way line, a distance of 15.00 feet;
Thence North 0 degrees - 9 minutes - 13 seconds West along said Right-of-Way line, a distance of 50.00 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 236.50 feet;
Thence North 0 degrees - 9 minutes - 13 seconds West, a distance of 278.02 feet to the South line of DeJaegher's Subdivision;
Thence South 89 degrees - 50 minutes - 6 seconds East along said South line, a distance of 217.09 feet;
Thence South 0 degrees - 57 minutes - 18 seconds East along said Subdivision line, a distance of 50.00 feet;
Thence South 89 degrees - 47 minutes - 31 seconds East along said Subdivision line, a distance of 666.89 feet;
Thence North 1 degree - 5 minutes - 18 seconds West along said Subdivision line, a distance of 50.00 feet to the Southwest corner of Lot 4 of Ruby E. Penny's Addition;
Thence North 89 degrees - 28 minutes - 37 seconds East along the South line of said Ruby E. Penny's Addition, a distance of 259.53 feet;
Thence South 0 degrees - 58 minutes - 24 seconds East, a distance of 255.68 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 90.52 feet to the West Right-of-Way line of 24th Street;
Thence South 0 degrees - 21 minutes - 51 seconds East along said West Right-of-Way line, a distance of 75.00 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East along said Right-of-Way line, a distance of 10.00 feet;
Thence South 0 degrees - 21 minutes - 51 seconds East along said Right-of-Way line, a distance of 218.64 feet;
Thence North 89 degrees - 49 minutes - 18 seconds West along the North line of Adolphi's 1st Addition, a distance of 365.88 feet;
Thence South 1 degree - 8 minutes - 34 seconds East along the West line of said Adolphi's 1st Addition, a distance of 109.50 feet;
Thence North 89 degrees - 56 minutes - 24 seconds East along the South line of said Adolphi's 1st Addition, a distance of 63.68 feet to the Point of Beginning.

The above described real estate contains 37.256 acres, more or less.

For the purpose of this description, the North Right-of-Way line of 31st Avenue has an assumed bearing of South 89 degrees - 57 minutes - 24 seconds West.

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SCHEDULE B

COMMITMENT NO. F88-110-L

Any policy we issue will have the following exceptions unless they are taken care of to our satisfaction.

1. Taxes for the years 2007 and 2008 are liens but are not yet due or payable. Taxes for the year 2006 were assessed in the amount of \$ -0-. (Tract 1 - Parcel South Rock Island 5014-1; taxpayer number 10-347-0650); (Tract 2 - Parcel South Rock Island 251; taxpayer number 10-027-0800); (Tract 3 - Parcel South Rock Island 252; taxpayer number 10-027-0850)
2. Matters shown on Plat of Bailey Addition recorded December 20, 1995 in Plat Book 47 at page 35.(Tract 1)
3. Easement given to the City of Rock Island, Illinois, for Sewer purposes shown by instrument recorded July 13, 1939 in Mortgage Book 276 at page 185. (Tract 2)
4. Restrictions as contained in Warranty Deed to Robert A. Klockau, et al, recorded April 19, 1971 in Record Book 481 at page 84 which states as follows (Tract 2):
 - a) Existing sewer easements.
 - b) Reservation of the right to construct a sewer to connect with the existing sewer from the property East of and adjoining the property conveyed, which new line shall be located not over 90 feet from the most Northerly corner of said tract of land.
 - c) Reserving the right to grade the North 90 feet of the tract conveyed and to construct a culvert running in a Northerly and Southerly direction according to the contour of the land. The Southerly end of said culvert to be not over 90 feet from the most Northerly corner of the tract conveyed.
 - d) Reserving also the right to grade the Southerly end of the tract conveyed in accordance with the grading plans for the hospital located East of and adjoining said premises.
 - e) The grantee, his heirs and assigns, shall only use the premises hereby conveyed for the purpose of constructing a Medical Arts Building, not to exceed five stories in height and to be architecturally in conformity with the hospital to be erected on the tract East of and adjoining same. Said building shall be used exclusively for Doctors Offices but may include space for selling and dispensing pharmaceutical supplies. No laboratory or x-ray laboratory shall be maintained on the premises without the permission of the Owners of the premises East of and adjoining said premises.
5. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by instrument recorded August 30, 1972 in Record Book 532 at page 77. (Tract 2)
6. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by instrument recorded December 3, 1971 in Record Book 504 at page 114. (Tract 2)

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! UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY !

! Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-786-5476 !

Schedule A - continued
File No. : F88-110-L

7. Rights of the United States of America and the State of Illinois, or either of them to recover any public funds advanced under either or both provisions of the Hill Burton Act (Title 42 U.S.C., SS291 et seq.) or the Illinois Hospital Construction Act (Illinois Revised Statutes Chapter 23, pp. 1301 et seq.) (Tract 3)
8. Easement granted to the City of Rock Island, Illinois, for the purpose of an intercepting sewer across the premises by instrument dated July 6, 1939 and recorded in Mortgage Book 276 at page 185. (Tract 3)
9. Rights of the City of Rock Island to a sewer easement under Grant from Emma Nowack dated May 2, 1939 and recorded May 18, 1939 in Mortgage Book 274 at paged 594, to a strip 10 feet in width, as therein described. (Tract 3)
10. Perpetual Easement created by instrument dated May 9, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 608 from the County of Rock Island to the City of Rock Island, Illinois to construct, operate and maintain an intercepting Sanitary Sewer in , over and across the following described property (Tract 3):

A strip of land 8 feet in width, the centerline of which 8 foot strip is described as follows:

Beginning at a point on the South line of the following described property:
The West 7 acres of Lot 5 according to the Assessor's Plat of 1870 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, said point on the South line of the aforesaid described property, being a distance of 8.5 feet West of the Southeast corner of the aforesaid described property; thence along a line having a bearing of North 5 degrees 13 minutes West, a distance of 333 feet, more or less, to a point on the North line of the aforesaid described property, said point being a distance of 40.3 feet West of the Northeast corner of the aforesaid described property.

11. Perpetual Easement created by instrument dated March 11, 1940 and recorded April 20, 1940 in Book 282 at page 151, from the County of Rock Island, Illinois, to Cam J. Repogle, to connect to an intercepting Sanitary Sewer together with the right of access to build, construct, operate and maintain said connection sewer in, over and across the following described premises (Tract 3):

A strip of land 3 feet in width, the centerline of which 3 foot strip is described as follows:

Beginning at a point on the East line of the West 7 acres of Lot 5 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, Rock Island County, Illinois, a distance of 197 feet North of the Southeast corner of the West 7 acres of Lot 5 aforesaid; thence West and at right angles to the aforesaid last-line of said West 7 acres of Lot 5, a distance of 31 feet, more or less, to the centerline of the City of Rock Island's intercepting sewer which has heretofore been installed in the West 7 acres of Lot 5 aforesaid.

12. Restrictions contained in the Deed from the County of Rock Island, Illinois to the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, dated August 1, 1966 and recorded August 8, 1966 as document 638428, that the parcel in question shall be used for Hospital purposes only for a period of 50 years from the date thereof. (Tract 3)

Schedule A - continued
File No. : F88-110-L

13. Rights of City of Rock Island Illinois to construct, repair, maintain, etc., a Sanitary Sewer System across parcel in question under Grant from William L. Carson and others, dated May 1, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 616, along a line described as follows (Tract 3):
Beginning at a point on the South line of the East 3 acres of Lot 6, 215.5 feet East of the Southwest corner thereof, thence North 9 degrees 24 minutes East, 331.1 feet to a point on the North line of said tract, at a point 257 feet East of the Northwest corner of said tract.
14. Grant of Perpetual Easement by Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, to Ethel I. Fisher, for Sewer across the parcel in question dated October 25, 1966 and recorded January 3, 1967 in Record Book 327 as document 644638 over premises described as follows (Tract 3):
A strip of land 20 feet in width, lying 10 feet on each side of a centerline, located in Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, City of Rock Island, County of Rock Island, and State of Illinois, said centerline being described as follows:
Commencing at the Northeast corner of said Section 11, thence South 00 degrees 00 minutes 00 seconds West, 718.18 feet along the East line of said Section 11; thence North 90 degrees 00 minutes 00 seconds West, 40.00 feet to the West right-of-way line of 24th Street; thence North 90 degrees 00 minutes 00 seconds West, 93 feet, more or less, to the East line of the land owned by the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, being the point of beginning; thence North 90 degrees 00 minutes 00 seconds West, 333.00 feet, more or less, to an existing 21 inch sanitary interceptor sewer owned by the City of Rock Island; the East line of Section 11 is assumed to have a bearing of North 00 degrees 00 minutes 00 seconds; and the Covenants, Agreements and Conditions therein contained.
15. Easement affecting the portion of subject property and for purposes stated therein and incidental purposes in favor of Robert A. Klockau and Elinor T. Moran for right-of-way for Egress and Ingress over and upon Grantors premises now or hereafter designed for Parking, recorded December 3, 1971 as document 714654. (Tract 3)
16. Easement dated January 30, 1972 from Rock Island Franciscan Hospital to Robert A. Klockau and Elinor T. Moran, granting an Easement to connect to an existing underground tunnel and a surface right-of-way for Ingress and Egress and parking of Motor Vehicles, recorded August 30, 1972 as document 726536. (Tract 3)
17. Easement for the benefit of Trinity Medical Center over land known as Lot 7, White Oak Hill Addition to the City of Rock Island, adjacent to the Southwesterly corner of the subject property resulting from the terms of a Sanitary Sewer Storage Access Basin Easement instrument filed April 26, 1991 as document 91-07003. (Tract 3)
18. Terms and conditions as to matters that appear on that ALTA Survey dated December 11, 1992 and signed by Cornelius C. Blevins for Missman, Stanley Associates, P.C. and update thereof dated June 17, 1996. (Tract 3)
19. Permanent Easement for Construction of Traffic Signal Light granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated February 18, 1999 and recorded February 18, 1999 as document number 99-04855. (Tract 3)

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Schedule A - continued
File No. : F88-110-L

20. Permanent Easement for Construction of Traffic Signal Light granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated June 17, 1999 and recorded June 21, 1999 as document number 99-18050. (Tract 3)
21. Rights of the public, the State of Illinois, the County of Rock Island, the Township and the Municipality in and to that part of the premises in question taken or used or dedicated for roads, streets, alleys or highways. (All Tracts)
22. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any. (All Tracts)
23. Easements for public and quasi-public utilities, if any. (All Tracts)
24. Matters which would be disclosed by a current and accurate Survey of the premises in question. (All Tracts)
25. Covenants, easements, setback lines and other matters created by platting of the premises in question.
Note: A breach or violation of said covenants and restrictions will not cause a forfeiture or reversion of title.
26. Existing Leases, if any, and rights of parties in possession. (All Tracts)

For purposes of the Lien Search, we conducted our name search for matters filed against the following specific names and spellings, to-wit: Trinity Medical Center

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! UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY !

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COMPOSITE MORTGAGE STATEMENT

Commitment No: **F88-110-L**

STATE OF _____)

COUNTY OF _____) ss

The Undersigned, being first duly sworn, hereby state(s) with respect to the land described in the above Commitment and the Mortgage covered thereby:

- 1 That, to the best of my knowledge, the guaranteed mortgage, note(s), or bonds and interest secured are good, valid, and free from all defenses in law and in equity ' and that this Affidavit is made for the purpose of better enabling the legal holder(s) of said securities to sell, pledge or otherwise dispose of the same at any time, so as to insure the purchaser(s) or pledgee(s) against any claim of defense by the maker(s), their heirs, personal representatives or assigns,
- 2. That, to the best of my knowledge, within the last ninety (90) days, no improvements or repairs have been made on the land or upon any building on said land, nor any work performed or materials furnished for which full payment has not been made: that no contract of any kind has been made or will be made in relation to said land, building or improvements, in consequence of which any lien or claim may be enforced against the land-, and that loan proceeds will not be used to pay for any labor or materials in making any improvements or repairs on the premises.
- 3. That no conditional bill of sale, retain title contract or security interest has been given by the undersigned, or to the knowledge of the undersigned, for or in connection with any materials, fixtures, furnishings, appliances or machinery placed upon or installed in said premises.
- 4. That the undersigned purchaser(s) or owner(s) is(are) in possession of said premises; that no contract has been entered into for the sale or conveyance of said premises by the undersigned or to the knowledge of the undersigned-, and that there is outstanding no unrecorded, deed, mortgage or other conveyance thereof executed by the undersigned or to the knowledge of the undersigned. (NOTE: State exceptions here :

_____)
- 5. If the premises consists of rental property, in whole or in part, that said premises are subject only to ordinary current leases to tenants now in possession, none of which expires later than one (1) year from date hereof and none of which contains any option to purchase, right of renewal or other unusual provision.
NOTE: If there are any exceptions, state them here:

_____)
- 6. That the improvements on the subject property are within the boundary lines and set back lines, if any, of said land; that there are no encroachments by improvements on adjoining property onto the land', and that there is no known assertion, being made by either the undersigned or the owners of adjoining property against the other as to the location of boundary lines nor any dispute as to occupancy of any portion of subject property.
- 7. That there are either no covenants conditions or restrictions which affect the use of said property, or if there are any, there are no known violations of said Covenants, conditions or restrictions which affect said property.

SELLER(S) OR OWNERS

PURCHASERS

041

! UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY !

! Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-786-5476 !



To all to whom these Presents Shall Come, Greeting:

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

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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 # 1020301928

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 22ND day of JULY A.D. 2010

Jesse White

SECRETARY OF STATE

I.
Organizational Relationships

This project has 3 co-applicants: Trinity Medical Center, Trinity Regional Health System, and Iowa Health System.

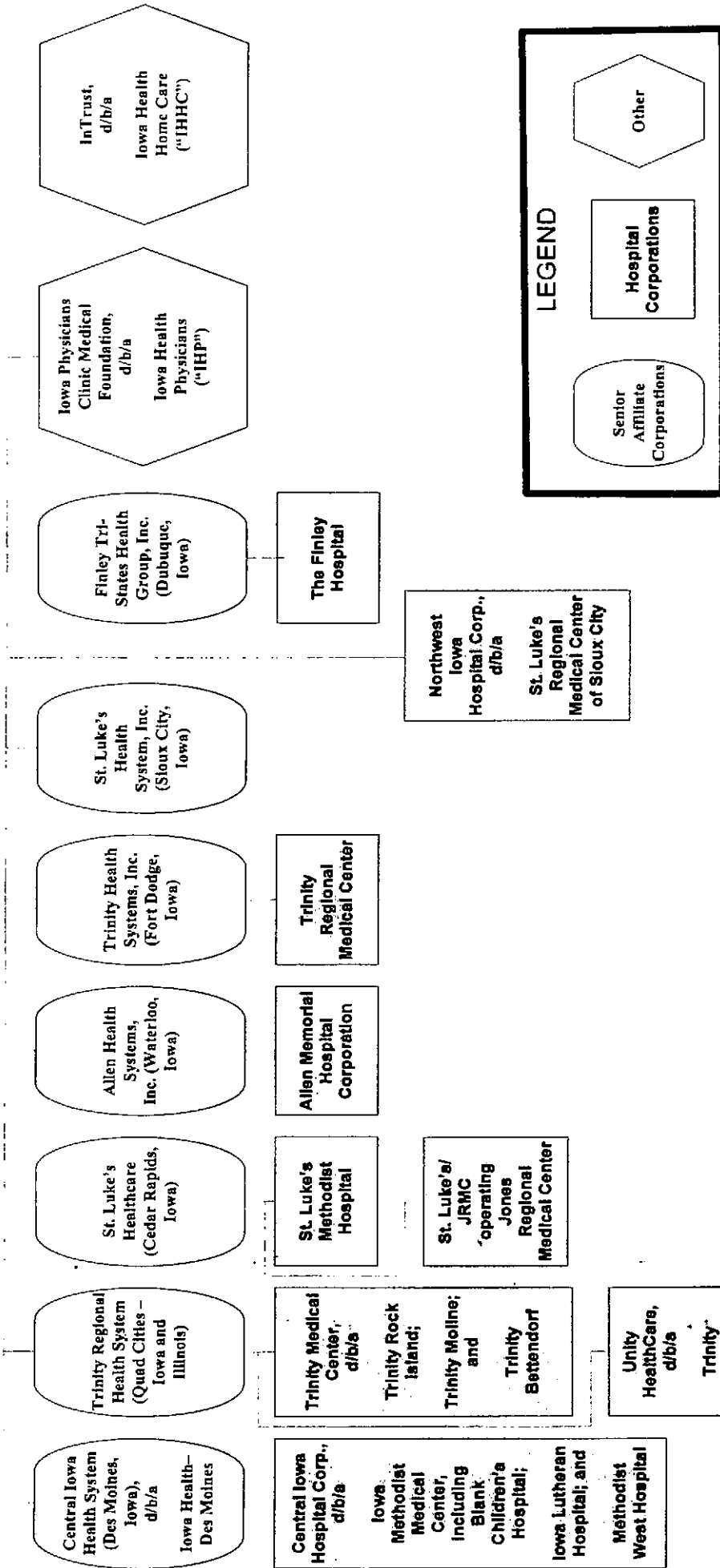
As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Trinity Regional Health System is the sole corporate member of Trinity Medical Center, and Iowa Health System is the sole corporate member of Trinity Regional Health System.

Trinity Medical Center operates 3 hospitals, 2 of which are in Illinois: Trinity Rock Island and Trinity Moline. Trinity Rock Island is an "assumed name" (often known as a "d/b/a," which is an acronym for "doing business as") for the hospital that is the subject of this CON application.

Trinity Medical Center will provide the equity funding for this project. There is no debt financing associated with this project.

Corporate Organization Charts for Iowa Health System and Trinity Regional Health System will be found on the following pages of this Attachment.

IOWA HEALTH SYSTEM



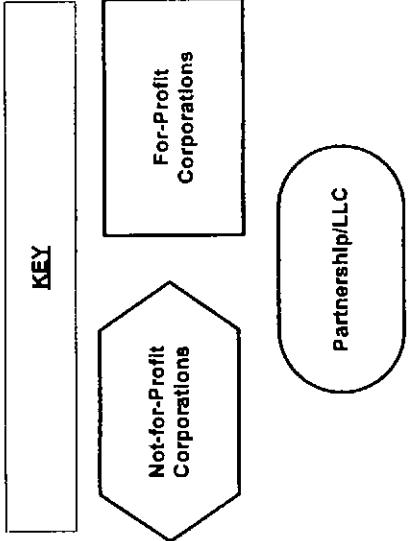
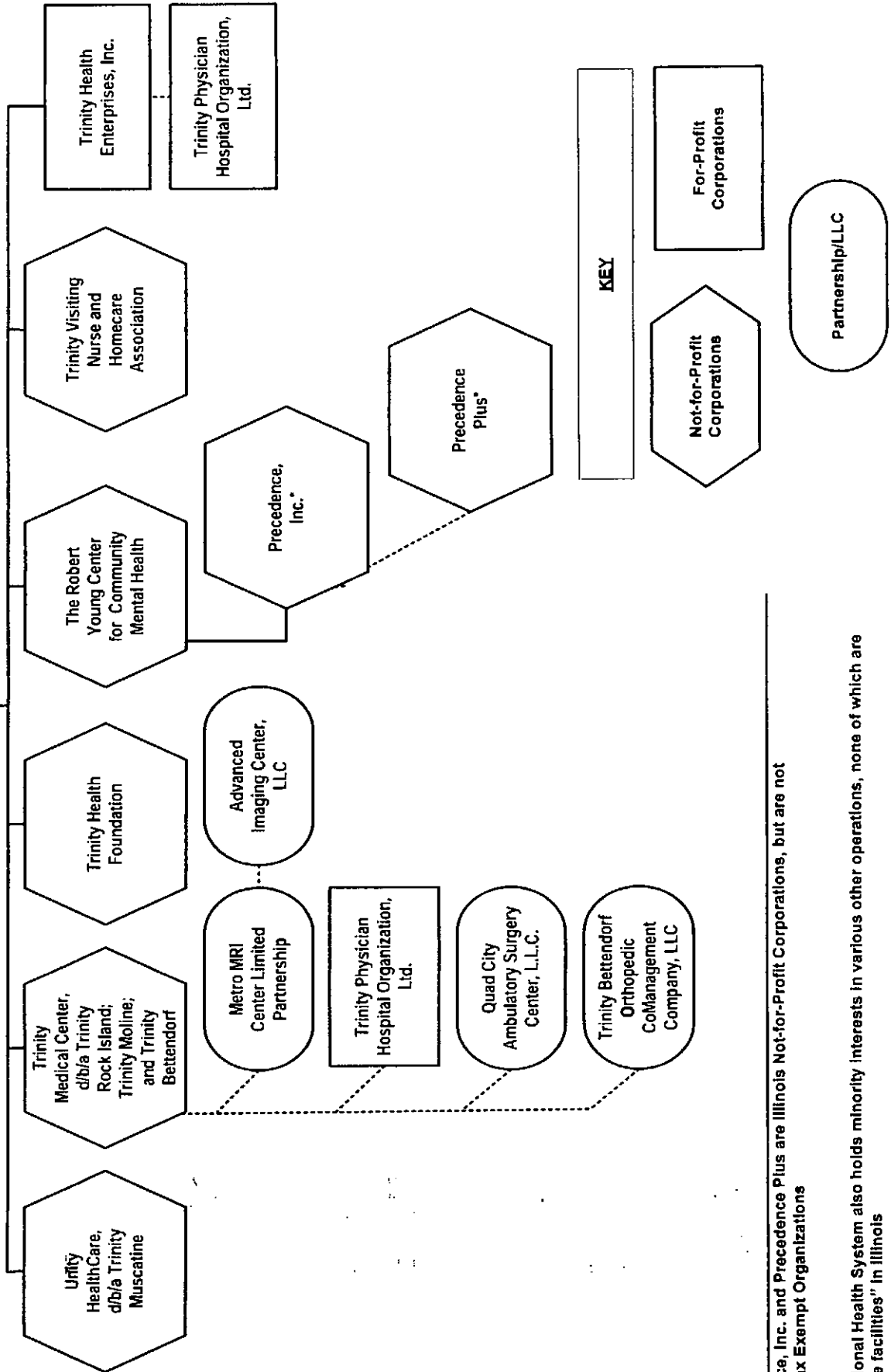
Iowa Health System, each Senior Affiliate, IHP, IHHC and each Hospital, except Trinity Regional Health System and Trinity Medical Center, are Iowa nonprofit corporations exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended (the "Code"), are organizations described in Section 501(c)(3) of the Code, and are not private foundations under Section 509(a) of the Code (a "Tax Exempt Organization"). Trinity Regional Health System and Trinity Medical Center are Illinois not-for-profit corporations and Tax Exempt Organizations.

Organizational structure reflects only the complete Trinity Regional Health System structure. The Chart does not reflect all Iowa Health System or non-Trinity Regional Health System Senior Affiliate controlled entities, including some entities that provide services in Illinois. None of the entities that provide services in Illinois are deemed to be "health care facilities" as that term is defined in the Planning Act.



SEE ATTACHED FOR COMPLETE TRINITY REGIONAL HEALTH SYSTEM CORPORATE ORGANIZATIONAL CHART SHOWING ALL OPERATIONS

Trinity Regional Health System Corporate Organizational Chart



* Precedence, Inc. and Precedence Plus are Illinois Not-for-Profit Corporations, but are not federal Tax Exempt Organizations

Trinity Regional Health System also holds minority interests in various other operations, none of which are "health care facilities" in Illinois

I.
Flood Plain Requirements

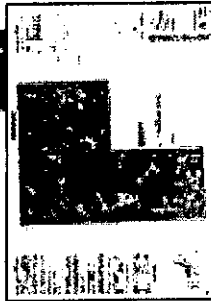
The following pages of this Attachment include the most recent Flood Insurance Rate Map for Trinity Medical Center's Rock Island campus.

A statement 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 Page 4 of this Attachment.



Scale: 3 %

Help



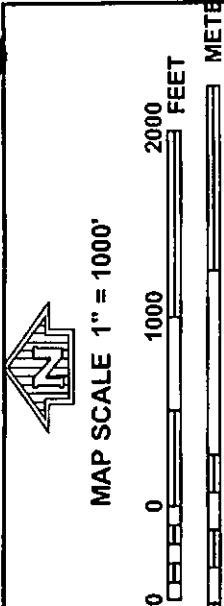
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Make a FIRMette

FIRM

DATA IN USE

DATA IN USE



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0305F

FIRM
FLOOD INSURANCE RATE MAP
ROCK ISLAND COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 305 OF 500
 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)

COMMUNITY	NUMBER	PANEL	SEVERITY
HUKAN, VILLAGE OF	17550	0305	F
ROCK ISLAND COUNTY	17562	0305	F
ROCK ISLAND, CITY OF	17571	0305	F

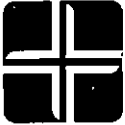
Notes in Use: The Map Number shown below should be used when placing map orders. The Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER
17161C0305F
MAP REVISED
APRIL 5, 2010

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



**TRINITY
MEDICAL CENTER**
IOWA HEALTH SYSTEM

2701 17th STREET
ROCK ISLAND, IL 61201-5393
(309) 779-5000
WWW.TRINITYQC.COM

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

August 23, 2010

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

Dear Mr. Constantino:

The undersigned are authorized representatives of Trinity Medical Center, the owner of the site on which Trinity Rock Island is located.

We hereby attest that this site is not located on 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 the Special Flood Hazard Areas."

Signed and dated as of August 23, 2010:

Trinity Medical Center
Illinois Corporation

By: *[Signature]*
Its: President and CEO

By: *[Signature]*
Its: Vice President & RE Administrator

Notary Signature:

[Signature]
Tulisa M. Bollinger



I.
Historic Resources Preservation Act Requirements

The next page of this Attachment documents Trinity Medical Center's Rock Island campus' 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.).



Illinois Historic
Preservation Agency

FAX (217) 782-8161

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

Rock Island County
Rock Island

CON - New Addition and Rehabilitation, Trinity Medical Center - Phase 1 and 2
2701 17th St.
IHPA Log #026072610

August 11, 2010

Andrea Rozran
Diversified Health Resources
65 E. Scott, Suite 9A
Chicago, IL 60610-5274

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

Trinity Medical Center Itemized Project Costs

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Pre-Planning Costs:			
Architectural Planning Costs	\$66,121	\$0	\$66,121
Total Pre-Planning Costs	\$66,121	\$0	\$66,121
Site Survey and Soil Investigation:			
Topo Survey - Missman Stanley	\$2,923	\$1,266	\$4,189
Soil Testing - Terracon Consultants	\$13,719	\$5,942	\$19,661
Total Site Survey and Soil Investigation	\$16,643	\$7,207	\$23,850
Site Preparation:			
Site Clearing	\$6,280	\$2,720	\$9,000
Site Grading	\$23,027	\$9,973	\$33,000
Shoring	\$59,313	\$25,687	\$85,000
Relocation of Storm Sewers, Site Utility Work	\$30,075	\$13,025	\$43,100
Total Site Preparation	\$118,696	\$51,404	\$170,100
Consulting and Other Fees:			
Building Permit Fee - Projects 1 & 2	\$35,781	\$15,496	\$51,277
IDPH Plan Review Fee - Projects 1 & 2	\$30,750	\$0	\$30,750
CON Application Processing Fee	\$30,000	\$0	\$30,000
CON Planning and Consultation	\$75,000	\$0	\$75,000
Legal Fees	\$120,000	\$0	\$120,000
Electrical/Mechanical Engineering Fee for "Clean Room" in Pharmacy	\$2,100	\$0	\$2,100
Interior Design Fee	\$2,210	\$0	\$2,210
Total Consulting and Other Fees	\$295,841	\$15,496	\$311,337
Movable or Other Equipment (not in Construction Contracts):			
Medical Equipment	\$880,461	\$0	\$880,461
Furniture/Furnishings	\$110,000	\$0	\$110,000
Signage	\$0	\$6,844	\$6,844
IT Cabling Costs	\$0	\$50,000	\$50,000
Generator	\$0	\$7,864	\$7,864
Total Movable or Other Equipment	\$990,461	\$64,708	\$1,055,169
Other Costs to be Capitalized:			
Low Voltage Consulting for Power Shut-Down	\$0	\$2,568	\$2,568
IT Engineering	\$0	\$18,136	\$18,136
Air Balance Certification - Fisher Test	\$0	\$36,000	\$36,000
Medical Gas Certification - Med-Con	\$12,439	\$0	\$12,439
Total Other Costs to be Capitalized	\$12,439	\$56,704	\$69,143

Trinity Medical Center Movable or Other Equipment Not in Construction Contracts

<u>Item</u>	<u>Clinical Service Areas</u>	<u>Non-Clinical Service Areas</u>	<u>TOTAL</u>
Medical Equipment			
For Surgery:			
8 Mobile Nurse Cabinets	\$6,024		
Apollo Anesthesia Machine	\$60,474		
Imaging Table	\$63,853		
Intellivue Monitor	\$31,879		
Stryker 4-room integrated OR	\$582,113		
6 Flat Monitors	\$40,000		
Tourniquet System	\$7,277		
For Pharmacy:			
2 Baker Hoods	\$30,500		
4 Clean Phone Wall-Mounts	\$5,788		
1 Dyson Hand Dryer	\$1,625		
3 Stainless Steel Storage Racks	\$1,677		
3 Stainless Steel Work Tables	\$1,815		
1 Hook	\$122		
1 Mirror	\$120		
1 Nuair 3' Vertical Airflow Bench	\$7,960		
1 Automatic Handwashing System	\$3,499		
1 HEPA Filtered Cart Pass Through	\$12,000		
2 Melaphone Talk Thru 12.5" diameter	\$1,000		
3 Stainless Steel Pass-Thrus w/ interlocks	\$8,478		
1 Stainless Steel Refrigerator Pass-Thru	\$7,600		
1 Stainless Steel Workstation	\$712		
1 Stainless Steel Gowning Bench	\$829		
1 Swing Down Eye/Face Wash	\$1,596		
2 Undercounter Refrigerators	\$3,520		
TOTAL MEDICAL EQUIPMENT	\$880,461	\$0	\$880,461
Furniture			
Furniture (includes recliner/patient chairs, TVs, over-bed tables, blanket warmers, 4 rolling carts, waiting room furniture, lockers)			
	\$110,000		
TOTAL FURNITURE	\$110,000	\$0	\$110,000
Signage			
Interior Signage	\$0	\$844	
Interior Signs/Directories	\$0	\$6,000	
TOTAL SIGNAGE	\$0	\$6,844	\$6,844
IT Cabling Costs			
	\$0	\$50,000	\$50,000
Other			
Generator	\$0	\$7,864	\$7,864
TOTAL	\$990,461	\$64,708	\$1,055,169

I.
Project Status: Executed Purchase Orders, Leases or Contracts

The document found on the following pages of this Attachment is provided as evidence of project obligation for the first project constituting this certificate of need (CON) application.

This document is an agreement between Trinity Medical Center and Estes Construction, dated May 8, 2007, for "Surgical Addition and PACU Remodel - Project 1," and it includes all the change orders associated with this agreement.

Standard Form of Agreement Between Owner and Contractor
where the basis of payment is a STIPULATED SUM

AGREEMENT made as of the 8th day of May in the year of Two Thousand
and Seven
(In words, indicate day, month and year)

BETWEEN the Owner: TRINITY MEDICAL CENTER
(Name, address and other information) Iowa Health System
2701 - 17th Street
Rock Island, Illinois 61201

and the Contractor: ESTES CONSTRUCTION
(Name, address and other information) 131 West 2nd Street, Suite 400
P O Box 3608
Davenport, Iowa 52808

The Project is: Trinity Medical Center - West Campus
(Name and location) Surgical Addition and PACU Remodel - Project 1
2701 - 17th Street
Rock Island, Illinois 61201
HGA Commission Number 2760-002-00

The Architect is: HAMMEL, GREEN AND ABRAHAMSON, INC.
(Name, address and other information) Architects and Engineers
701 Washington Avenue North
Minneapolis, Minnesota 55401

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES. CONSULTATION WITH AN ATTORNEY IS ENCOURAGED WITH RESPECT TO ITS COMPLETION OR MODIFICATION. AUTHENTICATION OF THIS ELECTRONICALLY DRAFTED AIA DOCUMENT MAY BE MADE BY USING AIA DOCUMENT D401

AIA Document A201-1997, General Conditions of the Contract for Construction, is adopted in this document by reference. Do not use with other general conditions unless this document is modified.

This document has been approved and endorsed by the Associated General Contractors of America.

The Owner and Contractor agree as follows.

ARTICLE 1 THE CONTRACT DOCUMENTS

The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplementary and other Conditions), Drawings, Specifications, Addenda issued prior to execution of this Agreement, other documents listed in this Agreement and Modifications issued after execution of this Agreement; these form the Contract, and are as fully a part of the Contract as if attached to this Agreement or repeated herein. The Contract represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations or agreements, either written or oral. An enumeration of the Contract Documents, other than Modifications, appears in Article 8.

©1997 AIA®
AIA DOCUMENT A101-1997
OWNER-CONTRACTOR
AGREEMENT

The American Institute of Architects
1735 New York Avenue, N.W.
Washington, D.C. 20006-5292

ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except to the extent specifically indicated in the Contract Documents to be the responsibility of others.

056

752.07.001

entered 5/18/07

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

3.1 The date of commencement of the Work shall be the date of this Agreement unless a different date is stated below or provision is made for the date to be fixed in a notice to proceed issued by the Owner.

(Insert the date of commencement if it differs from the date of this Agreement or, if applicable, state that the date will be fixed in a notice to proceed.)

Owner's Notice to Proceed Date of April 9, 2007.

If, prior to the commencement of the Work, the Owner requires time to file mortgages, mechanic's liens and other security interests, the Owner's time requirement shall be as follows:

3.2 The Contract Time shall be measured from the date of commencement.

3.3 The Contractor shall achieve Substantial Completion of the entire Work not later than Two Hundred Sixty-Five (265) days from the date of commencement, or as follows:
(Insert number of calendar days. Alternatively, a calendar date may be used when coordinated with the date of commencement. Unless stated elsewhere in the Contract Documents, insert any requirements for earlier Substantial Completion of certain portions of the Work)

Completion Date - March 31, 2008

, subject to adjustments of this Contract Time as provided in the Contract Documents.
(Insert provisions, if any, for liquidated damages relating to failure to complete on time or for bonus payments for early completion of the Work.)

ARTICLE 4 CONTRACT SUM

4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be Five Million, One Hundred Six Thousand, Five Hundred Sixteen and No/100 Dollars (\$5,106,516.00) subject to additions and deductions as provided in the Contract Documents.

4.2 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and are hereby accepted by the Owner:
(State the numbers or other identification of accepted alternates. If decisions on other alternates are to be made by the Owner subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires)

None.

4.3 Unit prices, if any, are as follows: None.

ARTICLE 5 PAYMENTS

5.1 PROGRESS PAYMENTS

5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

5.1.2 The period covered by each Application for Payments shall be one calendar month ending on the last day of the month, or as follows:

5.1.3 Provided that an Application for Payment is received by the Architect not later than the 10 days prior to above day of a month, the Owner shall make payment to the Contractor not later than the last day of the month. If an Application for Payment is received by the Architect

after the application date fixed above, payment shall be made by the Owner not later than thirty (30) days after the Architect receives the Application for Payment.

5.1.4 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be prepared in such form and supported by such data to substantiate its accuracy as the Architect may require. This schedule, unless objected to by the Architect, shall be used as a basis for reviewing the Contractor's Applications for Payment.

5.1.5 Applications for Payment shall indicate the percentage of completion of each portion of the Work as of the end of the period covered by the Application for Payment.

5.1.6 Subject to other provisions of the Contract Documents, the amount of each progress payment shall be computed as follows:

- .1 Take that portion of the Contract Sum properly allocable to completed Work as determined by multiplying the percentage completion of each portion of the Work by the share of the Contract Sum allocated to that portion of the Work in the schedule of values, less retainage of ten percent (10%). Pending final determination of cost to the Owner of changes in the Work, amounts not in dispute shall be included as provided in Subparagraph 7.3.8 of AIA Document A201-1997.
- .2 Add that portion of the Contract Sum properly allocable to materials and equipment delivered and suitably stored at the site for subsequent incorporation in the completed construction (or, if approved in advance by the Owner, suitably stored off the site at a location agreed upon in writing), less retainage of ten percent (10%);
- .3 Subtract the aggregate of previous payments made by the Owner; and
- .4 Subtract amounts, if any, for which the Architect has withheld or nullified a Certificate for Payment as provided in Paragraph 9.5 of AIA Document A201-1997.

5.1.7 The progress payment amount determined in accordance with Subparagraph 5.1.6 shall be further modified under the following circumstances:

- .1 Add, upon Substantial Completion of the Work, a sum sufficient to increase the total payments to the full amount of the Contract Sum, less such amounts as the Architect shall determine for incomplete Work, retainage applicable to such work and unsettled claims; and
(Subparagraph 9.85 of AIA Document A201-1997 requires release of applicable retainage upon Substantial Completion of Work with consent of surety, if any.)
- .2 Add, if final completion of the Work is thereafter materially delayed through no fault of the Contractor, any additional amounts payable in accordance with Subparagraph 9.10.3 of AIA Document A201-1997.

5.1.8 Reduction or limitation of retainage, if any, shall be as follows:

(If it is intended, prior to Substantial Completion of the entire Work, to reduce or limit the retainage resulting from the percentages inserted in Clauses 5.1.6.1 and 5.1.6.2 above, and this is not explained elsewhere in the Contract Documents, insert here provisions for such reduction or limitation.)

5.1.9 Except with the Owner's prior approval, the Contractor shall not make advance payments to suppliers for materials or equipment which have not been delivered and stored at the site.

5.2 FINAL PAYMENT

5.2.1 Final payment, constituting the entire unpaid balance of the Contract Sum, shall be made by the Owner to the Contractor when:

.1 the Contractor has fully performed the Contract except for the Contractor's responsibility to correct Work as provided in Subparagraph 12.2.2 of AIA Document A201-1997, and to satisfy other requirements, if any, which extend beyond final payment; and

.2 a final Certificate for Payment has been issued by the Architect.

5.2.2 The Owner's final payment to the Contractor shall be made no later than 30 days after the issuance of the Architect's final Certificate for Payment, or as follows:

ARTICLE 6 TERMINATION OR SUSPENSION

6.1 The Contract may be terminated by the Owner or the Contractor as provided in Article 14 of AIA Document A201-1997.

6.2 The Work may be suspended by the Owner as provided in Article 14 of AIA Document A201-1997.

ARTICLE 7 MISCELLANEOUS PROVISIONS

7.1 Where reference is made in this Agreement to a provision of AIA Document A201-1997 or another Contract Document, the reference refers to that provision as amended or supplemented by other provisions of the Contract Documents.

7.2 Payments due and unpaid under the Contract shall bear interest from the date payment is due at the rate stated below, or in the absence thereof, at the legal rate prevailing from time to time at the place where the Project is located.
(Insert rate of Interest agreed upon, if any.)

10% per annum.

Usury laws and requirements under the Federal Truth in Lending Act, similar state and local consumer credit laws and other regulations at the Owner's and Contractor's principal places of business, the location of the Project and else where may affect the validity of this provision. Legal advice should be obtained with respect to deletions or modifications, and also regarding requirements such as written disclosures or waivers.)

7.3 The Owner's representative is:
(Name, address and other information)

David Samples
Trinity Medical Center - West Campus
2701 - 17th Street
Rock Island, Illinois 61201
Telephone: 309-779-2388

7.4 The Contractor's representative is:
(Name, address and other information)

Brian Wicklund
Project Manager
Estes Construction
131 West 2nd Street, Suite 400
P O Box 3608
Davenport, Iowa 52808
Telephone: 563-322-7301

7.5 Neither the Owner's nor the Contractor's representative shall be changed without ten days written notice to the other party.

7.6 Other provisions:

None.

ARTICLE 8 ENUMERATION OF CONTRACT DOCUMENTS

8.1 The Contract Documents, except for Modifications issued after execution of this Agreement, are enumerated as follows:

© 1915, 1918, 1925, 1937, 1951, 1958, 1961, 1963, 1967, 1974, 1977, 1987, © 1997 by The American Institute Of Architects. Reproduction of the material herein or substantial quotation of its provisions without written permission of the AIA violates the copyright laws of the United States and will subject the violator to legal prosecution. User Document: a101.aia - 10/22/2001. AIA License Number 1000179.

8.1.1 The Agreement is this executed 1997 edition of the Standard Form of Agreement Between Owner and Contractor, AIA Document A101 -1997.

8.1.2 The General Conditions are the 1997 edition of the General Conditions of the Contract for Construction, AIA Document A201-1997.

8.1.3 The Supplementary and other Conditions of the Contract are those contained in the Project Manual dated January 4, 2007, and are as follows:

Document	Title	Pages
	<u>General Conditions of the Contract for Construction – AIA A201 1997</u>	
	<u>Supplementary Conditions – By Owner</u>	
	<u>Welcome Cover</u>	
	<u>Procedures</u>	
	<u>Individual Check List</u>	
	<u>Interim Life Safety Management Program</u>	
	<u>Tobacco Free Policy</u>	
	<u>Contractor Billing for Work Under a Time and Material Basis</u>	
	<u>Infection Control Guidelines for Construction/Renovation</u>	
	<u>Appendix A: Fact Sheet for Construction Workers</u>	
	<u>Infection Control Construction Permit</u>	
	<u>Fire Response Guide</u>	
	<u>West Campus Parking Map</u>	
	<u>West Campus Floor Plans</u>	
	<u>Pre-Bid Attendees List</u>	

8.1.4 The Specifications are those contained in the Project Manual dated as in Subparagraph 8.1.3, and are as follows:
(Either list the Specifications here or refer to an exhibit attached to this Agreement)

Section	Title	Pages
	<u>See Attachment A – Section 000110 – Table of Contents</u>	

8.1.5 The Drawings are as follows, and are dated unless a different date is shown below:
(Either list the Drawings here or refer to an exhibit attached to this Agreement.)

Number	Title	Date
<u>Civil</u>		
<u>C100</u>	<u>Existing Conditions</u>	
<u>C200</u>	<u>Site Demolition Plan</u>	
<u>C300</u>	<u>Site Layout and Utility Plan</u>	
<u>C400</u>	<u>Site Grading and Surfacing Plan</u>	
<u>C900</u>	<u>Site Details</u>	
<u>C901</u>	<u>Site Details</u>	
<u>Architectural</u>		
<u>A000</u>	<u>Cover Sheet</u>	
<u>A010</u>	<u>General Notes and Symbols</u>	
<u>A020</u>	<u>Ground Floor Life Safety Plan</u>	
<u>A021</u>	<u>First Floor Life Safety Plan</u>	
<u>A030</u>	<u>Construction Phasing Lower Level</u>	
<u>A031</u>	<u>Construction Phasing First Floor</u>	

<u>A080</u>	<u>Typ. Door & Frames Types, Notes and Details</u>
<u>A081</u>	<u>Door and Frame Schedule</u>
<u>A100B</u>	<u>Ground Floor Demolition Plan – Area B</u>
<u>A101A</u>	<u>First Floor Demolition Plan – Area A</u>
<u>A101B</u>	<u>First Floor Demolition Plan – Area B</u>
<u>A200</u>	<u>Overall Ground Floor Plan</u>
<u>A200B</u>	<u>Ground Floor Plan – Area B</u>
<u>A201</u>	<u>Overall First Floor Plan</u>
<u>A201A</u>	<u>First Floor Plan – Area A</u>
<u>A201B</u>	<u>First Floor Plan – Area B</u>
<u>A202</u>	<u>Overall Second Floor Plan & Partial Roof Plan</u>
<u>A202B</u>	<u>Second Floor Plan Area B/Partial Roof Plan</u>
<u>A203B</u>	<u>Third Floor Partial Roof Plan Area B</u>
<u>A211A</u>	<u>First Floor Equipment Plan Area A</u>
<u>A211B</u>	<u>First Floor Equipment Plan Area B</u>
<u>A301A</u>	<u>First Floor Reflected Ceiling Plan – Area A</u>
<u>A301B</u>	<u>First Floor Reflected Ceiling Plan – Area B</u>
<u>A401</u>	<u>East Exterior Elevations</u>
<u>A402</u>	<u>Exterior Elevations</u>
<u>A411</u>	<u>Building Sections & Window/Louver Types</u>
<u>A420</u>	<u>Wall Sections</u>
<u>4/A420</u>	<u>Wall Sections – Partial Plan</u>
<u>A421</u>	<u>Wall Sections</u>
<u>A422</u>	<u>Wall Sections</u>
<u>A470</u>	<u>Exterior Details & Wall Types</u>
<u>A471</u>	<u>Section Details</u>
<u>4/A471</u>	<u>Section Details – Partial Plan</u>
<u>9/A471</u>	<u>Section Details – Partial Plan</u>
<u>A472</u>	<u>Section Details</u>
<u>A480</u>	<u>Roof Types & Details</u>
<u>A560</u>	<u>Enlarged Stair Plans, Elevations & Details</u>
<u>A600</u>	<u>Typical Mounting Heights</u>
<u>A601</u>	<u>Interior Elevations</u>
<u>14&18/A601</u>	<u>Interior Elevations – Partial Plan</u>
<u>A602</u>	<u>Interior Elevations</u>
<u>26/A602</u>	<u>Interior Elevations – Partial Plan</u>
<u>A620</u>	<u>Interior Enlarged Plans</u>
<u>A660</u>	<u>Typical Interior Partition Types, Notes & Symbols</u>
<u>A662</u>	<u>Typical Gypsum board Ceiling & Soffit Details</u>
<u>A680</u>	<u>Typical Architectural Casework Notes, Details and Prof.</u>
<u>A681</u>	<u>Interior Details</u>

Interiors

<u>I201A</u>	<u>First Floor Finish Plan – Area A</u>
<u>I201B</u>	<u>First Floor Finish Plan – Area B</u>

Structural

<u>S001</u>	<u>General Structural Notes and Abbreviations</u>
<u>S200B</u>	<u>Foundation Plan Area B</u>
<u>S201B</u>	<u>First Floor Plan Area B</u>
<u>1/S201B</u>	<u>Partial Plan – First Floor Plan Area B</u>
<u>S202B</u>	<u>Second Floor/Roof Framing Plan Area B</u>
<u>1/S202B</u>	<u>Partial Plan – Second Floor/Roof Framing Plan Area B</u>
<u>S203B</u>	<u>Penthouse Framing Plan Area B</u>
<u>1/S203B</u>	<u>Partial Plan – Penthouse Framing Plan Area B</u>
<u>2/S203B</u>	<u>Partial Plan – Penthouse Framing Plan Area B</u>
<u>S410</u>	<u>Concrete Joist Schedules and Typical Joist Elevations</u>

<u>S420</u>	<u>Concrete Beam Schedules and Typical Beam Elevations</u>
<u>1/S420</u>	<u>Concrete Beam Schedules and Typical Beam Elevations - Details</u>
<u>S500</u>	<u>Concrete Details</u>
<u>S501</u>	<u>Concrete Details</u>
<u>S510</u>	<u>Building Sections and Details</u>
<u>6/S510</u>	<u>Building Sections and Details</u>
<u>11/S510</u>	<u>Building Sections and Details</u>
<u>12/S510</u>	<u>Building Sections and Details</u>
<u>S520</u>	<u>Typical Concrete Beam and Joist Details</u>
<u>S700</u>	<u>Steel Details</u>

Mechanical

<u>M001</u>	<u>Mechanical Symbols and Abbreviations</u>
<u>M101</u>	<u>First Floor HVAC Demolition Plan</u>
<u>M102</u>	<u>Second Floor HVAC Demolition Plan</u>
<u>M201A</u>	<u>First Floor HVAC Plan Area A</u>
<u>M201B</u>	<u>First Floor HVAC Plan Area B</u>
<u>M300B</u>	<u>Ground Floor HVAC & Piping Plan Area B</u>
<u>M301A</u>	<u>First Floor Piping Plan Area A</u>
<u>M301B</u>	<u>First Floor Piping Plan Area B</u>
<u>M500</u>	<u>Mechanical Sections</u>
<u>M501</u>	<u>Mechanical Sections</u>
<u>M502</u>	<u>Mechanical Sections</u>
<u>M700</u>	<u>Mechanical Details</u>
<u>M701</u>	<u>Mechanical Details</u>
<u>M702</u>	<u>Mechanical Details</u>
<u>M800</u>	<u>Mechanical Schedules</u>
<u>M801</u>	<u>Mechanical Schedules</u>
<u>M802</u>	<u>Mechanical Schedules</u>
<u>M900</u>	<u>First Floor Temperature Control Zoning Plan</u>

Plumbing

<u>P100A</u>	<u>Ground Floor Plumbing Demolition Plan Area A</u>
<u>P101A</u>	<u>First Floor Plumbing Demolition Plan Area A</u>
<u>P131A</u>	<u>First Floor Medical Gas Demolition Plan Area A</u>
<u>P200B-UG</u>	<u>Underground Floor Plumbing Plan Area B</u>
<u>P200A</u>	<u>Ground Floor Plumbing Plan Area A</u>
<u>P200B</u>	<u>Ground Floor Plumbing Plan Area B</u>
<u>P201A</u>	<u>First Floor Plumbing Plan Area A</u>
<u>P201B</u>	<u>First Floor Plumbing Plan Area B</u>
<u>P202B</u>	<u>Second Floor Plumbing Plan Area B</u>
<u>P203B</u>	<u>Third Floor/Roof Plumbing Plan Area B</u>
<u>P300B</u>	<u>Ground Floor Medical Gas Plan Area A</u>
<u>P301A</u>	<u>First Floor Medical Gas Plan Area A</u>
<u>P301B</u>	<u>First Floor Medical Gas Plan Area B</u>
<u>P600</u>	<u>Domestic Water Riser Diagram</u>
<u>P602</u>	<u>Waste & Vent Riser Diagram</u>
<u>P700</u>	<u>Plumbing Details</u>
<u>P800</u>	<u>Plumbing Schedules</u>

Electrical

<u>E000</u>	<u>Electrical Symbols, Abbreviations and Sheet Index</u>
<u>E010</u>	<u>Electrical One-Line Diagram</u>
<u>E011</u>	<u>Electrical One-Line Diagram</u>
<u>E012</u>	<u>Electrical One-Line Diagram</u>
<u>E101A</u>	<u>First Floor Area A Electrical Demolition Plan</u>
<u>A101B</u>	<u>First Floor Area B Electrical Demolition Plan</u>

<u>E200B</u>	<u>Ground Floor Area B Lighting, Power and Systems Plan</u>
<u>E201A</u>	<u>First Floor Area A Lighting Plan</u>
<u>E201B</u>	<u>First Floor Area B Lighting Plan</u>
<u>E301A</u>	<u>First Floor Area A Power Plan</u>
<u>E301B</u>	<u>First Floor Area B Power Plan</u>
<u>E302B</u>	<u>Second Floor Area B Lighting, Power and Systems Plan</u>
<u>E303A</u>	<u>Third Floor Area A Power Plan</u>
<u>E401A</u>	<u>First Floor Area A Systems Plan</u>
<u>E401B</u>	<u>First Floor Area B Systems Plan</u>
<u>E500</u>	<u>Electrical Schedules</u>

8.1.6 The Addenda, if any, are as follows:

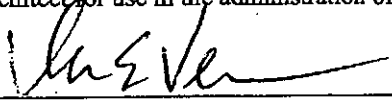
Number	Date	Pages
<u>1</u>	<u>January 17, 2007</u>	<u>24</u>
<u>2</u>	<u>January 24, 2007</u>	<u>8</u>
<u>3</u>	<u>February 1, 2007</u>	<u>22</u>

Portions of Addenda relating to bidding requirements are not part of the Contract Documents unless the bidding requirements are also enumerated in this Article 8.

8.1.7 Other documents, if any, forming part of the Contract Documents are as follows:
(List here any additional documents that are intended to form part of the Contract Documents. AIA Document A201-1997 provides that bidding requirements such as advertisement or invitation to bid, Instructions to Bidders, sample forms and the Contractor's bid are not part of the Contract Documents unless enumerated in this Agreement. They should be listed here only if intended to be part of the Contract Documents.)

- See Attachment A – Section 000110 – Table of Contents
- See Attachment B – Contractor's Labor Rates
- See Attachment C – Contractor's Schedule of Values
- See Attachment D – Project Scope Diagrams

This Agreement is entered into as of the day and year first written above and is executed in at least three original copies, of which one is to be delivered to the Contractor, one to the Architect for use in the administration of the Contract, and the remainder to the Owner.



 OWNER (Signature)
 TRINITY MEDICAL CENTER –
 WEST CAMPUS



 CONTRACTOR (Signature)
 ESTES CONSTRUCTION

Kevin Vermeer
 Chief Financial Officer

 (Printed name and title)

Kevin Platten, P.E.

 (Printed name and title)

- EXHIBITS:
- ATTACHMENT A – SECTION 000110 – TABLE OF CONTENTS
 - ATTACHMENT B – CONTRACTOR'S LABOR RATES
 - ATTACHMENT C – CONTRACTOR'S SCHEDULE OF VALUES
 - ATTACHMENT D – PROJECT SCOPE DIAGRAMS

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ATTACHMENT A

AIA DOCUMENT A101-1997 ELECTRONIC FORMAT STD FORM AGREE BETWEEN OWNER AND CONTRACTOR

VOLUME 1

DIVISION 00 PROCUREMENT AND CONTRACTING REQUIREMENTS

- 000110 Table of Contents
- 002113 Instructions to Bidders
- 004100 Bid Forms
- 007200 General Conditions of the Contract for Construction - AIA A201 1997

Supplementary Conditions – By Owner
Welcome Cover
Procedures
Individual Check List
Interim Life Safety Management Program
Tobacco Free Policy
Contractor Billing for Work Under a Time and Material Basis
Infection Control Guidelines for Construction/Renovation
Appendix A: Fact Sheet for Construction Workers
Infection Control Construction Permit
Fire Response Guide
West Campus Parking Map
West Campus Floor Plans

DIVISION 01 GENERAL REQUIREMENTS

- 011100 Summary of Work
- 012900 Payment Procedures
- 013100 Project Management and Coordination
- 013216 Construction Progress Schedules
- 013223 Survey and Layout Data
- 013300 Submittal Procedures
- 013310 Submittal Transmittal
- 013500 Special Procedures
- 014200 References
- 014500 Quality Control
- 014533 Structural Testing and Special Inspections
- 015100 Temporary Utilities
- 015200 Construction Facilities
- 015610 Interim Life Safety Measures (ILSM)
- 015615 Airborne Contaminants Control
- 016210 Product Options and Substitution Requirements
- 016211 Substitution Request Form
- 016400 Owner Furnished Products
- 017324 Anchorage and Sleeving
- 017329 Cutting and Patching
- 017700 Closeout Procedures
- 017800 Closeout Submittals

DIVISION 02 EXISTING CONDITIONS

- 024119 Selective Demolition

Trinity Medical Center Std Form Agree Between Owner and Contractor
Iowa Health Systems West Campus January 4, 2007 AIA Document A101-1997 Electronic
Format - 9
Surgical Department Addition and Remodeling
2760-002-00 CD

DIVISION 03 CONCRETE

- 031000 Concrete Forming
- 031500 Concrete Accessories
- 032000 Concrete Reinforcing
- 033000 Cast-In-Place Concrete

DIVISION 04 MASONRY

- 042001 Unit Masonry and Related Materials

DIVISION 05 METALS

- 051200 Structural Steel Framing
- 052100 Steel Joist Framing
- 053123 Steel Roof Decking
- 054000 Cold-Formed Metal Framing
- 054500 Metal Support Assemblies
- 055000 Metal Fabrications

DIVISION 06 WOOD, PLASTICS, AND COMPOSITES

- 061000 Rough Carpentry
- 064000 Architectural Woodwork

DIVISION 07 THERMAL AND MOISTURE PROTECTION

- 071353 Elastomeric Sheet Waterproofing
- 071413 Hot-Fluid Applied Rubberized Asphalt Waterproofing
- 072100 Thermal Insulation
- 072400 Exterior Insulation and Finish Systems
- 072430 Direct-Applied Exterior Finish System
- 072700 Air Barriers
- 075113 Built-Up Asphalt Roofing
- 076210 Sheet Metal Flashing and Trim
- 077233 Roof Hatches
- 078100 Applied Fireproofing
- 078400 Firestopping
- 078443 Fire-Resistant Joint Sealants
- 079000 Joint Protection
- 079513 Expansion Joint Cover Assemblies

DIVISION 08 OPENINGS

- 081113 Hollow Metal Doors and Frames
- 081400 Wood Doors
- 081423 Impact Resistant Wood Doors
- 083100 Access Panels
- 083613 Sectional Doors
- 084243 Intensive Care/Critical Care Entrances
- 085113 Aluminum Windows
- 087100 Door Hardware
- 087113 Automatic Door Operators
- 088000 Glazing
- 089100 Louvers

DIVISION 09 FINISHES

- 092200 Supports for Gypsum Board
- 092900 Gypsum Board
- 093000 Tiling

Trinity Medical Center Std Form Agree Between Owner and Contractor

Iowa Health Systems West Campus January 4, 2007 AIA Document A101-1997 Electronic
Format - 10

Surgical Department Addition and Remodeling

2760-002-00 CD

095100 Acoustical Ceilings
096500 Resilient Flooring
096725 Resinous Waterproof Flooring
096813 Tile Carpeting
097200 Wall Covering
099000 Painting

DIVISION 10 SPECIALTIES

101100 Visual Display Surfaces
102113 Metal Toilet Compartments
102123 Hospital Tracks
102600 Wall Protection
102813 Toilet Accessories
104400 Fire Protection Specialties
105126 Laminate Faced Wood Lockers

DIVISION 11 THROUGH 14

Not Used

APPENDIX

Material Identification List
Room Finish Schedule
Equipment Schedule

Trinity Medical Center Std Form Agree Between Owner and Contractor

Iowa Health Systems West Campus January 4, 2007 AIA Document A101-1997 Electronic
Format - 11

Surgical Department Addition and Remodeling
2760-002-00 CD

VOLUME 2

DIVISION 21 FIRE SUPPRESSION

- 210500 Common Work Results For Fire Suppression
- 211000 Water-Based Fire Suppression Systems

DIVISION 22 PLUMBING

- 220500 Common Work Results For Plumbing
- 220516 Expansion Fittings and Loops For Plumbing Piping
- 220519 Meters And Gages For Plumbing Piping
- 220523 General-Duty Valves For Plumbing Piping
- 220529 Hangers And Supports For Plumbing Piping and Equipment
- 220700 Plumbing Insulation
- 221116 Domestic Water Piping
- 221119 Domestic Water Piping Specialties
- 221316 Sanitary Waste and Vent Piping
- 221319 Sanitary Waste Piping Specialties
- 221413 Facility Storm Drainage Piping
- 221423 Storm Drainage Piping Specialties
- 224300 Healthcare Plumbing Fixtures
- 224500 Emergency Plumbing Fixtures
- 226213 Vacuum Piping For Laboratory And Healthcare Facilities
- 226313 Gas Piping For Laboratory And Healthcare Facilities

DIVISION 23 HEATING, VENTILATING, AND AIR-CONDITIONING (HVAC)

- 230500 Common Work Results For HVAC
- 230514 Variable Speed Drives For HVAC Equipment
- 230516 Expansion Fittings and Loops For HVAC Piping
- 230519 Meters And Gages For HVAC Piping
- 230523 General Duty Valves For HVAC Piping
- 230529 Hangers And Supports For HVAC Piping and Equipment
- 230548 Vibration and Seismic Controls For HVAC Piping and Equipment
- 230553 Identification For HVAC Piping and Equipment
- 230593 Testing, Adjusting, And Balancing, For HVAC
- 230700 HVAC Insulation
- 230900 Instrumentation and Controls For HVAC
- 230993 Sequence of Operation For HVAC Controls
- 232113 Hydronic Piping
- 232123 Hydronic Pumps
- 232213 Steam and Condensate Heating Piping
- 232223 Steam Condensate Pumps
- 233113 Metal Ducts
- 233300 Duct Accessories
- 233416 Centrifugal HVAC Fans
- 233423 HVAC Power Ventilators
- 233600 Air Terminal Units
- 233713 Diffusers, Registers and Grilles
- 234100 Particulate Air Filtration
- 235700 Heat Exchangers For HVAC
- 237316 Air-Handling Units
- 238413 Humidifiers

DIVISION 24 THROUGH 25

Not Used

Trinity Medical Center Std Form Agree Between Owner and Contractor

Iowa Health Systems West Campus January 4, 2007 AIA Document A101-1997 Electronic
Format - 12

Surgical Department Addition and Remodeling
2760-002-00 CD

DIVISION 26 ELECTRICAL

- 260500 Common Work Results for Electrical
- 260519 Low-Voltage Electrical Power Conductors and Cables
- 260526 Grounding and Bonding
- 260529 Hangers and Supports for Electrical Systems
- 260533 Raceways and Boxes For Electrical Systems
- 260553 Electrical Identification for Electrical Systems
- 260573 Overcurrent Protective Device Coordination
- 260923 Lighting Control Devices
- 262200 Low Voltage Transformers
- 262416 Panelboards
- 262710 Isolated Power Systems
- 262726 Wiring Devices
- 262813 Fuses
- 262816 Enclosed Switches and Circuit Breakers
- 262913 Enclosed Controllers
- 265100 Interior Lighting

DIVISION 27 COMMUNICATIONS

- 270528 Pathways for Communications Systems
- 275223 Nurse Call Code Blue Systems
- 275313.50 Elapsed Time Clocks

DIVISION 28 ELECTRONIC SAFETY AND SECURITY

- 283100 Fire Detection and Alarm

DIVISION 29 THROUGH 30

Not Used

DIVISION 31 EARTHWORK

- 310000 Earthwork
- 312333 Trenching and Backfilling
- 315000 Excavation Support Walls and Protection
- 316329 Drilled Concrete Piers and Shafts

DIVISION 32 EXTERIOR IMPROVEMENTS

- 321313 Sitework Concrete
- 323114 Coated Chain Link Fences and Gates
- 323223 Segmental Retaining Walls
- 329200 Turf Grasses

DIVISION 33 UTILITIES

- 331100 Water Systems (Reference)
- 333500 Sewerage
- 334600 Foundation Drainage

END OF SECTION

Trinity Medical Center Std Form Agree Between Owner and Contractor

Iowa Health Systems West Campus January 4, 2007 AIA Document A101-1997 Electronic
Format - 13

Surgical Department Addition and Remodeling
2760-002-00 CD

ATTACHMENT B



Trinity Medical Center
HOURLY RATES
01-01-07

Classification	Straight Time	Over Time	Double Time
Project Manager	100.00		
Project Estimator	100.00		
Superintendent	70.00	105.00	140.00
Project Engineer	70.00	105.00	140.00
Foreman	67.00	100.50	134.00
Construction Worker	64.50	96.75	129.00

Hourly rates subject to change on April 30, 2007
pending Labor wage negotiations effective May 1, 2007

Builders Sales and Service Company

Good thru 4/30/2008

<u>Trade</u>	<u>Base Rate</u>	<u>Time & 1/2</u>	<u>Double Time</u>
Carpenter Foreman	\$55.80	\$75.40	\$95.00
Carpenter	\$54.00	\$72.70	\$91.40
Taper Foreman	\$51.80	\$69.70	\$87.60
Taper	\$50.40	\$67.60	\$84.80
Plasterer Forman	\$52.70	\$72.40	\$92.10
Plasterer	\$50.50	\$69.10	\$87.70
Laborer Foreman	\$47.50	\$63.40	\$79.30
Laborer	\$46.70	\$62.20	\$77.70

Schebler Company

Good thru 6/1/2008

<u>Trade</u>	<u>Base Rate</u>	<u>Time & 1/2</u>	<u>Double Time</u>
Sheet metal worker	\$59.10	\$77.50	\$98.54

Ryan & Associates

Good thru 11/2008

<u>Trade</u>	<u>Base Rate</u>	<u>Time & 1/2</u>	<u>Double Time</u>
Plumber/ Fitter	\$66.00	\$91.00	\$117.00

Tri-City Electric Company

Good thru 6/3/2007

<u>Trade</u>	<u>Base Rate</u>	<u>Time & 1/2</u>	<u>Double Time</u>
Electrician	\$66.93	\$88.71	\$112.33

Good thru 6/1/2008

Electrician	\$69.16	\$92.26	\$117.04
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Good thru 5/31/2009

Electrician	\$71.87	\$96.18	\$122.23
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Tri-State Automatic Sprinkler

Good thru 4/30/2008

<u>Trade</u>	<u>Base Rate</u>	<u>Time & 1/2</u>	<u>Double Time</u>
Forman	\$60.02	\$80.64	\$101.26
Journeyman	\$53.04	\$72.22	\$91.40
Apprentice	\$42.12	\$56.46	\$70.81

ATTACHMENT C
CONTRACTOR'S SCHEDULE OF VALUES

Trinity Medical Center Project 1		Sub	Equipment	Total
Division/Section	Description	Labor	Material	Sub
Division 01	Permits & Fees		\$33,716.00	
	Labor	\$171,757.00		
	Material		\$28,032.00	
	Sub	\$11,314.00		
Division 03 & 310000	15615 Airborn Contaminants Control	\$11,462.00	\$5,789.00	\$16,897.00
	24119 Demolition	\$28,806.00		\$12,982.00
Division 05	Cast-In-Place Concrete		\$53,448.00	
	Steel Erection		\$45,535.00	
Division 05	Structural Metals	\$20,711.00	\$5,147.00	
	Metal Fabrications	\$14,200.00	\$20,866.00	
Division 05	61000 Rough Carpentry	\$7,025.00		
	64000 Architectural Woodwork			\$4,215.00
Division 05	71353 Dampproofing		\$984.00	
	72100 Miscellaneous Insulation in roof framing			\$57,500.00
Division 05	75113 Built Up Asphalt Roofing			\$13,034.00
	78210 Sheet Metal Flashing			\$1,007.00
Division 05	77233 Roof Accessories	\$218.00	\$789.00	
	78000 Joint Sealants	\$480.00	\$136.00	
Division 05	79513 Expansion Control	\$4,835.00	\$8,536.00	
	81113 Hollow Metal	\$2,882.00	\$3,820.00	
Division 05	81400 Wood Doors	\$2,402.00	\$24,250.00	
	83100 Access Doors	\$197.00	\$400.00	
Division 05	83813 Overhead Doors		\$2,250.00	
	87100 Finish Hardware	\$9,724.00	\$28,886.00	
Multiple Sections	Automatic Operators/Windows/ IC CC Entrances		\$65,800.00	
	89100 Louvers & Vents	\$721.00	\$9,300.00	
Multiple Sections	Gypsum Drywall/EIFS/Acoustic Ceilings	\$372,240.00	\$102,660.00	
	98500 Resilient Flooring			\$73,950.00
Multiple Sections	98725 Resilient Flooring			\$24,000.00
	99000 Painting			\$28,141.00
Multiple Sections	102123 Cubicle Curtains	\$1,275.00	\$873.00	
	102600 Wall & Cornerguards	\$25,447.00	\$34,585.00	
Multiple Sections	104400 Fire Protection	\$120.00	\$325.00	
	102813 Toilet Accessories	\$1,321.00	\$2,375.00	
Division 21	Fire Sprinkler Systems			\$2,148.00
				\$60,032.00
				\$445.00
				\$3,698.00
				\$0.00

Preliminary Schedule of Values

Trinity Medical Center
Project 1

	Labor	\$63,480.00		\$63,480.00	Subcontractor
	Fabrication		\$2,418.00		Subcontractor
	Material		\$14,634.00		Subcontractor
	Design			\$7,133.00	Subcontractor
Division 22	Plumbing Systems				Subcontractor
	Labor	\$215,000.00			Subcontractor
	Materials		\$480,000.00		Subcontractor
	Equipment			\$145,000.00	Subcontractor
	Insulation			\$248,400.00	Subcontractor
	Controls				Subcontractor
Division 23	HVAC Systems				Subcontractor
	Submittals/Drawings				Subcontractor
	Demolition	\$50,000.00			Subcontractor
	Stock Materials	\$30,000.00			Subcontractor
	Equipment - Sound Attenuators	\$71,100.00			Subcontractor
	Equipment - Fans	\$2,400.00			Subcontractor
	Equipment - VAV	\$5,500.00			Subcontractor
	Equipment - Registers/Diffusers	\$6,500.00			Subcontractor
	Equipment - Fire/Smoke Dampers	\$2,500.00			Subcontractor
	Equipment - Laminar Flow	\$9,000.00			Subcontractor
	Fabrication - Labor	\$37,000.00			Subcontractor
	Installation - Labor	\$75,000.00			Subcontractor
	Electrical & Communications Systems	\$125,000.00			Subcontractor
Division 26 and 27	Materials		\$247,844.00		Subcontractor
	Labor	\$238,818.00			Subcontractor
	Reports		\$9,250.00		Subcontractor
	DJE		\$17,850.00		Subcontractor
	310000 Site Clearing	\$2,355.00		\$308.00	Subcontractor
	315000 Excavation Supports		\$66,840.00		Subcontractor
	329200 Turf Grasses	\$1,808.00	\$628.00	\$5,150.00	Subcontractor
	318329 Piles & Caissons	\$781.00	\$35,760.00		Subcontractor
	334600 Sub-drainage		\$8,840.00		Subcontractor
	333500 Storm Sewer		\$41,000.00		Subcontractor
	323114 Fences & Gates		\$5,300.00		Subcontractor
	323223 Retaining Walls		\$30,000.00		Subcontractor
	Subtotal				\$4,588,841.00

Preliminary Schedule of Values

Trinity Medical Center
Project 1

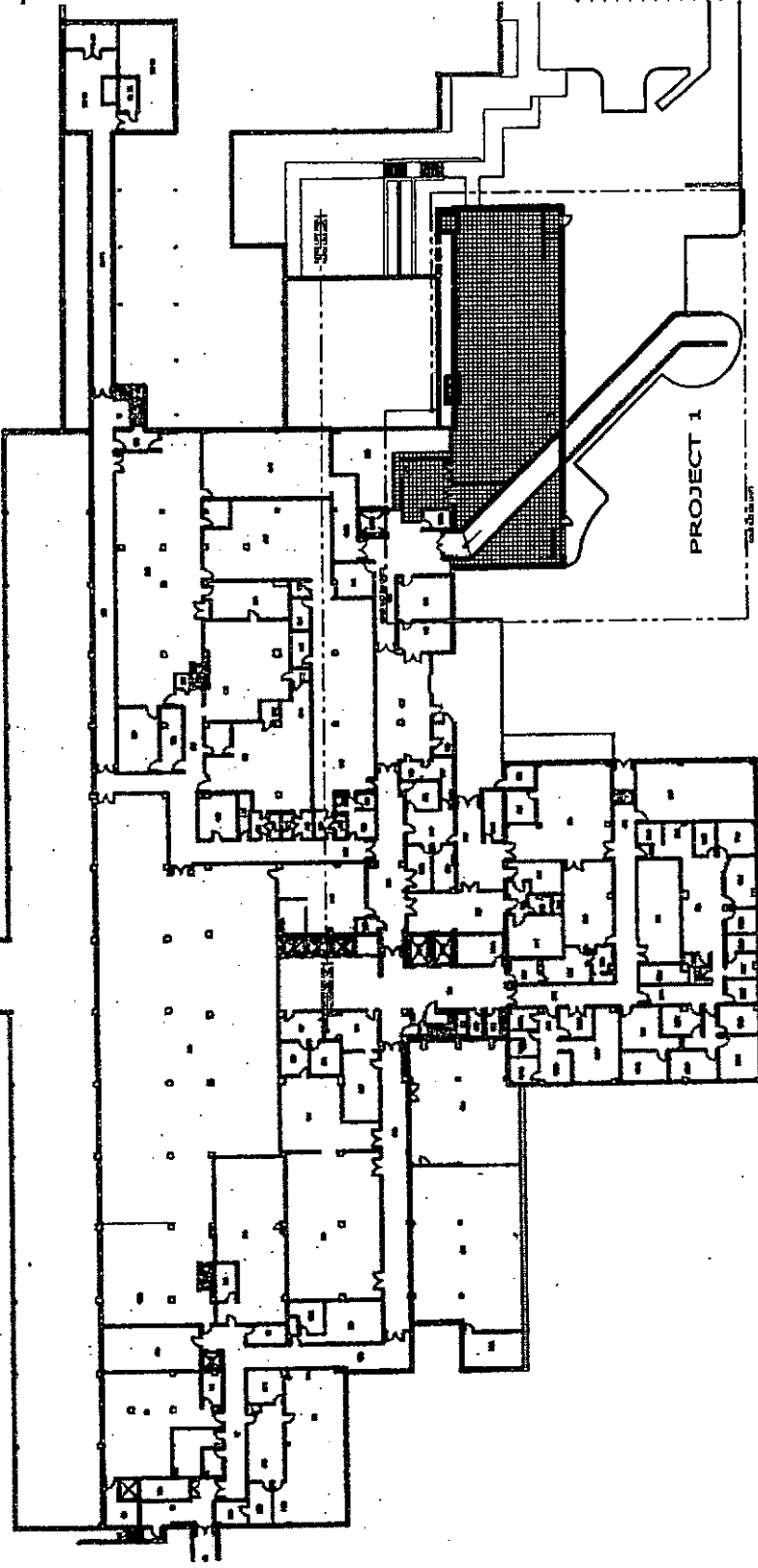
Business Insurance	\$54,530.00
Surety Bond	\$36,782.00
Overtime Allowance	\$50,000.00
Preconstruction Fee	\$47,392.00
Margin	\$330,971.00
Total	\$5,106,516.00

Business Insurance
Surety Bond
Overtime Allowance
Preconstruction Fee
Margin
Total

Preliminary Schedule of Values

TRINITY

IOWA HEALTH SYSTEMS
WEST CAMPUS
SURGICAL DEPARTMENT
ADDITION AND
REMODELING
330 1/2 PINE STREET
EAST DES MOINES, IA 50319



SECTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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18

PROJECT 1
LOWER LEVEL DIAGRAM
DATE: 10/15/07
DRAWN BY: [Name]
CHECKED BY: [Name]

PROJECT SCOPE
LOWER LEVEL DIAGRAM

CONSTRUCTION DOCUMENTS
A001

CHANGE ORDER - CONSTRUCTION CONTRACT



Hammel, Green and Abrahamson, Inc.
Architecture Engineering Planning
701 Washington Avenue North Minneapolis, Minnesota 55401
(612) 758-4000 Fax (612) 758-4199

Copy No: 1

Project: Trinity Medical Center West Campus
Surgery Addition/Renovation

Location: Rock Island, Illinois

Owner: Trinity Medical Center
Iowa Health Systems West Campus
2701 - 17th Street
Rock Island, Illinois 61201

HGA Comm. No: 2760-002-00

Change Order No: One (1)

Type Contract: Single Prime

Contractor: Estes Construction

ADD/DEDUCT \$13,246.00

Address: 131 West Second Street, Suite 400
Davenport, Iowa 52801

When this Change Order is properly signed, the Owner-Contractor agreement is modified as follows and the work is authorized to be done in accordance with all the contract requirements. (Cost breakdown is required.)

REFERENCES: (List previous letters, quotations and correspondence, when applicable)

- Estes Construction Change Request #5
- Estes Construction Change Request #4
- Estes Construction Change Request #2
- Estes Construction Change Request #1

- | | | |
|--|--------|--------------|
| 1. Provide emergency egress through existing Doctors suite. | Add | \$ 25,453.00 |
| 2. Provide and install an additional 30 LF of steel sheet piling at NW corner of addition. | Add | 9,000.00 |
| 3. Revise steel reinforcing for concrete piers to top 20'. | Deduct | -(22,930.00) |
| 4. Provide storm water detention area as per RFP 1. | Add | 1,723.00 |

RECEIVED

JUL 12 2007

ESTES CONSTRUCTION

081

X Continued on the reverse side

NOTE: All information and signatures on the REVERSE side must be completed in full.

CONTRACT SUMMARY

1) Amount of original contract	\$ 5,106,516.00
2) Additions approved to date (Nos. _____)	\$ 0.00
3) Deductions approved to date (Nos. _____)	\$ 0.00
4) Contract Amount to date	\$5,106,516.00
5) Amount of this Supplemental Agreement..... ADD/DEDUCT	\$13,246.00
6) Revised contract amount - IF THIS AGREEMENT APPROVED	\$5,119,762.00

COMPLETION

The completion date (will not be) extended as a result of this change by _____ - 0 -
 _____ to a new date of _____

SIGNATURES OF

A) Contractor PERES CONST. Date 13 Jul 07
 By [Signature] Title Pres.

B) Architect/Engineer HAMMEL, GREEN AND ABRAHAMSON, INC. Date JULY 10, 2007
 By [Signature] Title ARCHITECT
 (Reviewed: Arch. _____ Elect. _____ Mech. _____)

C) Owner Trinity Medical Center Date 7-18-07
 Authorized Signature [Signature] Title Fac. Director

- COPIES**
- Copy No. 1 to Owner
 - Copy No. 2 to Contractor
 - Copy No. 3 to Architect
 - Copy No. 4 to _____
 - Copy No. 5 to _____
 - Copy No. 6 to _____

CHANGE ORDER - CONSTRUCTION CONTRACT



Hammel, Green and Abrahamson, Inc.
Architecture Engineering Planning
701 Washington Avenue North Minneapolis, Minnesota 55401
(612) 758-4000 Fax (612) 758-4199

Copy No: 1

Project: Trinity Medical Center West Campus
Surgery Addition/Renovation

Location: Rock Island, Illinois

Owner: Trinity Medical Center
Iowa Health Systems West Campus
2701 - 17th Street
Rock Island, Illinois 61201

HGA Comm. No: 2760-002-00

Change Order No: Two (2)

Type Contract: Single Prime

Contractor: Estes Construction

ADD/~~DEDUCT~~ \$ 23,167.00

Address: 131 West Second Street, Suite 400
Davenport, Iowa 52801

When this Change Order is properly signed, the Owner-Contractor agreement is modified as follows and the work is authorized to be done in accordance with all the contract requirements. (Cost breakdown is required.)

REFERENCES: (List previous letters, quotations and correspondence, when applicable)

- Estes Construction Change Request #11
- Estes Construction Change Request #10
- Estes Construction Change Request #8
- Estes Construction Change Request #7
- Estes Construction Change Request #6

1. Revise Med/Gas valves, boxes, control panels and manifold to Beacon Medas.	Add	\$ 3,613.00
2. Temperature sensor revisions as per RFP No. 4.	Add	6,640.00
3. Revise exit devices from VonDuprin to Sargent exit devices.	Add	10,897.00
4. Revise door types as per RFP No. 2.	Add	431.00
5. Repair existing 6" sanitary main damaged by caisson installation.	Add	1,586.00

Continued on the reverse side

088

NOTE: All information and signatures on the REVERSE side must be completed in full.

752.07.001

add to CAP000511

To: Dave Kipper
HGA

CONTRACT SUMMARY

1) Amount of original contract	\$ 5,106,516.00
2) Additions approved to date (Nos. 1)	\$ 13,246.00
3) Deductions approved to date (Nos. _____)	\$ 0.00
4) Contract Amount to date	\$5,119,762.00
5) Amount of this Supplemental Agreement ADD/DEDUCT	\$23,167.00
6) Revised contract amount - IF THIS AGREEMENT APPROVED	\$5,142,929.00

COMPLETION

The completion date (will not be) extended as a result of this change by - 0 -
to a new date of _____

SIGNATURES OF

A) Contractor [Signature] Date 29 SEP 07
 By [Signature] Title Pres
 B) Architect/Engineer HAMMEL, GREEN AND ABRAHAMSON, INC. Date SEPT. 27, 2007
 By [Signature] Title ARCHITECT
 (Reviewed: Arch. _____ Elect. _____) Mech. _____
 C) Owner [Signature] Date 10/12/07
 Authorized Signature [Signature] Title Director of Facility

COPIES Copy No. 1 to Owner
 Copy No. 2 to Contractor
 Copy No. 3 to Architect
 Copy No. 4 to _____
 Copy No. 5 to _____
 Copy No. 6 to _____

CHANGE ORDER - CONSTRUCTION CONTRACT



Hammel, Green and Abrahamson, Inc.
Architecture Engineering Planning
701 Washington Avenue North Minneapolis, Minnesota 55401
(612) 758-4000 Fax (612) 758-4199

Copy No: 1

Project: Trinity Medical Center West Campus
Surgery Addition/Renovation

Location: Rock Island, Illinois

Owner: Trinity Medical Center
Iowa Health Systems West Campus
2701 - 17th Street
Rock Island, Illinois 61201

HGA Comm. No: 2760-002-00

Change Order No: Three (3)

Type Contract: Single Prime

Contractor: Estes Construction

ADD/DEDUCT \$ 63,060.00

Address: 131 West Second Street, Suite 400
Davenport, Iowa 52801

When this Change Order is properly signed, the Owner-Contractor agreement is modified as follows and the work is authorized to be done in accordance with all the contract requirements. (Cost breakdown is required.)

REFERENCES: (List previous letters, quotations and correspondence, when applicable)

- Estes Construction Change Request #22
- Estes Construction Change Request #21
- Estes Construction Change Request #20
- Estes Construction Change Request #19
- Estes Construction Change Request #18
- Estes Construction Change Request #16
- Estes Construction Change Request #15
- Estes Construction Change Request #14

- | | | |
|--|-----|--------------|
| 1. Create Meds room A-111 from Alcove per new layout sketch. relocate sink, revised lighting controls and add outlets as per RFP 11, dated 12/7/07. | Add | \$ 13,586.00 |
| 2. Revise soffit heights to 8'0", relocate future 42" flat screen monitors and add (2) two vacuum outlets at Operating Rooms S-159, S-161, S-162, and S-164 as per RFP 13, dated 12/17/07. | Add | 6,807.00 |
| 3. Provide and install waste piping for Staff Toilet A108 per response to RFP 49. | Add | 5,976.00 |
| 4. Revise the upper Penthouse roof from hot applied to cold applied asphalt roofing system per RFP 9, dated 11/28/07. Price includes provides for heated material storage. | Add | 13,993.00 |

Continued on the reverse side

085

NOTE: All information and signatures on the REVERSE side must be completed in full.

- Route building addition subdrain system through utility tunnel and connect to Power Plant drain tile system. Add 17,885.00
- 6. Relocate one heating water return main and two balancing valves from Surgery corridor to penthouse. Core drill opening in concrete deck and install concrete curb at new opening. Add 2,307.00
- 7. Provide repairs to existing 6" sanitary sewer line discovered during storm water installation. Add 743.00
- 8. Revise storm structure #3 to a 30 inch concrete pipe with low profile grate per RFI #29. Add 1,763.00


CONTRACT SUMMARY

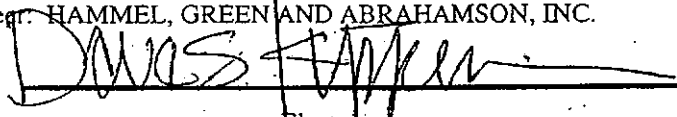
1) Amount of original contract	\$ 5,106,516.00
2) Additions approved to date (Nos. 1, 2)	\$ 36,413.00
3) Deductions approved to date (Nos. _____)	\$ 0.00
4) Contract Amount to date	\$5,142,929.00
5) Amount of this Supplemental Agreement ADD/DEDUCT	\$63,060.00 *
6) Revised contract amount - IF THIS AGREEMENT APPROVED	\$5,205,989.00

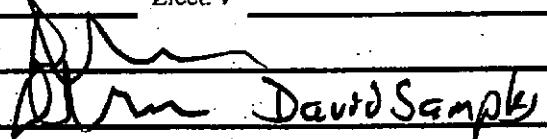
COMPLETION

The completion date (will not be) extended as a result of this change by _____ - 0 -
to a new date of _____

SIGNATURES OF

A) Contractor  Date 25 JAN 08
By KENT RICHTER Title PRES

B) Architect/Engineer HAMMEL, GREEN AND ABRAHAMSON, INC. Date JAN. 24, 2008
By  Title ARCHITECT
(Reviewed: Arch. _____ Elect. _____ Mech. _____)

C) Owner _____ Date 2/21/08
Authorized Signature  Title Director Facilities

COPIES Copy No. 1 to Owner _____ Copy No. 4 to _____
Copy No. 2 to Contractor _____ Copy No. 5 to _____
Copy No. 3 to Architect _____ Copy No. 6 to _____

CHANGE ORDER - CONSTRUCTION CONTRACT



Hammel, Green and Abrahamson, Inc.
Architecture Engineering Planning
701 Washington Avenue North Minneapolis, Minnesota 55401
(612) 758-4000 Fax (612) 758-4199

Copy No: 1

Project: Trinity Medical Center West Campus
Surgery Addition/Renovation

Location: Rock Island, Illinois

Owner: Trinity Medical Center
Iowa Health Systems West Campus
2701 - 17th Street
Rock Island, Illinois 61201

HGA Comm. No: 2760-002-00

Change Order No: Four (4)

Type Contract: Single Prime

Contractor: Estes Construction

ADD/DEDUCT \$ 53,093.00

Address: 131 West Second Street, Suite 400
Davenport, Iowa 52801

When this Change Order is properly signed, the Owner-Contractor agreement is modified as follows and the work is authorized to be done in accordance with all the contract requirements. (Cost breakdown is required.)

REFERENCES: (List previous letters, quotations and correspondence, when applicable)

- Estes Construction Change Request #9
- Estes Construction Change Request #23
- Estes Construction Change Request #24
- Estes Construction Change Request #26
- Estes Construction Change Request #27
- Estes Construction Change Request #28
- Estes Construction Change Request #29
- Estes Construction Change Request #30
- Estes Construction Change Request #31
- Estes Construction Change Request #33

- | | | |
|--|-----|-----------|
| 1. Revised floor drains at Sub-Sterile rooms S-160 and S-163 to floor sinks per Architects Supplementary Instruction Number 6. | Add | \$ 936.00 |
| 2. Revise pair of non-rated doors to 45 minute doors, add (2) closers and (1) coordinator per RFI 52. | Add | 1,232.00 |
| 3. Revise lighting at Dietary Storage room G044 per RFI 43 and RFP 8. | Add | 1,594.00 |

Continued on the reverse side

087

NOTE: All information and signatures on the REVERSE side must be completed in full.

4
Trinity Surgery Addition/Renovation
Change Order

- | | | |
|---|-----|-----------|
| 4. Relocate electrical panels EEDP-PH A, EERP-PH and transformer from existing room to new Penthouse 2-101. Existing wiring shows damage to outer jacket due to stress during original installation. Includes hole patching of existing EIFA where panel was removed. Electrical work can be performed on a Time and Material, "not to exceed" basis. | Add | 13,880.00 |
| 5. Provide nitrogen med/gas piping revisions at new OR rooms per RFP 14 and shorted vacuum pipe for RFP #13. | Add | 2,099.00 |
| 6. Brush and roll(1) coat prime paint on unfinished drywall above 4' wainscot at Penthouse. Latex paint unfinished drywall at Shell space G101 and Yard Storage G100 with (1) coat primer and (2) coats finish. | Add | 1,843.00 |

CONTRACT SUMMARY

1) Amount of original contract		\$ 5,106,516.00
2) Additions approved to date (Nos. 1, 2, 3)		\$ 99,473.00
3) Deductions approved to date (Nos. _____)		\$ 0.00
4) Contract Amount to date		\$5,205,989.00
5) Amount of this Supplemental Agreement ADD/DEDUCT		\$53,093.00
6) Revised contract amount - IF THIS AGREEMENT APPROVED		-\$5,257,239.00

\$ 5,259,082.00

COMPLETION

The completion date (will not be) extended as a result of this change by 60 business days

March 31, 2008 to a new date of June 16, 2008.

SIGNATURES OF

A) Contractor	<u>[Signature]</u> ESTES CONST.	Date	<u>29 MAR 08</u>
By	<u>[Signature]</u> PROJECT	Title	<u>PROJ.</u>
B) Architect/Engineer	HAMMEL, GREENLAND ABRAHAMSON, INC.	Date	<u>28 MARCH 2008</u>
By	<u>[Signature]</u>	Title	_____
(Reviewed: Arch.	Elect.	Mech.	_____
C) Owner	<u>David Samples</u>	Date	<u>3/28/07</u>
Authorized Signature	<u>[Signature]</u>	Title	<u>Director of Facilities</u>

- COPIES**
- | | |
|--------------------------|---------------------|
| Copy No. 1 to Owner | Copy No. 4 to _____ |
| Copy No. 2 to Contractor | Copy No. 5 to _____ |
| Copy No. 3 to Architect | Copy No. 6 to _____ |

- 1. Provide paint color revisions and resilient flooring revisions as per RFP 12, dated 12/11/07. Resilient flooring RSF-4, 5, and 6 were changed from Mannington to Enviroflor, Environmed. Add 16,293.00.
- 2. Provide and install low voltage conduits as shown on Final, Approved Stryker drawings provided to Estes and Tri-City Electric on February 4th. RFI's 57 and 62 and as discussed per meeting minute item 28-3. Add 13,874.00
- 3. Provide and install 2x2 access doors at OR's 4, 5, 6, and 7 as per RFP 15 dated January 29, 2008. Access doors will be gasketed, prime painted, exposed flange with cam latches. Also includes revising gyp board soffits to ceiling grid at Corridor S-158. Add 646.00
- 4. Revise drawer base cabinets and add shelving unit at PACU nurse station S-150A per RFP 16. Add 696.00

CHANGE ORDER - CONSTRUCTION CONTRACT



Hammel, Green and Abrahamson, Inc.
Architecture Engineering Planning
701 Washington Avenue North Minneapolis, Minnesota 55401
(612) 758-4000 Fax (612) 758-4199

Copy No: 1

Project: Trinity Medical Center West Campus
Surgery Addition/Renovation

Location: Rock Island, Illinois

Owner: Trinity Medical Center
Iowa Health Systems West Campus
2701 - 17th Street
Rock Island, Illinois 61201

HGA Comm. No: 2760-002-00

Change Order No: Five (5)

Type Contract: Single Prime

Contractor: Estes Construction

~~ADD/DEDUCT~~ \$ 104,974.00

Address: 131 West Second Street, Suite 400
Davenport, Iowa 52801

When this Change Order is properly signed, the Owner-Contractor agreement is modified as follows and the work is authorized to be done in accordance with all the contract requirements. (Cost breakdown is required.)

REFERENCES: (List previous letters, quotations and correspondence, when applicable)

- Estes Construction Change Request #32
- Estes Construction Change Request #35
- Estes Construction Change Request #36
- Estes Construction Change Request #37
- Estes Construction Change Request #38
- Estes Construction Change Request #39
- Estes Construction Change Request #40
- Estes Construction Change Request #41
- Estes Construction Change Request #42
- Estes Construction Change Request #43
- Estes Construction Change Request #44
- Estes Construction Change Request #45
- Estes Construction Change Request #46

RECEIVED

APR 16 2008

ESTES CONSTRUCTION

1. Delete motorized outside air dampers in the outside air intake duct at penthouse air handlers.

Delete \$ -(1,006.00)

X

752-07-001
Continued on the reverse side

NOTE: All information and signatures on the REVERSE side must be completed in full.

add to CAP000511

090

... 4-22-08

- | | | |
|--|-----|-----------|
| 2. Provide and install breaker module into panel RDP-BR per RFI 35. Tri-City pricing is a budgetary quote that includes (8) hours of overtime. | Add | 3,588.00 |
| 3. Rework feed to RPGB and capture existing 2" and extend to east wall of shell space, install Owner furnished panel and pull new 4/0 phase and neutral wire with #6 ground from RDP-BF to new panel. | Add | 17,953.00 |
| 4. Add new lighting panel, feed for panel and move existing lower level circuits to new panel as per RFI 45. | Add | 14,582.00 |
| 5. Revise width of door opening from 7'-4" wide to 6'-8" wide, due to existing pipe chase located in corridor S-154. Cost is to refabricate a hollow metal frame, replace a pair of high impact doors and a pair kickplates. The VonDuprin exit devices will be modified to fit reduced door leaf sizes at no additional cost. | Add | 3,030.00 |

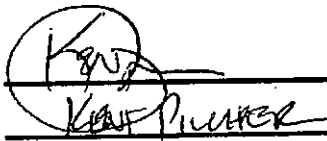
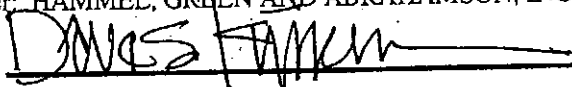
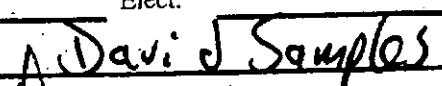
CONTRACT SUMMARY

1) Amount of original contract	\$ 5,106,516.00
2) Additions approved to date (Nos. 1, 2, 3, 4)	\$ 152,566.00
3) Deductions approved to date (Nos. _____)	\$ 0.00
4) Contract Amount to date	\$5,259,082.00
5) Amount of this Supplemental Agreement..... ADD/DEDUCT	\$104,974.00
6) Revised contract amount - IF THIS AGREEMENT APPROVED	\$5,364,056.00

COMPLETION

The completion date (will not be) extended as a result of this change by 60 business days
March 31, 2008 to a new date of June 16, 2008.

SIGNATURES OF

A) Contractor		Date	<u>19 APR 08</u>
By	<u>Karl Pinner</u>	Title	<u>PIE</u>
B) Architect/Engineer	HAMMEL, GREEN AND ABRAHAMSON, INC.	Date	<u>APRIL 15, 2008.</u>
By		Title	<u>ARCHITECT.</u>
(Reviewed: Arch.	Elect.	Mech.	
C) Owner		Date	<u>4/23/08</u>
Authorized Signature	<u>David J Samples</u>	Title	<u>Director Facilities</u>

COPIES Copy No. 1 to Owner _____
 Copy No. 2 to Contractor _____
 Copy No. 3 to Architect _____
 Copy No. 4 to _____
 Copy No. 5 to _____
 Copy No. 6 to _____

Trinity Medical Center West Campus

Surgery Addition/Renovation

Change Order #5

6. Provide additional data outlet and conduit rough-in on 1 st floor as per KJWW technology Drawing T101.	Add	22,866.00
7. Demo pavement under existing stair, install new sidewalk and footing for new stair support posts, provide additional Keystone retaining wall with gravel base, backfill and drainage tile, provide and erect new galvanized stair extension to new grade with picket rails to match existing.	Add	26,005.00
8. Delete 28x12 supply duct and insulation to OR 1 at corridor S-168.	Delete	-(2,495.00)
9. Revise PACU bed layout, revise location of med/gas and electrical outlets, add pipe chase, shift clean utility room wall and add receptacles as per RFP 18, dated February 27, 2008.	Add	5,503.00
10. Revise room layout of Sub-Sterile rooms S-160 and S-163, revise location of blanket warming cabinets, relocate electrical devices, provide water and electrical provisions for new sterile equipment item EQ093.	Add	9,969.00
11. Revise sink, column and electrical outlets at Clean Utility room S-149 as per Request for Proposal #23, dated March 10, 2008.	Add	1,408.00
12. Furnish and install (2) 3/4" conduit home runs with #10 wire from panel ECRP-1F as revised response to RFI 59 dated March 12, 2008.	Add	3,972.00
13. Delete and revise wall cabinets, revise wall framing and electrical outlets as per RFP 22, dated March 10, 2008.	Delete	-(401.00)

CHANGE ORDER - CONSTRUCTION CONTRACT



Hammel, Green and Abrahamson, Inc.
Architecture Engineering Planning
701 Washington Avenue North Minneapolis, Minnesota 55401
(612) 758-4000 Fax (612) 758-4199

Copy No: 1

Project: Trinity Medical Center West Campus
Surgery Addition/Renovation

Location: Rock Island, Illinois

Owner: Trinity Medical Center
Iowa Health Systems West Campus
2701 - 17th Street
Rock Island, Illinois 61201

HGA Comm. No: 2760-002-00

Change Order No: Six (6)

Type Contract: Single Prime

Contractor: Estes Construction

~~ADD/DEDUCT~~ \$ 52,275.00

Address: 131 West Second Street, Suite 400
Davenport, Iowa 52801

When this Change Order is properly signed, the Owner-Contractor agreement is modified as follows and the work is authorized to be done in accordance with all the contract requirements. (Cost breakdown is required.)

REFERENCES: (List previous letters, quotations and correspondence, when applicable)

- Estes Construction Change Request #50
- Estes Construction Change Request #51
- Estes Construction Change Request #53
- Estes Construction Change Request #54
- Estes Construction Change Request #55
- Estes Construction Change Request #56
- Estes Construction Change Request #57
- Estes Construction Change Request #58
- Estes Construction Change Request #59
- Estes Construction Change Request #60
- Estes Construction Change Request #61
- Estes Construction Change Request #64
- Estes Construction Change Request #65

X Continued on the reverse side

095

NOTE: All information and signatures on the REVERSE side must be completed in full.

1. Relocate laser panel for Operating Room 1 as per RFP 25.	Add	2,069.00
2. Revise sheetmetal flashing tie-in at existing roof as per RFP 26.	Add	4,915.00
3. Add (4) GFCI receptacles in OR's 4, 5, 6, and 7 as requested by Trinity.	Add	3,410.00
4. Provide labor to unload and handle Stryker Equipment on 5/27 and 5/28.	Add	978.00
5. Provide firestopping of existing rated floor and wall penetrations as requested by Trinity.	Add	6,037.00
6. Revise PACU room layout as per RFP 27.	Add	30,461.00
7. Install J-boxes above ceiling in new OR's 4, 5, 6, and 7.	Add	281.00
8. Provide and install (4) additional smoke detectors at penthouse.	Add	1,979.00
9. Revise site fence from 4' to 6' high and add a locked gate.	Add	4,786.00

CONTRACT SUMMARY

1) Amount of original contract	\$ 5,106,516.00
2) Additions approved to date (Nos. 1, 2, 3, 4, 5)	\$ 257,540.00
3) Deductions approved to date (Nos. _____)	\$ 0.00
4) Contract Amount to date	\$5,364,056.00
5) Amount of this Supplemental Agreement ADD/DEDUCT	\$52,275.00
6) Revised contract amount - IF THIS AGREEMENT APPROVED	\$5,416,331.00

COMPLETION

The completion date (will not be) extended as a result of this change by 60 business days
March 31, 2008 to a new date of June 16, 2008.

SIGNATURES OF

A) Contractor [Signature] Date 10/20/08
 By KPILCHER Title PRES
 B) Architect/Engineer: HAMMEL, GREEN AND ABRAHAMSON, INC. Date SEPT. 11, 2008
 By [Signature] Title ARCHITECT
 (Reviewed: Arch. _____ Elect. _____ Mech. _____)
 C) Owner Trinity Medical Center Date 9/15/08
 Authorized Signature [Signature] Title Director Facilities

COPIES Copy No. 1 to Owner Copy No. 4 to _____
 Copy No. 2 to Contractor Copy No. 5 to _____
 Copy No. 3 to Architect Copy No. 6 to _____

1069.00

Medical Center West Campus
Surgery Addition/Renovation
Change Order #6

10. Furr-out existing wall at SICU Patient room A-123 as per RFP 29.	Add	11,988.00
11. Add track lighting at PACU Nurse Station as requested by Trinity.	Add	4,345.00
12. Add (2) closers and a coordinator at door opening S-165A as per RFP 30.	Add	1,026.00
13. Credit for automatic and sliding doors that are located in Project 2.	Delete	-(20,000.00)

CHANGE ORDER - CONSTRUCTION CONTRACT



Hammel, Green and Abrahamson, Inc.
Architecture Engineering Planning
701 Washington Avenue North Minneapolis, Minnesota 55401
(612) 758-4000 Fax (612) 758-4199

Copy No: 1

Project: Trinity Medical Center West Campus
Surgery Addition/Renovation

Location: Rock Island, Illinois

Owner: Trinity Medical Center
Iowa Health Systems West Campus
2701 - 17th Street
Rock Island, Illinois 61201

HGA Comm. No: 2760-002-00

Change Order No: Seven (7)

Type Contract: Single Prime

Contractor: Estes Construction

ADD/DEDUCT \$ 54,943.35

Address: 131 West Second Street, Suite 400
Davenport, Iowa 52801

When this Change Order is properly signed, the Owner-Contractor agreement is modified as follows and the work is authorized to be done in accordance with all the contract requirements. (Cost breakdown is required.)

REFERENCES: (List previous letters, quotations and correspondence, when applicable)

- Letter to Estes Construction dated October 27, 2008
- Estes Construction Change Request #72
- Estes Construction Change Request #71
- Estes Construction Change Request #70
- Estes Construction Change Request #68
- Estes Construction Change Request #67
- Estes Construction Change Request #63
- Estes Construction Change Request #47 (revised)

1. Project Close-out:	Credit \$ 9,927.91
2. Replace pair of doors at openings 120BA and 168A with rated HM doors. WA1475	Add 8,300.66
3. Provide and install automatic door pushbuttons and data outlet at PACU.	Add 1,952.50
4. Provide temporary ductwork to serve new PACU space until Project 2 is complete.	Add 10,817.00
5. Provide Equipment Park Room S-165 with (2) 14' wide roll-up doors as per RFP 28.	Add 46,161.20
6. Revise (8) receptacles to GFI's at Sub-Sterile rooms and PACU.	Add 637.35
7. Revise cold water connection to humidifiers with hot water as per RFP 31.	Add 4,869.28

Continued on the reverse side

098

NOTE: All information and signatures on the REVERSE side must be completed in full.

- | | | |
|--|--------|-----------|
| 8. Add drain lines to stainless steel gutters installed above the OR 1 ceiling as requested by IDPH. | Add | 3,133.27 |
| 9. Revise med/gas alarm panel, piping and valves as per RFP 24. | Credit | 11,000.00 |


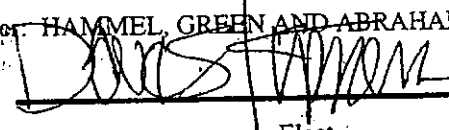
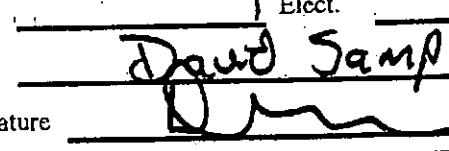
CONTRACT SUMMARY

1) Amount of original contract	\$ 5,106,516.00
2) Additions approved to date (Nos. 1, 2, 3, 4, 5, 6)	\$ 309,815.00
3) Deductions approved to date (Nos. _____)	\$ 0.00
4) Contract Amount to date	\$5,416,331.00
5) Amount of this Supplemental Agreement ADD/DEDUCT	\$54,943.35
6) Revised contract amount - IF THIS AGREEMENT APPROVED	\$5,471,274.35

COMPLETION

The completion date (will not be) extended as a result of this change by 60 business days
March 31, 2008 to a new date of June 16, 2008.

SIGNATURES OF

A) Contractor		Date	<u>24 NOV 08</u>
By	<u>KAUFER</u>	Title	<u>PRES.</u>
B) Architect/Engineer	HAMMEL, GREEN AND ABRAHAMSON, INC.	Date	<u>NOV. 6, 2008</u>
By		Title	<u>ARCHITECT</u>
(Reviewed: Arch.	Elect.	Mech.	
C) Owner	<u>David Samples</u>	Date	<u>11/14/08</u>
Authorized Signature		Title	<u>Director of Facilities</u>

COPIES Copy No. 1 to Owner _____
 Copy No. 2 to Contractor _____
 Copy No. 3 to Architect _____
 Copy No. 4 to _____
 Copy No. 5 to _____
 Copy No. 6 to _____



PO BOX 3608
DAVENPORT, IA 52808
Ph : (563)322-7301

Change Request

To: Dave Kippen
HGA
701 Washington Avenue North
Minneapolis, MN 55401
Ph: (612) 758-4312 Fax: (612) 758-9312

Number: 73
Date: 12/16/08
Job: 1-803 Trinity West - Surgery Add/Ren
Phone: (563) 529-1813

Description: Provide credit for unused overtime allowance.

We are pleased to offer the following specifications and pricing to make the following changes:
Provide credit for unused overtime allowance.

Work performed by us:		Quantity	Unit	Unit Price	Price
Description	Material				\$-23,513.00
Overtime Allowance					
				Subtotal:	\$-23,513.00
				Subtotal:	\$-23,513.00
				Margin (Subs)	\$0.00
				Margin (Self Perform)	\$0.00
				Total:	\$-23,513.00

Please note that ESTES CONSTRUCTION will require an extra 0 days.
If you have any questions, please contact me at (563)322-7301.

Submitted by: Brian Wicklund
Estes Construction

Approved by: _____
Date: _____

Cc: Mangels; Mary (Trinity Medical Center), Sheets; Dick (Trinity Medical Center), Samples; David (Trinity Medical Center), Wall;
Nick (Estes Construction)

098

Job No. 7520

Mark-Up
40%

Retainage
10%

Item (A)	Description (B)	Scheduled \$\$ (C)	Previous Application (D)	Completed this Period (E)	Materials Stored (F)	Total Completed (G)	% Compl. (H)	Balance to Finish (I)	% Retainage (J)
001	Section 23 10 00 Plumbing Piping Labor	\$ 17,940	\$ -	\$ 1,815		\$ 1,815	10%	\$ 16,125	182
002	Section 23 10 00 Plumbing Piping Material Section 23 22 00 & 23 22 18 Steam & Steam Condensate Piping & Specialties Labor	\$ 10,146	-	2,810		2,810	28%	7,336	281
003	Section 23 22 00 & 23 22 18 Steam & Steam Condensate Piping & Specialties Material	\$ 180,987	-	610		610	0%	180,377	61
004	Section 23 10 00 Fuel Storage & Delivery Systems Labor	\$ 117,814	-	18,870		18,870	16%	98,944	1,887
005	Section 23 10 00 Fuel Storage & Delivery Systems Material	\$ 5,641	-	2,634		2,634	47%	3,007	263
006	Section 23 52 39 Fire Tube Boilers Labor	\$ 1,378	-	1,185		1,185	86%	193	119
007	Section 23 52 39 Fire Tube Boilers Material	\$ 63,047	-	-		-	0%	63,047	-
008	Section 23 05 05 HVAC Demolition for Remodeling Labor	\$ 30,750	-	-		-	0%	30,750	-
009	Section 23 05 05 HVAC Demolition for Remodeling Material	\$ 44,036	-	9,540		9,540	22%	34,496	954
010	Section 23 05 05 HVAC Demolition for Remodeling Equipment	\$ 1,505	-	510		510	34%	995	51
011	Section 09 91 23 Interior Painting General Construction	\$ 15,400	-	290		290	2%	15,110	29
012	Roofing Allowance	\$ 8,000	-	-		-	0%	8,000	-
013	Fireproofing Patch	\$ 77,316	-	3,866		3,866	5%	73,450	387
014	Section 23 25 00 Chemical (Water) Treatment	\$ 20,000	-	-		-	0%	20,000	-
015	Division 26 Electrical and Division 28 Electronic Safety & Security	\$ 4,200	-	-		-	0%	4,200	-
016	Section 22 07 19 Plumbing Piping Insulation	\$ 20,649	-	-		-	0%	20,649	-
017	Section 23 07 19 HVAC Piping Insulation Division 23 HVAC - Sheetmetal	\$ 215,293	-	11,238		11,238	5%	204,055	1,124
018	Section 23 09 00 Controls Division 23 HVAC - Fuel Oil Piping	\$ 746	-	-		-	0%	746	-
019	Section 23 07 19 HVAC Piping Insulation Division 23 HVAC - Sheetmetal	\$ 34,370	-	-		-	0%	34,370	-
020	Section 23 09 00 Controls Division 23 HVAC - Fuel Oil Piping	\$ 140,000	-	25,548		25,548	18%	114,453	2,555
021	Bid Bond	\$ 45,000	-	-		-	0%	45,000	-
022	General Conditions	\$ 153,700	-	9,515		9,515	90%	163,215	952
023	General Conditions	\$ 10,572	-	58,822		58,822	60%	38,621	5,862
024	General Conditions	\$ 97,243	-	-		-	-	-	-

Contract Total \$ 1,295,730

ATTACHMENT 9
Space Requirements

Department	Cost	Existing	Total Gross Square Footage*			This Project As Is	Vacated as a Result of this Project
			Entire Hospital Total Upon Project Completion	New	Modernized		
REVIEWABLE (Clinical Service Areas):							
Surgery	\$5,780,083	17,311	18,373	5,668	12,707	0	4,604 ^a
Post-Anesthesia Recovery Unit (PACU, Recovery)	\$396,638	1,827	2,052	0	2,052	0	0
Surgical Prep/Stage II Recovery	\$1,126,135	1,843	5,623	0	5,623	0	0
Central Sterile Processing/Distribution: (entire hospital)							
Basement		7,227	7,227	0	0	7,227	0
1st Floor		0	2,278	0	2,278	0	0
TOTAL, CENTRAL STERILE PROCESSING/DISTRIBUTION	\$704,567	7,227	9,505	0	2,278	7,227	0
Pharmacy	\$535,363	2,427	2,587	0	535	2,052	0
Surgical Intensive Care Unit	\$157,309	8,108	5,317	0	358	4,950	789 ^b
TOTAL REVIEWABLE (CLINICAL SERVICE AREAS)	\$8,712,095	36,741	43,455	5,886	23,551	14,236	5,393
NON-REVIEWABLE (Non-Clinical Service Areas):							
General Storage, not departmental storage (these projects)							
Ground Level Store Room		0	3,490	3,490	0	0	0
Ground Level Yard Equipment Storage		0	715	715	0	0	0
TOTAL GENERAL STORES (THESE PROJECTS)	\$1,138,596	0	4,205	4,205	0	0	0
Chapel		1,002	0	0	0	0	1,002 ^c
Public Space	\$404,775	1,997	2,359	0	2,359	0	0
Interdepartmental Circulation (Public Corridors) First Floor - these projects	\$252,974	1,964	1,408	0	1,408	0	556 ^d
Mechanical/Electrical Space and Equipment (these projects)							
Ground Level		0	373	373	0	0	0
1st Floor		0	13	13	0	0	0
Penthouse		0	3,053	3,053	0	0	0
TOTAL MECHANICAL/ELECTRICAL SPACE & EQUIPMENT (THESE PROJECTS)	\$1,347,877	0	3,439	3,439	0	0	0
Mechanical/Electrical/Data Shafts: (these projects)							
Basement		0	114	114	0	0	0
1st Floor		158	237	78	0	158	0
TOTAL MECHANICAL/ELECTRICAL/DATA SHAFTS (THESE PROJECTS)	\$18,679	158	351	193	0	158	0
TOTAL NON-REVIEWABLE (NON-CLINICAL SERVICE AREAS)	\$3,162,861	4,118	11,762	7,837	3,767	158	1,558
TOTAL PROJECT (CLINICAL + NON-CLINICAL SERVICE AREAS)	\$11,874,956	40,860	55,217	13,503	27,318	14,396	6,951

^aSurgery will vacate 4,604 DGSF, of which 2,278 DGSF will become part of Central Sterile Processing/Distribution, 225 DGSF will become part of PACU, and 2,103 DGSF will become part of Surgical Prep/Stage II Recovery.

^bSurgical Intensive Care Unit will vacate 789 DGSF, all of which will become part of Surgery.

^cChapel will vacate its entire 1,002 DGSF, of which 640 DGSF will become part of Surgical Prep/Stage II Recovery and 362 DGSF will become part of Public Space (Waiting).

^dInterdepartmental Circulation will vacate 556 DGSF, of which 160 DGSF will become part of Pharmacy and 396 DGSF will become part of Surgical Prep/Stage II Recovery.

*Gross Square Footage is defined as DGSF. Interdepartmental circulation space is non-reviewable and identified separately.

III.

Criterion 1110.230 - Background of Applicant

1. Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center. Trinity Medical Center operates 3 hospitals, 2 of which are in Illinois: Trinity Rock Island and Trinity Moline.

Trinity Rock Island is an "assumed name" (often known as a "d/b/a" for "doing business as") for the hospital that is the subject of this CON application.

This is a new "Doing Business Name" for the hospital, having been registered in April, 2010, and recorded by the Illinois Department of Public Health on May 3, 2010, as noted in the letter from Karen Senger, RN, BSN, Supervisor, Central Business Operations Section, Division of Health Care Facilities and Programs, Illinois Department of Public Health. A copy of Ms. Senger's letter, acknowledging the new "Doing Business Name" for Trinity Rock Island and Trinity Moline appears on Page 3 of this Attachment.

Trinity Regional Health System is also a member of Quad City Ambulatory Surgery Center, L.L.C., which is an Illinois health care facility, 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>
Trinity Rock Island, Rock Island	Illinois License ID #0003244 JCAHO ID #7421
Trinity Moline, Moline	Illinois License ID #0005140 JCAHO ID #7421
Quad City Ambulatory Surgery Center, L.L.C., Moline	Illinois License ID #7002520 AAHC ID #12794

Proof of the current licensure and accreditation of each of the facilities identified above will be found beginning on Page 4 of this Attachment.

- 2, 3. A letter from Iowa Health System certifying that Trinity Rock Island and the other Illinois health care facilities that are affiliated with Iowa Health System 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

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.



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

May 3, 2010

Deborah Schmudlach, Attorney
Iowa Health System
1515 Linden Street, Suite 100
Des Moines, IA. 50309-3120

RE: Change in D/B/A Name
Trinity Moline
Trinity Rock Island

Dear Ms. Schmudlach:

We are in receipt of a letter dated April 26, 2010, requesting that IDPH update our records to reflect the change in "Doing Business Name" for the facilities indicated above. Thank you for this information. We have updated the licensing information appropriately and have forwarded your request to our Health Systems Development unit for update. Please accept this letter as an acknowledgment to your request. The licenses will reflect the "Doing Business Name" at the time when each license is renewed.

Based on this change of "Doing Business Name" for your facilities, you should contact your Fiscal Intermediary, Wisconsin Physician Services to update the necessary 855 application information for Medicare billing and reimbursement.

If you should require further assistance in regards to this issue, please contact Kevin Fergusson at 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call at (217) 782-7412. The Departments TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

Karen Senger, RN, B.S.N.
Supervisor, Central Office Operations Section
Division of Health Care Facilities and Programs

cc: Michael Mills
Office of Policy, Planning & Statistics

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE 06/30/11	CATEGORY BGBD	I.D. NUMBER 0003244
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 07/01/10		

BUSINESS ADDRESS

TRINITY ROCK ISLAND
2701 17TH STREET
ROCK ISLAND IL 61201

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

1982840

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

TRINITY ROCK ISLAND

EXPIRATION DATE 06/30/11	CATEGORY BGBD	I.D. NUMBER 0003244
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FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/10

05/08/10

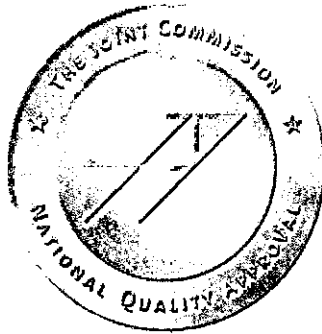
TRINITY ROCK ISLAND
2701 17TH STREET

ROCK ISLAND IL 61201

FEE RECEIPT NO.

Trinity Medical Center
Rock Island, IL

has been Accredited by



The Joint Commission

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

October 31, 2009

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold

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

Organization ID #7421
Print/Reprint Date: 1/26/10

Mark Chassin

Mark Chassin, M.D.
President

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

ANAC





April 30, 2010

Tom Tibbitts
CEO
Trinity Medical Center
2701 17th Street
Rock Island, IL 61201

Joint Commission ID #: 7421
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 04/30/2010

Dear Mr. Tibbitts:

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 October 31, 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



Trinity Medical Center
2701 17th Street
Rock Island, IL 61201

Organization Identification Number: 7421

Measure of Success Submitted: 4/29/2010

Program(s)

Hospital Accreditation
Medicare/Medicaid Certification-Based Long
Term Care 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.

**Medicare/Medicaid
Certification-Based Long
Term Care 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 Executive.

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	EC.02.01.01	Compliant
HAP	EC.02.03.01	Compliant
HAP	MM.04.01.01	Compliant
HAP	MM.05.01.01	Compliant
HAP	PC.01.02.07	Compliant
HAP	PC.01.03.01	Compliant
HAP	RC.02.03.07	Compliant
LT2	HR.4.50	Compliant



April 19, 2010

RE: Joint Commission HCO ID:#7421
CCN: 14-0280
Program: Hospital
Accreditation Expiration Date: January 31, 2013

Tom Tibbitts
CEO
Trinity Medical Center
2701 17th Street
Rock Island, Illinois 61201

Dear Mr. Tibbitts :

This letter confirms that your October 26-30, 2009 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on December 16 and 30, 2009, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of October 31, 2009.

The Joint Commission is also recommending your organization for continued Medicare certification effective October 31, 2009. 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.

- 482.23(c)(2)/Nursing Services
- 482.26(b)(1)/Radiologic Services
- 482.41(a)/Physical Environment
- 482.41(b)(1)(i)/Physical Environment
- 482.51(b)/Surgical Services
- 482.12(e)/Governing Body
- 482.22 (a)(1)/Medical Staff
- 482.22 (a)(2)/Medical Staff
- 482.24(c)(1)(ii)/Medical Record Services

We congratulate you on your effective resolution of these standard-level deficiencies.

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

-7th Street Internal Medicine
600 John Deere Road, Suite 404, Moline, IL, 61265

-Bettendorf Internal Medicine & Geriatrics
4480 Utica Ridge Road, Suite 108, Bettendorf, IA, 52722

Bettendorf OB/GYN
4480 Utica Ridge Road, Suite 140, Bettendorf, IA, 52722

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 297 5000 Voice

-Robert Young Center for Community Mental Health
4600 3rd Street, Moline, IL, 61265

-Trinity at Terrace Park
4500 Utica Ridge Road, Bettendorf, IA, 52722

-Trinity at Trinity Park Family Practice Clinic
4480 Utica Ridge Road, Suite 160, Bettendorf, IA, 52722

-Trinity Coal Valley Clinic
104 W 18th Avenue, Coal Valley, IL, 61240

-Trinity East Moline Place
465-42nd Avenue, East Moline, IL, 61244

-Trinity Enrichment Center
4622 Progress Drive, Suite A, Davenport, IA, 52807

-Trinity ExpressCare
106-19th Ave, Moline, IL, 61265

-Trinity ExpressCare - East Moline Place
465 42nd Ave., East Moline, IL, 61244

-Trinity Family Care
3904 Eastern Avenue, Davenport, IA, 52807

-Trinity Medical Center - 7th Street Campus
500 John Deere Road, Moline, IL, 61265

-Trinity Medical Center - West Campus
2701 17th Street, Rock Island, IL, 61201

-Trinity Outpatient Rehab Services
4800 Utica Ridge Road, Suite 102, Bettendorf, IA, 52722

-Trinity Outpatient Rehab Services
465-42nd Avenue Suite 145, East Moline, IL, 61244

-Trinity Outpatient Rehab Services
500 John Deere Road, Moline, IL, 61265

-Trinity Outpatient Rehab Services
4112 Blackhawk Road, Rock Island, IL, 61201

-Trinity Pulmonary Medicine & Physical and Rehab Medicine
2570-24th Street, Rock Island, IL, 61201

-Trinity Surgical Partners
4480 Utica Ridge Road, Bettendorf, IA, 52722

-Trinity Surgical Partners
600 John Deere Road, Suite 308, Moline, IL, 61265

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, PhD

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

State of Illinois 1949849
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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/28/10	BGBD	0005140

FULL LICENSE
 GENERAL HOSPITAL
 EFFECTIVE: 11/29/09

BUSINESS ADDRESS

TRINITY MEDICAL CENTER
 500 JOHN DEERE ROAD
 7TH STREET CAMPUS
 ROCK ISLAND, IL 61201

The face of this license has a criminal background. Printed by Authority of the State of Illinois • 457 •

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1949849
Department of Public Health
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/28/10	BGBD	0005140

FULL LICENSE
 GENERAL HOSPITAL
 EFFECTIVE: 11/29/09

10/03/09
 TRINITY MEDICAL CENTER
 500 JOHN DEERE ROAD
 7TH STREET CAMPUS
 MOLINE IL 61265

FEE RECEIPT NO.

Trinity Medical Center
Rock Island, IL

Trinity Moline

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for accreditation.

October 31, 2009

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold

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

Organization ID #7421
Print/Reprint Date: 6/24/10

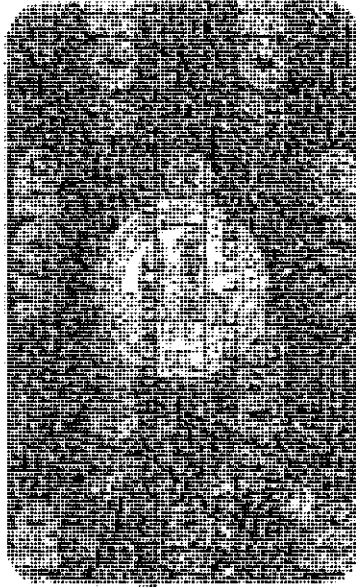
Mark Chassin

Mark Chassin, M.D.
President

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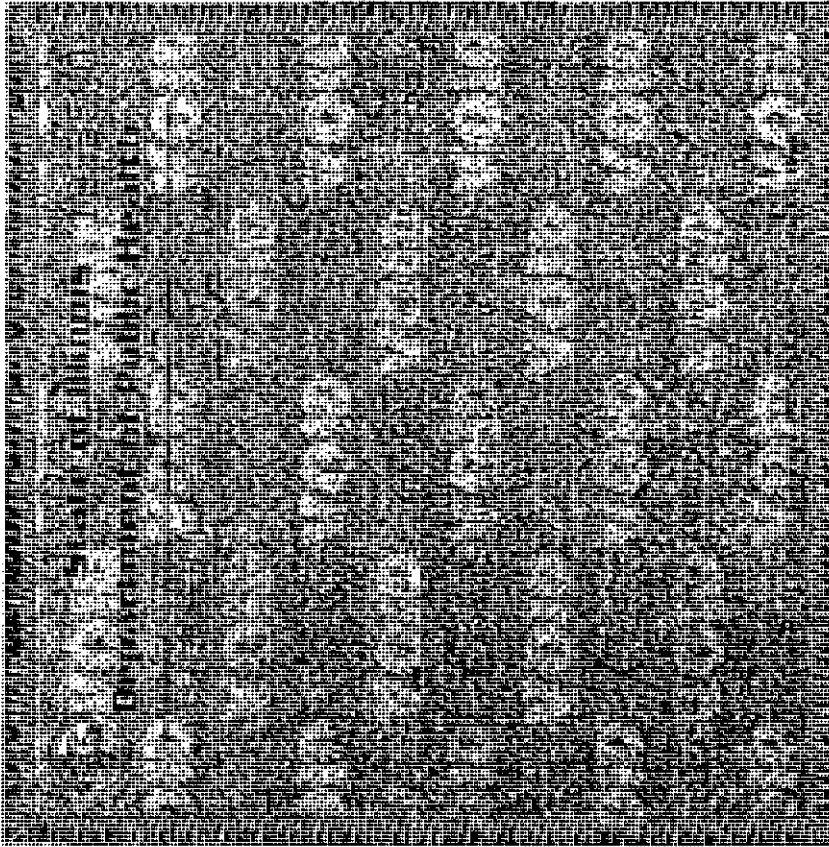
REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION



11/14/09

QUAD CITY AMBULATORY SURGERY CTR, L.
520 VALLEY VIEW DRIVE, SUITE 300
MOLINE IL 61265

FEE RECEIPT NO. 20906





ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE, INC.

grants this

CERTIFICATE OF ACCREDITATION

to

QUAD CITY AMBULATORY SURGERY CENTER, LLC

520 VALLEY VIEW DRIVE, SUITE 300
MOLINE, IL 61265

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

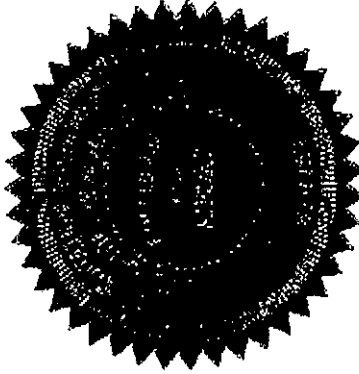
President, Accreditation Association

Bruce N. Rogers

BRUCE N. ROGERS, DDS

12794

Organization Identification Number



Executive Director, Accreditation Association

John E. Burke

JOHN E. BURKE, PhD

APRIL 8, 2011

This Award of Accreditation expires on the above date

MEMBER ORGANIZATIONS OF THE ACCREDITATION ASSOCIATION

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



5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077

PHONE: 847/653.0060 • E-MAIL: INFO@AAAH.C.ORG • WEB SITE: WWW.AAAHC.ORG



DENNY DRAKE
VP, GENERAL COUNSEL
AND COMPLIANCE OFFICER
WRITER'S DIRECT PHONE: 515-241-4655
DIGITAL PAGER: 515-242-2227
E-MAIL: DRAKED@IHS.ORG

LAW DEPARTMENT

1515 LINDEN STREET, SUITE 100
DES MOINES, IOWA 50309-3120
515-241-4650
FAX 515-241-4656

September 2, 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:

Trinity Medical Center d/b/a Trinity Rock Island is a licensed, JCAHO-accredited Hospital in Rock Island, Illinois. Its sole corporate member is Trinity Regional Health System. The sole corporate member of Trinity Regional Health System is Iowa Health System.

Trinity Medical Center operates the following Illinois health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

Trinity Medical Center d/b/a Trinity Rock Island
Trinity Medical Center d/b/a Trinity Moline

Trinity Medical Center also is a 50% interest holder in Quad City Ambulatory Surgery Center, L.L.C.

Iowa Health System and its affiliates hold no interests in any other Illinois health care facility as defined under the Illinois Health Facilities Planning Act.

We hereby certify that there has been no adverse action taken against any Illinois health care facility owned and/or operated by the Iowa Health System or its affiliates during the three years prior to the filing of this application.

This letter is also sent to authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where

Mr. Michael Constantino
September 2, 2010
Page 2

applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230 (a).

Sincerely,

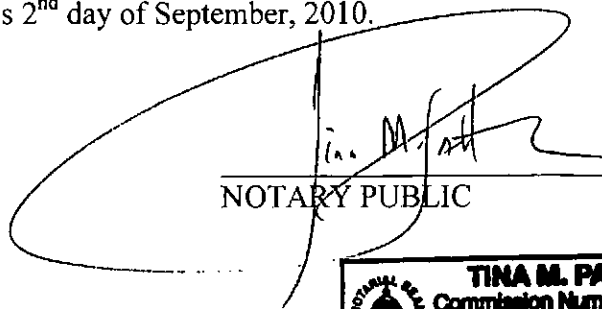


Denny Drake

STATE OF IOWA)
) SS:
COUNTY OF POLK)

I, the undersigned, a Notary Public, in and for said County and State aforesaid, do hereby certify that Denny Drake, who is personally known to me to be the Vice President, General Counsel and Compliance Officer of Iowa Health System, and personally known to me to be the same person whose name is subscribed to the foregoing instrument as having executed the same, appeared before me this day in person and acknowledged that he signed said instrument as his free and voluntary act and as the free and voluntary act of Iowa Health System for the purposes therein set forth.

Executed this 2nd day of September, 2010.



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 expanding and modernizing surgical and related clinical service areas at Trinity Rock Island. This CON application combines 2 separate projects, one undertaken in 2006 and completed in 2008, and the second not yet undertaken.

The project already completed replaced 40 year old operating rooms that were not code-compliant, expanded the Post-Anesthesia Care to meet current Illinois Hospital Licensing Requirements, and reduced and modernized the size of the Surgical Intensive Care Unit, eliminating 1 bed and expanding support areas.

The project that has not yet taken place will modernize and expand clinical service areas, including Central Sterile Supply and Pharmacy, and will create a dedicated Surgical Prep/Stage II Recovery Department.

As a result, this project will improve Trinity Rock Island's ability to provide essential surgical and intensive care services to all the patients it serves, including the uninsured and underinsured residents of Planning Area C-05, the State-defined planning area in which the hospital is located.

Planning Area C-05 includes Rock Island, Henry, and Mercer Counties.

Trinity Rock Island's market area for this project includes the 3 counties in Planning Area C-05 plus Scott County in Iowa and Whiteside County. More than 89% of Trinity Rock Island's surgical patients reside in Planning Area C-05.

This project is a necessary modernization of existing services at Trinity Rock Island.

The project includes the following Clinical Service Areas, all of which currently exist at Trinity Rock Island.

- Surgical Suite
- Post-Anesthesia Recovery Unit (PACU, Recovery)
- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
- Central Sterile Processing/Distribution
- Pharmacy
- Surgical Intensive Care Unit

Specific information regarding the need to modernize these Clinical Service Areas included in this project is presented in Attachments 20 and 37.

2. Trinity Rock Island's market area for Surgical Services consists of those zip codes in which 1% (0.95%) or more of the surgical cases reside, as shown in the patient origin chart on Page 4 of this Attachment.

This market area is predominantly located within both Planning Area C-05 and Trinity Rock Island's service area.

A majority of the the 2009 surgical cases during CY2009 (89%) reside in the State-designated planning area in which Trinity Rock Island is located, Planning Area C-05. An additional 1% of surgical cases in the market area reside in Whiteside County and 1% of surgical cases reside in Scott County in Iowa.

The patient origin data, found on Page 4 of this Attachment, demonstrate that Trinity Rock Island serves Planning Area C-05 and the market area population.

3. The problems that need to be addressed by this project are discussed in Attachments 20 and 37. These problems are due to the age of these Clinical Service Areas 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. U.S. Pharmacopeia's (USP) Revised General Chapter 797, Pharmaceutical Compounding – Sterile Preparations;
 - 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 Rock Island, Henry, Mercer, and Whiteside Counties in Illinois and Scott County in Iowa;

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 Rock Island, Henry, Mercer, and Whiteside Counties in Illinois and Scott County in Iowa.

5. This project will address and improve the health care and well-being of residents of Trinity Rock Island's market area, including Planning Area C-05 because it will enable Trinity Rock Island to provide surgical and related services in facilities that meet contemporary standards.

This project has a particular impact on those areas within Planning Area C-05 and Trinity Rock Island's service area 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 charts on Page 5 and 6 of this Attachment.

6. Trinity Rock Island'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 2013 by completing this project, which began in 2006.

TRINITY ROCK ISLAND
All Surgical Cases - Inpatients and Outpatients
Patient Origin for CY2009

Community	County	Zip Code	Cases 1/1/09-12/31/09	% of Total Cases	Cumulative %
ROCK ISLAND*	Rock Island	61201, 61204	816	22.8%	22.8%
MOLINE	Rock Island	61265	781	21.8%	44.6%
EAST MOLINE	Rock Island	61244	324	9.1%	53.7%
MILAN/OAK GROVE	Rock Island	61264	231	6.5%	60.1%
COAL VALLEY	Rock Island	61240	113	3.2%	63.3%
ALEDO	Mercer	61231	102	2.8%	66.1%
SILVIS	Rock Island	61282	100	2.8%	68.9%
CLEVELAND/COLONA	Henry	61241	99	2.8%	71.7%
GENESEO	Henry	61254	97	2.7%	74.4%
TAYLOR RIDGE	Rock Island	61284	42	1.2%	75.6%
SHERRARD	Mercer	61281	41	1.1%	76.7%
ORION	Henry	61273	41	1.1%	77.8%
BETTENDORF/RIVERDALE	Scott	52722	40	1.1%	79.0%
PORT BYRON	Rock Island	61275	40	1.1%	80.1%
ERIE	Whiteside	61250	35	1.0%	81.1%
Total, These Zipcodes			2,902	81.1%	
Total Surgical Cases			3,580	100.0%	

IHF SRB DESIGNATED PLANNING AREA FOR TRINITY ROCK ISLAND (C-05)

Total Surgical Cases from these zip codes in Planning Area C-05 at Trinity Rock Island

3,100 86.59%

*Data for Rock Island include the following zip codes: 61201, 61204



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Find Shortage Areas: MUA/P by State and County

- Shortage Designation Home
- Find Shortage Areas
- HPSA & MUA/P by Address
- HPSA by State & County
- HPSA Eligible for the Medicare Physician Bonus Payment

Criteria:
 State: Illinois
 County: Henry County
 Mercer County
 Rock Island County
 Scott County
 Whiteside County
 ID #: All

Results: 30 records found.

Name	ID#	Type	Score	Designation Date	Update Date
Henry County					
Henry Service Area	00872	MUA	59.50	1994/05/20	
CT 0308.00					
CT 0309.00					
Henry Service Area	00893	MUA	60.30	1994/05/20	
CT 0311.00					
Mercer County					
Mercer Governor	00813	GOV MUP	0	1994/03/07	
Rock Island County					
Rock Island	07691	MUP	58.50	2008/12/23	
CT 0206.00					
CT 0207.00					
CT 0214.00					
CT 0217.00					
CT 0222.00					
CT 0223.00					
CT 0225.00					
CT 0226.00					
CT 0227.00					
CT 0228.00					
CT 0233.00					
CT 0235.00					
CT 0236.00					
CT 0237.00					
CT 0244.00					
Scott County					
Scott County	00818	MUA	56.70	1978/11/01	
Whiteside County					
Clyde Service Area	00920	MUA	58.10	1994/05/18	
MCD (15144) Clyde township					
Starling/ Rock Falls Service Area	07276	MUA	57.40	2002/10/05	
CT 0010.00					
CT 0015.00					
CT 0016.00					
CT 0017.00					



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Find Shortage Areas: HPSA by State & County

Shortage Designation Home
Find Shortage Areas
HPSA & MUAP by Address
HPSA Eligible for the Medicare Physician Bonus Payment
MUAP by State & County

Criteria:

State: Illinois
County: Henry County
Mercer County
Rock Island County
Scott County
Whiteside County

Discipline: Primary Medical Care
Metro: All
Status: Designated
Type: All

Date of Last Update: All Dates
HPSA Score (lower limit): 0

Results: 33 records found.
(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
073 - Henry County					
Henry/Stark	117999175S	Geographical Area	15	1	9
Henry		Single County			
131 - Mercer County					
Mercer	117131	Single County	3	2	11
161 - Rock Island County					
Low Income - Rock Island Service Area					
C.T. 0206.00		Census Tract	2	4	21
C.T. 0207.00		Census Tract			
C.T. 0214.00		Census Tract			
C.T. 0217.00		Census Tract			
C.T. 0222.00		Census Tract			
C.T. 0223.00		Census Tract			
C.T. 0225.00		Census Tract			
C.T. 0226.00		Census Tract			
C.T. 0227.00		Census Tract			
C.T. 0228.00		Census Tract			
C.T. 0233.00		Census Tract			
C.T. 0235.00		Census Tract			
C.T. 0236.00		Census Tract			
C.T. 0237.00		Census Tract			
C.T. 0244.00		Census Tract			
171 - Scott County					
Pike/Scott	117999175X	Geographical Area	6	0	10
Scott		Single County			
195 - Whiteside County					
Whiteside County Health Department-Rock Falls	117999177A	Comprehensive Health Center			1
Morrison Family Care Clinic	117999179E	Other Facility	1		11
Morrison Community Hospital Family Care	117999179H	Rural Health Clinic			0
Low Income - Sterling/Rock Falls	11799917PK	Population Group	1	1	9
C.T. 0007.00		Census Tract			
C.T. 0008.00		Census Tract			
C.T. 0010.00		Census Tract			
C.T. 0011.00		Census Tract			
C.T. 0015.00		Census Tract			
C.T. 0016.00		Census Tract			
C.T. 0017.00		Census Tract			
C.T. 0018.00		Census Tract			

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III.

Criterion 1110.230 - Alternatives

1. The following alternatives to the proposed project were considered and found to be infeasible.

- a. Modernize and expand the existing Surgery Suite, Post-Anesthesia Recovery (PACU), Surgical Prep/Stage II Recovery, Central Sterile Supply, and surgical waiting in their existing space with only minimal expansion into adjacent space.
- b. Modernize and expand the existing Surgery Suite, Post-Anesthesia Recovery (PACU), Surgical Prep/Stage II Recovery, Central Sterile Supply, and surgical waiting in their existing space and by expansion into space vacated by the current Surgical Intensive Care Unit (SICU) and Pharmacy.

2. Each of these alternatives was found to be infeasible for the following reasons.

- a. Modernize the existing Surgery Suite, Post-Anesthesia Recovery (PACU), Surgical Prep/Stage II Recovery, Central Sterile Supply, and surgical waiting in their existing space with only minimal expansion into existing space.

Capital Costs: \$ 8,950,000, including \$500,000 to relocate the Pharmacy Department in order to provide additional space for the surgical locker rooms

This alternative was considered to be infeasible for the following reasons.

- 1) This project would not correct a number of existing deficiencies in these departments, which include the following: inadequately sized operating rooms; the lack of a dedicated Surgical Prep (for A.M. admits and Same Day Surgical patients)/Stage II Recovery Unit; and the undesirable configuration of the clinical services included in this project.

It would be imprudent for Trinity Rock Island to undertake a project that would modernize its Surgical Services without correcting the deficiencies that currently exist in these services.

The specific deficiencies of the Clinical Service Areas included in this project, which justify the modernization and expansion of these services, are discussed in Attachment 37 of this application.

- 2) Some of the deficiencies of the existing Surgery Suite, which was constructed 40 years ago with the only modernization since that time being the construction of Open Heart operating rooms, could not be corrected by modernizing the existing department as proposed in this alternative.
 - a) Four of the existing operating rooms do not meet the Illinois Department of Public Health (IDPH) Hospital Licensing Requirements for minimum size.
 - b) The surgical staff locker rooms and lounge are too small for both physicians and staff.
 - c) Stage II Recovery does not currently meet the IDPH Hospital Licensing Requirements.
 - d) The existing air handling system does not meet the current code requirements.

- 3) Implementation of this alternative would be disruptive to the hospital's continued operations.
 - a) The project would require phasing over a prolonged period of time.
 - b) The project would require the relocation of several departments.

The surgical locker rooms would need to be relocated to an adjacent building, which would have to be preceded by the relocation of departments currently located in that building, and Pharmacy would need to be relocated to as-yet unidentified location, preceded by the relocation of the current departments in that location.
 - c) The addition of the required air handling systems would present a construction and phasing challenge, resulting in an additional estimated cost of \$1,200,000 for the HVAC work needed under this alternative.

- 4) Implementation of this alternative would not permit the expansion of Central Sterile Supply to develop a case cart system for Surgery.

- b. Modernize and expand the existing Surgery Suite, Post-Anesthesia Recovery (PACU), Surgical Prep/Stage II Recovery, Central Sterile Supply, and surgical waiting in their existing space and by expansion into space vacated by the current Surgical Intensive Care Unit (SICU) and Pharmacy.

Capital Costs: \$11,600,000 including \$3,200,000 to relocate the SICU, ICU, and Pharmacy Department

This alternative was considered to be infeasible for the following reasons.

- 1) This project would not correct a number of existing deficiencies, which include inadequately sized operating rooms and the lack of a dedicated Surgical Prep (for A.M. admits and Same Day Surgical patients)/Stage II Recovery Unit.

The specific deficiencies of the Clinical Service Areas included in this project, which justify the modernization and expansion of these services, are discussed in Attachment 37 of this application.

- 2) Some of the deficiencies of the existing Surgery Suite could not be corrected by modernizing the existing department as proposed in this alternative.
- a) Four of the existing operating rooms do not meet the Illinois Department of Public Health (IDPH) Hospital Licensing Requirements for minimum size.
 - b) Stage II Recovery does not currently meet the IDPH Hospital Licensing Requirements.
 - d) The existing air handling system does not meet the current code requirements.
- 3) Implementation of this alternative would be disruptive to the hospital's continued operations.
- a) The project would require multiple phases, and the construction schedule would be much longer than will be necessary for the project proposed in this CON application.
 - b) The project would result in multiple departmental moves, as the modernization of the Surgical departments could only take place after the following occurred: a new ICU would need to be constructed in space that is not yet identified and

the existing ICU relocated into that new space; then, the SICU would need to be relocated into the vacated ICU, and a new Pharmacy department would need to be constructed in as-yet unidentified location, preceded by the relocation of the current departments in that location; and, finally, Pharmacy would need to be relocated to its new space before the expansion and modernization of the Surgery departments could begin.

c) The required addition of air handling systems would present a construction and phasing challenge, resulting in an additional estimated cost of \$1,200,000 for the HVAC work needed under this alternative.

4) This alternative would not be desirable or financially prudent because it would have similar project costs to the project that is proposed in this CON application and would not correct the deficiencies that currently exist in these services.

3. This item is not applicable to this project.

The purpose of this project is to modernize existing services at Trinity Rock Island, not to establish new categories of service or a new health care facility.

IV.
Project Scope, Utilization:
Size of Project

This project includes both Clinical and Non-Clinical Service Areas.

The Intensive Care Service is the only Category of Service included in this project, as discussed in Attachment 20. The modernization associated with the Intensive Care Service, which took place during the first project and was completed in 2008, is limited in size and scope because it consisted solely of vacating space within the Surgical Intensive Care Unit (SICU) and modernizing a small portion of the remaining SICU space for support space.

As discussed in Attachment 37, this project includes the following Clinical Service Areas Other than Categories of Service.

Surgical Suite
Post-Anesthesia Care Unit (PACU, Recovery)
Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and
Stage II Recovery (Post-Anesthesia Recovery Phase II)
Central Sterile Processing/Distribution
Pharmacy

1. The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

Intensive Care
Surgical Operating Suite (Class C)
Post-Anesthesia Recovery Phase I
Post-Anesthesia Recovery Phase II

As discussed in Attachment-37, there are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas Other than Categories of Service that are included in this project.

Central Sterile Processing/Distribution
Pharmacy

An analysis of the proposed size (number of rooms or stations and gross square footage) of the Clinical Service Areas for which there are State Guidelines is found below.

This analysis is based upon historic utilization at Trinity Rock Island during CY2009 (January 1 - December 31, 2009) and projected utilization for the first full year of operation after this project is completed for those services for which the approvable number of rooms or stations is based upon utilization.

Appended to Attachment 15 are historic and projected utilization for each of the Clinical Service Areas in this project for which there are utilization data.

The chart on the next page identifies the State Guidelines for each of the Clinical Service Areas included in this project for which State Guidelines exist.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE</u>
Intensive Care	60% occupancy of authorized beds 600-685 DGSF per Bed
Surgery	1,500 hours of surgery per operating room* 2,750 DGSF per operating room
Recovery (Post-Anesthesia Recovery Phase I)	180 DGSF per Recovery Station
Stage II Recovery (Post-Anesthesia Recovery Phase II)**	400 DGSF per Recovery Station

*Trinity Rock Island has 2 dedicated Open Heart operating rooms, 5 General operating rooms, and 1 Cystoscopy procedure room as a result of the first project

**Please note that Stage II Recovery is combined with Surgical Prep for A.M. Admissions and Same-Day Surgical Patients

The number of key rooms and square footage proposed for each Clinical Service Area for which State Guidelines exist is presented below. The justification for the number of operating rooms by specialty is presented in Attachment 37, Page 8.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE BEDS/ROOM)</u>	<u>PROJECTED FY2013 VOLUME</u>	<u>TOTAL EXISTING BEDS/ ROOMS</u>	<u>TOTAL PROPOSED BEDS/ ROOMS</u>
Intensive Care	600-685 DGSF/ Bed	4,428 patient days	20*	20
Surgery	1,500 hours/ operating room	8,260 hours**	8** incl. Cysto.	8** incl. Cysto.
Recovery	N/A***	N/A***	N/A***	N/A***
Stage II Recovery	N/A***	N/A***	N/A***	N/A***

*Although the SICU modernization was not a modernization or replacement of intensive care beds, the Authorized Intensive Care beds were reduced by 1 as part of this modernization. The reduction became effective in 2009.

**The 8 current and proposed Operating Rooms include 2 dedicated Open Heart Rooms, 5 General Rooms, and 1 dedicated Cystoscopy Room, which is located in the sterile corridor in the Surgical Suite. The construction of 4 replacement operating rooms, discussed in Attachment 37, took place in the first project and was completed in 2008.

***N/A refers to there being no State Guideline for number of rooms. A State Guideline for approvable GSF will be found in the next chart.

The proposed number of rooms for the Clinical Service Areas included in this project for which there are State Guidelines are justified because the Surgical Suite needs to have 2 dedicated Open Heart Surgery operating rooms and 1 dedicated Cystoscopy room within Surgery.

The projected Surgical utilization by surgical specialty in 2013 is found in Attachment 37. As discussed in that Attachment, Trinity Rock Island exceeds the State Guideline for the number of operating rooms when specialty operating rooms are considered because it has 2 dedicated Open Heart Surgery Operating Rooms, and both historic utilization and projected utilization justify only 1 dedicated Open Heart Surgery Operating Room at 1,500 surgical hours per operating room.

As discussed in Attachment 37, Trinity Rock Island needs to have 2 dedicated Open Heart Surgery Operating Rooms so there can be a back-up room for cardiac patients requiring emergency open heart surgery. The 2 dedicated Open Heart Surgery Operating Rooms are located adjacent to each other and share equipment and supply storage rooms. It would not be medically efficacious to convert one of the dedicated Open Heart Surgery Operating Rooms to a General Operating Room because, in an emergency situation, there would be no Open Heart Surgery Operating Room available for a patient requiring cardiac surgery immediately.

The square footage proposed for each Clinical Service Area for which State Guidelines exist is shown below.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE/ BED OR UNIT</u>	<u>TOTAL PROPOSED BEDS OR UNITS</u>	<u>TOTAL DGSE JUSTIFIED PER PROGRAM</u>	<u>TOTAL PROPOSED DGSE</u>
Intensive Care	600-685 DGSE/ Bed	7 beds in SICU	4,795 in SICU	5,317 in SICU
Surgery	2,750 DGSE per operating room*	8 operating rooms*	22,000	18,373
Recovery	180 DGSE per recovery station	8 Recovery Bays	1,440	2,052
Stage II Recovery	400 DGSE per Bed (Total)	12 Cubicles	4,800	5,623

*Trinity Rock Island has 2 dedicated Open Heart operating rooms, 5 General operating rooms, and 1 Cystoscopy procedure room as a result of the first project

Space programs for each of the Clinical Service Areas included in this project, including those Clinical Service Areas for which State Guidelines do not exist, are appended to this Attachment.

The following published data and studies identify the contemporary standards of care and the scope of services that Trinity Rock Island addressed in developing the proposed project.

The first project, which was completed in 2008 and included the construction of 4 replacement operating rooms, expansion of Recovery (PACU), and reduction in size and modernization of the SICU, was implemented in accordance with these contemporary standards of care.

- 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.

2. The proposed square footage for the Clinical Service Areas included in this project exceeds the State Guideline found in 77 Ill. Adm. Code 1110.APPENDIX B as shown below.

CLINICAL SERVICE AREAS	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Intensive Care	5,317 for 7 SICU beds	600-685 DGSF per Bed	522 DGSF (74.6 DGSF/Bed)	No
Surgery	18,373 for 8 operating rooms	2,750 DGSF per operating room	under by 4,149 DGSF (518.6 DGSF/operating room)	Yes
Recovery	2,052 for 8 stations	180 DGSF per station	612 DGSF (76.5 DGSF/station)	No
Stage II Recovery	5,623 for 12 cubicles	400 DGSF per station	823 DGSF (68.6 DGSF/cubicle)	No

The proposed square footage for the following Clinical Services exceeds the State Guideline found in 77 Ill. Adm. Code 1110.APPENDIX B.

- Intensive Care: Surgical Intensive Care Unit is the only Intensive Care Unit included in this project
- Post-Anesthesia Care Unit (PACU, Recovery)

- Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery (Post-Anesthesia Recovery Phase II)

The additional space is needed due to both contemporary standards of care and the scope of services provided at Trinity Rock Island. In addition, it should be noted that the Surgical Intensive Care Unit was reduced in size during this project.

The justification for the proposed square footage of each of these Clinical Service Areas is found in Attachments 14A through 14C and in Attachments 37A through 37B, as indicated below.

Attachment 14A: Surgical Intensive Care

Attachments 14B and 37A: Post-Anesthesia Recovery Unit (PACU, Recovery)

Attachments 14C and 37B: Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery (Post-Anesthesia Recovery Phase II)

SURGICAL INTENSIVE CARE UNIT

THIS PROJECT ONLY

1 Medication Room

1 Equipment Storage Room

1 Stat Lab

SPACE PROGRAM

SURGICAL SUITE

7 Operating Rooms:

- 2 Open Heart Surgery Operating Rooms
- 5 General Operating Rooms

1 Cystoscopy Procedure Room within Sterile Corridor of Surgical Suite

4 Sub-Sterile Rooms

Cystoscopy Control Room

Radiology Work Area

7 Double Scrub Sink areas

Nursing Station

1 Anesthesia Work Room

1 Soiled Utility Room

7 Storage Rooms

2 Equipment Rooms

1 Ortho. Instrument Room

1 Physicians' Lounge

1 Staff Lounge

2 Locker Rooms, 1 with shower room

6 staff toilets adjacent to locker rooms

1 Manager's Office

1 Office

2 Housekeeping Closets

1 Janitor's Closet

SPACE PROGRAM

POST-ANESTHESIA RECOVERY UNIT (PACU OR RECOVERY)

7 PACU Recovery Stations
1 Isolation PACU Recovery Cubicle

Nursing Station

Physician Charting Area with 3 work stations

1 Staff Toilet

SPACE PROGRAM

SURGICAL PRE-OP FOR A.M. ADMITS/SAME-DAY SURGERY PATIENTS
AND STAGE II RECOVERY

11 Pre-Op Prep/Stage II Private Recovery Cubicles
5 Patient Toilet Rooms

1 Isolation Pre-Op/Stage II Private Recovery Cubicle with Ante-Room and
Toilet Room

Stat Lab for Pre-Surgical Testing

1 Garment Room

1 Nursing Station

1 Consultation Room

"Greeter" Desk

Registration for A.M. Admits/Same Day Surgical Patients

1 Workroom

Surgical Waiting Room
Wheelchair Alcove

1 Clean Utility Room

1 Soiled Utility Room

1 Staff Toilet

SPACE PROGRAM

STERILE PROCESSING AND SUPPLY
(SURGICAL COMPONENT FOR CENTRAL STERILE PROCESSING AND SUPPLY)

THIS PROJECT ONLY

Assembly Room for Case Carts (Clean Equipment)

Storage Room for Clean Case Carts

5 Storage Rooms for Surgical Instruments and Supplies

SPACE PROGRAM

PHARMACY

THIS PROJECT ONLY

Pharmacy Storage

Pharmacy Office

IV.

Project Scope, Utilization:

Size of Project - Surgical Intensive Care Unit

The appropriate floor area for the Surgical Intensive Care Unit was determined by considering the following factors.

1. Trinity Rock Island has a Surgical Intensive Care Unit (SICU) that had 8 Surgical Intensive Care beds prior to the initiation of this CON project.
2. This CON project includes 2 projects.

During the first project, which was begun in 2006 and completed in 2008, the SICU was reduced in size in order to permit a Staff Toilet to be constructed in the Post-Anesthesia Care Unit (PACU), which is adjacent to the SICU. This staff toilet, which was required by the Illinois Department of Public Health's Design Standards Unit, could not be accommodated within the PACU's existing footprint.

As a result of the loss of space to the PACU and the need to construct a Medication Station within the remaining footprint of the SICU, the number of authorized beds in the SICU was decreased to 7.

3. The current floor area of the SICU, which was reduced during the first project, exceeds the State Guideline utilized by the Illinois Health Facilities and Services Review Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B.
4. The proposed square footage for the SICU is the current square footage of this department.

In order to meet the State Guideline for an Intensive Care Unit, Trinity Rock Island would need to undertake a capital expenditure to reduce the size of the SICU to less than its current square footage. This expenditure would not be prudent.

IV.

Project Scope, Utilization:

Size of Project - Post-Anesthesia Recovery Unit (PACU, Recovery)

The appropriate floor area for Recovery (PACU) was determined by considering the following factors.

1. Trinity Rock Island has a total of 8 operating rooms (7 operating rooms plus 1 Cystoscopy procedure room) that treat all surgical cases, both inpatients and outpatients.
2. All surgical patients will use the PACU, except for those patients receiving local anesthesia for surgery.
3. Prior to this project being initiated, the hospital did not have a sufficient number of PACU stations to meet Illinois Hospital Licensing requirements that require a minimum of 1 recovery room station for each operating room (77 Ill. Adm. Code 250.2440.i.4)B.).

The PACU needed to be expanded during the first project to accommodate an additional (8th) PACU station in order to meet Illinois Hospital Licensing Requirements.

4. The PACU is not being replaced in this project.
5. Space is needed for recovery stations and support space to provide post-anesthesia recovery for both inpatients and outpatients.
 - a. 7 Stations;
 - b. 1 Isolation PACU Recovery Cubicle;
 - c. Nursing Station;
 - d. Physician Charting Area with 2 work stations;
 - e. 1 Staff Toilet.
6. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.4), were considered.

7. The PACU must comply with the requirements of the Americans with Disabilities Act for medical care facilities stated in the standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4.
8. The guidelines for a Surgical Post-Anesthetic Care Unit (PACU), which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.
9. The space program was then developed for the PACU.
10. Once the space program for the PACU was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities and Services Review Board's "State Guidelines - Square Footage and Utilization" (77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B) to verify that the Department would meet the Guideline.

The following methodologies were used for verification.

- a. Number of PACU recovery stations:
Hospital licensure requires a minimum of 1 PACU recovery station per operating room

8 operating rooms (including Cystoscopy procedure room) x
minimum of 1 PACU recovery station per operating room
= minimum of 8 PACU recovery stations

Proposed: 8 PACU recovery stations in the entire hospital

- b. Floor Area for Recovery:
180 Gross Square Feet per recovery station

180 Gross Square Feet per recovery station x
8 PACU recovery stations
= 1,440 Approvable Gross Square Feet

Proposed: 2,052 Gross Square Feet

11. Upon completion of this project, the floor area of the PACU will exceed the State Guideline utilized by the Illinois Health Facilities and Services Review Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B, because

this is the space that is necessary to accommodate the post-operative patients, staff, and equipment for the following reasons.

- a. The recovery cubicles need to be large enough to accommodate the numerous monitors and other support devices needed for the post-operative recovery of patients.
- b. The limited number of PACU stations means that there are fewer stations to support the shared support space that is required in this department.

The following guidelines were used in determining the appropriate floor area for the PACU:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.4);

Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-5.3.3.2. and A5.3.3.2.

IV.

Project Scope, Utilization:

Size of Project - Surgical Prep/Stage II Recovery

The appropriate floor area for Surgical Prep/Stage II Recovery was determined by considering the following factors.

1. Trinity Rock Island is proposing to establish a Surgical Prep/Stage II Recovery Department that will have 12 patient cubicles.
2. This department will provide patient cubicles for A.M. admits (patients presenting themselves at the morning of surgery and expecting to be admitted to the hospital as inpatients following surgery) and Same-Day Surgical Patients (those patients who expect to be discharged to their homes following Stage II Recovery).
3. This department will also provide patient cubicles for post-operative care of surgical patients receiving local anesthesia for surgery and for step-down recovery following a stay in the PACU for patients expecting to be discharged to their homes after they have been discharged from Stage II Recovery.
4. The patient cubicles will be sized to accommodate patients on carts as well as on recliners.
5. A Stat Lab will be constructed in this department for analyzing any necessary laboratory tests that are performed prior to surgery.
6. A consultation room will be included in this department to permit families to meet with physicians.
7. This department will include a reception area with space for a "Greeter" for families of surgical patients.
8. There will be a registration area for A.M. Admits and Same-Day Surgical Patients.
9. A Surgical Waiting Room for the families of both surgical inpatients and outpatients will be constructed as part of this department.
10. This department will have the following project elements.
 - a. 11 Pre-Op Prep/Stage II Private Recovery Cubicles;
 - b. 5 Patient Toilet Rooms;

- c. 1 Isolation Pre-Op/Stage II Private Recovery Cubicle with Ante-Room and Toilet Room;
 - d. Stat Lab for Pre-Surgical Testing;
 - e. 1 Garment Room;
 - f. 1 Nursing Station;
 - g. 1 Clean Utility Room;
 - h. 1 Soiled Utility Room;
 - i. 1 Workroom;
 - j. 1 Staff Toilet;
 - k. 1 Consultation Room;
 - l. "Greeter" Desk;
 - m. Registration Area for A.M. Admits and Same Day Surgical Patients;
 - n. Surgical Waiting Room;
 - o. Wheelchair Alcove.
11. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.5) were considered.
 12. The Surgical Prep/Stage II Recovery Department must comply with the requirements of the Americans with Disabilities Act for medical care facilities stated in the standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4.
 13. The guidelines for a Phase II Recovery Department , which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.
 14. The space program was then developed for the Surgical Prep/Stage II Recovery Department.

15. Once the space program for the Surgical Prep/Stage II Recovery Department was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities and Services Review Board's "State Guidelines - Square Footage and Utilization" (77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B) to verify that the Department would meet the Guideline.

The following methodologies were used for verification.

- a. Number of Surgical Prep/Stage II Recovery cubicles:

Proposed: 12 Surgical Prep/Stage II Recovery cubicles

- b. Floor Area for Surgical Prep/Stage II Recovery:
400 Gross Square Feet per recovery station

400 Gross Square Feet per recovery station x
12 Surgical Prep/Stage II Recovery stations
= 4,800 Approvable Gross Square Feet

Proposed: 5,623 Gross Square Feet

16. Upon completion of this project, the floor area of the Surgical Prep/Stage II Recovery Department will exceed the State Guideline utilized by the Illinois Health Facilities and Services Review Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B, because this is the space that is necessary to accommodate this department for the following reasons.

- a. The patient cubicles need to be large enough to accommodate carts as well as recliner chairs.
- b. All of the support space identified in Item 10 needs to be accommodated.
- c. The limited number of Surgical Prep/Stage II cubicles means that there are fewer cubicles (patient stations) to support the shared support space that is required in this department.

The following guidelines were used in determining the appropriate floor area for the Surgical Prep/Stage II Recovery Department:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.5);

Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Section 2.1-5.3.3.3.

IV.
Criterion 1110.234 - Project Services Utilization

The only Clinical Service Area included in this project that is a Category of Service is the Intensive Care Service, which currently exists at Trinity Rock Island.

In addition to the Intensive Care Service, this modernization project includes the following Clinical Service Areas Other than Categories of Service, all of which currently exist at Trinity Rock Island.

Surgical Suite
 Post-Anesthesia Care Unit (PACU, Recovery)
 Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and
 Stage II Recovery (Post-Anesthesia Recovery Phase II)
 Central Sterile Processing/Distribution
 Pharmacy

The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

Intensive Care
 Surgical Operating Suite (Class C)
 Post-Anesthesia Recovery Phase I
 Post-Anesthesia Recovery Phase II

There are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

Central Sterile Processing/Distribution
 Pharmacy

The chart below identifies the State Guidelines that exist for the Clinical Service Areas included in this project.

CLINICAL SERVICE AREA	STATE GUIDELINE
Intensive Care	60% occupancy of authorized beds 600-685 DGSF per Bed
Surgery*	1,500 hours of surgery per operating room* 2,750 DGSF per operating room
Recovery (Post-Anesthesia Recovery Phase I)	180 DGSF per Recovery Station
Stage II Recovery** (Post-Anesthesia Recovery Phase II)	400 DGSF per Recovery Station

*As a result of the first project, the hospital has 2 dedicated Open Heart ORs, 5 General ORs, and 1 Cystoscopy procedure room

**Please note that Stage II Recovery is combined with Surgical Prep for A.M. Admissions and Same-Day Surgical patients

The only Clinical Service Areas included in this project for which there are State Guidelines based upon utilization are Intensive Care and Surgery. Historic utilization for the last 2 years and projected utilization for the first 2 years of operation for these Clinical Service Areas are found below, with footnotes.

CLINICAL SERVICE AREAS	HISTORIC YEARS		PROJECTED YEARS		STATE STANDARD	MET STANDARD?
	CY2008	CY2009	CY2013	CY2014		
Intensive Care Patient Days*	4,564*	4,096*	4,428*	4,510*	60% occupancy	Yes
Open Heart Surgery Cases	253	199	212	214	N/A	
Open Heart Surgery Hours	1,333	1,034	1,102	1,112	1,500 hours per operating room (OR)	No
Other Surgery Cases	4,017**	3,381	3,596	3,632	N/A	
Other Surgery Hours	7,230**	6,264	6,663	6,730	1,500 hours per OR	Yes
Cysto. Cases	In Surgery	283***	300***	304***	N/A	
Cysto. Hours	In Surgery	468***	495***	502***	1,500 hours per OR	Yes
Total Surgical Cases	4,270	3,863	4,108	4,150	N/A	
Total Surgery Hours	8,563	7,766	8,260	8,344	1,500 hours per OR	No

*Intensive Care Patient Days include Transfers into the Unit and Observation Days

**Other Surgery Cases/Hours in 2008 include Cystoscopy

***In 2009 and projected years, Cystoscopy Cases/Hours are listed separately. These cases take place in a dedicated Cystoscopy Procedure Room that is located within the sterile corridor in the Surgical Suite. As noted in Att. 37, these cases/hours are reported in the Dedicated Cystoscopy Procedure Room in the 2009 AHQ and not included in the Surgical Cases/Hours.

The number of key rooms proposed for each Clinical Service Area for which there are State Guidelines based on utilization is presented below.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE (UNITS/ROOM)</u>	<u>PROJECTED CY2014 VOLUME</u>	<u>TOTAL EXISTING BEDS/ ROOMS</u>	<u>TOTAL PROPOSED BEDS/ ROOMS</u>
Intensive Care	60% utilization	4,510 patient days	20	20
Surgery	1,500 hours/ operating room*	Open Heart: 1,112 hours General: 6,730 hours Cystoscopy: 502 hours	Open Heart: 2 General: 5 Cysto: 1 Total: 8	Open Heart: 2 General: 5 Cysto: 1 Total: 8

The proposed number of Intensive Care beds, which will remain unchanged from the current authorized Intensive Care beds, is justified based on the projected patient days for CY2014.

The assumptions underlying the projected increase in Intensive Care utilization are presented below and in Attachment 20.

- Total intensive care admissions are projected to increase 3% in 2010 based on experience during the first 6 months of the year.
- Intensive Care admissions at Trinity Rock Island are projected to increase 2% annually from 2010 to 2013, based on projections from Sg2 Healthcare Intelligence for surgical specialties, which result in admissions to Intensive Care Units.
- Intensive Care admissions at Trinity Rock Island are projected to increase 5% annually from 2010 to 2013, based on a conservative interpretation of the 8% increase projected by Sg2 for surgical specialties, which result in admissions to Intensive Care Units.
- Intensive Care admissions at Trinity Rock Island are projected to increase 1% from 2013 to 2014, based on a conservative interpretation of the 2% increase in surgical cases projected by Sg2.

The key rooms for Surgery are the number of operating rooms. The proposed number of operating rooms, which will remain unchanged as a result of this project, exceeds the State Guidelines because there are 2 dedicated Open Heart Surgery Operating Rooms, and both historic and projected utilization justify only 1 dedicated Open Heart Surgery Operating Room at 1,500 surgical hours per operating room.

Trinity Rock Island needs to have 2 dedicated Open Heart Surgery Operating Rooms so there can be a back-up room for cardiac patients requiring emergency open heart surgery. The 2 dedicated Open Heart Surgery Operating Rooms are located adjacent

to each other and share equipment and supply storage rooms. It would not be medically efficacious to convert one of the dedicated Open Heart Surgery Operating Rooms to a General Operating Room because, in an emergency situation, there would be no Open Heart Surgery Operating Room available for a patient requiring immediate cardiac surgery.

The assumptions underlying the projected increase in Surgery utilization are presented below and in Attachment 37.

- Total surgical and cystoscopic cases at Trinity Rock Island are projected to increase 3% in 2010 based on experience during the first 6 months of the year.
- Inpatient surgical and cystoscopic cases at Trinity Rock Island are projected to increase 2% annually from 2010 to 2013, based on projections from Sg2 Healthcare Intelligence for the following surgical specialties: General Surgery; Gynecology; Orthopedics; Spine; Neurosurgery; Urology; Vascular.
- Outpatient surgical and cystoscopic cases at Trinity Rock Island are projected to increase 5% annually from 2010 to 2013, based on a conservative interpretation of the 8% increase projected by Sg2 for the following surgical specialties: General Surgery; Gynecology; Orthopedics; Spine; Neurosurgery; Urology; Vascular.
- Total surgical and cystoscopic cases at Trinity Rock Island are projected to increase 1% from 2013 to 2014, based on a conservative interpretation of the 2% increase projected by Sg2.

VII.A.3.(d)(1)-(d)(4)

Service Specific Review Criteria - Service Specific Review Criteria:
Medical/Surgical, Obstetric, Pediatric and Intensive Care

A small section portion of Trinity Rock Island's Surgical Intensive Care Unit (SICU) was modernized in the first project, which was completed in 2008.

As a result of this modernization as well as the vacation of a portion of the SICU in this project, the SICU authorized beds were reduced by 1. This decrease in authorized Intensive Care beds was reported in the first Annual Bed Report as part of the decrease of Intensive Care beds that became effective on April 22, 2009. Trinity Rock Island currently has 20 authorized Intensive Care beds in multiple Intensive Care Units.

The modernization of the SICU that took place during the first project was necessary in order to create the following support space within the SICU.

Medication Room
Equipment Storage Room
Stat Lab

1. The addition of these support areas is necessary to meet current standards of care, as evidenced by the Illinois Hospital Licensing Requirements for both existing hospitals and for new construction, alterations or additions to hospitals.

The Illinois Hospital Licensing Requirements for both existing hospitals (77 Ill. Adm. Code 250.2630.e.2.G, J-K) and for construction projects (77 Ill. Adm. Code 250.2440.e.2.B.ix-x, xii-xiii) specify that Intensive Care Units must make provision for medication storage and distribution and for equipment storage.

2. Trinity Rock Island 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) or citations from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) that relate to the need to create these service areas within the SICU.
3. There is no additional documentation of the requirements for the modernization proposed in the SICU.

4. Although the modernization that took place in the SICU was not a modernization or replacement of the intensive care beds, the Authorized Intensive Care beds were reduced by 1 as part of this modernization.

Occupancy/utilization data for the Intensive Care Service for CY2007-CY2009 and projected occupancy for CY2013 are shown below.

	2007	2008*	2009	2013
Intensive Care Admissions including Transfers into the Unit	1,640	1,755	1,499	1,574
Intensive Care Patient Days including Transfers into the Unit (including Observation)	4,280	4,564	4,096	4,428
Average Daily Census	11.73	12.50	11.22	12.13
Average Length of Stay	2.61	2.60	2.73	2.81
Authorized Intensive Care Beds	31	31	20	20
Occupancy (%)	36.8%	52.3%	56.1%	60.7%
Justifiable Beds at 60% Occupancy	20	21	19	21

*CY2008 was a leap year

The assumptions underlying the projected increase in Intensive Care utilization are as follows.

- Total intensive care admissions are projected to increase 3% in 2010 based on experience during the first 6 months of the year.
- Intensive Care admissions at Trinity Rock Island are projected to increase 2% annually from 2010 to 2013, based on projections from Sg2 Healthcare Intelligence for surgical specialties, which result in admissions to Intensive Care Units.
- Intensive Care admissions at Trinity Rock Island are projected to increase 5% annually from 2010 to 2013, based on a conservative interpretation of the 8% increase projected by Sg2 for surgical specialties, which result in admissions to Intensive Care Units.

- Intensive Care admissions at Trinity Rock Island are projected to increase 1% from 2013 to 2014, based on a conservative interpretation of the 2% increase in surgical cases projected by Sg2.



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

August 23, 2010

Dear Mr. Constantino:

I am the applicant representative of Trinity Medical Center who has signed the CON application that includes modernization within the hospital's Surgical Intensive Care Unit.

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, Trinity Rock Island will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for the Intensive Care category of service.

The occupancy standard for a hospital's Intensive Care category of service is 60% occupancy of the authorized beds on an annual basis.

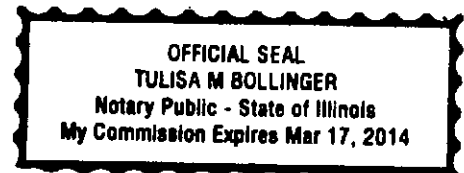
Signed and dated as of August 23, 2010:

Trinity Medical Center
Illinois Corporation

By: *[Signature]*
Its: President & CEO

Notary Signature:

Tulisa M Bollinger
Tulisa M. Bollinger



VII.R.3.(c)(1)-(c)(2), (c)(3)(B)

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service:

Service Modernization: Deteriorated Facilities; Necessary Expansion

Utilization - Services

This project is being proposed as a modernization and expansion of portions of Surgery and related departments at Trinity Rock Island.

The project includes the following Clinical Service Areas that are not Categories of Service, all of which currently exist at Trinity Rock Island.

Surgical Suite

Post-Anesthesia Care Unit (Recovery Suite or PACU)

Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and
Stage II Recovery

Central Sterile Processing

Pharmacy

The project includes the construction of an addition to Trinity Medical Center that has a Ground Floor, 1st floor, and a mechanical penthouse on the 2nd floor, and the modernization of existing space on the 1st floor.

These Attachments will address the replacement and expansion of the Clinical Service Areas. It should be noted that only the following Clinical Service Areas are listed in 77 Ill. Adm. Code 1110.3030.a)1) as being subject to these Attachments, although utilization standards for some of the other Clinical Service Areas are listed in Appendix B.

Surgery

Pharmacy

- A. The proposed project meets both of the specified review criteria: Deteriorated Facilities (77 Ill. Adm. Code 1110.3030.c)1)) and Necessary Expansion (77 Ill. Adm. Code 1110.3030.c)2)).

These clinical service areas that are not categories of service are deteriorated, functionally obsolescent, and undersized and need to be replaced and expanded for the following reasons.

1. Surgical Suite

This project proposes to modernize and expand the Surgical Suite, which was constructed 40 years ago.

- a. Modernization of the Surgery Suite was necessary because 4 of the operating rooms needed to be replaced.
- 1) Four of the operating rooms in this Surgical Suite that existed before Project 1 began were undersized and did not meet the minimum size requirements specified in the Illinois Department of Public Health (IDPH) Hospital Licensing Requirements 77 Ill. Adm. Code 250.2440.i.1.).
 - 2) In addition to failing to meet IDPH Hospital Licensing Requirements, these operating rooms needed to be replaced because they were too small to accommodate laparoscopic booms, computers and other contemporary surgical equipment.
 - 3) Replacement of these operating rooms was necessary because fixed anesthesia columns were mounted low in the operating rooms, creating a possible hazard.
 - 4) Replacement of these operating rooms was necessary in order to maintain consistency in room layouts and equipment configurations within each General operating room. This consistency permits flexibility in scheduling surgical cases and provides greater familiarity for the surgical staff.
- b. Modernization of the Surgery Suite was necessary in order to replace non-code compliant operating rooms so Trinity Rock Island would have 8 compliant operating rooms in order to accommodate the hospital's caseload.
- This number of operating rooms is necessary in order to maintain dedicated Open Heart Surgery and Cystoscopy Rooms and to accommodate the projected surgical caseload by the time this project is completed and operational.
- c. Modernization of the Surgical Suite was necessary in order to correct deficiencies in the HVAC (heating, ventilating, and air-conditioning) systems.
- 1) The HVAC system serving the Surgical Suite and Post-Anesthesia Recovery Unit (Recovery Room, PACU) did not have any redundancy.

If one of the air handling units serving the operating rooms and PACU is shut down as a result of failure of any component or for maintenance, the ventilation, cooling, and positive pressure in the facilities served by a related unit would be lost, and the air would be contaminated.

- 2) An outmoded and energy-inefficient dual duct air handling system with non-code compliant duct insulation served a large portion of the Surgical Suite.
 - 3) The operating rooms did not have individual booster humidifiers to permit different humidity levels in each operating room.
- d. Modernization of the Surgical Suite was necessary in order to provide additional space for the storage of supplies and equipment.
- There was inadequate storage space in the operating rooms and throughout the Surgical Suite.
- e. There is inadequate staff support space in the Surgical Suite. Both locker rooms and the staff lounge are too small and inefficiently configured.
- f. Modernization of the Surgery Suite was necessary in order to accommodate a case cart system for surgical supplies and instruments. Operating rooms need to be large enough to accommodate the case carts.

2. Post-Anesthesia Care Unit (Recovery or PACU)

The PACU in the Surgery Suite at Trinity Rock Island was determined to require modernization and expansion in order to provide appropriately sized and configured facilities that are able to treat patients who undergo surgery in this Surgical Suite.

- a. Before this project was initiated, the hospital did not have a sufficient number of PACU stations to meet Illinois Hospital Licensing Requirements, which require a minimum of 1 recovery room station for each operating room (77 Ill. Adm. Code 250.2440.i.4.B. for new and modernized facilities; 77 Ill. Adm. Code 250.2630.i.3.B. for existing facilities).

- b. Before this project was initiated, it was difficult to access piped gases and vacuum in the recovery bays when recovery carts were in place.
3. Surgical Prep (for both A.M. Admission of Surgical Inpatients and Same-Day Surgical Patients) and Stage II Recovery

There is currently no Surgical Prep/Stage II Recovery Department in the hospital. A Medical/Surgical nursing unit on the 6th floor of the hospital is used for this purpose.

Creation of a Surgical Prep/Stage II Recovery Department adjacent to the Surgery Suite was determined to be necessary in order to provide appropriately sized and configured facilities for patients arriving at the hospital on the morning of surgery who will either undergo ambulatory surgery and be discharged to their homes or be admitted to the hospital subsequent to surgery.

Surgical Prep/Same Day Surgery includes the following functions.

- Pre-surgical preparation and holding for ambulatory surgical patients and A.M. surgical admissions, as well as Pre-Surgical Testing for any patients in these categories who have not had Pre-Surgical Testing in advance of their scheduled surgical date. A.M. surgical admissions are surgical patients who arrive at the hospital the morning of surgery and are admitted as inpatients. They receive the same pre-operative care as ambulatory surgical patients and are admitted to an inpatient bed after surgery and their discharge from the PACU.
- Stage II Recovery for ambulatory surgical patients.

Adequate space consisting of an appropriate number of patient bays sized and configured for this function as well as all required support space is required in order to meet the Illinois Hospital Licensing Requirements, as stated in 77 Ill. Adm. Code 250.2440.i.5.

- a. The patient bays will be used for both pre-operative and post-surgical patients, and there must be a sufficient number of patient bays to accommodate patients both before surgery and after their stay in the PACU.
- b. Ambulatory surgery patients require varying lengths of time for Stage II recovery before they are discharged to their homes, and there must be an adequate number of patient bays to permit

patients to stay in this department as long as necessary before discharge.

4. Central Sterile Processing

Central Sterile Processing had to be expanded in order to create a satellite department on the 1st floor adjacent to surgery. This satellite department includes the following functions.

- Receipt and holding of soiled items and case carts from operating rooms, PACU, and Surgical Prep/Stage II Recovery
 - Decontamination, washing, and sanitization areas for soiled surgical supplies, instruments, and case carts
 - Packaging, sterilization, prep, and staging areas for sterile surgical supplies and instruments
 - Clean case cart staging and holding area with workstation and space for case carts
 - Storage space for sterile surgical supplies
- a. Expansion of the Central Sterile Processing and Distribution Department was necessary in order to create a case cart assembly and storage system for the Surgery Department.

The hospital did not have a case system for surgery before this project was initiated, and there was no space available to assemble, hold, and store case carts. The establishment of a case cart system is advantageous for the following reasons.

- 1) A case cart system increases the efficiency of the surgical supply distribution system because the supplies and surgical instruments for each surgical case are able to be prepared in advance and placed in a case cart where they are brought into the operating room during the set-up for that operation.

A case cart system was unable to be instituted in the current Central Sterile Processing and Distribution Department because of a lack of excess space for assembling and holding case carts before they are taken to the operating rooms, and an inadequately sized decontamination and

washing area of the department to wash the case carts after they are used.

- 2) The use of a case cart system facilitates facilitate the flow of both clean and soiled surgical instruments.

Surgical instruments need to be decontaminated (cleaned) and sterilized following their use and before being packaged for use on new surgical trays, which will then be assembled in case carts for use in operating rooms.

When a case cart system is used, the surgical instruments and supplies for each case are assembled in advance and taken in a closed, sterile container to the Surgical Department before the day's surgical cases begin.

- b. A satellite Central Sterile Processing Department was needed in order to create space for the storage of sterile supplies in close proximity to the Surgical Suite.
- c. The presence of a satellite Central Sterile Processing Department adjacent to the Surgical Suite eliminates the need to transport both soiled and sterile supplies in a single elevator between the main Central Supply and Distribution Department, which is located on the Ground Level, one floor below the Surgical Suite, and the 1st Floor, which is where the Surgical Suite is located.

5. Pharmacy

Trinity Medical Center - Rock Island's Pharmacy needs to be expanded and modernized for the following reasons.

- a. Expansion is necessary in order to increase the space available for storage.
- b. The existing department needs to be modernized in order to fulfill the requirements of U.S. Pharmacopeia (USP) – 797 for compounding sterile preparations.

Trinity Rock Island will fulfill these requirements by acquiring and installing a modular cleanroom within the Pharmacy that will be used to prepare compounded sterile preparations for patient treatment.

B. Utilization for Services Other than Categories of Service

The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas Other than Categories of Service that are included in this project.

Surgery (Surgical Suite)
Recovery (Post-Anesthesia Care Unit or PACU)
Stage II Recovery (this department includes Surgical Prep for both
A.M. Admits and Same-Day Surgery Patients)

There are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

Pharmacy
Central Sterile Supply (Central Sterile Processing/Distribution)

Space programs for all Clinical Service Areas included in this project are found in Attachment 14 and in this Attachment.

The following chart identifies the State Guidelines for each of the Clinical Service Areas included in this project that are not Categories of Service for which State Guidelines exist.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINES</u>
Surgery	1,500 hours of surgery per operating room* 2,750 DGSF per operating room
Recovery (Post-Anesthesia Recovery Phase I)	180 DGSF per Recovery Station
Stage II Recovery (Post-Anesthesia Recovery Phase II)**	400 DGSF per Recovery Station

*Trinity Rock Island has 2 dedicated Open Heart operating rooms, 5 General operating rooms, and 1 Cystoscopy procedure room as a result of the first project

**Please note that Stage II Recovery is combined with Surgical Prep for A.M. Admissions and Same-Day Surgical Patients

The only Clinical Service Area included in this project that is not a Category of Service for which there are State Guidelines based upon utilization is Surgery.

The following chart identifies historic utilization (Surgical hours) and projected utilization for the first 2 years of operation of this project for Surgery.

<u>CLINICAL SERVICE AREAS</u>	<u>HISTORIC YEARS</u>		<u>PROJECTED YEARS</u>	
	<u>CY2008</u>	<u>CY2009</u>	<u>CY2013</u>	<u>CY2014</u>
Open Heart Surgery Cases	253	199	212	214
Open Heart Surgery Hours	1,333	1,034	1,102	1,112
Other Surgery Cases	4,017*	3,381*	3,596*	3,632*
Other Surgery Hours	7,230*	6,264*	6,663*	6,730*
Cystoscopy Cases	In Surgery	283*	300*	304*
Cystoscopy Hours	In Surgery	468*	495*	502*
Total Cases	4,270	3,863**	4,108	4,150
Total Hours	8,563	7,766**	8,260	8,344

*Other Surgery Cases and Other Surgery Hours in 2008 include Cystoscopy. In CY2009, 2013, and 2014, Cystoscopy Cases and Cystoscopy Hours are listed separately.

**Cystoscopy utilization, which takes place in a dedicated Cystoscopy Procedure Room that is located within the sterile corridor in the Surgical Suite, is reported under a Dedicated Cystoscopy Procedure Room in the 2009 IDPH Annual Hospital Questionnaire. As a result, 2009 Cystoscopy cases and hours are not included in the Surgical Cases and Hours.

The assumptions underlying the projected increase in Surgery Hours are as follows.

- Total surgical and cystoscopic cases at Trinity Rock Island are projected to increase 3% in 2010 based on experience during the first 6 months of the year.
- Inpatient surgical and cystoscopic cases at Trinity Rock Island are projected to increase 2% annually from 2010 to 2013, based on projections from Sg2 Healthcare Intelligence for the following surgical specialties: General Surgery; Gynecology; Orthopedics; Spine; Neurosurgery; Urology; Vascular.
- Outpatient surgical and cystoscopic cases at Trinity Rock Island are projected to increase 5% annually from 2010 to 2013, based on a

following surgical specialties: General Surgery; Gynecology; Orthopedics; Spine; Neurosurgery; Urology; Vascular.

- Total surgical and cystoscopic cases at Trinity Rock Island are projected to increase 1% from 2013 to 2014, based on a conservative interpretation of the 2% increase projected by Sg2.

Justification for the number of key rooms and square footage proposed for each Clinical Service Area for which State Guidelines exist is presented below.

CLINICAL SERVICE AREA	STATE GUIDELINE (UNITS/ROOM)	PROJECTED CY2014 VOLUME	TOTAL EXISTING ROOMS	TOTAL PROPOSED ROOMS
Surgery:				
Open Heart	1,500 hours/ operating room	1,112 hours	2	2
General	1,500 hours/ operating room	6,730 hours	7	5
Cystoscopy	1,500 hours/ operating room	502 hours	1	1
Total Surgery		8,344 hours	10*	7 + 1 Cysto.
Recovery (Post-Anesthesia Recovery Phase I, PACU)	N/A**	N/A**	7 stations	8 stations
Stage II Recovery (Post-Anesthesia Recovery Phase II)***	N/A**	N/A**	0	12 cubicles

*Trinity Rock Island had 10 operating rooms, including Cystoscopy, prior to the start of this project in 2006

**N/A refers to there being no State Norm for number of rooms. A State Guideline for approvable DGSF will be found in the next chart.

***Please note that Stage II Recovery is combined with Surgical Prep for A.M. Admissions and Same-Day Surgery Patients

Surgery is the only Clinical Service Area included in this project for which there is a State Guideline for the number of rooms or stations.

Trinity Rock Island exceeds the State Guideline for the number of operating rooms because it has 2 dedicated Open Heart Surgery Operating Rooms, and both historic utilization and projected utilization justify only 1 dedicated Open Heart Surgery Operating Room at 1,500 surgical hours per operating room.

Trinity Rock Island needs to have 2 dedicated Open Heart Surgery Operating Rooms so there can be a back-up room for cardiac patients requiring emergency open heart surgery. The 2 dedicated Open Heart Surgery Operating Rooms are located adjacent to each other and share equipment and supply storage rooms. It would not be medically efficacious to convert one of the dedicated Open Heart Surgery Operating Rooms to a General Operating Room because, in an emergency situation, there would be no Open Heart Surgery Operating Room available for a patient requiring cardiac surgery immediately.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE (DGSF/ROOM OR UNIT)</u>	<u>TOTAL PROPOSED ROOMS OR UNITS</u>	<u>TOTAL DGSF JUSTIFIED PER PROGRAM</u>	<u>TOTAL PROPOSED DGSF</u>
Surgery	2,750 DGSF per operating room	8 Operating Rooms (7 Operating Rooms + 1 Cystoscopy Room)	22,000	18,373
Recovery (Post-Anesthesia Recovery Phase I, PACU)	180 DGSF per recovery station	8 Recovery Bays (Stations)	1,440	2,052
Surgical Prep/Stage II Recovery (Post-Anesthesia Recovery Phase II)*	400 DGSF per recovery station	12 cubicles	4,800	5,623

***Please note that Stage II Recovery is combined with Surgical Prep for A.M. Admissions and Same-Day Surgery Patients

The proposed square footage for the following Clinical Service Areas that are not Categories of Service exceed the State Guidelines found in 77 Ill. Adm. Code 1110.APPENDIX B.

- Recovery (Post-Anesthesia Recovery or PACU)
- Surgical Prep/Stage II Recovery (Post-Anesthesia Recovery Phase II)

The justification for the proposed square footage of each of these Clinical Service Areas is found in Attachments 37A and 37B.

SPACE PROGRAM

SURGICAL SUITE

7 Operating Rooms:

2 Open Heart Surgery Operating Rooms

5 General Operating Rooms

1 Cystoscopy Procedure Room within Sterile Corridor of Surgical Suite

4 Sub-Sterile Rooms

Cystoscopy Control Room

Radiology Work Area

7 Double Scrub Sink areas

Nursing Station

1 Anesthesia Work Room

1 Soiled Utility Room

7 Storage Rooms

2 Equipment Rooms

1 Ortho. Instrument Room

1 Physicians' Lounge

1 Staff Lounge

2 Locker Rooms, 1 with shower room

6 staff toilets adjacent to locker rooms

1 Manager's Office

1 Office

2 Housekeeping Closets

1 Janitor's Closet

SPACE PROGRAM

POST-ANESTHESIA RECOVERY UNIT (PACU OR RECOVERY)

7 PACU Recovery Stations

1 Isolation PACU Recovery Cubicle

Nursing Station

Physician Charting Area with 3 work stations

1 Staff Toilet

SPACE PROGRAM

SURGICAL PRE-OP FOR A.M. ADMITS/SAME-DAY SURGERY PATIENTS
AND STAGE II RECOVERY

11 Pre-Op Prep/Stage II Private Recovery Cubicles
5 Patient Toilet Rooms

1 Isolation Pre-Op/Stage II Private Recovery Cubicle with Ante-Room and
Toilet Room

Stat Lab for Pre-Surgical Testing

1 Garment Room

1 Nursing Station

1 Consultation Room

"Greeter" Desk

Registration for A.M. Admits/Same Day Surgical Patients

1 Workroom

Surgical Waiting Room
Wheelchair Alcove

1 Clean Utility Room

1 Soiled Utility Room

1 Staff Toilet

SPACE PROGRAM

STERILE PROCESSING AND SUPPLY
(SURGICAL COMPONENT FOR CENTRAL STERILE PROCESSING AND SUPPLY)

THIS PROJECT ONLY

Assembly Room for Case Carts (Clean Equipment)

Storage Room for Clean Case Carts

5 Storage Rooms for Surgical Instruments and Supplies

SPACE PROGRAM

PHARMACY

THIS PROJECT ONLY

Pharmacy Storage

Pharmacy Office

IV.

Project Scope, Utilization:

Size of Project - Post-Anesthesia Recovery Unit (PACU, Recovery)

The appropriate floor area for Recovery (PACU) was determined by considering the following factors.

1. Trinity Rock Island has a total of 8 operating rooms (7 operating rooms plus 1 Cystoscopy procedure room) that treat all surgical cases, both inpatients and outpatients.
2. All surgical patients will use the PACU, except for those patients receiving local anesthesia for surgery.
3. Prior to this project being initiated, the hospital did not have a sufficient number of PACU stations to meet Illinois Hospital Licensing requirements that require a minimum of 1 recovery room station for each operating room (77 Ill. Adm. Code 250.2440.i.4)B.).

The PACU needed to be expanded during the first project to accommodate an additional (8th) PACU station in order to meet Illinois Hospital Licensing Requirements.

4. The PACU is not being replaced in this project.
5. Space is needed for recovery stations and support space to provide post-anesthesia recovery for both inpatients and outpatients.
 - a. 7 Stations;
 - b. 1 Isolation PACU Recovery Cubicle;
 - c. Nursing Station;
 - d. Physician Charting Area with 2 work stations;
 - e. 1 Staff Toilet.
6. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.4), were considered.

7. The PACU must comply with the requirements of the Americans with Disabilities Act for medical care facilities stated in the standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4.
8. The guidelines for a Surgical Post-Anesthetic Care Unit (PACU), which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.
9. The space program was then developed for the PACU.
10. Once the space program for the PACU was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities and Services Review Board's "State Guidelines - Square Footage and Utilization" (77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B) to verify that the Department would meet the Guideline.

The following methodologies were used for verification.

- a. Number of PACU recovery stations:
Hospital licensure requires a minimum of 1 PACU recovery station per operating room

8 operating rooms (including Cystoscopy procedure room) x
minimum of 1 PACU recovery station per operating room
= minimum of 8 PACU recovery stations

Proposed: 8 PACU recovery stations in the entire hospital

- b. Floor Area for Recovery:
180 Gross Square Feet per recovery station

180 Gross Square Feet per recovery station x
8 PACU recovery stations
= 1,440 Approvable Gross Square Feet

Proposed: 2,052 Gross Square Feet

11. Upon completion of this project, the floor area of the PACU will exceed the State Guideline utilized by the Illinois Health Facilities and Services Review Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B, because

this is the space that is necessary to accommodate the post-operative patients, staff, and equipment for the following reasons.

- a. The recovery cubicles need to be large enough to accommodate the numerous monitors and other support devices needed for the post-operative recovery of patients.
- b. The limited number of PACU stations means that there are fewer stations to support the shared support space that is required in this department.

The following guidelines were used in determining the appropriate floor area for the PACU:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.4);

Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Sections 2.1-5.3.3.2. and A5.3.3.2.

IV.

Project Scope, Utilization:

Size of Project - Surgical Prep/Stage II Recovery

The appropriate floor area for Surgical Prep/Stage II Recovery was determined by considering the following factors.

1. Trinity Rock Island is proposing to establish a Surgical Prep/Stage II Recovery Department that will have 12 patient cubicles.
2. This department will provide patient cubicles for A.M. admits (patients presenting themselves at the morning of surgery and expecting to be admitted to the hospital as inpatients following surgery) and Same-Day Surgical Patients (those patients who expect to be discharged to their homes following Stage II Recovery).
3. This department will also provide patient cubicles for post-operative care of surgical patients receiving local anesthesia for surgery and for step-down recovery following a stay in the PACU for patients expecting to be discharged to their homes after they have been discharged from Stage II Recovery.
4. The patient cubicles will be sized to accommodate patients on carts as well as on recliners.
5. A Stat Lab will be constructed in this department for analyzing any necessary laboratory tests that are performed prior to surgery.
6. A consultation room will be included in this department to permit families to meet with physicians.
7. This department will include a reception area with space for a "Greeter" for families of surgical patients.
8. There will be a registration area for A.M. Admits and Same-Day Surgical Patients.
9. A Surgical Waiting Room for the families of both surgical inpatients and outpatients will be constructed as part of this department.
10. This department will have the following project elements.
 - a. 11 Pre-Op Prep/Stage II Private Recovery Cubicles;
 - b. 5 Patient Toilet Rooms;

- c. 1 Isolation Pre-Op/Stage II Private Recovery Cubicle with Ante-Room and Toilet Room;
 - d. Stat Lab for Pre-Surgical Testing;
 - e. 1 Garment Room;
 - f. 1 Nursing Station;
 - g. 1 Clean Utility Room;
 - h. 1 Soiled Utility Room;
 - i. 1 Workroom;
 - j. 1 Staff Toilet;
 - k. 1 Consultation Room;
 - l. "Greeter" Desk;
 - m. Registration Area for A.M. Admits and Same Day Surgical Patients;
 - n. Surgical Waiting Room;
 - o. Wheelchair Alcove.
11. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.5) were considered.
 12. The Surgical Prep/Stage II Recovery Department must comply with the requirements of the Americans with Disabilities Act for medical care facilities stated in the standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4.
 13. The guidelines for a Phase II Recovery Department , which are stated in 2006 Guidelines for Design and Construction of Healthcare Facilities, written by The Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, were considered.
 14. The space program was then developed for the Surgical Prep/Stage II Recovery Department.

15. Once the space program for the Surgical Prep/Stage II Recovery Department was completed, preliminary schematic designs were drawn, grossing factors were established, and the proposed space allocation was checked against the Illinois Health Facilities and Services Review Board's "State Guidelines - Square Footage and Utilization" (77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B) to verify that the Department would meet the Guideline.

The following methodologies were used for verification.

- a. Number of Surgical Prep/Stage II Recovery cubicles:

Proposed: 12 Surgical Prep/Stage II Recovery cubicles

- b. Floor Area for Surgical Prep/Stage II Recovery:
400 Gross Square Feet per recovery station

400 Gross Square Feet per recovery station x
12 Surgical Prep/Stage II Recovery stations
= 4,800 Approvable Gross Square Feet

Proposed: 5,623 Gross Square Feet

16. Upon completion of this project, the floor area of the Surgical Prep/Stage II Recovery Department will exceed the State Guideline utilized by the Illinois Health Facilities and Services Review Board, as identified in 77 Ill. Adm. Code, Chapter II, Section 1110, Appendix B, because this is the space that is necessary to accommodate this department for the following reasons.

- a. The patient cubicles need to be large enough to accommodate carts as well as recliner chairs.
- b. All of the support space identified in Item 10 needs to be accommodated.
- c. The limited number of Surgical Prep/Stage II cubicles means that there are fewer cubicles (patient stations) to support the shared support space that is required in this department.

The following guidelines were used in determining the appropriate floor area for the Surgical Prep/Stage II Recovery Department:

Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i.5);

Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4;

The Health Facilities Guidelines Institute and the American Institute for Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities, Section 2.1-5.3.3.3.

**FINANCIAL FEASIBILITY
PROOF OF BOND RATING**

ATTACHMENTS 39-41



Moody's Investors Service

Global Credit Research

New Issue

13 JUL 2009

New Issue: Iowa Health System

MOODY'S ASSIGNS Aa3 RATING TO IOWA HEALTH SYSTEM'S \$50 MILLION OF SERIES 2009F-G BONDS; Aa3 AFFIRMED ON SERIES 2005A, SERIES 2008A BONDS WHICH ARE BEING CONVERTED TO FIXED RATE; OUTLOOK IS STABLE

IOWA HEALTH SYSTEM WILL HAVE A TOTAL OF \$673 MILLION OF RATED DEBT TO BE OUTSTANDING

Iowa Finance Authority
Health Care-Hospital
IA

Moody's Rating

ISSUE

RATING

Series 2009F and G

Aa3

Sale Amount \$50,000,000

Expected Sale Date 07/23/09

Rating Description Health Care Revenue Bonds

Moody's Outlook Stable

Opinion

NEW YORK, Jul 13, 2009 – Moody's Investors Service has assigned an Aa3 rating to Iowa Health System's (IHS) \$50 million of Series 2009F-G revenue bonds to be issued by the Iowa Finance Authority. The outlook is stable. The Series 2009F-G bonds will either be structured as fixed rate bonds or long-term mode bonds (although not less than a three-year mode). The structure will be determined at pricing. Concurrent with this financing, IHS will be converting the Series 2005A bonds (\$201.27 million) and Series 2008A (\$150 million) bonds to fixed rate from variable rate bonds. The Series 2005A and Series 2008A bonds are each insured by Assured Guaranty with various standby bond purchase agreements. The insurance policies will remain outstanding. Assured Guaranty is currently rated Aa2 and on Watchlist for possible downgrade. At this time, we are affirming our Aa3 underlying ratings on all of IHS' outstanding bonds (see RATED DEBT section below).

USE OF PROCEEDS: The bond proceeds along with an equity contribution will be used to: (1) provide \$50 million in funds for the West Des Moines new hospital project; and (2) pay the costs of issuance.

LEGAL SECURITY: The bonds will be secured by a joint and several obligation of the Obligated Group. The Obligated Group consists of the majority of the system, including Iowa Health System, Central Iowa Health System, Central Iowa Hospital Corporation d/b/a Iowa Methodist Medical Center and d/b/a Iowa Lutheran Hospital, Central Iowa Health Properties Corporation, St. Luke's Healthcare, St. Luke's Methodist Hospital, Allen Health Systems, Inc., Allen Memorial Hospital Corporation, St. Luke's Health Systems, Inc., Northwest Iowa Hospital Corp. d/b/a St. Luke's Regional Medical Center of Sioux City, St. Luke's Health Resources, Finley Tri-States Health Group, Inc., The Finley Hospital, Trinity Health Systems, Inc., Trinity Regional Medical Center of Fort Dodge, Iowa, Trinity Regional Health System, Trinity Medical-Center d/b/a Trinity Medical Center - West, and d/b/a Trinity Medical Center - Terrace Park Campus, and d/b/a Trinity Medical Center - 7th Street Campus, In Trust, d/b/a Iowa Health Home Care and Iowa Physicians Clinic Medical Foundation d/b/a Iowa Health Physicians. The Obligated Group makes up over 90% of the system's total assets. Current Obligated Group Members may withdraw from the Obligated Group and other entities may become Obligated Group Members, all in accordance with the provisions of the Master Trust Indenture.

INTEREST RATE DERIVATIVES: IHS has entered into six interest rate swap agreements for hedging purposes on existing debt for an aggregate notional amount of \$595 million maturing in 2023 through 2037. The notional amount of each swap declines annually with a corresponding decline in principal outstanding, and IHS' obligations under the swap agreements are secured on parity with bonds issued under the Master Indenture. IHS has additional swap agreements that are not direct hedges against debt including \$81 million notional amount under which IHS pays a fixed rate and receives a variable rate, with the agreements maturing in 2010, and \$81 million notional amount under which IHS pays a variable rate based on SIFMA

and receives a fixed rate and matures in 2030. IHS has optional termination rights with respect to the swap agreements and the counterparties may terminate the swaps only if certain conditions are met. The total net market value of the swaps as of January 31, 2009 was a liability of \$110 million. As of May 31 2009, no collateral posting was required. IHS will not be terminating any of the swaps associated with the Series 2005A and Series 2008A bonds given their current mark-to-market value but may look to do so if rates improve.

STRENGTHS

*Largest health care system in Iowa with hospitals in seven markets resulting in strong geographic diversity; total operating revenues of \$2 billion in fiscal year (FY) 2008

*Strong market position in key urban markets across Iowa and bordering western Illinois with several leading or near leading market positions providing good contracting leverage with payers

*Favorable Moody's-adjusted maximum annual debt service coverage of over four times on FY 2008 results but below historical levels given the increase in debt and weaker FY 2008 performance

*System operating cash flow margin remains in the 8.9%-10.5% range in each of the past six years

*Operating profitability in all seven markets in both FY 2007 and FY 2008

*Less risky debt structure with this financing and conversion of some of the outstanding debt as variable rate debt will now represent 40% of total debt outstanding, a noted improvement from a nearly all-variable rate structure (before interest rate swaps) currently

CHALLENGES

*Two-thirds of system operating revenues derived from three urban markets operating with strong competitive pressures

*In the middle of a sizable capital investment strategy, with capital plans of \$500 million over the period 2008-2010 that includes expansion within the state as well as renovation and equipment upgrades at existing facilities, including a new hospital in West Des Moines under construction and scheduled to open in late 2009

*Weakened liquidity at the end of FY 2008 due to market challenges, driving cash to decline 20% to \$762 million (151 days cash) by fiscal yearend (FYE) 2008 from \$956 million (205 days cash) at FYE 2007; we note with favor that cash to variable rate debt will improve to a 295% from 118% at the end of FY 2008 with the upcoming conversions and issuance of \$50 million (assuming that the \$50 million is fixed rate debt and not long-term put bonds)

RECENT DEVELOPMENTS/RESULTS

Since our last report dated February 20, 2009, IHS' financial performance through the five months ending May 31, 2009 is showing improvement. The year-to-date operating margin has improved to 2.9% compared to 2.0% in full FY 2008 while the operating cash flow margin has reached 9.6% compared to 8.9%, respectively. However, inpatient volumes continue to show a material decline of -6.4% through the first five months of FY 2009 over the prior year comparable period which is unfavorable to management's forecast. All markets are showing lower inpatient volumes and are contributing to the current below average revenue growth rate of 3.8%. In contrast, outpatient activity has been strong and adjusted admissions are actually up 5.3% over the same period. Nonetheless, management expects to reach its FY 2009 budget through a number of expense reduction strategies and projects an operating cash flow margin of 9.6%. While reaching the FY 2009 budget will be an improvement over FY 2008, these levels are still somewhat lackluster for a system of this size and state-wide presence.

Leverage will increase by \$50 million with this financing. Earlier plans to make a \$50 million equity contribution to the new West Des Moines hospital will be replaced with this debt offering. Combined with the new debt issued in FY 2008, leverage will increase by 36% over FY 2007, warranting the need for an improvement in financial performance. With the conversion of the Series 2005A, Series 2008A variable rate bonds to fixed rate and the issuance of the Series 2009F-G bonds (either as fixed rate or long-term put bonds), the organization's debt structure is more palatable with a only 40% variable rate debt from nearly 100% variable rate debt (before interest rate swaps) as currently structured. Cash-to-variable rate debt improves to 295% (assuming the Series 2009F-G bonds are fixed rate) from a weaker 120%.

For more information on Iowa Health System, please see our report dated February 20, 2009.

Outlook

The stable outlook reflects our belief that IHS will improve operating performance and operating cash flow in FY 2009, and will strengthen its financial position and liquidity while supporting future capital plans.

What could change the rating--UP

Material strengthening of balance sheet metrics; sizable growth in operating cash flow to strengthen debt coverage measures further; strengthening of market positions in key markets

What could change the rating--DOWN

Decline in operating cash flow that weakens debt measures; material increase in debt load; further weakening of liquidity; material market share loss in key markets

RATED DEBT (debt outstanding as of May 31, 2009)

-Series 2009A and B (\$110.5 million outstanding), rated Aaa/VMIG1 reflecting letter of credit with JP Morgan Chase and Aa3 rating of IHS

-Series 2009C (\$31.75 million outstanding), rated Aaa/VMIG1 reflecting letter of credit with Wells Fargo and Aa3 rating of IHS

-Series 2009D-E (\$102.0 million outstanding), rated Aaa/VMIG1 reflecting letter of credit with Bank of America and Aa3 rating of IHS

-Series 2008A (\$150.0 million outstanding), rated Aa2/VMIG1, insurance by Assured Guaranty currently rated Aa2 on watchlist for downgrade, with standby bond purchase agreements from Landesbank Baden-Wuerttemberg (LBBW), with sub-series 1 (\$75 million) expiring May 19, 2011 and sub-series 2 (\$75 million) expiring May 19, 2010; Aa3 underlying long-term rating; to be converted to fixed rate

-Series 2005A (\$201.27 million outstanding), rated Aa2/VMIG1, insured by Assured Guaranty currently rated Aa2 on watchlist for downgrade, with standby bond purchase agreements from US Bank (sub-series A-1, expiring May 19, 2009), JPMorgan Chase Bank (sub-series A2, expiring May 19, 2011), and Wells Fargo Bank (sub-series A3, expiring May 19, 2011); each sub-series is originally for \$67.09 million; Aa3 underlying long-term rating; to be converted to fixed rate

-Series 2000 fixed rate bonds issued through Iowa Finance Authority (\$3.0 million outstanding), rated Aa3

-Series 2000 fixed rate bonds issued through Illinois Health Facilities Authority (\$1.4 million to outstanding), rated Aa3

-Series 1985B variable rate bonds supported by a bank letter of credit from Bank of New York Mellon (The) expiring March 23, 2011 (\$23.0 million outstanding), rated Aaa/VMIG1

CONTACTS

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Underwriter: Mr. Peter Reilly, Executive Director, J.P. Morgan (415) 315-7863

The last rating action was on February 20, 2009 when Iowa Health System's Aa3 rating was affirmed with a stable outlook.

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

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Fitch Rates Iowa Health System's (Iowa) 2009F&G Revs 'AA-'; Outlook Stable Ratings

13 Jul 2009 2:31 PM (EDT)

Fitch Ratings-New York-13 July 2009: Fitch Ratings has assigned 'AA-' ratings to the Iowa Finance Authority's expected issuance of approximately \$50 million revenue bonds, series 2009F-G, issued on behalf of Iowa Health System (IHS). In addition, Fitch affirms the 'AA-' underlying ratings on approximately \$800 million of bonds issued for IHS. The Rating Outlook is Stable.

The preliminary plan of finance includes issuance of \$50 million series 2009F&G bonds as uninsured traditional fixed-rate bonds and long-term interest rate mode bonds, and a fixed-rate reoffering of \$201.3 million of series 2005A variable-rate demand bonds and \$150 million of series 2008A variable-rate demand bonds. Both the series 2005A and series 2008A bonds are insured by Assured Guaranty, which is currently rated 'AA' and on Rating Watch Evolving by Fitch. Proceeds from the series 2009 bonds will be used to fund various renovations and improvements at its facilities in Dubuque, Sioux City, West Des Moines and Waterloo and to pay related costs of issuance. The bonds are expected to be priced/reoffered during the week of July 20, 2009 through negotiated sale.

The rating of 'AA-' is supported by IHS' geographic diversity and breadth of coverage throughout the State of Iowa, solid liquidity measures, and solid historical coverage of proforma debt service coverage. IHS is the largest provider of health care services in Iowa, as one out of every four Iowans receives care from IHS. In total, the organization operates 14 hospitals, 142 physician clinics, and is affiliated with 12 community network hospitals and serves seven main population centers in Iowa. IHS' largest markets are located in Des Moines, Cedar Rapids, and the Quad Cities, which comprise approximately 67% of IHS' total operating revenues. As of May 31, 2009 (unaudited), IHS had approximately \$801.6 million of unrestricted cash and investments, which translates into approximately 163 days cash on hand, a cushion ratio of 17.8 times, and cash to debt of 130%. Expected to open in late 2009, IHS' new hospital construction in West Des Moines is nearly complete as the hospital is ahead of budget and schedule, which Fitch views positively.

With the exception of fiscal 2008, historical coverage of proforma maximum annual debt service (MADS) by EBITDA has been on a positive trend over the last four years and is consistent with Fitch's 'AA' peers. From fiscal 2002 through fiscal 2007, IHS posted year over year improvement in coverage of proforma MADS from 3.6 times (x) in 2002 to 5.2x in fiscal 2007. In fiscal 2008, proforma MADS coverage by EBITDA dipped to 2.6x reflecting the impact of realized losses on investments. Coverage by operating EBITDA in fiscal 2008 was a solid 4.0x. In Fitch's analysis, proforma maximum annual debt of \$45 million excludes a \$23 million bullet maturity occurring in 2015, which is expected to be refinanced prior to maturity.

Credit concerns include significant competition in most regions and flat utilization trends. IHS faces significant competition in the six regions producing 90% of its overall revenue base, three of which include Mercy Health Network (part of Catholic Health Initiatives and Trinity Health System; revenue bonds rated 'AA' by Fitch). IHS maintains a secondary market position in the Dubuque, Sioux City and the Quad Cities regions. Inpatient admissions have remained relatively flat for the past three fiscal years as inpatient admissions totaled 101,680 in fiscal 2008, which represents a slight increase from fiscal 2005's total of 99,740. Fitch believes that maintaining operating profitability will be achieved through cost control and improving efficiency.

As of June 30, 2009 IHS was a counterparty to 17 separate interest-rate swap agreements with a total notional value of \$756.8 million. Approximately \$600 million of IHS' swap transactions are fixed payor swaps that synthetically convert underlying variable-rate bonds to a fixed-rate obligation. Roughly \$161 million of total swap exposure represent swap transactions that offset one another. As of June 30, 2009, the aggregate mark-to-market on IHS' swap portfolio was negative \$48.2 million. However, IHS is not required to post collateral due to swap insurance on \$351.3 million of its swap agreements provided by Assured Guaranty.

As an additional note, Fitch has withdrawn its 'AA-' long-term rating on the following bond:

-Iowa Finance Authority (IA) (Iowa Health System) hospital facility revenue bonds series 1998A.

The rating withdrawal is in conjunction with the advanced refunding of the above-referenced bonds.

Iowa Health System, headquartered in Des Moines, IA comprises 12 hospitals in Iowa and two hospitals in Illinois (2,065 aggregate staffed beds), 482 employed or contracted physicians and various other health care related entities. In fiscal 2008

total operating revenue was almost \$2 billion. IHS covenants to provide to bondholders annual disclosure of audited financial statements within 180 days of each fiscal year end. It is management's practice to file annual and quarterly financial information and utilization data with the NRMSIRs, as well as with DAC and on the IHS web site.

Contacts: Michael Burger +1-212-908-0555, New York; Jim LeBuhn +1-312-368-2059 or Emily Gander +1-312-368-3347, Chicago.

Media Relations: Cindy Stoller, New York, Tel: +1 212 908 0526, Email: cindy.stoller@fitchratings.com.

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XI. 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)

Most of this modernization project will modernize existing Clinical Service Areas that are not Categories of Service and a small portion of this modernization project will modernize the Surgical Intensive Care Unit. As a result, this project will improve Trinity Rock Island's ability to provide essential surgical and intensive care services to all the patients it serves, including the uninsured and underinsured residents of Planning Area C-05, the State-defined planning area in which the hospital is located.

Planning Area C-05 includes Rock Island, Henry, and Mercer Counties.

As discussed in Attachment 12, the market area for this project includes the 3 counties in Planning Area C-05 plus Scott County in Iowa and Whiteside County. More than 86% of these surgical patients reside in Planning Area C-05.

The zip codes in which 0.95% or more of Trinity's CY2009 surgical cases reside are shown in the patient origin chart on Page 4 of Attachment 12. These cases, which total 78% of all surgical cases during CY2009, reside within Planning Area C-05 except for 1% of surgical cases from Whiteside County and an additional 1% of surgical cases from Scott County in Iowa.

The patient origin data demonstrate that Trinity Rock Island serves Planning Area C-05.

This project will enable Trinity Rock Island to continue to provide much-needed services to the low income and uninsured that reside and work within the market area for this project.

Many of the patients that are served at Trinity Rock Island are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas and/or Health Professional Shortage Areas and by the payor mix experienced at the hospital.

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 Rock Island County, including within the City of Rock Island, there are 15 census tracts that the federal government has designated as having Medically Underserved Populations and 15 census tracts that the federal government has designated as Health Professional Shortage Areas because of a low income population group.
- Henry County has 3 census tracts that are federally-designated Medically Underserved Areas, and the entire county is a federally-designated Health Professional Shortage Area.
- Mercer County has been designated by the Governor as having a federally-designated Medically Underserved Population, a designation that is made to document unusual local conditions and barriers to accessing personal health services, and the entire county is a federally-designated Health Professional Shortage Area.
- Whiteside County has 1 township and 4 additional census tracts that are federally-designated Medically Underserved Areas as well as a number of federally-designated Health Professional Shortage Areas, based on the presence of comprehensive health centers, rural health clinics, and low income population groups.
- In Scott County, Iowa, the entire county is a federally-designated Medically Underserved Area/Population as well as a federally-designated Health Professional Shortage Area.

Documentation of these designations is found in the charts on Pages 6 and 7 of this Attachment and in Attachment 12, Pages 5 and 6.

This project will have a positive impact on essential safety net services in Planning Area C-05 and the market area for this project for those patients requiring Surgical and Surgical Intensive Care Services because Trinity Rock

Island's Surgical facilities will be modernized, thus providing a contemporary environment for the patients receiving care in these departments, a significant percentage of whom are low-income, uninsured, and otherwise vulnerable.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services

This project will not have any impact on other providers or health care systems and, as such, it will not have any impact on other providers' or health care systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

This item is not applicable because Trinity Rock Island is not proposing to discontinue any services or facilities.

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.

A notarized certification describing the amount of charity care provided by Trinity Medical Center for 2007 through 2009 is found on Page 8 of this Attachment. The data provided are for both Trinity Rock Island and Trinity Moline, as financial reporting for Trinity Regional Health System's 2 Illinois hospitals is combined.

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 Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A notarized certification describing the amount of care provided to Medicaid patients by Trinity Medical Center for 2007 through 2009 is found on Page 9 of this Attachment. The data provided are for both Trinity Rock Island and Trinity Moline, as financial reporting for Trinity Regional Health System's 2 Illinois hospitals is combined.

3. Any other information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A Safety Net Information per PA 96-0031 table in the specified format must be provided as part of Attachment 43.

The Table is found on Page 10 of this Attachment.

- a. A copy of Trinity Regional Health System's "2009 Report to the Community" is appended to this Attachment.
- b. A copy of Iowa Health System's 2008 Community Benefit Report ("Lifting Up, Reaching Out, Giving Back") is appended to this Attachment.
- c. A copy of Iowa Health System's "Benefit to Our Communities" for 2008 is appended to this Attachment.
- d. Trinity Medical Center and Trinity College of Nursing and Health Sciences are the primary sponsors of The Health Occupations Academy, a course providing an in-depth exploration of health care careers and employment expectations to assist high school students in health care education and career development decisions.

The course provides clinical rotations through the Medical Center's hospitals and community health care environments, as well as a CPR course.

- e. Trinity Medical Center operates the Trinity College of Nursing and Health Sciences, which provides a quality higher learning environment preparing competent practitioners for healthcare professions.

Trinity College students are members of the Student Government Association, which participates in service projects, including the following: Annual Toys for Tots donation; Bethany Home sponsorship; Robert Young Mental Health Facility donation to the AD/HD clinic; Katrina relief donation; food pantry collection and donation; free blood pressure screening and winter mitten/hat collections. Student Government also participates in local events, including an annual Muscular Dystrophy Walk and hosting an annual Mississippi Blood drive on the Trinity College campus.

- f. Robert Young Center (RYC), an affiliate of Trinity Regional Health System, is a Comprehensive Community Mental Health Center.

RYC offers a full continuum of behavioral health services, including outpatient therapies, inpatient Psychiatric services, partial hospitalization,

continuing care, chemical dependency treatment services, and online resources. Some programming pieces include ADHD Clinic, Eating Disorder Consortium,, Douglas Park Place, Mental Health Court, the Anti-Stigma Campaign, Veterans' reintegration project, and Jail Data link project.

- g. Trinity Ambulance Service offers 24 hour Paramedic Level ambulance coverage for southern Rock Island County as well as parts of Mercer and Henry Counties and provides leadership in disaster relief work and incident relief work throughout the region.

Some of the community, mission based activities provided are: CPR training for many nursing home staff and volunteer fire department staff in the area, local police departments, and the general public; 911 services for many rural areas, regardless of the patients' ability to pay; emergency coverage for many community events for free; participation and leadership in all of the communities' disaster drills, including all action problems, such as rescuing flood victims; classes for ACLS and PALS at a minimal fee to any Emergency Medical Tech or Paramedic that needs this certification.

- h. Trinity Medical Center is a resource hospital for its Emergency Medical Services System, made up of 19 ambulance services providing 9 first responder services and 5 dispatching services.



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Find Shortage Areas: MUA/P by State and County

- Shortage Designation Home
- Find Shortage Areas
- HPSA & MUA/P by Address
- HPSA by State & County
- HPSA Eligible for the Medicare Physician Bonus Payment

Criteria:
 State: Illinois
 County: Henry County
 Mercer County
 Rock Island County
 Scott County
 Whiteside County
 ID #: All

Results: 30 records found.

Name	ID#	Type	Score	Designation Date	Update Date
Henry County					
Henry Service Area	00872	MUA	59.50	1994/05/20	
CT 0308.00					
CT 0309.00					
Henry Service Area	00893	MUA	60.30	1994/05/20	
CT 0311.00					
Mercer County					
Mercer Governor	00813	GOV MUP	0	1994/03/07	
Rock Island County					
Rock Island	07691	MUP	59.50	2008/12/23	
CT 0206.00					
CT 0207.00					
CT 0214.00					
CT 0217.00					
CT 0222.00					
CT 0223.00					
CT 0225.00					
CT 0226.00					
CT 0227.00					
CT 0228.00					
CT 0233.00					
CT 0235.00					
CT 0236.00					
CT 0237.00					
CT 0244.00					
Scott County					
Scott County	00816	MUA	58.70	1978/11/01	
Whiteside County					
Clyde Service Area	00920	MUA	58.10	1994/05/18	
MCD (15144) Clyde township					
Sterling/ Rock Falls Service Area	07276	MUA	57.40	2002/10/05	
CT 0010.00					
CT 0015.00					
CT 0016.00					
CT 0017.00					



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SEARCH

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Find Shortage Areas: HPSA by State & County

- Shortage Designation Home
- Find Shortage Areas
- HPSA & MUA/P by Address
- HPSA Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Criteria:						
State: Illinois		Discipline: Primary Medical Care				
County: Henry County		Metro: All				
Mercer County		Status: Designated				
Rock Island County		Type: All				
Scott County						
Whiteside County						
Date of Last Update: All Dates						
HPSA Score (lower limit): 0						
Results: 33 records found.						
(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)						
HPSA Name	ID	Type	FTE	# Short	Score	
073 - Henry County						
Henry/Stark	117999175S	Geographical Area	15	1	9	
Henry		Single County				
131 - Mercer County						
Mercer	117131	Single County	3	2	11	
161 - Rock Island County						
Low Income - Rock Island Service Area						
C.T. 0208.00	117999170E	Population Group	2	4	21	
C.T. 0207.00		Census Tract				
C.T. 0214.00		Census Tract				
C.T. 0217.00		Census Tract				
C.T. 0222.00		Census Tract				
C.T. 0223.00		Census Tract				
C.T. 0225.00		Census Tract				
C.T. 0226.00		Census Tract				
C.T. 0227.00		Census Tract				
C.T. 0228.00		Census Tract				
C.T. 0233.00		Census Tract				
C.T. 0235.00		Census Tract				
C.T. 0236.00		Census Tract				
C.T. 0237.00		Census Tract				
C.T. 0244.00		Census Tract				
171 - Scott County						
Pike/Scott	117999175X	Geographical Area	6	0	10	
Scott		Single County				
195 - Whiteside County						
Whiteside County Health Department-Rock Falls						
Morrison Family Care Clinic	117999177A	Comprehensive Health Center			1	
Morrison Community Hospital Family Care	117999179E	Other Facility	1		11	
Low Income - Sterling/Rock Falls	117999178H	Rural Health Clinic			0	
C.T. 0007.00	11799917PK	Population Group	1	1	9	
C.T. 0008.00		Census Tract				
C.T. 0010.00		Census Tract				
C.T. 0011.00		Census Tract				
C.T. 0015.00		Census Tract				
C.T. 0016.00		Census Tract				
C.T. 0017.00		Census Tract				
C.T. 0018.00		Census Tract				

[NEW SEARCH](#) [MODIFY SEARCH CRITERIA](#)



**TRINITY
MEDICAL CENTER**
IOWA HEALTH SYSTEM

2701 17th STREET
ROCK ISLAND, IL 61201-5393
(309) 779-5000
WWW.TRINITYQC.COM

August 20, 2010

Mr. Dale W. Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Dear Mr. Galassie:

Trinity Medical Center hereby certifies that it provided the amount of charity care at cost as shown below for the three audited fiscal years prior to submission of this certificate of need application.

The data provided are for both Trinity Rock Island and Trinity Moline, as financial reporting for Trinity Medical Center's two Illinois hospitals is combined.

<u>Charity Care</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Inpatient	\$2,738,650	\$ 3,401,000	\$3,128,000
Outpatient	\$4,107,975	\$ 6,749,000	\$5,020,000
Total	\$6,846,625	\$10,150,000	\$8,148,000

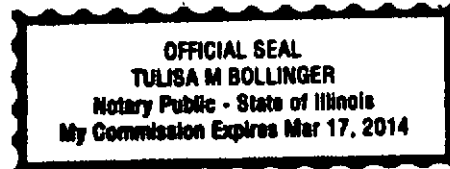
This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

Gregory Pagliuzza
Trinity Regional Health System, Chief Financial Officer

Notary Signature:

Tulisa M Bollinger
Tulisa M. Bollinger





**TRINITY
MEDICAL CENTER**
IOWA HEALTH SYSTEM

2701 17th STREET
ROCK ISLAND, IL 61201-5393
(309) 779-5000
WWW.TRINITYQC.COM

Mr. Dale W. Galassie
Acting Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

August 20, 2010

Dear Mr. Galassie:

Trinity Medical Center hereby certifies that it provided the amount of Medicaid that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

The data provided are for both Trinity Rock Island and Trinity Moline, as financial reporting for Trinity Regional Health System's two Illinois hospitals is combined.

<u>Medicaid Net Revenue</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Inpatient	\$ 8,722,750	\$14,409,000	\$11,169,000
Outpatient	\$15,816,443	\$14,688,000	\$14,476,000
Total	\$24,539,193	\$29,097,000	\$25,645,000

This information is provided in a manner consistent with 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 Planning Act and published in the Annual Hospital Profile.

Sincerely,

Gregory Pagliuzza
Trinity Regional Health System, Chief Financial Officer

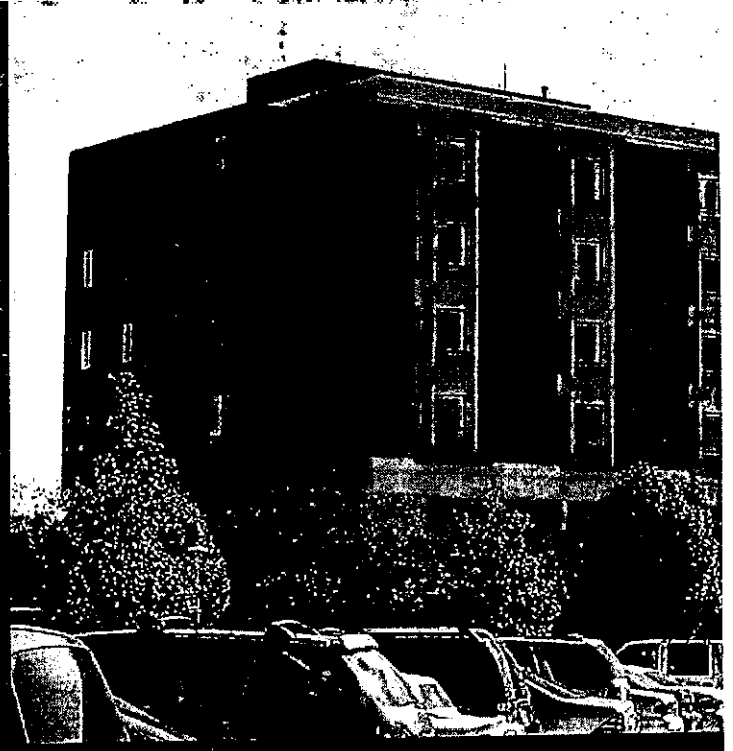
Notary Signature:
Tulisa M. Bollinger
Tulisa M. Bollinger



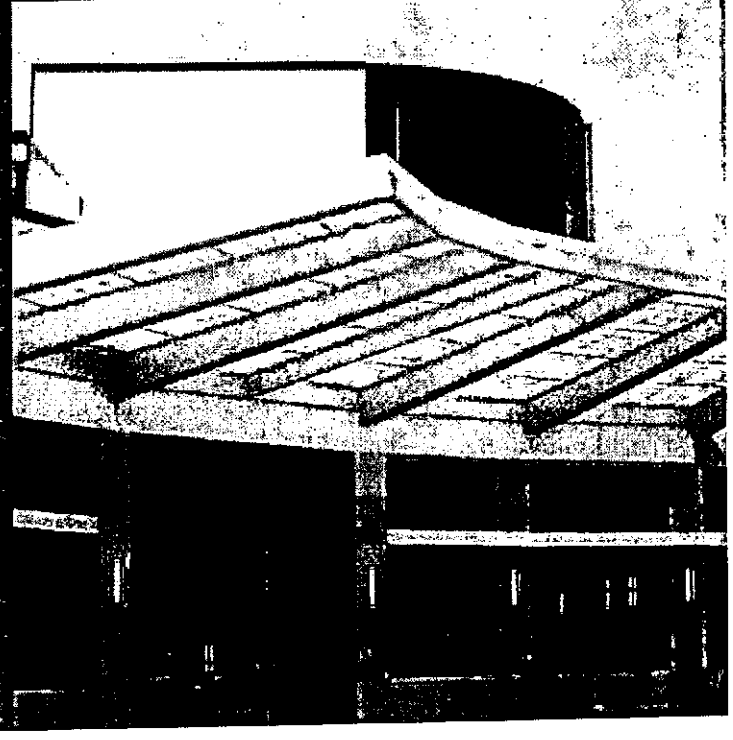
TRINITY MEDICAL CENTER d/b/a Trinity Rock Island, Trinity Moline*
SAFETY NET INFORMATION PER P.A. 96-0031

CHARITY CARE			
	FY2007	FY2008	FY2009
Charity (# of patients)			
Inpatient	844	3,648	2,351
Outpatient	4,396	13,193	8,905
Total Patients	5,240	16,841	11,257
Charity (cost in dollars)			
Inpatient	\$2,738,650	\$3,401,000	\$3,128,000
Outpatient	\$4,107,975	\$6,749,000	\$5,020,000
Total	\$6,846,625	\$10,150,000	\$8,148,000
MEDICAID			
	FY2007	FY2008	FY2009
Medicaid (# of patients)			
Inpatient	1,710	1,351	1,351
Outpatient	41,443	42,620	51,286
Total Patients	43,153	43,971	52,637
Medicaid (revenue)			
Inpatient	\$8,722,750	\$14,409,000	\$11,169,000
Outpatient	\$15,816,443	\$14,688,000	\$14,476,000
Total**	\$24,539,193	\$29,097,000	\$25,645,000

*Trinity Rock Island and Trinity Moline, the 2 Illinois hospitals that are part of Trinity Medical Center, report consolidated data for the number of Charity Care patients and both Charity Care and Medicaid revenues. The data reported for Medicaid patients are only for Trinity Rock Island.



TRINITY'S 2009 REPORT TO THE COMMUNITY



OUR PLEDGE TO THE COMMUNITY

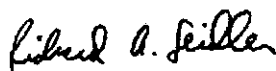
Trinity Regional Health System recognizes the responsibility we share with others to improve the quality of life in our community. Despite challenging times in the economy and in health care, Trinity continually seeks ways to make our services more convenient, accessible and affordable. As the following report demonstrates, we have honored our commitment while providing the highest quality care for all patients.

Comprised of four hospital campuses in Illinois and Iowa, Trinity had more than 20,000 admissions and 84,000 emergency room visits in 2009, while serving those in need regardless of ability to pay. At the center of it all has been our team of more than 600 staff physicians and 3,300 employees, who strive to achieve our vision of providing the best outcome for every patient, every time.

Trinity's commitment to the region extends outside the hospital by providing programs and services into the community. Our comprehensive community benefit programming includes free health screenings and services, medical education for physicians and other health-care providers, behavioral health services, research and clinical trials. Trinity provided \$51,846,000 in uncompensated care costs, community benefit programs and subsidized health-care services.

It is our pleasure to share this report with you and we thank you for your support of Trinity. We hope you will continue to entrust us with your own health-care needs knowing our ongoing commitment to each and every member of our community.

Best of health,



Richard A. Seidler
President/CEO



Linda Newborn, Chair
Board of Directors



Richard A. Seidler
President/CEO



Linda Newborn, Chair
Board of Directors

Trinity Regional Health System does not exclude, deny benefits to or otherwise discriminate against any person on the grounds of age, race, color, national origin, religion or on the basis of disability or sources of payment for care.

2009 FINANCIAL REPORT

COMMUNITY BENEFITS/UNCOMPENSATED CARE

Cost of charity care.....	\$ 12,166,000
Cost of uncompensated Medicaid.....	\$ 8,140,000
Community benefit programs	\$ 4,991,000
Total	\$ 25,297,000

UNCOMPENSATED CARE

Cost of uncompensated Medicare	\$ 20,178,000
Cost of bad debt.....	\$ 6,371,000
Total	\$ 26,549,000

OPERATING REVENUE

Net patient revenue.....	\$ 343,419,000
Other operating revenue	\$ 32,600,000
Total	\$ 376,019,000

OPERATING EXPENSES

Salaries and benefits	\$ 147,843,000
Supplies	\$ 74,211,000
Other expenses	\$ 96,388,000
Depreciation and amortization	\$ 15,770,000
Interest	\$ 6,015,000
Bad debt	\$ 14,221,000
Total	\$ 354,448,000

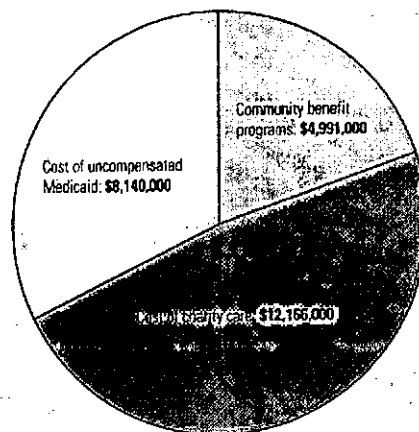
BENEFITS FOR THE BROADER COMMUNITY

Community health improvement services.....	\$ 1,677,000
Health professions education	\$ 94,000
Subsidized health services	\$ 78,000
Research	\$ 305,000
Financial and in-kind contributions.....	\$ 1,006,000
Community building activities	\$ 1,817,000
Community benefit operations	\$ 14,000
Total	\$ 4,991,000

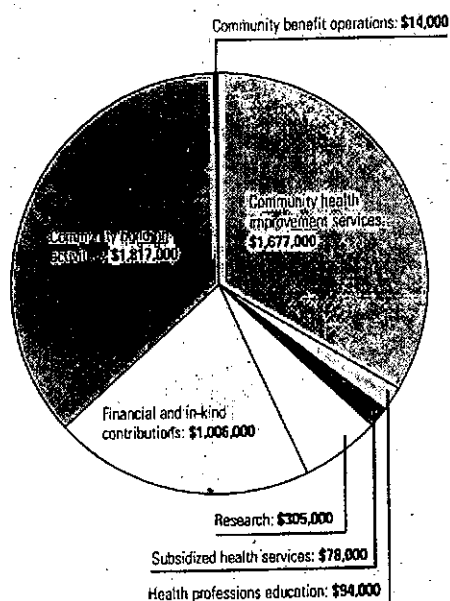
Total Community Benefits/Uncompensated Care	\$ 25,297,000
Total Trinity Operating Expenses.....	\$ 354,448,000

Community benefits were 7% of total expenses.

2009 COMMUNITY BENEFITS: \$25,297,000



2009 BREAKDOWN OF BROADER COMMUNITY PROGRAMS: \$4,991,000





FOCUS ON QUALITY

At Trinity our vision is to provide the best outcome, every patient, every time. Our commitment to quality is demonstrated in the latest Core Measure Results, as set forth by the Centers for Medicare and Medicaid Services. Core measures, such as heart attack care listed below, describe the fundamental care processes that should happen while patients are in the hospital based on the latest research and best practice for care. For more information on other core measures including pneumonia, surgical care and congestive heart failure, visit hospitalcompare.hhs.gov.

HEART ATTACK CARE

MEASURE	ROCK ISLAND AND MOLINE	BETTENDORF	MUSCATINE	TJC NATIONAL AVERAGE*
Aspirin at Arrival	99.3%	100.0%	100.0%	98.4%
Aspirin Prescribed at Discharge	96.4%	94.6%	100.0%	98.4%
ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction	98.2%	85.7%	100.0%	95.5%
Adult Smoking Cessation Advice/Counseling	100.0%	100.0%	100.0%	99.4%
Beta Blocker Prescribed at Discharge	97.4%	96.7%	100.0%	98.3%
Primary PCI Received Within 90 Minutes of Hospital Arrival	83.3%	42.9%	NA**	87.4%
Inpatient Mortality	2.4%	2.9%	NA	4.1%
Beta Blocker at Arrival	96.1%	100.0%	NA	95.2%

*TJC = The Joint Commission

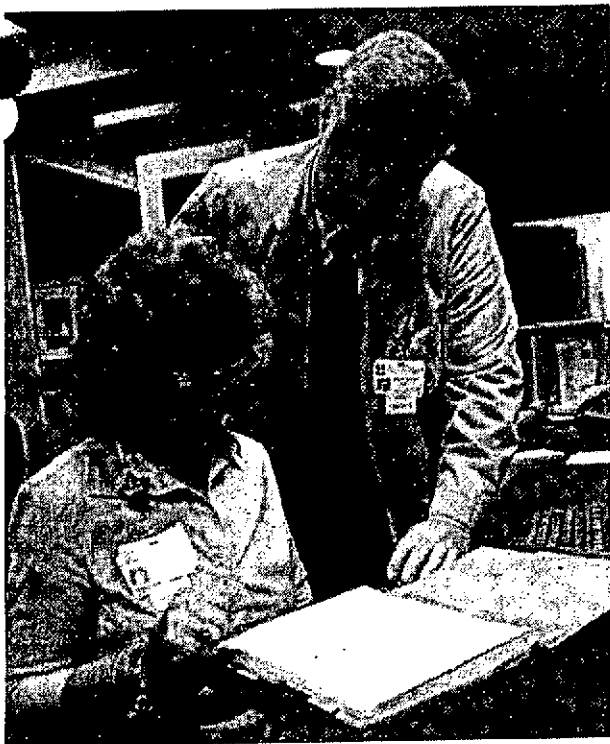
** Sample size too small or service not provided.

MONITORING INFECTION RATES

To ensure the best outcome for our patients, we monitor infection rates diligently and identify best practices that can provide the best possible environment of care for our patients. Infection rates are calculated by dividing the number of patients with the number of days multiplied by 1,000. Lower numbers are better. Trinity does not benchmark its data as its goal is ZERO infections.

Central Line-Associated Bloodstream Infection Rates
 Ventilator-Associated Pneumonia Infection Rates
 Surgical Site Infection Rates

TRINITY CLC	TRINITY MUSCATINE



CHARITY CARE AND FINANCIAL ASSISTANCE

Trinity provides charity care and financial assistance discounts for those people in need of medically necessary health care services. Trinity's financial advocates can assist patients and family members in determining eligibility for Medicaid or other state or federal programs. These programs provide comprehensive coverage including prevention, primary care, hospitalization, prescription and other services for individuals, families and children.

In addition to state or federal programs, Trinity provides financial assistance and payment plans to assist patients with their medical bills. Patients earning up to 1000% of the federal poverty income guidelines may be eligible for assistance. For more information on Trinity's charity care and financial assistance programs, call (309) 779-2440.

2009 ACCOMPLISHMENTS, HONORS AND MILESTONES

HEART CARE

- A study issued by HealthGrades®, the leading independent healthcare ratings organization, finds that Trinity Rock Island has been ranked the best in the Quad-Cities area for Overall Cardiac Services, Cardiology, Cardiac Surgery and Coronary Interventions for 2010. Trinity has received HealthGrades' 2010 Cardiac Care Excellence Award™, 2010 Cardiology Excellence Award™ and 2010 Coronary Intervention Excellence Award™.
- Trinity's heart team recently achieved the highest three-star rating from the Society of Thoracic Surgeons (STS) for its composite quality score. The STS composite quality score and participant rating system measures surgical performance based on a combination of 11 process and outcome measures.

ACCESS

- Unity HealthCare of Muscatine formally affiliated with Trinity on July 1, 2009. Together, the organizations represent more than 24,000 admissions per year in over 25 locations and five counties in the region, including Muscatine, Scott and Rock Island counties. Muscatine County voters overwhelmingly passed a referendum in early May to transfer the hospital building and grounds leased from Muscatine General Hospital Board of Trustees to Unity HealthCare. Unity is now known as Trinity Muscatine.
- The Robert Young Center for Community Mental Health opened up four more beds on its new inpatient unit at Rock Island. The availability of these additional mental health beds will decrease patient wait time in the emergency room as well as allow quicker placement for patients needing access to inpatient care. This opening occurred at a time when other area mental health units are facing closures or limited access.
- Trinity Visiting Nurse and Homecare Association expanded its pediatrics extended care program by adding 12 counties to its service area in eastern Iowa and western Illinois. Trinity hired 65 additional nurses to serve more children and families than ever before.
- Robert Young Center provided more than \$3.7 million worth of charity care with more than 4,300 residents of Rock Island and Mercer counties benefiting directly from this care. In addition more than \$25,000 in emergency assistance was provided to individuals returning to the community after a psychiatric hospitalization, including rental assistance, rent and utilities assistance.

SURGERY SERVICES

- Trinity's surgery program has achieved designation by the Blue Cross and Blue Shield Association as a Blue Distinction™ Center for Knee and Hip Replacement at its Rock Island and Bettendorf hospitals. Blue Distinction designations are awarded to facilities that have met objective, evidence-based thresholds for clinical quality and safety, developed with input from expert clinicians and leading professional organizations.
- Diversified Clinical Services, Inc. (DCS) presented its Center of Distinction Award to the Center for Wound Care and Hyperbaric Medicine at Trinity Bettendorf because of the center's high patient satisfaction, exceptional healing rates and outstanding clinical outcomes. Of 285 hospitals, the Bettendorf center was one of only 14 nationwide that met or exceeded the stringent award requirements.

CANCER TREATMENT AND PREVENTION

- Trinity began offering radiofrequency ablation, a minimally invasive heat-based therapy that uses thermal energy to destroy certain types of tumors (kidney, liver, lung) and their spread to other nearby organs. While the procedure/technology has been in existence for a number of years, Trinity has had to send cases out of the area because the technology was not available locally.
- Trinity's cancer program received full accreditation with commendations from the American College of Surgeons Commission on Cancer. Trinity has received this seal of approval continuously since 1979. The Commission is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.
- Trinity's imaging centers at its Moline and Bettendorf hospital campuses have each been designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR). The ACR recognizes breast imaging centers that have earned accreditation in all of the College's voluntary, breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.

EDUCATION

- Trinity's Diabetes Education program achieved a 3-year renewal from the American Diabetes Association's Education Recognition Program. To receive this designation, applicants must meet the National Standards for Diabetes Self Management Education.
- Trinity College of Nursing and Health Sciences began offering a new Spanish for Health-Care Providers course as well as on-site general education courses during the summer and fall 2009 semesters. In the course students learn Spanish vocabulary specific to health care, allowing future health-care professionals to have increased direct communication with their Spanish-speaking patients.



PERFORMANCE IMPROVEMENT

- Trinity took a literal approach to the hand-off process and started using yellow batons/folders to hold their SBAR forms when the clinical staff shared patient information. Recently, their SBAR technique has received national recognition and was a featured best practice in the Joint Commission on Accreditation of Healthcare Organization's "Improving Hand-Off Communication" publication.

TRINITY MOLINE

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Moline, IL 61265-6892
309-779-5000
www.trinityqc.com

TRINITY ROCK ISLAND

2701 17th Street
Rock Island, IL 61201-5393
309-779-5000
www.trinityqc.com

TRINITY BETTENDORF

4500 Utica Ridge Road
Bettendorf, IA 52722-1626
563-742-5000
www.trinityqc.com

TRINITY MUSCATINE

1518 Mulberry Avenue
Muscatine, IA 52761-3433
563-264-9100
www.trinitymuscatine.com



TRINITY
IOWA HEALTH SYSTEM

Moline • Rock Island • Bettendorf • Muscatine

TRINITY AT-A-GLANCE: 2009 CALENDAR YEAR

584 Licensed Beds | 20,638 Admissions | 84,617 ER Visits | 2,179 Births | 14,981 Surgeries
513 Volunteers | 65,050 Volunteer Hours | 640 Staff Physicians | 3,330 Employees

lifting UP
reaching OUT
giving BACK

STORIES OF MAKING A DIFFERENCE IN OUR COMMUNITIES



IOWA HEALTH
SYSTEM

Best Outcome for Every Patient Every Time

www.ihc.org

KEEPING OUR

Communities Healthy



At Iowa Health System, we do our best to make a difference through innovative medicine, compassionate care and comprehensive community benefit programs.

Our employees **reach out** to others, helping strengthen the community through health and wellness efforts. We **lift up** patients and families who are struggling, offering financial assistance and support to those in need. And we **give back** to our neighbors through sponsorships, in-kind

donations and hands-on volunteer activities that give hope and comfort to meet growing needs in today's troubled economic times.

It is a privilege to provide medical care to everyone who needs it. With the state's largest nonprofit workforce, we have nearly 20,000 employees, working toward our vision to deliver the Best Outcome for Every Patient Every Time.

In 2008, Iowa Health System and its hospitals, doctors' offices and home health agencies provided almost \$137 million of community benefits, including \$96 million in uncompensated care.

We're delivering assistance in places you might not expect – at weekend immunization clinics for children, in churches to discuss cancer survival rates, within the walls of community centers to provide free physicals and health screenings – and we're seeing results. The community benefit programs help heal families devastated by drugs or abuse, give direction to people trying to manage their medical debt and detect diseases like diabetes before they're out of control.

This report offers a glimpse of how we touch and improve the lives of people throughout Iowa and western Illinois. The stories here are a testament to the dedicated individuals and community partners working to ensure a healthier tomorrow for the people we serve.

Bill Leaver,
President and CEO
Iowa Health System

[2]

GIVING

Back

\$336,449,803

in Community Benefit during the last three years.



2008:

\$136,976,813

2007:

\$102,156,513

2006:

\$97,316,477

Iowa Health System's 2008 Community Benefit was almost \$137 million. That's a

34%
INCREASE

from the previous year, and

7%

of Iowa Health System's

TOTAL
EXPENDITURES

This amount is

5
TIMES

the value of Iowa Health System's nonprofit tax exemption.

(3)

PROTECTING

Children in Trouble

Bright walls and colorful toys greet visitors entering the Regional Child Protection Center at Blank Children's Hospital, a part of Iowa Health – Des Moines. However, many kids who go there have dark stories to tell.

One such child had been sexually abused by her father. Inconsistent information from family members caused roadblocks in the prosecution process. The abuse continued for three years until the community's Multidisciplinary Team and the Regional Child Protection Center were able to coordinate investigation efforts and prove the allegations against her father were true.

The center's professionals assist more than 850 young victims each year. The children come from backgrounds of drug exposure, physical, sexual abuse or neglect. In collaboration with law enforcement, the Department of Human Services, the legal community and victim advocacy organizations, the center

assists in investigation, treatment and prosecution of cases at no cost to the victim's family. Funding is received from state and federal grants, donations and Blank Children's Hospital.

Today, the girl and family continue therapy, and she is doing better in school. Her father received a 25-year sentence. A child who faced despair now has a brighter future.

Happy Bear teaches children about inappropriate touch. The Child Protection Center reaches more than 8,000 children ages 4 to 7 each year through Happy Bear's 20-minute presentations.



Comforting COLLEAGUES

Iowa Health System employees pulled together to help their colleagues after national disasters devastated areas of the state last year.

Iowa Health System, St. Luke's Hospital in Cedar Rapids, and Allen Memorial Hospital in Waterloo contributed \$1 million to assist employees affected by the statewide flooding and the deadly tornado that struck the Parkersburg community. This came from the organizations and their employees, board members, friends and vendors.

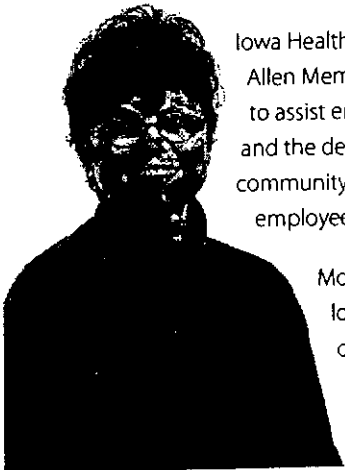
More than 450 Iowa Health System employees lost their homes or suffered serious damage during the disasters. Gloria Strickert, a 60-year-old

chaplain at Allen Memorial Hospital, received assistance from her colleagues after her home required extensive repairs after flooding.

For weeks, Strickert's colleagues provided evening meals so the family could focus on the house.

"I am overwhelmed at the generosity of our whole system," Strickert says. "I always knew that I worked for a wonderful organization, but the financial support and time off to focus on our home confirmed that this is a wonderful health system where so many people were giving, and giving generously."

At left, GLORIA STRICKERT, recipient of meals and financial assistance after her home was damaged by flooding.



[4]

A Perfect PARTNERSHIP

Sometimes people joke and say, "I can't afford to get sick right now." But with nearly 46 million Americans lacking health insurance, there's nothing funny about trying to stay healthy.

Debra King spends her days nurturing kids as a full-time, licensed child care provider. But the 54-year-old mother of recently adopted twin toddler girls lacks medical benefits. Fortunately, she and other Waterloo, Iowa, residents have free medical help from the Allen Community Engagement through Salvation Army Partnership, or ACE-SAP clinic.

Funded through Allen College and a grant from the Community Foundation of Northeast Iowa, the clinic focuses on preventive health care by offering free physicals and screenings.



ASHLEY TRUMM, an Allen College nursing student, examines a patient at the Allen Community Engagement through Salvation Army Partnership (ACE-SAP) clinic.

The clinic, housed in the town's Salvation Army Building, also offers experience to nursing student volunteers enrolled in the Allen College graduate program. Since its inception in the fall of 2008, more than 150 patients have obtained assistance through the clinic.

"Everyone at the clinic is kind and wonderful," King says. "I received a flu shot and physical, medical information and a referral for a free mammogram and other cancer screenings. I'm very grateful for their support."

HELP FOR

Cancer Patients

Lynnice Wedewer experienced many hardships during 2008. While battling breast cancer, her second cancer diagnosis, she struggled to receive housing assistance after the summer floods left her home blanketed in mold.

"With everything going on, I couldn't have made it to my treatments without the help from St. Luke's," says the 47-year-old Iowa native.

That help came from the Spirit Fund in the form of transportation assistance to and from medical appointments. The Spirit Fund was founded in 2006 by St. Luke's Hospital in Cedar Rapids, Iowa, to provide assistance for cancer support services such as hats, wigs, nutritional consultations or other resources not covered by insurance. The number of requests for assistance more than doubles each year, and the Spirit Fund has improved the lives of more than 100 patients.

"St. Luke's is here for the people, and they treat you like family. When it seemed like everyone else had forgotten about helping, the Spirit Fund was there to be my knight in shining armor," Wedewer says. "I thank them with all my heart."

[5]

TRINITY HEALTH FOUNDATION

Giving Patients a Lift

Sometimes the hardest part is getting started, especially when seeking medical care. This holds true for many patients living in rural communities who struggle with transportation issues before they ever enter a physician's office.

Trinity Health Foundation in Fort Dodge, Iowa, recognized this need and created a special transportation fund to assist area patients. The fund has provided more than \$15,000 in gasoline cards, taxi services and public transportation passes for patients traveling for medical care.

One elderly gentleman suffered from a foot wound that could have led to an amputation. The treatment plan was covered by insurance, but his limited income made it impossible to afford the cost of traveling 40 miles a day for 30 days to receive the necessary medical care.

Fortunately, the transportation fund was able to help. His medical team arranged for funding for weekly gasoline cards, and his wound quickly healed. Now he is back on his feet and grateful for the help he received.

FAMILY RECEIVES HELP

with Medical Debt

The Smith family struggles to pay their bills. Mark, a Des Moines mechanic, makes \$1,800 a month. But it isn't always enough to cover the rent, utilities, meals, school supplies and increasing medical debt for his family.

The bills accrued from health-care for his wife, Kim, and their two young sons. The family has insurance, but the deductibles, co-payments and other expenses equal thousands of dollars each year.

After six attempts to resolve the situation on their own, they sought assistance from the Neighborhood Health Initiative, a program funded in part by Iowa Health - Des Moines. A health advisor helped negotiate reduced charges for many services and developed payment plans with local providers.

"It's been such a rough time," Smith says. "We tried making payment arrangements before, but then when one of the boys got sick we'd get behind again. We're very grateful for the help that's made our debt and stress level more manageable."

Mark and Kim Smith's two sons prove that healthy kids mean happy kids.



Selfless Acts

IN A TORNADO'S AFTERMATH



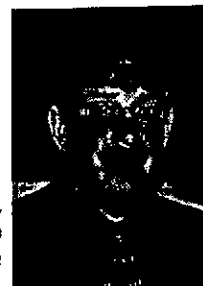
The residents of Parkersburg, Iowa, always will remember where they were May 25, 2008, when a deadly tornado struck their community, killing eight people and injuring more than 100.

They remember how people pulled together and the selfless acts of Dr. William Durbin, Marti Hall, ARNP and the staff at Aplington-Parkersburg Family Practice, part of Iowa Health Physicians and Clinics.

The medical team was there from the beginning, helping with triage efforts the night of the storm. For weeks they ignored their damaged homes and belongings to help others. Since many roads and homes were blocked by debris, they often ventured out, using all-terrain vehicles to deliver care and medical supplies where it was needed.

"Dr. Durbin is committed to excellence," Parkersburg's Police Chief Chris Luhring says. "He and his staff honored the needs of others above themselves. With such devastation and uncertainty, it really helped to have familiar faces providing medical assistance to those in need."

DR. WILLIAM DURBIN, one of many heroes in the aftermath of the Parkersburg tornado.



SUPER SHOT SATURDAY

Scores with Families



A Finley Hospital nurse administers an immunization with the help of a Dubuque Rotary Club volunteer.

No one likes getting a shot, especially kids. But families in Dubuque, Iowa, have a welcome resource to ease the fears and tears of childhood immunizations.

Super Shot Saturday is a convenient option for families eligible for Medicaid, or those without insurance, to get their child's immunizations current before school starts. Each young participant receives a small prize after the shots are administered.

The Dubuque Visiting Nurse Association, a subsidiary of The Finley Hospital, partners with the Dubuque Rotary Club to offer the annual event. In 2008 they had a 27 percent increase in participation, helping 105 children receive more than 300 immunizations.

PROGRAM HELPS PREVENT

Acute Illness

Laverle Marks, an 84-year-old retired truck driver, was hospitalized in 2008 with congestive heart failure. After returning home, Marks' physician referred him to a free program launched by St. Luke's Health System in Sioux City, Iowa, to help patients prolong their lives. The SKIP program, which stands for St. Luke's Home Care Keeping People Healthy and Independent through Prevention and Disease Management, takes a proactive approach to health care by targeting chronic illness.

"Our goal is to prevent acute illness before it occurs," Sheryl Steuk, clinical manager of St. Luke's Home Care, says. "By

working with our patients on a frequent basis, we not only educate them about their illness, but our SKIP nurses also monitor their condition more closely."

The SKIP program helps patients manage their health condition through education, support and lifestyle modifications. This made a world of difference for Marks. After receiving assistance for six months, he says "I feel pretty good now. It's important to know how to take care of yourself and I really appreciate their help."

[8]

Catching Cancer

THROUGH CONVERSATION

Making sense of the ever-changing world of cancer can be paralyzing. It can leave patients, friends and family members feeling overwhelmed, isolated, and like there is nowhere to turn. But with support and education from The Witness Project*, African American women in the Quad-City community have a new hope and personal resource to combat cancer.

In 1998, Trinity Regional Health System in Rock Island, Ill., launched the program to increase the number of local minority women practicing breast and cervical cancer screenings. African Americans have the highest overall age-adjusted rates of cancer and mortality of any U.S. population group.

Volunteers visit churches and community centers to share personal cancer survival stories, review early detection methods and inform participants of resources available in the community. Their goal is to eliminate the stigma associated with the disease and get more women talking about cancer.

Since its inception, Trinity's program has touched the lives of more than 900 women. The Witness Project* was founded in Arkansas and includes programs in 22 states across the country.

KIDS' HEALTH SCREENING DELIVERS

Early Diabetes Detection

Nurses and staff from Trinity Regional Medical Center in Fort Dodge, Iowa, knew they'd be helping the community when providing more than 800 free screenings for Type 2 diabetes through the hospital's Thrive program.

They didn't expect to discover two children with Type 1 diabetes, the non-preventable type.

"Had their diabetes gone undetected, it's very likely these students would have ended up in the emergency room with significant symptoms," Sarah Marsh, Trinity Youth Wellness Coordinator and Diabetes Center Coordinator, says.

"We continue to hear stories about students encouraging their parents to make better health choices," she says. "That's exciting because it

confirms that Thrive is working."

A cooperative effort between Trinity and the school system, Thrive delivers healthy living information to kids in the place they are used to learning and stems the tide of obesity. The free screenings were funded through a grant from The Wellmark Foundation.



Students learn the facts about fast food nutrition while participating in a wellness activity with SARAH MARSH, Trinity Youth Wellness Coordinator and Diabetes Center Coordinator.

FREE HEALTH INFORMATION

Available 24/7

For parents of a sick child, the voice on the other end of the telephone can provide reassuring words in the middle of the night.

Since 1999, My Nurse, a free 24-hour telephone health information service, has been answering callers' health questions, offering doctor referrals and promoting health education opportunities.

My Nurse is staffed by registered nurses and handled more than 430,000 calls in 2008. Contact My Nurse at 1-800-424-3258.

At right, MARY YOUNG, RN, answers a caller's health question from the My Nurse call center in Sioux City, Iowa. Young is one of 41 nurses on staff to take calls.



FEEDING THE NEEDS

of the Community



ANN CAROLAN, JESSICA MEISNER and MONICA AUNAN, employees of Iowa Health Physicians and Clinics, give their time to help feed the homeless at a Des Moines shelter.

The staff at Iowa Health Physicians and Clinics is dedicated to caring for the medical needs of the community. But several compassionate individuals working in the Des Moines billing and administrative office extend their commitment beyond health care by volunteering their time to serve supper at the city's downtown evening meal site.

For more than four years, staff have worked together to prepare and serve food to homeless people seeking assistance. The program serves more than 87,000 meals in the Des Moines area each year.

"Our volunteers help make this program available to those in need," says Tony Timm, Executive Director of Central Iowa Shelter and Services. "We have such a small staff and operating budget, and it is the caring individuals who give their time that make it possible for us to have such a positive impact in the area."

Susan Mikles, an administrative assistant with Iowa Health Physicians and Clinics, helped to coordinate the volunteer effort. "We were looking for a way to make a difference in the community, and after just one night, we decided to go back and help each month. It's important for us to heal in many different ways."

[10]

BY THE Numbers

While these faces and stories narrate how Iowa Health System lifts up, reaches out and gives back, they only tell part of the story. The true impact is measured in numbers.

2008 COMMUNITY BENEFIT SUMMARY

Charity Care at Cost	\$ 35,060,791
Unreimbursed Medicaid	\$ 61,804,772
Unreimbursed Costs - Other Means-Tested Government Programs	\$ 4,678
Total Charity Care and Means-Tested Programs	\$ 96,870,241
Community Health Improvement Services and Community Benefit Operations	\$ 9,885,871
Health Professions Education	\$ 9,567,964
Subsidized Health Services	\$ 7,966,720
Research	\$ 602,489
Cash and In-Kind Contributions to Community Groups	\$ 8,545,313
Total Other Benefits	\$ 36,568,357
Total Community Building Activities	\$ 3,538,215
Total Community Benefit	\$ 136,976,813

2008 IOWA HEALTH SYSTEM STATISTICS

Licensed/Staffed Beds	3,127/2,141
Admissions	108,608
Births	13,310
Yearly Patient Visits	2,548,428
Total Employees	19,181
Total Operating Revenue	\$2.0 Billion

OUR HOSPITALS:

Cedar Rapids area:
St. Luke's Hospital - Cedar Rapids
Jones Regional Medical Center - Anamosa

Des Moines:
Blank Children's Hospital
Iowa Lutheran Hospital
Iowa Methodist Medical Center
Methodist West Hospital*

Dubuque:
The Finley Hospital

Fort Dodge:
Trinity Regional Medical Center

Quad-City area:
Trinity 7th Street - Moline
Trinity Terrace Park - Bettendorf
Trinity West Campus - Rock Island
Unity HealthCare - Muscatine

Sioux City:
St. Luke's Regional Medical Center

Waterloo:
Allen Memorial Hospital

OUR PARTNER HOSPITALS:

Creston: Greater Regional Medical Center
Grundy Center: Grundy County Memorial Hospital
Guthrie Center: Guthrie County Hospital
Guttenberg: Guttenberg Municipal Hospital
Humboldt: Humboldt County Memorial Hospital
Jefferson: Greene County Medical Center
Maquoketa: Jackson County Regional Health Center
Osceola: Clarke County Hospital
Pocahontas: Pocahontas Community Hospital
Sac City: Loring Hospital
Storm Lake: Buena Vista Regional Medical Center
Sumner: Community Memorial Hospital

IOWA HEALTH HOME CARE

Serving the Des Moines, Sioux City, Grinnell and Fort Dodge areas.

OUR PHYSICIAN GROUPS:

Central and Eastern Iowa:
Iowa Health Physicians and Clinics

Central Iowa:
Partners In Health
Blank Children's Hospital Physicians

Sioux City:
St. Luke's Clinic Network

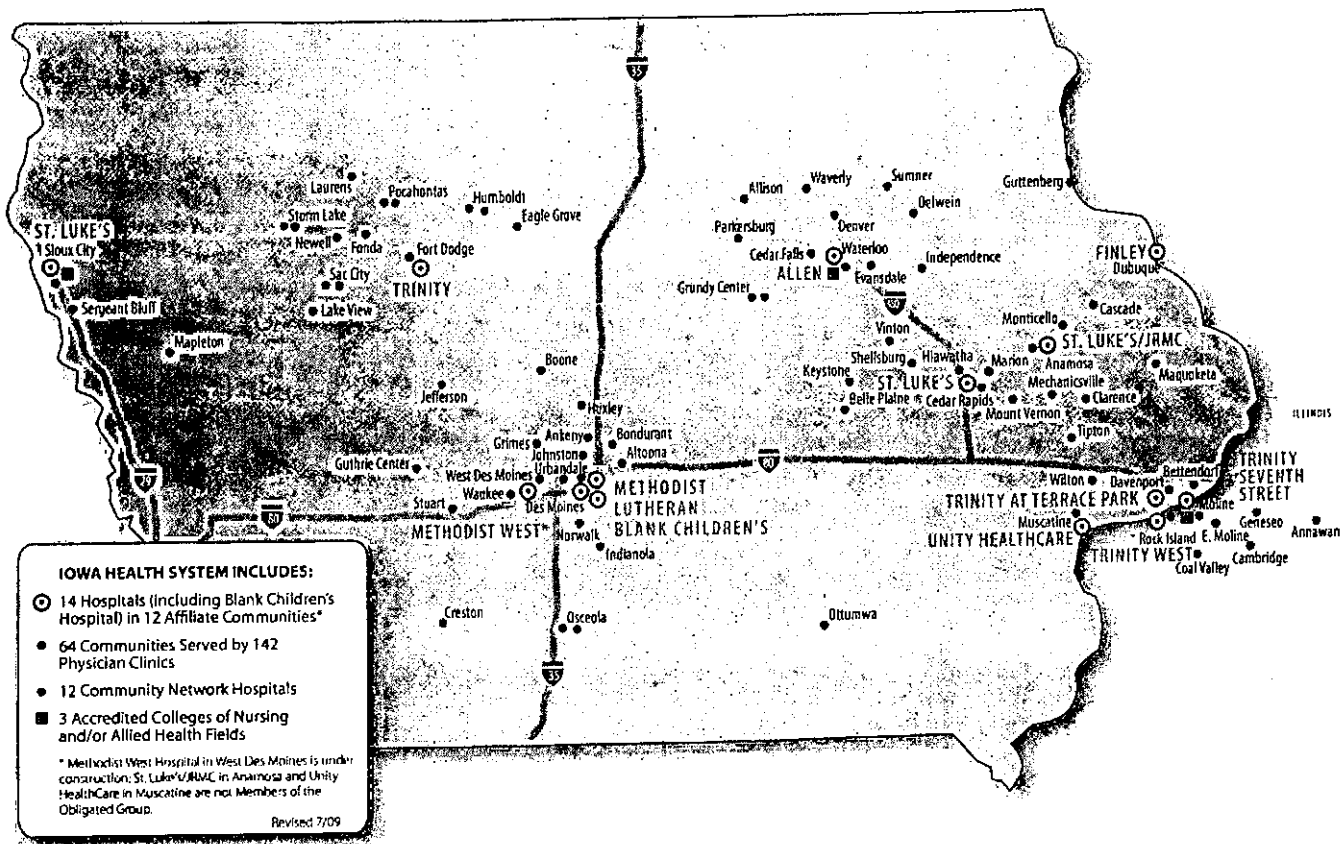
Fort Dodge:
Trimark Physicians Group

Quad-Cities:
Trinity Physicians Group
Unity HealthCare Clinics

Dubuque:
Finley Clinics

Waterloo:
Allen Women's Health

* Methodist West Hospital in West Des Moines is under construction.



IOWA HEALTH SYSTEM INCLUDES:

- 14 Hospitals (Including Blank Children's Hospital) in 12 Affiliate Communities*
- 64 Communities Served by 142 Physician Clinics
- 12 Community Network Hospitals
- 3 Accredited Colleges of Nursing and/or Allied Health Fields

* Methodist West Hospital in West Des Moines is under construction. St. Luke's/JRMC in Anamosa and Unity HealthCare in Muscatine are not Members of the Obligated Group.

Revised 7/09

About Iowa Health System

Initially formed in 1995, Iowa Health System is the state's first and largest integrated health system, serving nearly one of every three patients in Iowa. Iowa Health System provides care throughout Iowa and western Illinois, with 26 hospitals in metropolitan and rural communities and more than 140 group practices of physicians and clinics.

Iowa Health System employs the state's largest nonprofit workforce, with nearly 20,000 employees working toward innovative advancements to achieve its vision of delivering the Best Outcome for Every Patient Every Time. Each year, through more than 2.5 million patient visits, Iowa Health System hospitals and clinics provide a full range of care and cover virtually every medical specialty. With annual revenues of \$2 billion, Iowa Health System is the sixth largest nondenominational health system in America and provides community benefit programs and services to improve the health of people in its communities.



Best Outcome for Every Patient Every Time
www.ihs.org



Mixed Sources
 Product group from well-managed forests and other controlled sources

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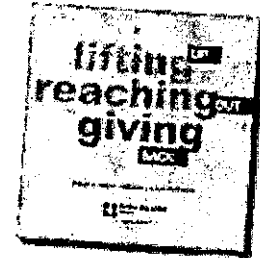
Best Outcome for Every Patient Every Time

Iowa Health System's Benefit to our Communities

Iowa Health System and its affiliates provide significant benefits to our communities. In addition to the Internal Revenue System (IRS) defined community benefit contributions, Iowa Health System and its affiliates have, or incur, additional costs in order to provide patient care. Community benefit, other uncompensated care and taxes are significant additional costs that Iowa Health System entities incur in providing patient care. Iowa Health System providers must balance their obligations as tax exempt entities to provide benefits to our communities, including uncompensated care, with their responsibilities to maintain their existence and continue to provide needed health care services to the communities.

Community Benefit

[View Iowa Health System's 2008 Community Benefit Report](#)



2008 Summary: Community Benefit, Other Uncompensated Care and Taxes	\$ Amount	Percent of Expenses
<u>Total Community Benefit</u>	\$ 136,976,813	7.03 Percent
<u>Total Cost of Other Uncompensated Care</u>	\$ 136,040,454	6.99 Percent
<u>Total Taxes</u>	\$ 67,832,566	3.48 Percent
Total Community Benefit, Other Uncompensated Care and Taxes	\$ 340,849,833	17.5 Percent

Charity Care and Community Benefit

Iowa Health System and its affiliates provide patient care to a growing number of uninsured and underinsured patients. Patients are responsible for a greater burden of their health care costs through growing out-of-pocket deductibles that many health insurance plans, including Medicare, have implemented. And many patients lack the financial resources to secure health insurance. Accordingly, Iowa Health System has developed financial policies to seek fair and equitable payment from patients based on their ability to pay. At the same time, Iowa Health System assists patients who cannot reasonably pay for some or all of the care they receive.

View our [Discounts for Uninsured Patients](#) policy.
View our [Financial Assistance](#) policy.

Additionally, Iowa Health System and its affiliates offer a wide range of community services at no or minimal cost to the recipient. These community services include community education, immunizations, reduced fee clinics and medical education. All are part of the total community benefit provided by Iowa Health System and its affiliates.

2008 Summary: Community Benefit and Community Building Activities	\$ Amount	Percent of Expenses
Charity care at cost	35,060,791	1.80 Percent
Unreimbursed Medicaid	\$ 61,804,772	3.17 Percent
Unreimbursed Costs - Other Means-Tested Government Programs	\$ 4,678	0.00 Percent
Total Charity Care and Means-Tested Programs	\$ 96,870,241	4.97 Percent
Community Health Improvement Services and Community Benefit Operations	\$ 9,885,871	0.51 Percent
Health Professions Education	\$ 9,567,964	0.49 Percent
Subsidized Health Services	\$ 7,966,720	0.41 Percent
Research	\$ 602,489	0.03 Percent
Cash and In-Kind Contributions to Community Groups	\$ 8,545,313	0.44 Percent
Total Other Benefits	\$ 36,568,357	1.88 Percent
Total Community Building Activities	\$ 3,538,215	0.18 Percent

7.03 Percent

Total Community Benefit \$ 136,976,813

Cost of Other Uncompensated Care

In addition to the IRS defined community benefit, Iowa Health System and its affiliates provide additional services for which they are not compensated. Uncompensated care is an overall measure of hospital and provider care for which no payment was received from the patient or insurer. The IRS definition of community benefit includes charity care and unreimbursed Medicaid. However, uncompensated care also includes bad debt and unreimbursed Medicare. Other Uncompensated Care reports the cost of bad debt and unreimbursed Medicare that is not included in the IRS definition of community benefits, since it is an important and significant cost to nonprofit hospitals and providers.

2008 Summary: Cost of Other Uncompensated Care	\$ Amount	Percent of Expenses
Bad Debt (Uncollectible charges excluding contractual adjustments, arising from the failure to pay by patients whose health care has not been classified as charity care.)	\$ 24,702,312	1.27 Percent
Uncompensated Medicare (Cost of providing services that Medicare doesn't pay.)	\$ 111,338,142	5.72 Percent
Total Cost of Other Uncompensated Care	\$ 136,040,454	6.99 Percent

Taxes

Although Iowa Health System and its affiliates are exempt from federal income tax under IRC section 501(c)(3) as charitable organizations, Iowa Health System is legally obligated to make tax payments in the form of state sales taxes, real estate, or property taxes, and federal and state income taxes paid by a variety of Iowa Health System affiliated entities for a total of \$7.8 million in 2008. In addition, Iowa Health System paid taxes related to employee payroll taxes (employer portion of Social Security and Medicare) of \$60 million. This combined \$67.8 million, while not included in Iowa Health System's IRS community benefit reporting, provides additional insight into the substantial amount of taxes paid by Iowa Health System entities.

2008 Summary: Taxes	\$ Amount	Percent of Expenses
Income, Property and Sales Taxes	\$ 7,824,096	0.40 Percent
Payroll Taxes	\$ 60,008,470	3.08 Percent
Total Taxes	\$ 67,832,566	3.48 Percent

XII. Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Trinity Rock Island and Trinity Moline, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

TRINITY MEDICAL CENTER d/b/a Trinity Rock Island, Trinity Moline*

	FY2007	FY2008	FY2009
Net Patient Revenue	\$185,329,000	\$212,469,000	\$209,298,000
Amount of Charity Care* (charges)	\$14,379,000	\$19,988,000	\$18,089,000
Cost of Charity Care*	\$6,846,625	\$10,150,000	\$8,148,000

*Trinity Rock Island and Trinity Moline, the 2 Illinois hospitals that are part of Trinity Medical Center, report consolidated data for the number of Charity Care patients and Charity Care Revenues.

These hospitals have a single license in accordance with 210 ILCS 85/4.5 (IDPH #0003244, IDPH#0005140), share a single provider number, and issue consolidated financial statements.

At the present time, it is not possible to report patient revenue or charity care separately for each of these hospitals, although Trinity Medical Center is attempting to develop a mechanism for separate reporting for each of the hospitals in the future.

2. This chart is provided for Trinity Rock Island and Trinity Moline, which are the only 2 Illinois hospitals owned and operated by any of the co-applicants.

Trinity Regional Health System is a member of Quad Cities Ambulatory Surgery Center, L.L.C.

3. This item is not applicable because Trinity Rock Island is an existing facility.