Constantino, Mike

From: Lawler, Daniel [daniel.lawler@klgates.com]
Sent: Monday, November 28, 2011 4:21 PM
To: Avery, Courtney
Cc: Constantino, Mike; Urso, Frank; Andrea R. Rozran [arozran@diversifiedhealth.net]; Streng Hadley (HStreng@centegra.com)
Subject: Project #10-090, Centegra Hospital-Huntley: Applicants' Comment on SSAR
Attachments: Response to Centegra SSAR.pdf

Dear Ms. Avery,

I represent Centegra Health System and Centegra Hospital-Huntley, the applicants on Project No. 10-090, Centegra Hospital-Huntley. Attached please find the applicants' written comment on the Supplemental State Agency Report for Project No. 10-090, Centegra Hospital-Huntley.

We have been advised by the Review Board's staff that the time for submitting written responses was extended from 9:00 am to 5:00 pm due to the Thanksgiving holiday, and that email transmission was acceptable.

Dan Lawler

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November 28, 2011

VIA EMAIL

Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
2nd Floor
Springfield, IL 62761

Re: Project No. 10-090 Centegra Hospital-Huntley
Applicants' Response to Supplemental State Agency Report

Dear Ms. Avery:

I represent Centegra Health System and Centegra Hospital-Huntley, the applicants in Project No. 10-090, Centegra Hospital-Huntley, and submit this written comment on the findings of the Supplemental State Agency Report ("SSAR") for Project No. 10-090 pursuant to Section 6(c-5) of the Illinois Health Facilities Planning Act(20 ILCS 3960/6(c-5).

I. The SSAR is Overwhelmingly Positive

The SSAR was overwhelmingly positive, with the Project in conformance to most all of the Review Board's criteria including the following:

Criterion 1110.230(a):	**Background of the Applicant**
Criterion 1110.230(b):	**Purpose of the Project**
Criterion 1110.230(c):	**Alternatives to the Proposed Project**
Criterion 1110.234(a):	**Size of Project**
Criterion 1110.234(b):	**Project Services Utilization**
Criterion 1110.234(d):	**Assurances**
Criterion 1110.530(b)(1):	**Planning Area Need: formula calculation**
Criterion 1110.530(b)(2):	**Planning Area Need: service to planning area residents**
Criterion 1110.530(b)(3):	**Project Service Demand: rapid population growth**
Criterion 1110.530(e):	**Staffing Availability**
Criterion 1110.530(f):	**Performance Requirements**
Criterion 1110.530(g):	**Assurances**
Criterion 1120.120:	**Availability of Funds**
Criterion 1120.130:	**Financial Viability**
Criterion 1120.140(a):	**Reasonableness of Financing Arrangements**
Criterion 1120.140(b):	**Conditions of Debt Financing**
Criterion 1120.140(c):	**Reasonableness of Project and Related Costs**
Criterion 1120.140(d):	**Projected Operating Costs**
Criterion: 1120.140(e):	**Total Effect of the Project on Capital Costs**

With these findings, Centegra Hospital-Huntley, Project No. 10-090, is unquestionably the most favorably reviewed new hospital project in the history of the Review Board and its predecessor Board. Even the "replacement" hospital projects approved over the years did not conform to as many Review Criteria as Centegra Hospital-Huntley.

II. The SSAR Should Be Corrected to Show Compliance with the Service Accessibility Criterion

The SSAR made findings of non-conformance under three Review Criteria. We respectfully submit that the finding of non-conformance for Criterion 1110.530(b), Planning Area Need, is in error and request that the SSAR be corrected to show compliance with that Criterion.

In the SSAR, the finding of non-conformance for Criterion 1110.530(b) is solely based on sub-paragraph (5) which relates to Service Accessibility. That sub-paragraph states that an applicant "shall document that at least one of the following factors exists in the planning area," and then identifies five separate factors. The five factors relate to: (1) the absence of services in the area; (2) access limitations due to payor status; (3) restrictive admission policies of existing providers; (4) federally designated health professional shortage areas and medically underserved areas, and; (5) utilization of existing facilities within 45 minutes. A copy of Criterion 1110.530(b)(5) is included as Attachment 1 hereto.

Importantly, Criterion 1110.530(b)(5) does not require that *all* of the five factors be documented, but rather, only that *at least one* be documented. The Centegra applicants for Project No. 10-090 documented conformance with one of the five factors by submitting proof in their permit application that areas within the designated Planning Area and the project's geographic service area were designated by the Secretary of Health and Human Services as a Health Professional Shortage Area, Medically Underserved Area and Medically Underserved Population. The SSAR confirms this in its finding on page 23 that "the applicants provided evidence of 3 census tracts within Planning Area A-10 that have been designated a[s] Medically Underserved Population, 1 census tract in the primary service area as designated Medically Underserved Area/Population, [and] four townships in the market area designated as Health Manpower Shortage Areas."

Having documented conformance with one of the five factors under Criterion 1110.530(b)(5), the project conformed to the plain language of the rule and the project should have received a positive finding under this Criterion. However, the SSAR made a finding on non-compliance based on the existence of providers within 45-minutes that were below target utilization.

The finding of non-compliance is erroneous because it necessarily assumes that an applicant must document *more than one* of the five identified factors whereas the rule plainly states that an applicant document *at least one* of the five factors. For this reason, we respectfully request that the SSAR be corrected to show that the project is in conformance with Criterion 1110.530(b).

III. The Findings of Non-Compliance in the SSAR are Based on a Single, Non-Determinative Factor

Other than Criterion 1110.530(b) addressed above, the SSAR made findings of non-conformance under only two other Review Criteria, and both were triggered by a single factor, namely, underutilization at existing facilities. Underutilization of existing facilities is ***not*** a deciding factor under the Planning Act and the Review Board's longstanding practice. **Indeed, in the vast majority of projects approved by the Review Board, the State Agency has reported the existence of numerous, underutilized facilities.** The Centegra Hospital-Huntley project meets an identified unmet need. The existence of underperforming facilities is not a basis to deny this much-needed project.

A. The development of health care facilities in areas of identified unmet need is a prevailing policy of the Planning Act

A primary purpose of the Planning Act is to "guarantee the availability of quality health care to the general public" and to promote the "development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs." 20 ILCS 3960/2. While the Planning Act also promotes the "development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities" (*id.*) where, as here, the planning process has identified unmet needs, the establishment of additional needed services is, by definition, not "unnecessary" duplication. The availability of quality health care facilities in areas of unmet need is a prevailing policy of the Planning Act, and the promotion of that State policy should not be subjugated to underutilized facilities.

B. It is *not* the Review Board's responsibility to protect the market share of underutilized facilities

While the State Board is to consider the extent of utilization at existing facilities as one of many factors in developing its planning policies under Section 12(4) of the Planning Act (20 ILCS 3960(12(4)), it is *not* the Review Board's responsibility to improve or maintain utilization at existing underutilized facilities. To the contrary, Illinois Courts have consistently held that it is not the Review Board's role to protect the market share of existing facilities. In *Provena Health v. Ill. Health Facilities Planning Bd.*, 382 Ill. App. 3d 34, 48

(1st Dist. 2008), the Illinois Appellate Court held that, "It is not the [Review] Board's responsibility to protect market share of individual providers." Similarly, in *Cathedral Rock of Granite City, Inc. v. Ill. Health Facilities Planning Bd.*, 308 Ill. App. 3d 529, 540 (4th Dist. 1999), the Court determined that "[t]he purpose of the Planning Act ... is not to provide protection to competitors from an imposition on their market shares." As the Court further noted in *Cathedral Rock*: "No rule or law forever entitles plaintiff to such share." 308 Ill. App. 3d at 540.

To withhold the approval of a new facility based on the underutilization of existing facilities would turn the planning process on its head and create negative incentives that punish successfully operated facilities while rewarding the poorly operated ones. This very point was made by the Illinois Appellate Court in *Dimensions Medical Center, Ltd., v. Elmhurst Outpatient Surgery Center, L.L.C.*, 307 Ill. App.3d 781 (4th Dist. 1999).

In *Dimensions Medical Center,* two underutilized surgery centers challenged the State Board's issuance of a permit for a new Ambulatory Surgical Treatment Center and argued that no new facilities should be approved until existing facilities met target utilization levels. The Illinois Appellate Court summarily rejected this contention and noted its absurd consequences:

> "Under their proposed standard, a successful medical-care provider ... would be forbidden from expanding to provide for the needs of its own patients just because some other facilities in the area cannot maintain an adequate patient base. The public would, under [the proposed standard], be forced to seek medical services at facilities that--for whatever reason--it had not chosen for that purpose. As a secondary effect, part of the incentive for medical-care providers to do good work would disappear. Those that do well would be forbidden from enjoying the fruits of their efforts, and those that do poorly would be guaranteed a patient base because the Board would simply deny permits to build new facilities in the area until the reluctant public finally made sufficient use of all existing facilities."

Dimensions Medical Center, 307 Ill. App.3d at 799-800.

While it is not the Review Board's responsibility to maintain the utilization at existing facilities, Centegra has documented that population growth in the areas to be served by Centegra Hospital-Huntley will offset any marginal reduction in patient volumes of existing facilities so as to not adversely affect their utilization. Centegra Hospital-Huntley will serve two of the fastest growing planning areas in the State. IDPH data show that McHenry County (A-10) is the second fastest growing planning area in the State and northern Kane County (A-11) is the third fastest growing planning area. The most recent 10-year population projection by IDPH (as of October 14, 2011) for McHenry County is 24%

and for northern Kane County is 21%. (*See* IDPH Population Projections Table included as Attachment 2 hereto.) In addition, the 2010 Census confirms that the Village of Huntley continues to be one of the fastest growing municipalities in the Chicago Metropolitan Area.

C. This needed project should not be penalized for underutilization at other facilities

New, needed facilities should not be denied due to underutilization at existing facilities. Otherwise, the public would be forced to go to facilities they choose to avoid, and the Review Board would create negative incentives for hospital administrators. Again, as noted by the Appellate Court in *Dimensions Medical Center*: "Those that do well would be forbidden from enjoying the fruits of their efforts, and those that do poorly would be guaranteed a patient base because the Board would simply deny permits to build new facilities in the area until the reluctant public finally made sufficient use of all existing facilities." The present project is a case in point.

1. Mercy Harvard is avoided by the public and by Mercy's own employed physicians

Centegra operates two of the three existing acute care hospitals in Planning Area A-10 which has the *highest* medical/surgical utilization among the 40 statewide planning areas. (*See* CON Occupancy table included as Attachment 3 hereto.) This despite the fact that the third hospital in Planning Area A-10, Mercy Harvard, has one of the state's *lowest* medical/surgical utilization rates (27.5%) according to the 2010 Hospital Profiles. Mercy Harvard is not only avoided by the public, it is avoided by Mercy's own employed physicians.

According to COMPdata, only 331 of 1,375 Harvard residents who received inpatient services went to Mercy Harvard in FY 2010. (*See* COMPdata table included as Attachment 4 hereto.) Most residents of Harvard choose to drive approximately 30 minutes to Centegra Hospital-Woodstock or approximately 47 minutes to Centegra Hospital-McHenry. Even more remarkable is that Mercy's own employed physicians prefer to send Harvard residents to Centegra hospitals rather than to Mercy Harvard. In the physician referral letters included in Mercy's CON application for Project No. 10-089, out of a total 349 referrals of residents from the Harvard zip code, only 29 were referred to Mercy Harvard, while 319 were referred to Centegra hospitals. (*See* Mercy Physician Referral table included as Attachment 5 hereto.) *In this instance, Mercy's employed physicians prefer Centegra's hospitals over Mercy Harvard by a factor of eleven to one.*

The State has identified an unmet need for additional hospital beds in McHenry County. These needed beds should not be denied because Mercy Harvard is underutilized. If

the "reluctant public" is denied new, needed facilities until Mercy Harvard is at target occupancy, the public is unlikely to ever receive those needed services. Based on the Hospital Profiles posted on the Review Board's website, in the nine years that Mercy Alliance has owned Mercy Harvard, its medical/surgical utilization has averaged 19% and has never been higher than 28%. (*See* Utilization table included as Attachment 6 hereto.)

2. Sherman intentionally over-built in an over-bedded area

In 2005, Sherman Hospital obtained a CON permit for a "replacement hospital" with 197 medical/surgical beds (Project No. 05-054). At the time, Sherman's planning area (A-11) had an *excess* of 192 medical/surgical beds. Even though the proposed project reduced the size of the hospital's medical/surgical unit, the project as approved still left an excess of 77 medical/surgical beds in the area. Sherman knew that the planning area was over-bedded and still proceeded to build a facility with beds far in excess of the identified area need.

Moreover, Sherman Hospital has been underutilized for *decades*. According to the Hospital Profiles posted on the Review Board's website, Sherman Hospital's medical/surgical utilization has averaged only 52% in the last nine years. (*See* Attachment 6.) In addition, the Review Board's Inventories of Hospital Services from prior years shows that this is not a recent phenomenon. The 1990 Inventory shows Sherman Hospital's medical/surgical utilization at 53% and the 1992 Inventory shows a medical/surgical utilization of 50%. (*See* excerpts from the 1990 and 1992 Inventories of Hospital Services included hereto as Attachments 7 and 8, respectively.)

Sherman Hospital has over twice the number of inpatient beds as its cross-town rival Provena Saint Joseph Hospital, which is also located in Elgin. Historically, Provena Saint Joseph has had considerably higher utilization than Sherman (though Provena itself is also below target utilization levels). Sherman was obviously determined to maintain its huge size advantage over Provena notwithstanding the lack of need and Sherman's own historical inability to meet target utilization levels.

The remedy for Sherman's and any other facility's underutilization is to simply reduce its number of beds. Sherman's intentional over-building and the general over-bedded state of affairs in the city of Elgin should not be the reason that the residents of Huntley and Planning Area A-10 are denied a needed, new facility.

K&L|GATES

Thank you for your consideration of this written comment on the findings in the Supplemental State Agency Report for Centegra Hospital-Huntley, Project No. 10-090.

Very truly yours,

K&L GATES LLP

Daniel J. Lawler

DJL:dp
Enclosure

Section 1110.530 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Review Criteria

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

IDPH POPULATION PROJECTIONS
All Planning Areas

Planning Area	2008 Population (Estimated)	2018 Population (Projected)	Projected Growth Rate
A-013	732,000	913,520	25%
A-010	**319,580**	**395,700**	**24%**
A-011	389,420	472,220	21%
E-005	91,520	104,570	14%
A-009	715,870	810,100	13%
E-003	42,020	47,450	13%
C-002	155,190	174,480	12%
C-003	77,900	87,510	12%
F-006	136,010	150,390	11%
D-002	206,320	228,050	11%
D-005	98,520	108,770	10%
F-005	61,680	67,940	10%
A-007	621,350	683,950	10%
D-001	240,740	264,900	10%
E-004	57,330	63,060	10%
F-004	105,790	116,270	10%
F-007	159,070	174,600	10%
E-002	78,810	86,450	10%
F-002	83,970	91,900	9%
C-001	371,610	406,330	9%
B-002	84,510	92,320	9%
B-004	108,530	118,310	9%
A-006	489,750	533,120	9%
B-001	385,590	418,870	9%
E-001	308,540	333,810	8%
C-004	68,620	74,120	8%
D-004	161,540	174,090	8%
F-003	96,290	103,750	8%
A-001	1,046,900	1,126,360	8%
A-008	444,820	475,170	7%
A-004	1,145,140	1,222,340	7%
A-014	110,710	117,600	6%
A-005	933,760	989,700	6%
B-003	109,020	115,000	5%
A-012	333,950	350,320	5%
C-005	215,140	224,550	4%
A-003	834,410	863,180	3%
F-001	577,460	594,040	3%
A-002	594,890	607,220	2%
D-003	107,330	107,390	0%

Source: IDHFSRB/IDPH Inventory of Health Care Facilities and Services and Need Determinations (October 14, 2011)

Attachment 2

CON OCCUPANCY RATES
Medical-Surgical Beds: All Planning Areas

PLANNING AREA	CON OCCUPANCY CY2010
A-010*	73.0%
A-005	70.6%
A-002	69.2%
A-007	68.4%
A-011	66.3%
E-001	64.6%
D-001	64.3%
A-013	64.2%
C-001	62.5%
A-009	61.3%
F-006	60.8%
A-008	60.6%
A-012	58.7%
B-004	58.3%
D-005	58.3%
A-001	57.9%
A-004	57.8%
A-006	57.8%
B-001	56.4%
A-003	56.2%
F-004	55.7%
D-002	55.2%
B-003	54.2%
F-002	53.4%
F-007	50.5%
A-014	49.4%
E-005	45.4%
F-001	44.1%
D-004	41.6%
C-005	41.5%
C-003	40.9%
F-005	39.8%
C-002	37.6%
D-003	36.7%
B-002	36.4%
E-004	34.1%
C-004	33.7%
E-002	29.5%
E-003	17.2%
F-003	**

Source: IDPH Hospital Data Summary by Hospital Planning Area, 2010

* The high CON Occupancy in Planning Area A-10 is due to Centegra Hospital-McHenry and Centegra Hospital-Woodstock as the other hospital in A-10 (Mercy Harvard) has a CON Occupancy of only 26.8%.

** The utilization in F-003 appears erroneously skewed in the 2010 Hospital Profiles by the report of one 25-bed hospital showing an average daily census over 193 and CON Occupancy of 773%. This is an obvious error. Based on the 2009 Hospital Profiles, the CON Occupancy for F-003 was 39.4% and the hospital in question (Wabash General) had a CON Occupancy of 39.1%.

FY 2010 Harvard Residents Inpatient Hospitalization

Source: IHA COMPdata; Excludes Neonates & Normal Newborns

	60033 Harvard
Centegra Hospital-McHenry	123
Centegra Hospital-Woodstock	558
Mercy Harvard Hospital	331
Harvard Residents going to McHenry County Hospitals Subtotal	1,012
Harvard Residents going to Non McHenry County Hospitals Subtotal	363
Harvard Residents Inpatient Grand Total	1,375

Attachment 4

Facilities to which Mercy's Employed Physicians Refer Residents of Harvard, Illinois

Physician Name		Number of Harvard Residents Referred by Physician (zip code 60033)	Mercy Harvard Memorial	Centegra Hospital-McHenry	Centegra Hospital-Woodstock	Advocate Good Shepherd
Albright,	Kim	1		1		
Asbury,	Jeffrey	4	3		1	
Bistriceanu,	Graziella	1			1	
Campau,	Steven	1				1
Chatterji,	Manju	3		3		
Chitwood,	Rick	1			1	
Cook,	Richard	62			62	
Crawley,	Terri	29			29	
DeHaan,	Paul	12	5	2	5	
Dillon,	Paul	1	1			
Favia,	Julie	11			11	
Gavran,	Monica	1			1	
Goodman,	David	1			1	
Gulati,	Roshi	2			2	
Gupta,	Lata	18			18	
Howey,	Susan	1		1		
Hussain,	Yasmin	12	11		1	
Kakish,	Nathan	24			24	
Karna,	Sandhya	2		2		
Karney,	Michelle	12			12	
Krpan,	Marko	5	3	2		
Livingston,	Gary	2			2	
Loqman,	Mabria	5			5	
MacDonald,	Robert	2		2		
Mirza,	Aisha	32			32	
Persino,	Richard	9		9		
Phelan,	Patrick	28			28	
Riggs,	Mary	3		3		
Ronquillo,	Bibiano	2			2	
Tarandy,	Dana	14	6		8	
Wittman,	Randy	4		4		
Zaino,	Ricca	44			44	
TOTAL		**349**	**29**	**29**	**290**	1

Source: Physician Referral letters included in CON Application for
Mercy Crystal Lake Hospital & Medical Center, Project No. 10-089

Hospital Medical/Surgical Percentage Utilization

Year	Mercy Harvard Memorial	Sherman Hospital
2010	27.5	63.8
2009	26.8	46.8
2008	15.9	52.8
2007	17.3	55.8
2006	22.0	67.7
2005	15.3	47.5
2004	17.0	47.7
2003	13.5	41.4
2002	13.8	40.9

Source: Hospital Profiles posted on IHFSRB website

STATE OF ILLINOIS
HEALTH FACILITIES PLANNING BOARD
525 West Jefferson Springfield, Illinois 62761 217-782-3516

INVENTORY OF HEALTH CARE FACILITIES and NEED DETERMINATIONS BY PLANNING AREA

PARTS I - IV HOSPITALS

77 ILL. ADM. CODE 1100 - Narrative and Planning Policies
77 ILL. ADM. CODE 1110 - Processing, Classification and Review Criteria

1990 EDITION EFFECTIVE MARCH 15, 1990
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Attachment 7

SERVICE AREA:	CLINICAL SERVICE:	POPULATION	UNDER 15	15 - 64	65 & OVER
A-014 NORTH KANE	MEDICAL-SURGICAL AND PEDIATRICS	1988	57,650	150,150	17,300
		1993	64,500	159,300	18,600

NAME OF FACILITY	CITY	COUNTY	EXISTING BED CAPACITY	DISCHARGES	PATIENT DAYS
MEDICAL-SURGICAL					
SAINT JOSEPH HOSPITAL	ELGIN	KANE	195	4,483	34,104
SHERMAN HOSPITAL ASSOCIATION	ELGIN	KANE	308	8,693	59,903
DELNOR COM HOSP-ST CHRLS CAMP	SAINT CHARLES	KANE	0	2,408	14,657
PERMIT ISSUED 3/2/89 TO CLOSE FACILITY					
FACILITY OPERATED 83 BEDS.					
		SUB-TOTAL	503	15,584	108,664
PEDIATRICS					
SAINT JOSEPH HOSPITAL	ELGIN	KANE	12	687	2,568
SHERMAN HOSPITAL ASSOCIATION	ELGIN	KANE	27	943	3,029
DELNOR COM HOSP-ST CHRLS CAMP	SAINT CHARLES	KANE	0	255	633
PERMIT ISSUED 3/2/89 TO CLOSE FACILITY					
FACILITY OPERATED 8 BEDS.					
		SUB-TOTAL	39	1,885	6,230
		TOTAL	542	17,469	114,894

HISTORICAL UTILIZATION

YEAR	PATIENT DAYS 0 - 14	15 - 64	65 AND OVER
BASE-2	15,606	74,468	38,693
BASE-1	10,875	65,117	39,129
BASE	6,482	57,211	51,201

BED NEED DETERMINATION (MEDICAL/SURGICAL - PEDIATRICS):

BASE USE RATES:	THREE YEAR AVERAGE UTILIZATION	/	BASE YEAR POPULATION	=	BASE USE RATE	*	PROJECTED POPULATION	=	PROJECTED DAYS
AGES 0 - 14	10,988	/	57,650	=	.1906	*	64,500	=	12,294
AGES 15 - 64	65,599	/	150,150	=	.4369	*	159,300	=	69,598
AGES 65 +	43,008	/	17,300	=	2.4860	*	18,600	=	46,240

AREA "IN" MIGRATION	AREA "OUT" MIGRATION	NET MIGRATION	MIGRATION DAYS	ADJUSTMENT FACTOR (+/-)	TOTAL ADJUSTED PATIENT DAYS	PROJECTED A.D.C.
6,696	8,970	+ 2,274	+ 15,235	+ 2,285	+ 130,417	357

ADJUSTED BED NEED	EXISTING BEDS	ADDITIONAL BEDS NEEDED	EXISTING EXCESS BEDS
411	542	0	131

State of Illinois

Health Facilities Planning Board

INVENTORY OF HEALTH CARE FACILITIES AND NEED DETERMINATIONS BY PLANNING AREA

PARTS I-VIII HOSPITALS

1992 Edition-Effective April 3, 1992

Prepared by:

Health Systems Section

Illinois Center for Health Statistics

Attachment 8

PLANNING AREA: A-014 NORTH KANE

CLINICAL SERVICE: MEDICAL-SURGICAL AND PEDIATRICS

POPULATION	UNDER 15	15 - 64	65 & OVER
1990	60,629	162,678	18,919
1995	64,000	176,300	21,400

NAME OF FACILITY	CITY	COUNTY	EXISTING BED CAPACITY	DISCHARGES	PATIENT DAYS
MEDICAL-SURGICAL					
SAINT JOSEPH HOSPITAL BED TOTAL DECREASED BY 9 THRU ADJUSTMENT OF HOSPITAL BED INVENTORY EFFECTIVE 1/18/91.	ELGIN	KANE	186	4,041	30,593
SHERMAN HOSPITAL ASSOCIATION BED TOTAL INCREASED BY 1 THRU ADJUSTMENT OF HOSPITAL BED INVENTORY EFFECTIVE 2/14/91.	ELGIN	KANE	309	8,519	56,366
DELNOR COM HOSP-ST CHRLS CAMP PERMIT ISSUED 3/2/89 TO CLOSE FACILITY FACILITY OPERATED 83 BEDS.	SAINT CHARLES	KANE	0	2,593	15,244
		SUB-TOTAL	495	15,153	102,203
PEDIATRICS					
SAINT JOSEPH HOSPITAL	ELGIN	KANE	12	638	2,048
SHERMAN HOSPITAL ASSOCIATION BED TOTAL DECREASED BY 9 THRU ADJUSTMENT OF HOSPITAL BED INVENTORY EFFECTIVE 2/14/91.	ELGIN	KANE	18	869	2,731
DELNOR COM HOSP-ST CHRLS CAMP PERMIT ISSUED 3/2/89 TO CLOSE FACILITY FACILITY OPERATED 8 BEDS.	SAINT CHARLES	KANE	0	388	985
		SUB-TOTAL	30	1,895	5,764
		TOTAL	525	17,048	107,967

HISTORICAL UTILIZATION

YEAR	PATIENT DAYS 0 - 14	15 - 64	65 AND OVER
BASE-2	6,482	57,211	51,201
BASE-1	5,076	53,847	48,524
BASE	6,134	54,460	47,373

CONTINUED ON NEXT PAGE