ORIGINAL

11-105

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
NOV 2 2 2011
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	St. Joseph's Hospital		
Street Address:	Southeast corner of Illinois Route 160 and Troxler Avenue – see legal description on hand-stamped Page 3		
City and Zip Code:	Highland 62249		
County:	Madison	Health Service Area 5	Health Planning Area: F-01

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address:	1515 Main Street Highland, Illinois 62249
Name of Registered Agent:	Mr. William H. Roach, Jr.
Name of Chief Executive Officer:	Ms. Peggy A. Sebastian, President and Chief Executive Officer
CEO Address:	1515 Main Street Highland, Illinois 62249
Telephone Number:	618-651-2531

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Name:	Mr. Dennis Hutchison
Title:	Director of Business Development and System Responsibility
Company Name:	St. Joseph's Hospital
Address:	1515 Main Street Highland, Illinois 62249-1698
Telephone Number:	618-651-2820
E-mail Address:	dhutchis@sjh.hshs.org
Fax Number:	618-651-2533

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 Suite 9A Chicago, Illinois 60610-5274
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

001

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

Exact Legal Name:	Hospital Sisters Services, Inc.
Address:	4936 LaVerna Road Springfield, Illinois 62707
Name of Registered Agent:	Mr. William H. Roach, Jr.
Name of Chief Executive Officer:	Ms. Mary Starmann-Harrison, President and CEO
CEO Address:	4936 LaVerna Road Springfield, Illinois 62707
Telephone Number:	217-492-5860

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

Type of Ownership

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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.

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

Exact Legal Name:	Hospital Sisters Health System
Address:	4936 Leverna Road Springfield, Illinois 62707
Name of Registered Agent:	Mr. William H. Roach, Jr.
Name of Chief Executive Officer:	Ms. Mary Starmann-Harrison, President and CEO
CEO Address:	4936 LaVerna Road Springfield, Illinois 62707
Telephone Number:	217-492-5860

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

Type of Ownership

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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.

A tract of land being part of the North Half of the Northwest Quarter of Section 33, Township 4 North, Range 5 West of the Third Principal Meridian, County of Madison, State of Illinois and being more particularly described as follows:

Commencing at an aluminum disc at the northwest corner of said Section 32; thence North 89 degrees 12 minutes 34 seconds East, on the north line of said Section 32, a distance of 69.79 feet; thence South 01 degree 12 minutes 59 seconds East, 85.00 feet to the southerly right of way line of Troxler Lane as described in Deed Book 4384 on page 662 and being the Point of Beginning.

From said Point of Beginning; thence on said southerly right of way line of Troxler Lane, the following four (4) courses and distances; 1.) North 89 degrees 12 minutes 34 seconds East, 1,257.34 feet; 2.) northeasterly 656.55 feet on a curve to the left having a radius of 7,700.66 feet, the chord of said curve bears North 86 degrees 46 minutes 01 second East, 656.35 feet; 3.) northeasterly 646.15 feet on a curve to the right having a radius of 7,578.66 feet, the chord of said curve bears North 86 degrees 46 minutes 01 second East, 645.96 feet; 4.) North 89 degrees 12 minutes 34 seconds East, 27.90 feet to the east line of said Northwest Quarter of Section 33; thence South 01 degree 35 minutes 06 seconds East, on said east line of the Northwest Quarter of Section 33, a distance of 85.01 feet to the northerly line of a tract of land described in the Madison County Recorder's Office in Document Number 2011R02912; thence on the northerly and westerly lines of said tract of land described in Document Number 2011R02912 the following five (5) courses and distances; 1.) South 89 degrees 12 minutes 34 seconds West, 85.00 feet southerly of and parallel with said southerly right of way line of Troxler Lane, 29.08 feet; 2.) westerly 441.04 feet on a non-tangential curve to the left, 85.00 feet southerly of and concentric with said southerly right of way line of Troxler Lane, having a radius of 7493.66 feet, the chord of said curve bears South 87 degrees 31 minutes 24 seconds West, a distance of 440.98 feet; 3.) South 01 degree 35 minutes 06 seconds East, 869.80 feet; 4.) southeasterly 177.01 feet on a curve to the left having a radius of 212.00 feet, the chord of said curve bears South 25 degrees 30 minutes 16 seconds East, 171.91 feet; 5.) South 49 degrees 25 minutes 26 seconds East, 85.32 feet to the northwesterly right of way line of United States Route 40 (a.k.a. Illinois Route 143); thence southwesterly 164.19 feet on said northwesterly right of way line of United States Route 40, being a non-tangential curve to the right having a radius of 3,744.83 feet, the chord of said curve bears South 42 degrees 28 minutes 37 seconds West, 164.17 feet to the south line of said North Half of the Northwest Quarter of Section 33; thence South 89 degrees 11 minutes 01 second West, on said south line of the North Half of the Northwest Quarter of Section 33, a distance of 2,153.86 feet to the easterly right of way line of Illinois Route 160, as described in Deed Book 1774 on Page 228; thence on said easterly right of way line of Illinois Route 160, described in Deed Book 1774 on page 228 and Deed Book 4384 on page 658 the following three (3) courses and distances; 1.) North 01 degree 12 minutes 59 seconds West, 634.38 feet; 2.)North 88 degrees 49 minutes 06 seconds East, 10.00 feet; 3.) North 01 degree 12 minutes 59 seconds West, 610.83 feet to the Point of Beginning.

Said tract contains 62.40 acres, more or less.

Subject to easements, conditions and restrictions of record.

Additional Contact

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

Name:	Ms. Peggy A. Sebastian
Title:	President and Chief Executive Officer
Company Name:	St. Joseph's Hospital
Address:	1515 Main Street Highland, Illinois 62249-1698
Telephone Number:	618-651-2531
E-mail Address:	psebastian@sjh.hshs.org
Fax Number:	618-651-2533

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. Dennis L. Hutchison
Title:	Director of Business Development and System Responsibility
Company Name:	St. Joseph's Hospital
Address:	1515 Main Street Highland, Illinois 62249-1698
Telephone Number:	618-651-2820
E-mail Address:	dhutchis@sjh.hshs.org
Fax Number:	618-651-2533

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis

Address of Site Owner: 1515 Main Street Highland, Illinois 62249-1698

Street Address or Legal Description of Site: Southeast corner of Illinois Route 160 and Troxler Avenue – see Legal Description of Site on the next page

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: St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis

Address: 1515 Main Street Highland, Illinois 62249

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

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

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

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.

A tract of land being part of the North Half of the Northwest Quarter of Section 33, Township 4 North, Range 5 West of the Third Principal Meridian, County of Madison, State of Illinois and being more particularly described as follows:

Commencing at an aluminum disc at the northwest corner of said Section 32; thence North 89 degrees 12 minutes 34 seconds East, on the north line of said Section 32, a distance of 69.79 feet; thence South 01 degree 12 minutes 59 seconds East, 85.00 feet to the southerly right of way line of Troxler Lane as described in Deed Book 4384 on page 662 and being the Point of Beginning.

From said Point of Beginning; thence on said southerly right of way line of Troxler Lane, the following four (4) courses and distances; 1.) North 89 degrees 12 minutes 34 seconds East, 1,257.34 feet; 2.) northeasterly 656.55 feet on a curve to the left having a radius of 7,700.66 feet, the chord of said curve bears North 86 degrees 46 minutes 01 second East, 656.35 feet; 3.) northeasterly 646.15 feet on a curve to the right having a radius of 7,578.66 feet, the chord of said curve bears North 86 degrees 46 minutes 01 second East, 645.96 feet; 4.) North 89 degrees 12 minutes 34 seconds East, 27.90 feet to the east line of said Northwest Quarter of Section 33; thence South 01 degree 35 minutes 06 seconds East, on said east line of the Northwest Quarter of Section 33, a distance of 85.01 feet to the northerly line of a tract of land described in the Madison County Recorder's Office in Document Number 2011R02912; thence on the northerly and westerly lines of said tract of land described in Document Number 2011R02912 the following five (5) courses and distances; 1.) South 89 degrees 12 minutes 34 seconds West, 85.00 feet southerly of and parallel with said southerly right of way line of Troxler Lane, 29.08 feet; 2.) westerly 441.04 feet on a non-tangential curve to the left, 85.00 feet southerly of and concentric with said southerly right of way line of Troxler Lane, having a radius of 7493.66 feet, the chord of said curve bears South 87 degrees 31 minutes 24 seconds West, a distance of 440.98 feet; 3.) South 01 degree 35 minutes 06 seconds East, 869.80 feet; 4.) southeasterly 177.01 feet on a curve to the left having a radius of 212.00 feet, the chord of said curve bears South 25 degrees 30 minutes 16 seconds East, 171.91 feet; 5.) South 49 degrees 25 minutes 26 seconds East, 85.32 feet to the northwesterly right of way line of United States Route 40 (a.k.a. Illinois Route 143); thence southwesterly 164.19 feet on said northwesterly right of way line of United States Route 40, being a non-tangential curve to the right having a radius of 3,744.83 feet, the chord of said curve bears South 42 degrees 28 minutes 37 seconds West, 164.17 feet to the south line of said North Half of the Northwest Quarter of Section 33; thence South 89 degrees 11 minutes 01 second West, on said south line of the North Half of the Northwest Quarter of Section 33, a distance of 2,153.86 feet to the easterly right of way line of Illinois Route 160, as described in Deed Book 1774 on Page 228; thence on said easterly right of way line of Illinois Route 160, described in Deed Book 1774 on page 228 and Deed Book 4384 on page 658 the following three (3) courses and distances; 1.) North 01 degree 12 minutes 59 seconds West, 634.38 feet; 2.)North 88 degrees 49 minutes 06 seconds East, 10.00 feet; 3.) North 01 degree 12 minutes 59 seconds West, 610.83 feet to the Point of Beginning.

Said tract contains 62.40 acres, more or less.

Subject to easements, conditions and restrictions of record.

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:	Part 1120 Applicability or Classification: [Check one only.]
X Substantive	☐ Part 1120 Not Applicable
☐ Non-substantive	☐ Category A Project
	X Category B Project
	☐ DHS or DVA Project

006

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.

St. Joseph's Hospital is proposing to replace its existing Critical Access Hospital on a different site that is approximately 1.2 miles away from its current location in Highland. St. Joseph's Hospital has been designated by the federal Centers for Medicare and Medicaid Services (CMS) and by the State of Illinois as a necessary provider of health services and as a rural hospital.

The replacement hospital will be a Critical Access Hospital and, as such, must operate 25 beds or less. The replacement hospital will be certified for the Extended Care Category of Service ("swing bed" program), as is the current hospital.

This project will include the construction of the replacement hospital as well as the discontinuation of the existing hospital when the new hospital is completed and becomes operational.

St. Joseph's Hospital proposes to discontinue the Pediatric and Intensive Care Categories of Service when the new hospital becomes operational. St. Joseph's Hospital will provide care to both Pediatric and Intensive Care patients in the Medical/Surgical Category of Service in the replacement hospital.

This application proposes to reduce the 27 authorized beds reported on St. Joseph's Hospital's 2010 IDPH Annual Bed Report for the Medical/Surgical, Pediatric, and Intensive Care Categories of Service with 25 authorized beds in the Medical/Surgical Service and to treat Pediatric and Intensive Care patients in these Medical/Surgical beds.

This application also proposes to replace all of St. Joseph's Hospital's inpatient clinical services and many of its outpatient clinical services and non-clinical services in the new hospital.

The balance of the hospital's outpatient clinical services and non-clinical services will be replaced in space that St. Joseph's Hospital will lease in a Medical Office Building that will be contiguous with the new hospital. The MOB will be built by an unrelated third party on the new hospital campus at the same time as the replacement hospital is being constructed. The Medical Office Building is the subject of a separate CON that is being submitted at the same time as this CON application.

The replacement hospital is anticipated to become operational during the third quarter of CY2013 (during the hospital's FY2013-2014), at which time the existing hospital as well as the Pediatric and Intensive Care Categories of Service will be discontinued.

Since the site for the replacement St. Joseph's Hospital does not yet have an address, a site description is provided following this Narrative Description.

This is a "substantive" Category B project in accordance with 77 Ill. Adm. Code 1110.40.b) because it proposes the establishment of a new health care facility.

A site plan as well as preliminary schematic drawings of the proposed replacement St. Joseph's Hospital are found on the following pages.

A tract of land being part of the North Half of the Northwest Quarter of Section 33, Township 4 North, Range 5 West of the Third Principal Meridian, County of Madison, State of Illinois and being more particularly described as follows:

Commencing at an aluminum disc at the northwest corner of said Section 32; thence North 89 degrees 12 minutes 34 seconds East, on the north line of said Section 32, a distance of 69.79 feet; thence South 01 degree 12 minutes 59 seconds East, 85.00 feet to the southerly right of way line of Troxler Lane as described in Deed Book 4384 on page 662 and being the Point of Beginning.

From said Point of Beginning; thence on said southerly right of way line of Troxler Lane, the following four (4) courses and distances; 1.) North 89 degrees 12 minutes 34 seconds East, 1,257.34 feet; 2.) northeasterly 656.55 feet on a curve to the left having a radius of 7,700.66 feet, the chord of said curve bears North 86 degrees 46 minutes 01 second East, 656.35 feet; 3.) northeasterly 646.15 feet on a curve to the right having a radius of 7,578.66 feet, the chord of said curve bears North 86 degrees 46 minutes 01 second East, 645.96 feet; 4.) North 89 degrees 12 minutes 34 seconds East, 27.90 feet to the east line of said Northwest Quarter of Section 33; thence South 01 degree 35 minutes 06 seconds East, on said east line of the Northwest Quarter of Section 33, a distance of 85.01 feet to the northerly line of a tract of land described in the Madison County Recorder's Office in Document Number 2011R02912; thence on the northerly and westerly lines of said tract of land described in Document Number 2011R02912 the following five (5) courses and distances; 1.) South 89 degrees 12 minutes 34 seconds West, 85.00 feet southerly of and parallel with said southerly right of way line of Troxler Lane, 29.08 feet; 2.) westerly 441.04 feet on a non-tangential curve to the left, 85.00 feet southerly of and concentric with said southerly right of way line of Troxler Lane, having a radius of 7493.66 feet, the chord of said curve bears South 87 degrees 31 minutes 24 seconds West, a distance of 440.98 feet; 3.) South 01 degree 35 minutes 06 seconds East, 869.80 feet; 4.) southeasterly 177.01 feet on a curve to the left having a radius of 212.00 feet, the chord of said curve bears South 25 degrees 30 minutes 16 seconds East, 171.91 feet; 5.) South 49 degrees 25 minutes 26 seconds East, 85.32 feet to the northwesterly right of way line of United States Route 40 (a.k.a. Illinois Route 143); thence southwesterly 164.19 feet on said northwesterly right of way line of United States Route 40, being a non-tangential curve to the right having a radius of 3,744.83 feet, the chord of said curve bears South 42 degrees 28 minutes 37 seconds West, 164.17 feet to the south line of said North Half of the Northwest Quarter of Section 33; thence South 89 degrees 11 minutes 01 second West, on said south line of the North Half of the Northwest Quarter of Section 33, a distance of 2,153.86 feet to the easterly right of way line of Illinois Route 160, as described in Deed Book 1774 on Page 228; thence on said easterly right of way line of Illinois Route 160, described in Deed Book 1774 on page 228 and Deed Book 4384 on page 658 the following three (3) courses and distances; 1.) North 01 degree 12 minutes 59 seconds West, 634.38 feet; 2.)North 88 degrees 49 minutes 06 seconds East, 10.00 feet; 3.) North 01 degree 12 minutes 59 seconds West, 610.83 feet to the Point of Beginning.

Said tract contains 62.40 acres, more or less.

Subject to easements, conditions and restrictions of record.

ODELL

Design Development

St. Joseph's Highland New Hospital

First Floor - Hospital & MOB

CON-H1 & M1

Department Legend

- Central Processing
- Central Stores
- Diagnostic Imaging
- Dietary and Kitchen
- E.D
- Entrance Lobbies and Public Spaces
- Information Systems
- Inpatient Physical Therapy
- Materials Management - Dock
- Mechanical Space and Penthouse
- Medical / Surgical Unit
- On Call Rooms
- Outpatient Specimen Collection
- Pharmacy
- Plant Operations
- Power Plant
- Pulmonary Function
- Recovery
- Respiratory Therapy
- Staff Services
- Surgery
- Surgical Prep/Stage / Recovery

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	$165,500	$93,700	$259,200
Site Survey and Soil Investigation	$69,469	$39,331	$108,800
Site Preparation	$93,036	$52,674	$145,710
Off Site Work	$1,793,003	$1,015,146	$2,808,149
New Construction Contracts	$15,322,909	$8,675,383	$23,998,292
Modernization Contracts	$0	$0	$0
Contingencies	$896,805	$507,745	$1,404,550
Architectural/Engineering Fees	$1,108,736	$627,734	$1,736,470
Consulting and Other Fees	$2,231,212	$1,263,248	$3,494,460
Movable or Other Equipment (not in construction contracts)	$9,101,506	$618,969	$9,720,475
Bond Issuance Expense (project related)	$346,067	$195,933	$542,000
Net Interest Expense During Construction (project related)	$1,003,786	$568,314	$1,572,100
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$1,010,390	$572,051	$1,582,441
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$33,142,419	$14,230,228	$47,372,647
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$0	$0	$0
Pledges	$0	$0	$0
Gifts and Bequests	$1,500,000	$0	$1,500,000
Bond Issues (project related)	$31,642,419	$14,230, l8	$45,872,647
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	$33,142,419	$14,230,228	$47,372,647

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

010

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 X Yes ☐ No
Purchase Price: $1,200,000
Fair Market Value: $1,198,080-$1,322,880

The project involves the establishment of a new facility or a new category of service
X 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 $889,977, which includes the following: staff training; hiring of transitional staff to relieve staff during training; purchased services; supplies; initial fuel and utilities; public relations; and updating of printed materials and web site.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable X Preliminary

☐ Schematics ☐ Final Working

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

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

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

X Cancer Registry
X APORS – see St. Anthony's Hospital's and St. Francis Hospital's policy for compliance on the Following pages
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits

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

ST. ANTHONY'S MEMORIAL HOSPITAL
EFFINGHAM, ILLINOIS

OB/PEDS DEPARTMENT GUIDELINE

TITLE: Adverse Pregnancy Outcomes Reporting System (APORS)

PURPOSE: To refer high-risk infants for follow-up services and public health surveillance of birth defects and other adverse pregnancy outcomes. APORS also aids in the reporting of statistics, policy development, and research.

NARRATIVE: APORS was established in 1986 and is a statewide system mandated by the Illinois Health and Hazardous Substances Registry Act.

1. Hospitals must report infants who meet APORS case criteria during newborn hospitalization or within seven days of discharge.
2. Nurses completing the newborn admission exam are responsible for initiating the APORS referral form once appropriate criteria has been identified. The appropriate form must be completed and mailed to the address on the envelope provided. These forms and envelopes are stored in the nursery.
3. Upon discharge, Nursing is responsible for completing the APORS referral form and ensuring its accuracy.
4. APORS case criteria- these are also further defined in the APORS Instruction Manual, located in the nursery.
   - Birth defects
   - Prenatal exposure to controlled substances
   - Very low birth weights
   - Serious infections, disorders and conditions
   - Neonatal death
5. Families of infants reported to APORS are eligible for follow-up services from their local health department and other programs.
6. APORS works with the Illinois perinatal networks to improve birth outcomes and reduce infant mortality and morbidity.
7. APORS data is confidential.

APPROVED BY: [signature] 8.1.11 1500
Department Manager Date Time

[signature] 8/1/11 1500
Director of Patient Services Date Time

St. Francis Hospital
Litchfield, Illinois

Nursing Service Procedure

TITLE: **Adverse Pregnancy Outcome Reporting System (APORS)**

Procedure No: OB-11-01

Nursing Units: OB

Effective Date: July 2011

Last Review Date:
By:
Replaces Procedure Titled:
Dated:
Page Number: 1 of 1
Approved by NS: [signature] RN
Approved by (If another dept involved): [signature]

DEFINITION:
Reporting of a condition of abnormal development related to body structure, body function, body metabolism, or error of body chemistry that is identified during pregnancy or at birth.

PURPOSE:
To assist IDPH, CDC and local health departments in collecting data needed to monitor the health of Illinois infants. To comply with the Illinois Health & Hazardous Substance Registry Act Standards.

PROCEDURE:
1. APORS reporting book and forms are available at Maternity Nurses Desk.
2. List of reportable condition are posted in Nursery.
3. An APORS sticker will be put on the baby's chart when a reportable condition is noted.
4. When the birth certificate is completed, the APORS Infant Discharge report will also be completed and faxed/mailed to Division of Epidemiologic Studies at IDPH within 72 hours of completion.
5. A copy of the APORS report will be placed on the infant's Medical Record.
6. The report will also be fax or mailed to the appropriate County Health Department and a copy given to the Primary Care Physician.
7. The infant's mother will be given a card informing her that she will be contact for a home follow-up by the Health dept.
8. At discharge, RN will verify that APORS report was completed.
9. The Director of Maternal Services will continue reporting infants that screen positive for drugs . A copy of each APORS report will be kept by the Director.
10. Reports will be faxed or mailed by the seventh day from discharge to Division of Epidemiologic Studies at IDPH.

REFERENCE
IDPH-Rules and Regulations 77-0840
St. Francis Maternity and Newborn Service Plan

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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.

014

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: St. Joseph's Hospital			**CITY: Highland**		
REPORTING PERIOD DATES:		**From: January 1, 2010**		**to: December 31, 2010**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days Incl. Observ.**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	21	687	2,803*	+ 4	25
Obstetrics	0	0	0	0	0
Pediatrics	2	0	0	- 2	0
Intensive Care	4	40	96	- 4	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other (identify) Long-Term Care Swing Beds (Medicare-Certified)	In M/S	227	1,914	0	In M/S
TOTALS:	27	954	4,813*	- 2	25

*Patient Days include Observation Days (experienced only in the Medical/Surgical Service)

CERTIFICATION

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

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

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

Peggy A. Sebastian
SIGNATURE

Peggy A. Sebastian
PRINTED NAME

President & C.E.O.
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 2 day of NOV 2011

Kim Kimberlin
Signature of Notary

Seal "OFFICIAL SEAL" KIM KIMBERLIN Notary Public, State of Illinois My commission expires 02/13/2013

[signature]
SIGNATURE

THOMAS A. HILL
PRINTED NAME

Board Chairman
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 2 day of NOV 2011

Kim Kimberlin
Signature of Notary

Seal "OFFICIAL SEAL" KIM KIMBERLIN Notary Public, State of Illinois My commission expires 02/13/2013

*Insert EXACT legal name of the applicant

016

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

SIGNATURE	SIGNATURE
Larry P. Schumacher	Michael W. Cottrell
PRINTED NAME	PRINTED NAME
Chief Operating Officer	Chief Financial Officer
PRINTED TITLE	PRINTED TITLE
Notarization:	Notarization:
Subscribed and sworn to before me	Subscribed and sworn to before me
this 5th day of November, 2011	this 5th day of November, 2011
Sylvia Rebecca Gansz	Sylvia Rebecca Gansz
Signature of Notary	Signature of Notary
Seal	Seal
Official Seal Sylvia Rebecca Gansz Notary Public State of Illinois My Commission Expires 04/17/2012	Official Seal Sylvia Rebecca Gansz Notary Public State of Illinois My Commission Expires 04/17/2012

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Hospital Sisters 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.

SIGNATURE	SIGNATURE
Larry P Schumacher	Michael W. Cottrell
PRINTED NAME	PRINTED NAME
COO	CFO
PRINTED TITLE	PRINTED TITLE

Notarization: Subscribed and sworn to before me this 5th day of November, 2011	Notarization: Subscribed and sworn to before me this 5th day of November, 2011
Sylvia Rebecca Gansz Signature of Notary	Sylvia Rebecca Gansz Signature of Notary
Seal Official Seal Sylvia Rebecca Gansz Notary Public State of Illinois My Commission Expires 04/17/2012	Seal Official Seal Sylvia Rebecca Gansz Notary Public State of Illinois My Commission Expires 04/17/2012

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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 tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   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
☒ Medical/Surgical	21	25
☐ Obstetric	0	0
☒ Pediatric	2	0
☒ Intensive Care	4	0

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
1110.530(d)(2) -	Documentation			X

024

APPLICABLE REVIEW CRITERIA		Establish	Expand	Modernize
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	X

APPEND DOCUMENTATION AS <u>ATTACHMENT-20,</u> 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
☒ Surgery	5 Operating Rooms	2 Operating Rooms
☒ Endoscopy Procedure Room	0 Procedure Rooms	1 Procedure Room
☒ Recovery (PACU)	5 Recovery Bays	3 Recovery Cubicles
☒ Surgical Prep/Stage II Recovery	14 Prep/Recovery Cubicles	12 Prep/ Recovery Cubicles
☒ Emergency Department	6 Treatment Rooms/Stations	7 Treatment Rooms/Stations
☒ Diagnostic Imaging	7 Units/Rooms (2 Rad./Fluor., 1 Ultrasound, 1 CT Scanner, 1 MRI Scanner [full-time contracted], 1 Mammography, 1 Nuclear Medicine)	5 Units/Rooms (1 General Radiology, 1 Radiology/Fluoroscopy, 1 CT Scanner, 1 MRI Scanner, 1 Nuclear Medicine)
☒ Inpatient PT/OT	4 Rooms in Treatment Area	1 Treatment Area
☒ Non-Invasive Diagnostic Cardiology	2 Diagnostic Testing Rooms	1 Diagnostic Testing Room
☒ Pulmonary Function Testing	1 Procedure Room	1 Procedure Room
☒ Respiratory Therapy/Pulmonary Function	1 Procedure Room	1 Procedure Room
☒ Outpatient Specimen Collection Testing	2 Stations, 1 Toilet Room	2 Stations, 1 Toilet Room
☒ Pharmacy	Not Applicable	Not Applicable
☒ Central Sterile Processing/ Distribution	Not Applicable	Not Applicable
☒ Dietary	Not Applicable	Not Applicable

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.

028

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 submttal of the application):

CO-APPLICANT HOSPITAL SISTERS SERVICES, INC., 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:**

Amount	Source
______	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 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

029

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. $	H Mod. $	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
al Service Areas:									
Medical/Surgical Service	$353.65	$0.00	15,305	N/A	0	N/A	$5,412,613	$0	$5,412,613
Emergency Department	$369.58	$0.00	6,274	N/A	0	N/A	$2,318,745	$0	$2,318,745
Surgery	$360.02	$0.00	4,817	N/A	0	N/A	$1,734,216	$0	$1,734,216
Post-Anesthesia Recovery Phase I (PACU, Recovery)	$343.03	$0.00	927	N/A	0	N/A	$317,989	$0	$317,989
Same Day Surgery/Procedures Prep and Recovery	$344.53	$0.00	3,715	N/A	0	N/A	$1,279,929	$0	$1,279,929
Endoscopy	$334.53	$0.00	499	N/A	0	N/A	$166,930	$0	$166,930
Diagnostic Imaging	$369.58	$0.00	5,531	N/A	0	N/A	$2,044,147	$0	$2,044,147
Non-Invasive Diagnostic Cardiology	$316.51	$0.00	224	N/A	0	N/A	$70,897	$0	$70,897
Respiratory Therapy	$316.00	$0.00	317	N/A	0	N/A	$100,172	$0	$100,172
Pulmonary Function Testing	$327.10	$0.00	208	N/A	0	N/A	$68,037	$0	$68,037
Inpatient Physical Therapy/Occupational Therapy	$301.50	$0.00	513	N/A	0	N/A	$154,670	$0	$154,670
Outpatient Specimen Collection	$303.48	$0.00	404	N/A	0	N/A	$122,606	$0	$122,606
Pharmacy	$305.86	$0.00	1,025	N/A	0	N/A	$313,507	$0	$313,507
Central Processing & Supply	$284.55	$0.00	1,906	N/A	0	N/A	$542,352	$0	$542,352
Dietary/Kitchen	$295.24	$0.00	2,290	N/A	0	N/A	$676,100	$0	$676,100
SUBTOTAL CLINICAL COMPONENTS	$348.60	$0.00	43,955	N/A	0	N/A	$15,322,909		$15,322,909
Contingency							$896,805	$0	$896,805
TOTAL CLINICAL SERVICE AREAS	$369.01	$0.00	43,955	N/A	0	N/A	$16,219,714	$0	$16,219,714
inical Service Areas:									
Admitting/Patient Registration	$305.86	$0.00	827	N/A	0	N/A	$252,946	$0	$252,946
On-Call Rooms	$295.24	$0.00	177	N/A	0	N/A	$52,257	$0	$52,257
Cafeteria/Dining Room for Employees and Visitors	$392.82	$0.00	2,109	N/A	0	N/A	$828,457	$0	$828,457
Information Systems	$412.06	$0.00	556	N/A	0	N/A	$229,105	$0	$229,105
Environmental Services including Housekeeping	$281.05	$0.00	1,699	N/A	0	N/A	$477,504	$0	$477,504
Materials Management/Dock	$252.76	$0.00	1,053	N/A	0	N/A	$266,156	$0	$266,156
Central Stores	$284.62	$0.00	1,093	N/A	0	N/A	$311,090	$0	$311,090
Chapel	$414.78	$0.00	1,913	N/A	0	N/A	$793,474	$0	$793,474
Gift Shop	$327.16	$0.00	762	N/A	0	N/A	$249,297	$0	$249,297
Staff Services	$286.28	$0.00	871	N/A	0	N/A	$249,350	$0	$249,350
Interdepartmental Corridors	$284.34	$0.00	4,637	N/A	0	N/A	$1,318,485	$0	$1,318,485
Entrances, Lobbies, and Public Space	$358.96	$0.00	4,762	N/A	0	N/A	$1,709,368	$0	$1,709,368
Plant Operations	$282.62	$0.00	1,150	N/A	0	N/A	$325,013	$0	$325,013
Mechanical Space and Penthouse	$220.90	$0.00	1,230	N/A	0	N/A	$271,707	$0	$271,707
Power Plant	$655.51	$0.00	2,046	N/A	0	N/A	$1,341,173	$0	$1,341,173
SUBTOTAL NON-CLINICAL COMPONENTS	$348.62	$0.00	24,885	N/A	0	N/A	$8,675,383	$0	$8,675,383
Contingency		$0.00					$507,745	$0	$507,745
TOTAL NON-CLINICAL COMPONENTS	$369.02	$0.00	24,885	N/A	0	N/A	$9,183,128	$0	$9,183,128
CT TOTAL	$369.01	$0.00	**68,840**	N/A	0	N/A	**25,402,842**	$0	**25,402,842**

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.

FY2016 (7/1/2015-6/30/2016): $912.16

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.

FY2016 (7/1/2015-6/30/2016): $278.59

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)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			

031

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			

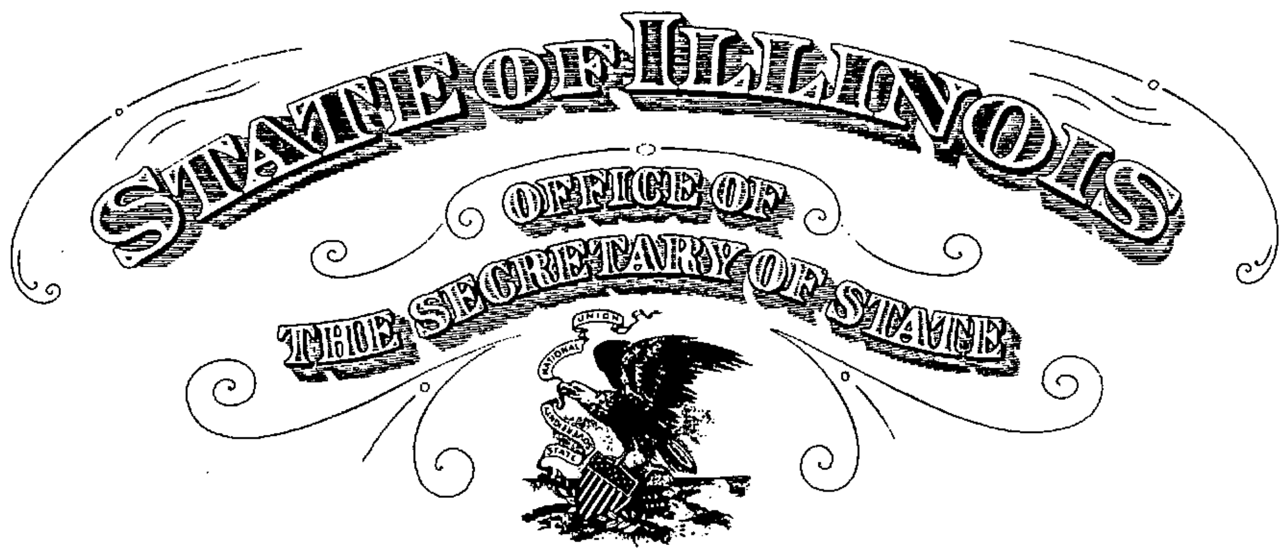
APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	34
2	Site Ownership	37
3	~~Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.~~ Operating Entity	39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	40
5	Flood Plain Requirements	42
6	Historic Preservation Act Requirements	45
7	Project and Sources of Funds Itemization	47
8	Obligation Document if required	
9	Cost Space Requirements	63
10	Discontinuation	67
11	Background of the Applicant	77
12	Purpose of the Project	110
13	Alternatives to the Project	144
14	Size of the Project	152
15	Project Service Utilization	226
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	238
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	290
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	} 306
40	Financial Waiver	} 306
41	Financial Viability	} 306
42	Economic Feasibility	310
43	Safety Net Impact Statement	312
44	Charity Care Information	385

File Number 3528-158-4



To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* AUGUST *A.D.* 2011 .

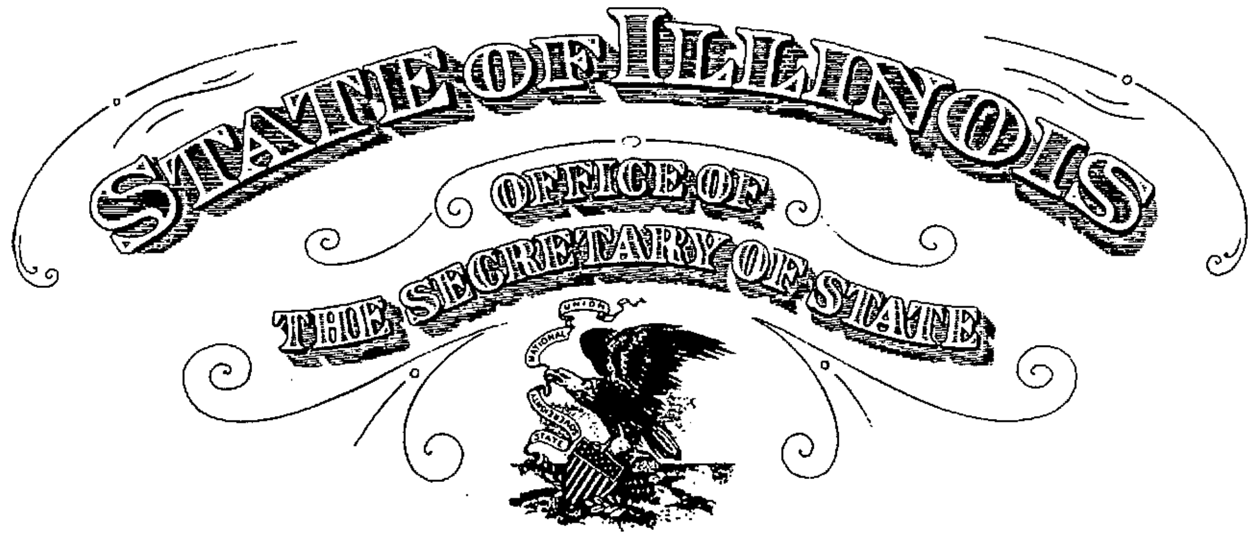
Authentication #: 1121302066

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

Jesse White

SECRETARY OF STATE

File Number 5325-639-2



To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* FEBRUARY *A.D.* 2011 .

Authentication #: 1104201044

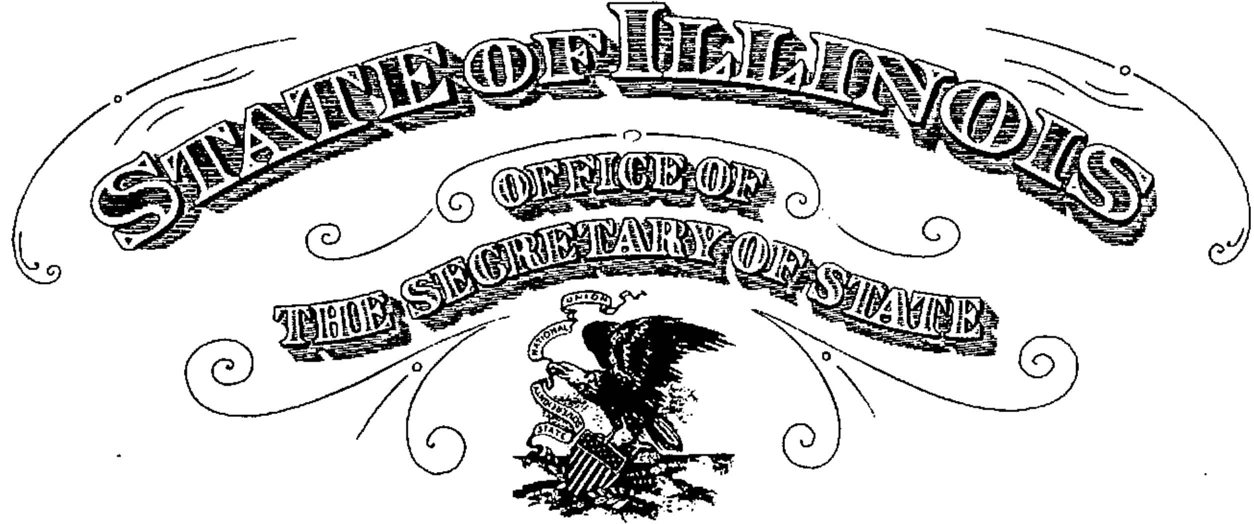
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 1, PAGE 2

File Number 5163-355-5



To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* FEBRUARY *A.D.* 2011 .

Authentication #: 1104201074

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

Jesse White

SECRETARY OF STATE

ATTACHMENT 1, PAGE 3

I.
Site Ownership

The replacement St. Joseph's Hospital will be constructed on a 62.4 acre site.

The following page of this Attachment documents ownership of the 62.4 acre site.

June 29, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

I am the applicant representative of St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis, the owner of the site on which the replacement of St. Joseph's Hospital will be located.

I hereby certify that St. Francis Hospital of the Hospital Sisters of the Third Order of St. Francis is the owner of the site on which the replacement hospital will be located.

Sincerely,

Peggy A. Sebastian

Peggy A. Sebastian
President & CEO

Witnessed by:

Debra J. Missey

"OFFICIAL SEAL"
DEBRA J. MISSEY
Notary Public, State of Illinois
My commission expires 08/04/2013

1515 Main Street · Highland, Illinois 62249 · www.stjosephshighland.org

An Affiliate of Hospital Sisters Health System

File Number 3528-158-4

To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* AUGUST *A.D.* 2011 .

Authentication #: 1121302066

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

Jesse White

SECRETARY OF STATE

ATTACHMENT 3

I.
Organizational Relationships

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

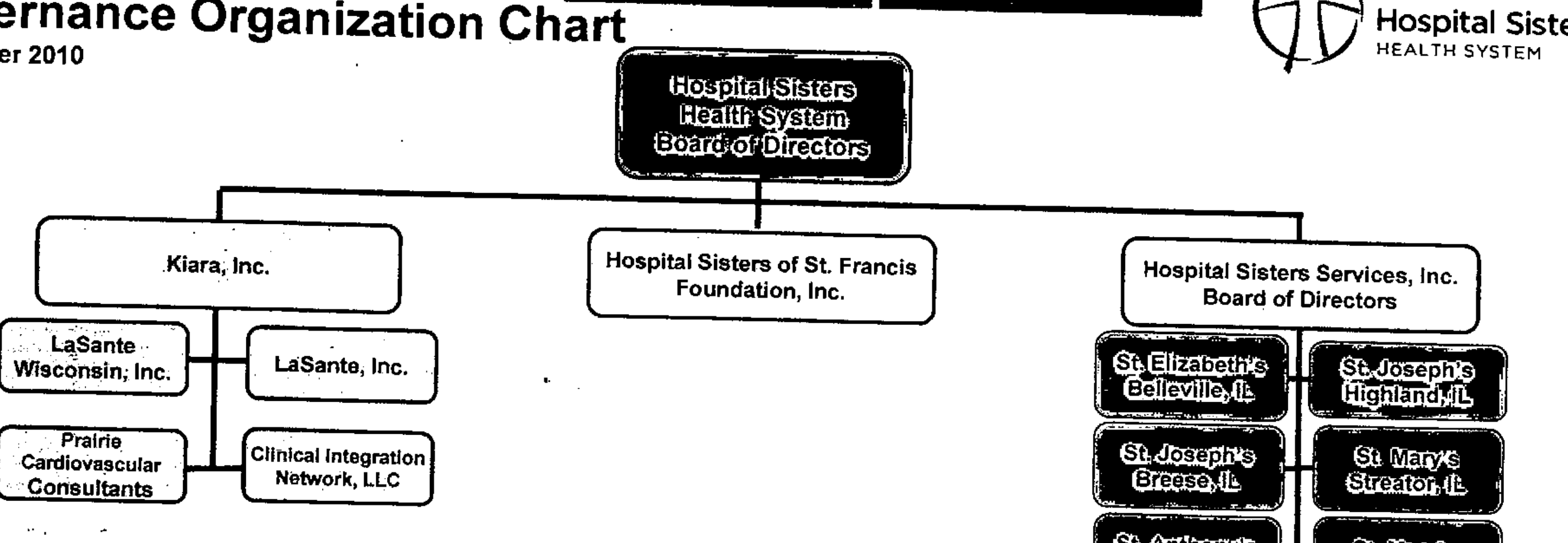
As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 10, HSSI is the sole corporate member of St. Joseph's Hospital, and Hospital Sisters Health System is the sole corporate member of HSSI.

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

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

Governance Organization Chart

November 2010



Hospital Sisters HEALTH SYSTEM

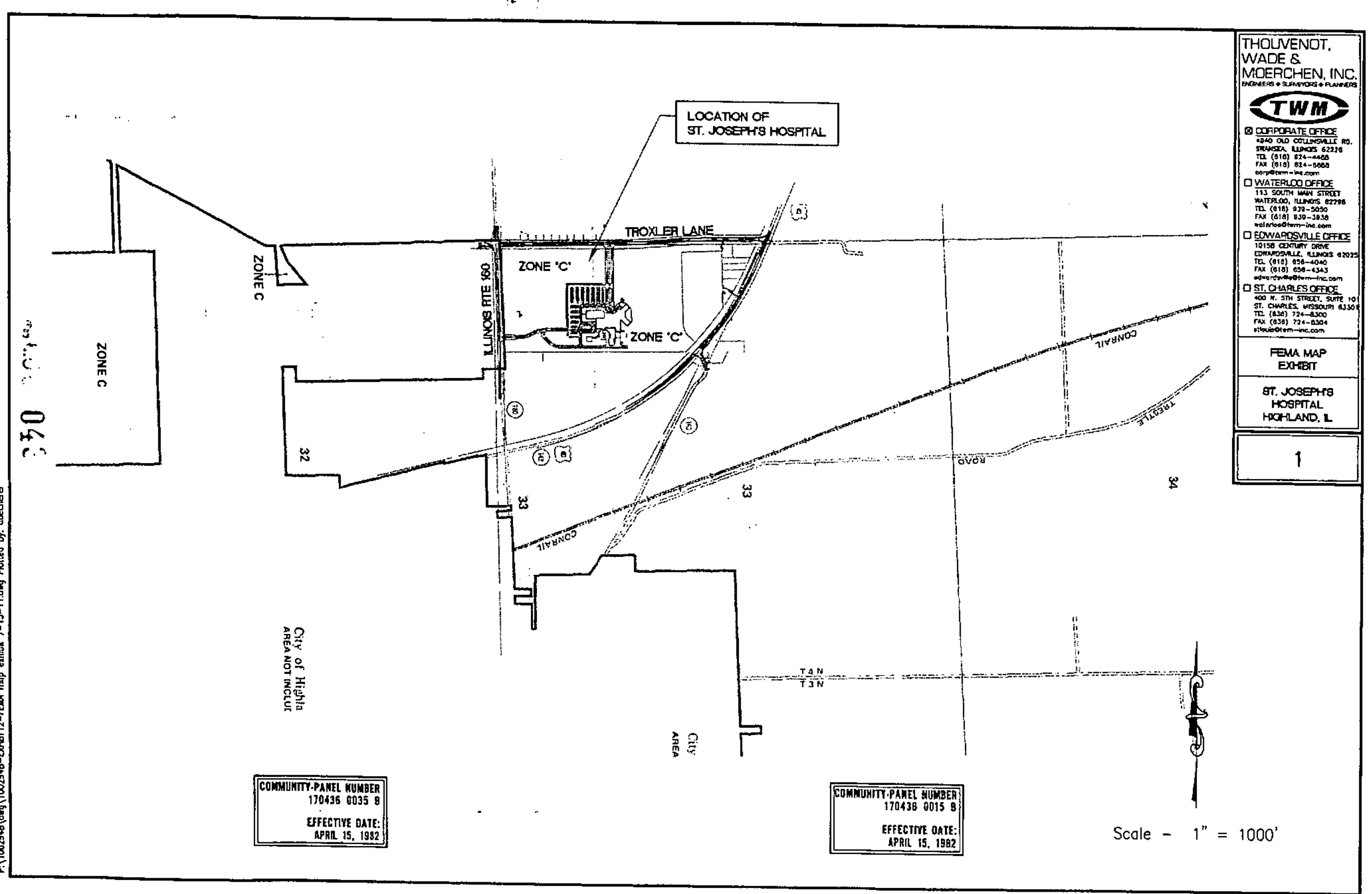
I.
Flood Plain Requirements

The following pages of this Attachment document that the proposed replacement of St. Joseph's Hospital complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas.

The project site is split between two Flood Insurance Rate Maps (FIRMs), issued by the National Flood Insurance Program of the Federal Emergency Management Agency (FEMA): Community-Panel Numbers 170436 0015 B and 170436 0035 B.

These two FIRMs have been combined and placed on one map on the next page to demonstrate that the project site is located in Zone C and not in a flood plain area.

A statement from Peggy A. Sebastian, President and CEO of St. Joseph's Hospital, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, is found on Page 3 of this Attachment.



P:\1002948\dwg\1002948-EXHIBIT12-FEMA map exhibit 7-13-11.dwg Plotted By: dbecherer

043

June 29, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

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

Dear Ms. Avery:

I am the applicant representative of St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis, the owner of the site on which the replacement St. Joseph's Hospital will be located.

I 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."

Sincerely,

Peggy A. Sebastian

Peggy A. Sebastian
President & CEO

Witnessed by:
Debra J. Missey

"OFFICIAL SEAL"
DEBRA J. MISSEY
Notary Public, State of Illinois
My commission expires 08/04/2013

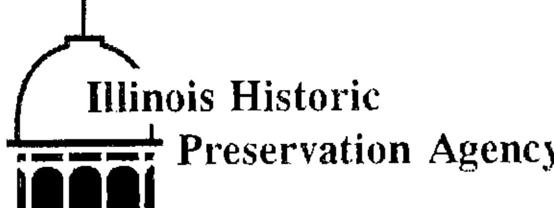
1515 Main Street · Highland, Illinois 62249 · www.stjosephshighland.org

An Affiliate of Hospital Sisters Health System

I.
Historic Resources Preservation Act Requirements

The letter on the next page of this Attachment documents St. Joseph's Hospital's compliance with the requirements of the Historic Resources Preservation Act.

The letter from Anne E. Haaker, Deputy State Historic Preservation Officer, 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.).



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

Madison County
Highland
13054 U.S. Highway 40, Section:33-Township:4N-Range:5W, 11Ms2373
TWM-D03-10-0294
72.52-acre Medical Campus/St. Joseph's Critical Access Hospital

PLEASE REFER TO: IHPA LOG #003061710

October 27, 2010

Dana L. Link
Thouvenot, Wade & Moerchen, Inc.
4940 Old Collinsville Road
Swansea, IL 62228

Dear Dana Link:

Acre(s): 76 Site(s): 1
Archaeological Contractor:

Thank you for submitting the results of the archaeological reconnaissance. The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources.

Our staff has reviewed the archaeological Phase I reconnaissance report performed for the project referenced above. The Phase I survey and assessment of the archaeological resources appear to be adequate. Accordingly, we have determined, based upon this report, that no significant historic, architectural, and archaeological resources are located in the surveyed area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology, therefore if your project will use federal loans or grants, need federal agency permits, use federal property, or involve the assistance of federal agencies then your project must be reviewed under the National Historic Preservation Act of 1966, as amended.

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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

ITEMIZATION OF PROJECT COSTS BY LINE ITEM

ATTACHMENT-7

St. Joseph's Hospital Itemized Project Costs

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Pre-Planning Costs:			
Architectural Programming Costs	$ 40,992	$ 23,208	$ 64,200
Architectural Master Planning Costs	$ 124,508	$ 70,492	$ 195,000
Total Pre-Planning Costs	$ 165,500	$ 93,700	$ 259,200
Site Survey and Soil Investigation:			
Geotechnical Investigation	$ 12,770	$ 7,230	$ 20,000
Site Survey	$ 20,943	$ 11,857	$ 32,800
Environmental Assessment	$ 22,347	$ 12,653	$ 35,000
Site Engineering Investigation	$ 13,409	$ 7,591	$ 21,000
Total Site Survey and Soil Investigation	$ 69,469	$ 39,331	$ 108,800
Site Preparation:			
PAD Site Preparation	$ 93,036	$ 52,674	$ 145,710
Total Site Preparation	$ 93,036	$ 52,674	$ 145,710
Off Site Work:			
Preparation	$ 301,094	$ 170,471	$ 471,565
Site Improvements	$ 959,295	$ 543,125	$ 1,502,420
Site Civil/Mechanical Utilities	$ 279,910	$ 158,477	$ 438,387
Site Electrical Utilities	$ 252,704	$ 143,073	$ 395,777
Total Off Site Work	$ 1,793,003	$ 1,015,146	$ 2,808,149
New Construction Contracts	$ 15,322,909	$ 8,675,383	$ 23,998,292
Contingencies	$ 896,805	$ 507,745	$ 1,404,550
Architectural/Engineering Fees	$ 1,108,736	$ 627,734	$ 1,736,470
Consulting and Other Fees:			
Pre-Construction Services	$ 41,502	$ 23,498	$ 65,000
Design Team Construction Administration	$ 278,781	$ 157,837	$ 436,618
Architecture Reimbursables	$ 140,470	$ 79,530	$ 220,000
Architectural/Engineering Additional Services	$ 157,489	$ 89,165	$ 246,654
Design Team Interior Design	$ 137,756	$ 77,994	$ 215,750
Civil Engineering	$ 95,775	$ 54,225	$ 150,000
Traffic Engineering	$ 6,385	$ 3,615	$ 10,000
Landscape Design	$ 42,604	$ 24,121	$ 66,725
Kitchen Consulting	$ 19,155	$ 10,845	$ 30,000
IT Consulting	$ 74,621	$ 42,249	$ 116,870
Program Management	$ 441,778	$ 250,122	$ 691,900
Program Management Reimbursables	$ 76,103	$ 43,087	$ 119,190
Hazardous Materials Survey	$ 12,770	$ 7,230	$ 20,000
Graphics Design	$ 47,888	$ 27,112	$ 75,000
Medical Equipment Planning	$ 145,929	$ 82,621	$ 228,550
Shielding Consulting	$ 1,596	$ 904	$ 2,500
Physicist Testing	$ 1,277	$ 723	$ 2,000
Legal Fees	$ 121,690	$ 68,898	$ 190,588
CON Planning and Consultation	$ 121,315	$ 68,685	$ 190,000
CON Filing and Review Fee	$ 63,850	$ 36,150	$ 100,000
IDPH Plan Review Fee	$ 25,540	$ 14,460	$ 40,000
Materials Testing	$ 86,919	$ 49,211	$ 136,130
Transition Planning	$ 80,441	$ 45,543	$ 125,984
Helipad/FAA	$ 9,578	$ 5,423	$ 15,001
Total Consulting and Other Fees	$ 2,231,212	$ 1,263,248	$ 3,494,460
Movable or Other Equipment (not in Construction Contracts):			
Medical Equipment, Equipment & Furnishings	$ 8,153,717	$ 98,796	$ 8,252,513
Furniture	$ 244,337	$ 121,909	$ 366,246
Telecom. Equipment	$ 465,334	$ 263,448	$ 728,782
Artwork & Plants	$ 64,889	$ 36,739	$ 101,628
Signage and Graphics	$ 124,507	$ 70,493	$ 195,000
Other (TV)	$ 35,952	$ 20,354	$ 56,306
Other Non-Medical Equipment	$ 12,770	$ 7,230	$ 20,000
Total Movable or Other Equipment	$ 9,101,506	$ 618,969	$ 9,720,475
Bond Issuance Expense (project related):	$ 346,067	$ 195,933	$ 542,000
Net Interest Expense During Construction	$ 1,003,786	$ 568,314	$ 1,572,100
Other Costs to be Capitalized:			
Demolition of Existing Hospital	$ 814,088	$ 460,912	$ 1,275,000
Design Phase Printing	$ 12,770	$ 7,230	$ 20,000
Architectural Renderings	$ 12,770	$ 7,230	$ 20,000
Mockup Rooms	$ 31,925	$ 18,075	$ 50,000
Moving Company Costs	$ 119,682	$ 67,759	$ 187,441
Construction Phase Printing	$ 19,155	$ 10,845	$ 30,000
Total Other Costs to be Capitalized	$ 1,010,390	$ 572,051	$ 1,582,441

MEDICAL EQUIPMENT, EQUIPMENT AND FURNISHINGS

Clinical Service Areas

Department	Cost	
Medical/Surgical Nursing Unit	$	1,000,149.06
Emergency Department	$	707,236.24
Surgery	$	984,188.59
Endoscopy	$	262,723.77
Recovery (PACU)	$	19,149.27
Surgical Prep/Stage II Recovery & Amb. Procedures	$	229,977.24
Diagnostic Imaging, including MRI & Nuclear Med.	$	3,955,200.90
Non-Invasive Diagnostic Cardiology	$	309,252.25
Respiratory Therapy (includes inpatient & outpatient)	$	1,850.14
Inpatient PT/OT	$	8,522.87
Pharmacy	$	17,949.56
Central Processing and Supply	$	650,502.19
Pulmonary Function	$	7,014.69
Subtotal Clinical Service Areas	***$***	***8,153,716.77***

Non Clinical Service Areas

Department	Cost	
Environmental Services including Housekeeping	$	32,944.12
Materials Management/Dock	$	8,883.09
Central Stores	$	36,021.12
Plant Operations (Bed Storage)	$	20,947.68
Subtotal Non Clinical Service Areas	***$***	***98,796.00***
Total St Joseph Hospital	***$***	***8,252,512.76***

049

MEDICAL EQUIPMENT, EQUIPMENT & FURNISHINGS TO BE ACQUIRED

ST. JOSEPH'S HOSPITAL

Clinical Services

Department/Service	Item	Unit Cost	Number	Total Cost
Medical/Surgical Nursing Unit				*$1,000,149.06*
	CART, UTILITY	$163.52	1	$163.52
	TRUCK, WASTE RECEPTACLE/UTILITY	$553.07	1	$553.07
	TRUCK/BIN, LINEN	$697.53	1	$697.53
	WASTE RECEPTACLE	$107.19	1	$107.19
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$109.84	1	$109.84
	REFRIGERATOR/FREEZER, UPRIGHT	$562.17	1	$562.17
	CART, I.V.	$1,109.87	1	$1,109.87
	ICE MAKER	$3,894.66	1	$3,894.66
	COFFEE BREWER	$675.71	1	$675.71
	OVEN, MICROWAVE	$113.97	1	$113.97
	WASTE RECEPTACLE	$92.11	1	$92.11
	CART, LINEN	$422.45	1	$422.45
	SHELVING, WIRE	$1,182.23	1	$1,182.23
	TRUCK, CYLINDER	$30.43	2	$60.87
	EQUIPMENT, MONITORING,	$159,617.04	1	$159,617.04
	MONITOR ACCESSORY, CENTRAL	$106,411.36	2	$212,822.72
	LIFTER, PATIENT, CEILING MOUNTED	$10,641.14	1	$10,641.14
	HEADWALL, PATIENT	$5,363.13	4	$21,452.53
	BED, ICU	$22,346.39	4	$89,385.54
	MONITOR, PHYSIOLOGICAL	$26,602.84	1	$26,602.84
	MONITOR ACCESSORY, MOUNTING	$851.29	4	$3,405.16
	CABINET, PERSONAL PROTECTION	$177.71	4	$710.83
	TABLE, OVERBED	$522.01	4	$2,088.05
	FLOWMETER, AIR	$42.56	4	$170.26
	FLOWMETER, OXYGEN	$42.56	8	$340.52
	REGULATOR, SUCTION, CONTINUOUS	$425.65	8	$3,405.16
	I.V. POLE	$267.46	4	$1,069.86
	HAMPER, LINEN	$197.93	4	$791.70
	DISPENSER, GLOVE	$39.37	4	$157.49
	WASTE RECEPTACLE, STEP-ON	$109.84	4	$439.35
	WASTE RECEPTACLE	$39.18	4	$156.72
	EQUIPMENT, MISC	$4,288.91	1	$4,288.91
	REFRIGERATOR/FREEZER, UPRIGHT	$1,484.44	1	$1,484.44
	COFFEE BREWER	$675.71	1	$675.71
	OVEN, MICROWAVE	$113.97	1	$113.97
	WASTE RECEPTACLE	$92.11	1	$92.11
	LIFTER, PATIENT, CEILING MOUNTED	$10,641.14	1	$10,641.14
	HEADWALL, PATIENT	$5,363.13	21	$112,625.79
	BED, MED-SURG	$9,577.02	21	$201,117.47
	TABLE, OVERBED	$522.01	21	$10,962.24
	CABINET, PERSONAL PROTECTION	$177.71	21	$3,731.85
	FLOWMETER, AIR	$42.56	21	$893.86
	FLOWMETER, OXYGEN	$42.56	21	$893.86
	REGULATOR, SUCTION, CONTINUOUS	$425.65	42	$17,877.11
	I.V. POLE	$267.46	21	$5,616.76
	HAMPER, LINEN	$197.93	21	$4,156.43
	DISPENSER, GLOVE	$39.37	21	$826.82
	WASTE RECEPTACLE, STEP-ON	$109.84	21	$2,306.59
	WASTE RECEPTACLE	$39.18	21	$822.79
	CART, HOUSEKEEPING	$621.23	1	$621.23
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE	$85.13	1	$85.13
	VENTILATOR, INTENSIVE CARE	$39,372.20	1	$39,372.20
	RACK, CRUTCH	$237.30	1	$237.30
	SHELVING, WIRE	$1,182.23	4	$4,728.92
	STRETCHER, ADULT	$5,403.36	2	$10,806.71
	ULTRASONIC THERAPY UNIT	$6,735.84	2	$13,471.68
	CHAIR, COMMODE	$574.62	4	$2,298.49
	WALKER, FOLDING, ADULT	$63.85	1	$63.85
	WALKER, FOLDING, ADULT	$103.61	1	$103.61
	WHEELCHAIR, ADULT	$1,960.10	1	$1,960.10
	WHEELCHAIR, ADULT	$1,558.93	2	$3,117.85
	REFRIGERATOR, UNDERCOUNTER	$191.53	1	$191.53
	COFFEE BREWER	$675.71	1	$675.71
	OVEN, MICROWAVE	$113.97	1	$113.97
	WASTE RECEPTACLE	$92.11	1	$92.11

Emergency Department				$707,236.24
	CART, "L"	$1,778.13	1	$1,778.13
	STRETCHER, ADULT	$5,403.36	1	$5,403.36
	STOOL, REVOLVING	$207.50	1	$207.50
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$89.39	1	$89.39
	HEADWALL, PATIENT	$4,256.45	1	$4,256.45
	LIGHT, EXAM/TREATMENT	$1,779.20	1	$1,779.20
	MONITOR ACCESSORY, MOUNTING	$851.29	1	$851.29
	STRETCHER, ADULT	$5,403.36	1	$5,403.36
	OPHTHALMOSCOPE/OTOSCOPE	$1,272.95	1	$1,272.95
	TYMPANOMETER	$2,345.09	1	$2,345.09
	FLOWMETER, AIR	$42.56	1	$42.56
	FLOWMETER, OXYGEN	$42.56	1	$42.56
	REGULATOR, SUCTION, CONTINUOUS	$425.65	1	$425.65
	DISPENSER, GLOVE	$58.47	1	$58.47
	HAMPER, LINEN	$197.93	1	$197.93
	WASTE RECEPTACLE	$92.11	1	$92.11
	HEADWALL, PATIENT	$4,256.45	1	$4,256.45
	LIGHT, EXAM/TREATMENT	$1,779.20	1	$1,779.20
	MONITOR ACCESSORY, MOUNTING	$851.29	1	$851.29
	OPHTHALMOSCOPE/OTOSCOPE	$1,272.95	1	$1,272.95
	TYMPANOMETER	$2,345.09	1	$2,345.09
	STAND, MAYO	$650.58	1	$650.58
	TABLE, OVERBED	$522.01	1	$522.01
	STOOL, REVOLVING	$207.50	1	$207.50
	FLOWMETER, OXYGEN	$42.56	1	$42.56
	FLOWMETER, AIR	$42.56	1	$42.56
	REGULATOR, SUCTION, CONTINUOUS	$425.65	1	$425.65
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$58.47	1	$58.47
	WASTE RECEPTACLE	$92.11	1	$92.11
	HEADWALL, PATIENT	$4,256.45	1	$4,256.45
	CABINET, EXAM/TREATMENT, E.N.T.	$4,094.18	1	$4,094.18
	LIGHT, EXAM/TREATMENT	$1,779.20	1	$1,779.20
	TYMPANOMETER	$2,345.09	1	$2,345.09
	MONITOR ACCESSORY, MOUNTING	$851.29	1	$851.29
	HEADLIGHT	$431.17	1	$431.17
	TABLE, INSTRUMENT	$798.09	1	$798.09
	STOOL, REVOLVING	$207.50	1	$207.50
	FLOWMETER, OXYGEN	$42.56	1	$42.56
	FLOWMETER, AIR	$42.56	1	$42.56
	REGULATOR, SUCTION, CONTINUOUS	$425.65	1	$425.65
	DISPENSER, GLOVE	$58.47	1	$58.47
	HAMPER, LINEN	$197.93	1	$197.93
	WASTE RECEPTACLE	$92.11	1	$92.11
	HEADWALL, PATIENT	$4,256.45	1	$4,256.45
	LIGHT, EXAM/TREATMENT	$1,779.20	1	$1,779.20
	MONITOR ACCESSORY, MOUNTING	$851.29	1	$851.29
	TYMPANOMETER	$2,345.09	1	$2,345.09
	OPHTHALMOSCOPE/OTOSCOPE	$1,272.95	1	$1,272.95
	STAND, MAYO	$650.58	1	$650.58
	LIFTER, PATIENT	$340.52	1	$340.52
	REGULATOR, SUCTION, CONTINUOUS	$425.65	1	$425.65
	TABLE, OVERBED	$522.01	1	$522.01
	STOOL, REVOLVING	$207.50	1	$207.50
	FLOWMETER, AIR	$42.56	1	$42.56
	FLOWMETER, OXYGEN	$42.56	1	$42.56
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$58.47	1	$58.47
	WASTE RECEPTACLE	$92.11	1	$92.11
	SUCTION MACHINE	$845.97	1	$845.97
	CABINET, PERSONAL PROTECTION	$177.71	1	$177.71
	ELECTROCARDIOGRAPH	$17,025.82	1	$17,025.82
	ALLOWANCE, MONITORING	$79,808.52	1	$79,808.52
	CABINET, PERSONAL PROTECTION	$177.71	2	$355.41
	DISPENSER, GLOVE	$58.47	1	$58.47
	WASTE RECEPTACLE, STEP-ON	$109.84	1	$109.84
	REFRIGERATOR/FREEZER, UPRIGHT	$562.17	1	$562.17
	COFFEE BREWER	$675.71	1	$675.71
	OVEN, MICROWAVE	$113.97	1	$113.97
	WASTE RECEPTACLE	$92.11	1	$92.11
	DISPENSER, MEDICATION,	$12,769.36	1	$12,769.36
051	DISPENSER, MEDICATION,	$3,821.23	1	$3,821.23
	REFRIGERATOR, UNDERCOUNTER	$2,750.52	1	$2,750.52
	REFRIGERATOR/FREEZER, UPRIGHT	$1,484.44	1	$1,484.44
	COFFEE BREWER	$675.71	1	$675.71

	OVEN, MICROWAVE	$113.97	1	$113.97
	WASTE RECEPTACLE	$92.11	1	$92.11
	WARMER, INFANT	$13,598.31	1	$13,598.31
	IMAGING, X-RAY UNIT, MOBILE,	$266,028.40	1	$266,028.40
	HEADWALL, PATIENT	$4,256.45	1	$4,256.45
	LIGHT, EXAM/TREATMENT	$1,779.20	1	$1,779.20
	MONITOR ACCESSORY, MOUNTING	$851.29	1	$851.29
	TYMPANOMETER	$2,345.09	1	$2,345.09
	OPHTHALMOSCOPE/OTOSCOPE	$1,272.95	1	$1,272.95
	TABLE, OVERBED	$296.89	1	$296.89
	CART, "L"	$1,778.13	1	$1,778.13
	STAND, MAYO	$650.58	1	$650.58
	LIFTER, PATIENT	$340.52	1	$340.52
	FLOWMETER, OXYGEN	$42.56	1	$42.56
	FLOWMETER, AIR	$42.56	1	$42.56
	REGULATOR, SUCTION, CONTINUOUS	$425.65	1	$425.65
	STOOL, REVOLVING	$207.50	1	$207.50
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$58.47	1	$58.47
	WASTE RECEPTACLE	$92.11	1	$92.11
	SHELVING, WIRE	$327.75	2	$655.49
	STRETCHER, ADULT	$6,848.35	1	$6,848.35
	WHEELCHAIR, ADULT	$2,718.81	2	$5,437.62
	WHEELCHAIR, ADULT	$1,558.93	2	$3,117.85
	SINK, SCRUB	$6,361.70	2	$12,723.39
	LIGHT, SURGICAL	$25,538.73	2	$51,077.45
	MEDICAL GAS COLUMN	$4,469.28	2	$8,938.55
	MONITOR, PHYSIOLOGICAL	$26,602.84	2	$53,205.68
	MONITOR ACCESSORY, MOUNTING	$851.29	2	$1,702.58
	THERMOMETER, ELECTRONIC	$638.47	2	$1,276.94
	SHELVING, WIRE	$532.59	2	$1,065.18
	CART, RESUSCITATION, CARDIAC	$5,774.94	1	$5,774.94
	DEFIBRILLATOR	$10,799.69	1	$10,799.69
	CART, "L"	$1,778.13	2	$3,556.27
	CART, CAST	$2,322.43	1	$2,322.43
	WARMER, BLOOD/FLUID	$2,096.22	2	$4,192.44
	MONITOR, AIRWAY PRESSURE	$6,376.17	2	$12,752.34
	STETHOSCOPE, ULTRASONIC	$877.89	1	$877.89
	STAND, MAYO	$650.58	2	$1,301.16
	CABINET, PERSONAL PROTECTION	$177.71	2	$355.41
	FLOWMETER, OXYGEN	$42.56	2	$85.13
	FLOWMETER, AIR	$42.56	2	$85.13
	REGULATOR, SUCTION, CONTINUOUS	$425.65	2	$851.29
	STOOL, REVOLVING	$207.50	2	$415.00
	STOOL, FOOT, WITH HANDRAIL	$150.39	2	$300.78
	HAMPER, LINEN	$197.93	2	$395.85
	CART, LINEN	$545.36	2	$1,090.72
	DISPENSER, GLOVE	$58.47	2	$116.95
	WASTE RECEPTACLE, STEP-ON	$174.39	2	$348.77
	WASTE RECEPTACLE	$92.11	2	$184.22
	TRUCK, WASTE RECEPTACLE/UTILITY	$553.07	1	$553.07
	TRUCK/BIN, LINEN	$697.53	1	$697.53
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE	$107.19	1	$107.19
	WARMER, FLUID	$10,641.14	1	$10,641.14
	VENTILATOR, INFANT	$8,480.99	1	$8,480.99
	DOPPLER, FLOW DETECTOR	$867.25	3	$2,601.76
	SPHYGMOMANOMETER, ANEROID,	$529.13	1	$529.13
	HYPERTHERMIA UNIT	$2,128.23	1	$2,128.23
	CART, SUTURE	$511.31	1	$511.31
	CUTTER, CAST	$2,660.28	1	$2,660.28
	SPREADER, CAST	$471.19	1	$471.19
	SPREADER, CAST	$382.02	1	$382.02
	CART, UTILITY	$292.63	2	$585.26
	I.V. POLE	$267.46	7	$1,872.25
	SHELVING, WIRE	$712.96	2	$1,425.91
	CART, CYLINDER, MEDICAL GAS	$159.62	1	$159.62

Surgery				$984,188.59
	SINK, SCRUB	$9,684.29	2	$19,368.57
	SCOPE, BRONCHOSCOPE	$24,900.26	1	$24,900.26
	SHELVING, WIRE	$1,064.11	1	$1,064.11
	CART, PROCEDURE	$880.77	3	$2,642.30
	TABLE, UROLOGY	$44,692.77	1	$44,692.77
	TABLE, SURGICAL	$41,100.32	1	$41,100.32
	ELECTROSURGICAL UNIT	$7,076.36	1	$7,076.36
	SHELVING, WIRE	$498.80	4	$1,995.21
	RACK, GLOVE AND APRON	$104.28	2	$208.57
	ALLOWANCE, SURGICAL	$53,205.68	1	$53,205.68
	MEDICAL GAS ARTICULATING BOOM	$21,282.27	2	$42,564.54
	MEDICAL GAS ARTICULATING BOOM	$21,282.27	2	$42,564.54
	LIGHT, SURGICAL, W/FLAT PANEL ARM	$42,564.54	2	$85,129.09
	CAMERA, SURGICAL	$12,769.36	2	$25,538.73
	MONITOR, VIDEO	$8,512.91	4	$34,051.64
	MONITOR, VIDEO	$12,769.36	2	$25,538.73
	CABINET, INSTRUMENT/SUPPLY	$5,044.14	4	$20,176.57
	AUDIO/VISUAL SYSTEM,INTEGRATED,	$79,808.52	2	$159,617.04
	CART, SUPPLY	$3,812.96	1	$3,812.96
	MONITOR, PHYSIOLOGICAL	$31,923.41	2	$63,846.82
	ILLUMINATOR, 2 BANK	$571.22	2	$1,142.43
	FLOWMETER, AIR	$59.38	2	$118.76
	FLOWMETER, OXYGEN	$50.95	2	$101.90
	REGULATOR, SUCTION, CONTINUOUS	$450.12	2	$900.24
	LIFTER, PATIENT	$340.52	2	$681.03
	DISPENSER, GLOVE	$39.37	2	$78.74
	CART, SHARPS	$105.35	2	$210.69
	WASTE MANAGEMENT SYSTEM	$24,351.18	2	$48,702.35
	IMAGING, X-RAY, C-ARM	$206,438.04	1	$206,438.04
	WASTE MANAGEMENT SYSTEM	$19,059.34	1	$19,059.34
	CART, HOUSEKEEPING	$621.23	2	$1,242.46
	DISPENSER, GLOVE	$39.37	2	$78.74
	WASTE RECEPTACLE	$85.13	2	$170.26
	ICE MAKER	$3,894.66	1	$3,894.66
	REFRIGERATOR/FREEZER, UPRIGHT	$1,484.44	1	$1,484.44
	COFFEE BREWER	$675.71	1	$675.71
	OVEN, MICROWAVE	$113.97	1	$113.97
Endoscopy				$262,723.77
	CABINET, SCOPE	$4,469.28	2	$8,938.55
	LIGHT SOURCE	$12,237.31	1	$12,237.31
	MEDICAL GAS, HOSE DROP, CEILING	$3,192.34	1	$3,192.34
	SCOPE ACCESSORY, PROCESSOR,	$21,282.27	1	$21,282.27
	MONITOR, VIDEO	$8,512.91	1	$8,512.91
	MONITOR, PHYSIOLOGICAL	$21,282.27	1	$21,282.27
	FLOWMETER, OXYGEN	$50.95	1	$50.95
	REGULATOR, SUCTION, CONTINUOUS	$450.12	1	$450.12
	STOOL, FOOT, WITH HANDRAIL	$150.39	1	$150.39
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$109.84	1	$109.84
	STERILIZER, COUNTER TOP	$26,513.45	1	$26,513.45
	SCOPE, GASTROSCOPE	$31,923.41	2	$63,846.82
	SCOPE, COLONOSCOPE	$31,923.41	3	$95,770.23
	WASTE RECEPTACLE, STEP-ON	$109.84	1	$109.84
	WASTE RECEPTACLE	$39.18	1	$39.18

Recovery (PACU)				***$19,149.27***
	CABINET, WARMING	$5,612.94	1	$5,612.94
	LAB ANALYZER, GLUCOSE	$947.06	1	$947.06
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$111.73	1	$111.73
	TRUCK, WASTE RECEPTACLE/UTILITY	$553.07	1	$553.07
	TRUCK/BIN, LINEN	$1,165.20	1	$1,165.20
	DISPENSER, GLOVE	$39.37	1	$39.37
	HEADWALL, PATIENT	$5,320.57	2	$10,641.14
	DISPENSER, GLOVE	$39.37	1	$39.37
Surgical Prep/Stage II Recovery & Amb. Procedures				***$229,977.24***
	SHELVING	$10,641.14	1	$10,641.14
	MONITOR, VITAL SIGNS	$3,617.99	5	$18,089.93
	HEADWALL, PATIENT	$4,256.45	12	$51,077.45
	STRETCHER, ADULT	$5,403.36	10	$54,033.56
	FLOWMETER, OXYGEN	$50.95	12	$611.40
	REGULATOR, SUCTION, CONTINUOUS	$450.12	12	$5,401.44
	I.V. INFUSION PUMP	$2,234.64	2	$4,469.28
	I.V. POLE	$267.46	2	$534.93
	DISPENSER, GLOVE	$39.37	12	$472.47
	WASTE RECEPTACLE, STEP-ON	$109.84	12	$1,318.05
	LAB ANALYZER, GLUCOSE	$947.06	1	$947.06
	REFRIGERATOR, UNDERCOUNTER	$2,092.90	1	$2,092.90
	ICE MAKER	$3,894.66	1	$3,894.66
	COFFEE BREWER	$675.71	1	$675.71
	OVEN, MICROWAVE	$113.97	1	$113.97
	WASTE RECEPTACLE	$92.11	1	$92.11
	DISPENSER, MEDICATION,	$40,436.32	1	$40,436.32
	DISPENSER, MEDICATION,	$12,769.36	1	$12,769.36
	REFRIGERATOR, UNDERCOUNTER	$2,750.52	1	$2,750.52
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$111.73	1	$111.73
	CABINET, WARMING	$5,612.94	1	$5,612.94
	ALLOWANCE, SHELVING	$10,641.14	1	$10,641.14
	SHELVING, WIRE	$243.68	1	$243.68
	CART, LINEN	$545.36	1	$545.36
	TRUCK/BIN, LINEN	$579.94	1	$579.94
	TRUCK, WASTE RECEPTACLE/UTILITY	$553.07	1	$553.07
	TRUCK/BIN, LINEN	$1,165.20	1	$1,165.20
	DISPENSER, GLOVE	$39.37	1	$39.37
	DISPOSAL CONTAINER, WASTE,	$23.17	1	$23.17

Diagnostic Imaging, including MRI & Nuclear Med.				***$3,955,200.90***
	HAMPER, LINEN	$197.93	4	$791.70
	CART, HOUSEKEEPING	$621.23	1	$621.23
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE	$85.13	1	$85.13
	CART	$636.34	1	$636.34
	TRUCK/BIN, LINEN	$697.53	1	$697.53
	DISPENSER, GLOVE	$39.37	1	$39.37
	TRUCK, WASTE RECEPTACLE/UTILITY	$553.07	1	$553.07
	WASTE RECEPTACLE	$85.13	1	$85.13
	SHELVING, WIRE	$498.80	2	$997.61
	CART, LINEN	$422.45	1	$422.45
	TRUCK/BIN, LINEN	$579.94	1	$579.94
	IMAGING, RADIOGRAPHIC, DIGITAL	$478,851.13	1	$478,851.13
	RACK, GLOVE AND APRON	$104.47	1	$104.47
	FLOWMETER, OXYGEN	$42.56	1	$42.56
	REGULATOR, SUCTION, CONTINUOUS	$425.65	1	$425.65
	STOOL, FOOT, WITH HANDRAIL	$150.39	1	$150.39
	HAMPER, LINEN	$197.93	1	$197.93
	WASTE RECEPTACLE, STEP-ON	$111.73	1	$111.73
	IMAGING, PACS, WORKSTATION, READ	$26,602.84	1	$26,602.84
	IMAGING, FLUOROSCOPIC UNIT	$47,885.11	1	$47,885.11
	IMAGING,	$585,262.49	1	$585,262.49
	IMAGING EQUIPMENT	$3,192.34	1	$3,192.34
	RACK, GLOVE AND APRON	$104.47	1	$104.47
	STOOL, FOOT, WITH HANDRAIL	$150.39	1	$150.39
	STAND, MAYO	$650.58	1	$650.58
	REGULATOR, SUCTION, CONTINUOUS	$450.12	1	$450.12
	FLOWMETER, OXYGEN	$50.95	1	$50.95
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$111.73	2	$223.46
	IMAGING, CT SYSTEM	$957,702.26	1	$957,702.26
	INJECTOR	$40,436.32	1	$40,436.32
	CART, PROCEDURE	$2,170.79	1	$2,170.79
	FLOWMETER, OXYGEN	$50.95	1	$50.95
	REGULATOR, SUCTION, CONTINUOUS	$450.12	1	$450.12
	I.V. POLE	$267.46	1	$267.46
	APRON, LEAD	$254.20	2	$508.39
	RACK, GLOVE AND APRON	$104.47	1	$104.47
	DISPENSER, GLOVE	$39.37	1	$39.37
	HAMPER, LINEN	$197.93	1	$197.93
	WASTE RECEPTACLE, STEP-ON	$111.73	1	$111.73
	CART	$2,128.23	1	$2,128.23
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$111.73	1	$111.73
	IMAGING, MAGNETIC RESONANCE	$1,170,524.98	1	$1,170,524.98
	MONITOR, PHYSIOLOGICAL	$52,141.57	1	$52,141.57
	STRETCHER	$3,998.94	1	$3,998.94
	FLOWMETER, OXYGEN	$50.95	1	$50.95
	FLOWMETER, AIR	$59.38	1	$59.38
	REGULATOR, SUCTION, CONTINUOUS	$450.12	1	$450.12
	I.V. POLE	$409.68	2	$819.37
	HAMPER, LINEN	$245.01	1	$245.01
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$111.73	1	$111.73
	WHEELCHAIR, ADULT	$1,558.93	4	$6,235.71
	WHEELCHAIR, ADULT	$2,718.81	2	$5,437.62
	DISPENSER, MEDICATION,	$40,436.32	1	$40,436.32
	DISPENSER, MEDICATION,	$21,282.27	1	$21,282.27
	DISPENSER, MEDICATION,	$3,821.23	1	$3,821.23
	REFRIGERATOR, UNDERCOUNTER	$2,750.52	1	$2,750.52
	CART, LINEN	$422.45	1	$422.45
	SHELVING, WIRE	$498.80	1	$498.80
	IMAGING, CAMERA, GAMMA	$372,439.77	1	$372,439.77
	TABLE, WORK	$1,594.10	1	$1,594.10
	FLOWMETER, OXYGEN	$53.21	1	$53.21
	REGULATOR, SUCTION, CONTINUOUS	$450.12	2	$900.24
	STOOL, FOOT, WITH HANDRAIL	$150.39	1	$150.39
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$111.73	2	$223.46
	MEDICAL GAS, HOSE DROP, CEILING	$2,128.23	1	$2,128.23
	CABINET, LEAD LINED	$26,602.84	1	$26,602.84
055	CALIBRATION SYSTEM	$1,367.39	1	$1,367.39
	DISPENSER, GLOVE	$39.37	2	$78.74
	DISPOSAL CONTAINER, SHARPS	$21.28	1	$21.28

	WASTE RECEPTACLE, STEP-ON	$111.73	2	$223.46
	REGULATOR, SUCTION, CONTINUOUS	$450.12	1	$450.12
	I.V. POLE	$267.46	1	$267.46
	CABINET, WARMING	$7,758.26	1	$7,758.26
	TABLE	$1,541.74	1	$1,541.74
	IMAGING, PACS, WORKSTATION, READ	$37,243.98	2	$74,487.95
	WASTE RECEPTACLE	$40.97	1	$40.97
	CART, HOUSEKEEPING	$621.23	1	$621.23
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE	$85.13	1	$85.13

Non-Invasive Diagnostic Cardiology				$309,252.25
	STRESS TEST SYSTEM	$24,687.44	1	$24,687.44
	TREADMILL, ELECTRIC	$6,592.18	1	$6,592.18
	IMAGING, TABLE	$7,752.07	1	$7,752.07
	CHAIR	$843.84	1	$843.84
	CHAIR, RECLINER	$1,415.27	1	$1,415.27
	SUCTION MACHINE	$845.97	1	$845.97
	SPHYGMOMANOMETER, ANEROID,	$529.13	1	$529.13
	STOOL, FOOT, WITH HANDRAIL	$150.39	1	$150.39
	FLOWMETER, OXYGEN	$42.56	2	$85.13
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$85.13	1	$85.13
	ECHOCARDIOGRAPH	$266,028.40	1	$266,028.40
Respiratory Therapy (includes inpatient & outpatient)				$1,850.14
	TABLE	$1,541.74	1	$1,542.74
	WASTE RECEPTACLE	$40.97	1	$41.97
	FLOWMETER, AIR	$59.38	1	$60.38
	FLOWMETER, OXYGEN	$50.95	1	$51.95
	DISPENSER, GLOVE	$39.37	1	$40.37
	WASTE RECEPTACLE, STEP-ON	$111.73	1	$112.73
Physical Therapy/Occupational Therapy:				$0.00
Inpatient PT/OT				$8,522.87
	TABLE, MAT, MOTORIZED	$5,319.50	1	$5,320.50
	PARALLEL BARS	$1,212.82	1	$1,213.82
	EXERCISE UNIT, STAIRCASE	$1,032.19	1	$1,033.19
	WARMER, FLUID	$264.96	1	$265.96
	SHELVING, WIRE	$289.97	1	$290.97
	HAMPER, LINEN	$244.16	1	$245.16
	WASTE RECEPTACLE, STEP-ON	$111.88	1	$112.88
	DISPENSER, GLOVE	$39.37	1	$40.37
Neurodiagnostics				$0.00
Outpatient Specimen Collection, if separate from Lab				$0.00
Clinical Laboratory including Morgue				$0.00
Pharmacy				$17,949.56
	CART, I.V.	$1,439.75	3	$4,319.24
	SHELVING, WIRE	$1,182.23	8	$9,457.84
	REFRIGERATOR, UPRIGHT,	$2,539.01	1	$2,539.01
	STOOL, REVOLVING	$470.34	2	$940.68
	CART, UTILITY	$249.53	1	$249.53
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE	$92.11	2	$184.22
	WASTE RECEPTACLE, STEP-ON	$109.84	2	$219.68
Central Processing and Supply				$650,502.19
	STERILIZER, INDICATOR	$1,276.94	1	$1,276.94
	CABINET, STORAGE	$1,727.06	1	$1,727.06
	ALLOWANCE, SHELVING	$19,686.10	1	$19,686.10
	SHELVING, WIRE	$498.80	16	$7,980.85
	DISPENSER, MEDICATION,	$40,436.32	1	$40,436.32
	DISPENSER, MEDICATION,	$12,449.07	1	$12,449.07
	DISPENSER, MEDICATION,	$3,821.23	1	$3,821.23
	REFRIGERATOR, UNDERCOUNTER	$2,750.52	1	$2,750.52
	CABINET, WARMING	$7,758.26	1	$7,758.26
	CART, CASE	$3,447.67	6	$20,686.05
	WASTE RECEPTACLE, STEP-ON	$109.84	2	$219.68
	WINDOW, PASS-THROUGH	$5,320.57	1	$5,320.57
	TABLE, WORK, ADJUSTABLE	$6,631.84	2	$13,263.69
	SHELVING, WIRE	$243.68	2	$487.36
	SEALING UNIT	$1,474.60	1	$1,474.60
	RACK	$630.49	1	$630.49
	STERILIZER	$127,693.63	1	$127,693.63
	STERILIZER	$133,014.20	1	$133,014.20
	STERILIZER ACCESSORY,LOADING	$10,641.14	2	$21,282.27
	STERILIZER ACCESSORY,LOADING	$10,641.14	1	$10,641.14
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE	$85.13	1	$85.13
	WASHER/DISINFECTOR	$133,014.20	1	$133,014.20
	STERILIZER ACCESSORY,LOADING	$6,384.68	2	$12,769.36
	DISPENSER, LIQUID,	$42.56	1	$42.56
	COUNTER, CLEAN-UP	$21,276.95	1	$21,276.95
	CLEANER, ULTRASONIC	$21,722.82	1	$21,722.82
	GUN, STEAM	$3,192.34	1	$3,192.34
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$89.39	1	$89.39
057	TRUCK, TILT	$595.90	2	$1,191.81
	SHELVING, WIRE	$1,182.23	2	$2,364.46
	WATER SYSTEM	$22,074.41	1	$22,074.41

Dietary and Kitchen (exclude Cafeteria/Dining Room)				***$0.00***
				$7,014.69
Pulmonary Function				
	STRETCHER, ADULT	$5,403.36	1	$5,403.36
	STOOL, REVOLVING	$486.03	1	$486.03
	CART, CYLINDER, MEDICAL GAS	$145.78	1	$145.78
	CYLINDER ACCESSORY, HOLDER	$113.86	1	$113.86
	FLOWMETER, OXYGEN	$42.56	1	$42.56
	REGULATOR, SUCTION, CONTINUOUS	$425.65	1	$425.65
	HAMPER, LINEN	$197.93	1	$197.93
	DISPENSER, GLOVE	$39.37	1	$39.37
	WASTE RECEPTACLE, STEP-ON	$160.15	1	$160.15

ST. JOSEPH'S HOSPITAL				
Non-Clinical Services				
Department/Service	Item	Unit Cost	Number	Total Cost
Admitting/Patient Registration				$0.00
Medical Records/HIM				$0.00
On-Call Rooms				$0.00
Administration				$0.00
Volunteer Services				$0.00
Education/Conference Rooms				$0.00
Cafeteria/Dining Room				$0.00
Information Systems				0
Environmental Services including Housekeeping				$32,944.12
	SHELVING, WIRE	$693.41	2	$1,386.81
	SHELVING, WIRE	$808.74	3	$2,426.23
	SHELVING, STEEL	$2,770.86	3	$8,312.57
	SHELVING, STEEL	$2,770.86	2	$5,541.71
	WASTE RECEPTACLE, STEP-ON	$143.00	8	$1,144.03
	SHELVING, WIRE	$928.24	4	$3,712.95
	FLOOR MACHINE, SCRUBBER,	$5,209.90	2	$10,419.81
Materials Management/Dock				$8,883.09
	CART, HOUSEKEEPING	$808.81	1	$808.81
	DISPENSER, GLOVE	$51.26	1	$51.26
	WASTE RECEPTACLE	$110.83	1	$110.83
	WASHER, CLOTHES, DOMESTIC	$1,368.80	1	$1,368.80
	DRYER, CLOTHES, COMMERCIAL	$5,615.14	1	$5,615.14
	SHELVING, WIRE	$928.24	1	$928.24
Central Stores				$36,021.12
	SHELVING	$13,854.26	1	$13,854.26
	SHELVING, WIRE	$2,770.86	8	$22,166.85
Chapel				$0.00
Retail Space				$0.00
Gift Shop				$0.00
Staff Services				$0.00
Entrances, Lobbies & Public Space				$0.00
Connector Corridor to MOB (if part of Hospital)				$0.00
Mechanical Space and Penthouse				$0.00
Power Plant				$0.00
Other (Identify):				$20,947.68
Plant Operations (Bed Storage)	BED, MED-SURG	$10,473.84	2	$20,947.68

ST. JOSEPH'S HOSPITAL					
SUMMARY - FURNITURE, FURNISHINGS & EQUIPMENT TO BE ACQUIRED (FURNITURE ONLY)					
					11/15/2011

SJH Replacement

	Department	Furniture	Escalation (8.19%) 0.0819	Tax/Freight/Union (20%) 0.2	CON Roll-up
cal	Medical/Surgical Nursing Unit	$117,700	$9,640	$23,540	$150,880
	Emergency Department	$18,850	$1,544	$3,770	$24,164
	Surgery	$5,100	$418	$1,020	$6,538
	Endoscopy	$1,250	$102	$250	$1,602
	Recovery (PACU)	$1,300	$106	$260	$1,666
	Surgical Prep/Stage II Recovery & Amb. Procedures	$11,400	$934	$2,280	$14,614
	Diagnostic Imaging (MRI & Nuclear Med.)	$10,500	$860	$2,100	$13,460
	Non-Invasive Diagnostic Cardiology	$2,600	$213	$520	$3,333
	Respiratory Therapy	$7,800	$639	$1,560	$9,999
	Physical Therapy/Occ. Therapy	$0	$0	$0	$0
	Inpatient PT/OT	$2,400	$197	$480	$3,077
	Outpatient Speciment Collection	$1,300	$106	$260	$1,666
	Clinical Laboratory	$0	$0	$0	$0
	Pharmacy	$6,000	$491	$1,200	$7,691
	Central Processing & Supply	$2,600	$213	$520	$3,333
	Dietary & Kitchen	$0	$0	$0	$0
	Other	$0	$0	$0	$0
	Additional Recliner to ED	$1,800	$150	$364	$2,314
	Subtotal	$190,600	$15,613	$38,124	$244,337
Non-Clinical	Admitting/Patient Registration	$6,400	$524	$1,280	$8,204
	On-Call Rooms	$800	$66	$160	$1,026
	Cafeteria/Dining	$27,500	$2,252	$5,500	$35,252
	Information Systems	$0	$0	$0	$0
	Environmental Services (Incld housekeeping)	$2,600	$213	$520	$3,333
	Materials Management/Dock	$8,500	$696	$1,700	$10,896
	Plant Operations	$13,700	$1,122	$2,740	$17,562
	Central Stores	$0	$0	$0	$0
	Chapel	$5,800	$475	$1,160	~~$48~~ $7435
	Gift Shop	$5,800	$475	$1,160	$7,435
	Entrances Lobbies & Public Spaces	$24,000	$1,966	$4,800	$30,766
	Connector Corridor (to MOB)	$0	$0	$0	$0
	Mechanical Space	$0	$0	$0	$0
	Other	$0	$0	$0	$0
	Subtotal	$95,100	$7,789	$19,020	$121,909
				SJH Replacement Total	$366,246

FURNITURE, FURNISHINGS & EQUIPMENT TO BE ACQUIRED (FURNITURE ONLY)				
ST. JOSEPH'S HOSPITAL				
Clinical Services				
Submitted: 9.14.11				
Department/Service	Item	Unit Cost	Number	Total Cost
Medical/Surgical Nursing Unit				***$117,700.00***
Patient Rooms	Patient Chair	$1,200.00	20	$24,000.00
	Sleeper Sofa	$2,000.00	20	$40,000.00
Bariatric Patient Room	Bariatric Patient Chair	$2,000.00	1	$2,000.00
	Sleeper Sofa	$1,200.00	1	$1,200.00
Special Care Patient Room	Patient Chair	$1,200.00	4	$4,800.00
	Sleeper Sofa	$2,000.00	4	$8,000.00
Nurses Station 1325, 1412, 1310	Task Chair	$600.00	9	$5,400.00
Quiet Room/ kitchen 1342	Sleeper Sofa	$3,400.00	1	$3,400.00
	Side Chairs	$250.00	4	$1,000.00
	table	$450.00	1	$450.00
	recliner	$1,800.00	2	$3,600.00
	side table	$400.00	1	$400.00
Staff Room 1411	Table	$400.00	1	$400.00
	chairs	$200.00	4	$800.00
Case Mgr. & Social Serv. Offices 1366, 1372	desk	$2,000.00	3	$6,000.00
	task chair	$600.00	2	$1,200.00
	side chairs	$650.00	3	$1,950.00
Conference Room 1363	table	$2,500.00	3	$7,500.00
	chairs	$700.00	8	$5,600.00
Emergency Department				***$18,850.00***
Waiting 1102	table	$600.00	2	$1,200.00
	lounge chairs	$1,000.00	6	$6,000.00
Registration 1104	guest chairs	$650.00	2	$1,300.00
	task chairs	$600.00	2	$1,200.00
Nurses Station 1115	task chairs	$600.00	4	$2,400.00
Exam Rooms 1110-1113, 1125	patient chair	$250.00	5	$1,250.00
Triage	task chair	$600.00	1	$600.00
Lounge	table	$400.00	1	$400.00
	chairs	$300.00	4	$1,200.00
Medical Dir. Office 1118, ED Dir. Office 1120	desk	$2,000.00	1	$2,000.00
	side chairs	$350.00	2	$700.00
	task chairs	$600.00	1	$600.00
Surgery				***$5,100.00***
OR 1193, 1194	task chairs	$600.00	2	$1,200.00
Control Desk 1199	task chairs	$600.00	1	$600.00
Multi Office 1203	side chairs	$350.00	1	$350.00
Manager's Office 1205	task chairs	$600.00	1	$600.00
	side chairs	$350.00	1	$350.00
Phys. Lounge 1206	task chairs	$600.00	2	$1,200.00
	sofa	$200.00	2	$400.00
	side table	$400.00	1	$400.00
Endoscopy				***$1,250.00***
	side chairs	$650.00	1	$650.00
	task chairs	$600.00	1	$600.00
Recovery (PACU)				***$1,300.00***
	side chairs	$350.00	2	$700.00
	task chair	$600.00	1	$600.00
Surgical Prep/Stage II Recovery & Amb. Procedures				***$11,400.00***
	side chairs	$650.00	12	$7,800.00
	task chairs	$600.00	2	$1,200.00
	lounge chairs	$500.00	4	$2,000.00
	lounge table	$400.00	1	$400.00
Diagnostic Imaging, including MRI & Nuclear Med.				***$10,500.00***
	task chairs	$600.00	12	$7,200.00
	tables	$400.00	2	$800.00
	lounge chairs	$500.00	5	$2,500.00
Non-Invasive Diagnostic Cardiology				***$2,600.00***
Stress Test 1082	task chairs	$600.00	1	$600.00
	desk	$2,000.00	1	$2,000.00
Respiratory Therapy (includes inpatient & outpatient)				***$7,800.00***
Cardio Pulm. 1088/ Phy. Read 1087	desks	$2,000.00	3	$6,000.00
	task chairs	$600.00	3	$1,800.00
Physical Therapy/ Occupational Therapy				***$0.00***
Inpatient PT/OT				***$2,400.00***
Rehab 1382	task chairs	$600.00	4	$2,400.00
Outpatient Specimen Collection, if separate from Lab				***$1,300.00***
	task chair	$600.00	1	$600.00
	side chair	$350.00	2	$700.00
Clinical Laboratory				***$0.00***
Pharmacy				***$6,000.00***
Pharmacy 1315	desks	$2,000.00	3	$6,000.00
Central Processing and Supply				***$2,600.00***
break out 1230	desks	$2,000.00	1	$2,000.00
	task chairs	$600.00	1	$600.00
Dietary and Kitchen (exclude Cafeteria/Dining Room)				***$0.00***
Other (Identify)				***$0.00***
				$188,800.00

ST. JOSEPH'S HOSPITAL				
Non-Clinical Services				
Department/Service	Item	Unit Cost	Number	Total Cost
Admitting/Patient Registration				***$6,400.00***
Offices	side chairs	$500.00	8	$4,000.00
	task chair	$600.00	4	$2,400.00
On-Call Rooms				***$800.00***
On call 1220 & 1221	side tables	$400.00	2	$800.00
Cafeteria/Dining Room				***$27,500.00***
	tables	$500.00	18	$9,000.00
	chairs	$250.00	74	$18,500.00
	(banquet seating is included in based building	$0.00		$0.00
Information Systems				***$0.00***
Environmental Services including Housekeeping				***$2,600.00***
EVS Office 1247	task chairs	$600.00	1	$600.00
	desks	$2,000.00	1	$2,000.00
Materials Management/Dock				***$8,500.00***
Director Office 1244	desks	$2,000.00	1	$2,000.00
	task chairs	$600.00	1	$600.00
	side chairs	$350.00	1	$350.00
Vend/ Driver 1240	desks	$2,000.00	2	$4,000.00
	side chairs	$350.00	1	$350.00
	task chairs	$600.00	2	$1,200.00
Plant Operations				***$13,700.00***
Shop tools 1265	task chais	$600.00	3	$1,800.00
Bio Med 1258	task chairs	$600.00	1	$600.00
Plan Room 1257	desks	$2,000.00	1	$2,000.00
	task chairs	$600.00	1	$600.00
Director Office 1256	desk	$2,000.00	1	$2,000.00
	side chairs	$350.00	2	$700.00
Parts 1261	shelving	$600.00	10	$6,000.00
Central Stores				***$0.00***
Chapel				***$5,800.00***
Pastor Care 1304	desk	$2,000.00	1	$2,000.00
	task chiars	$600.00	2	$1,200.00
Social Serv 1372	task chairs	$600.00	1	$600.00
	desk	$2,000.00	1	$2,000.00
Gift Shop				***$5,800.00***
	task chairs	$600.00	3	$1,800.00
	desk	$2,000.00	2	$4,000.00
Entrances, Lobbies & Public Space				***$24,000.00***
Reception Desk	task chairs	$600.00	2	$1,200.00
Waiting	side tables	$500.00	8	$4,000.00
	sofa	$2,000.00	1	$2,000.00
	Lounge Seating	$1,200.00	14	$16,800.00
Connector Corridor to MOB (if part of Hospital)				***$0.00***
Mechanical Space				***$0.00***
Other (Identify):				***$0.00***
				$95,100.00

062

I.
Cost/Space Requirements

Department/Area	Cost ($)	Departmental Gross Square Feet		Amount of Proposed Total Departmental Gross Square Feet That Is:			
		Existing	Proposed Upon Project Completion	New Const.	Modernized	As is	Vacated Space
REVIEWABLE (Clinical Service Areas):							
Medical-Surgical Service	$9,887,125	7,655	15,305	15,305	0	0	7,655*
Surgery	$3,788,026	5,647	4,817	4,817	0	0	5,647*
Post-Anesthesia Recovery (PACU, Recovery)	$534,625	826	927	927	0	0	826*
Surgical Prep/ Stage II Recovery	$2,312,384	3,700	3,715	3,715	0	0	3,700*
Endoscopy	$534,306	In Surgery	499	499	0	0	0*
Emergency Department	$4,470,462	2,406	6,274	6,274	0	0	2,406*
Diagnostic Imaging	$7,262,883	3,708	5,531	5,531	0	0	3,708*
Inpatient Physical Therapy/ Occupational Therapy	$262,785	1,518	513	513	0	0	1,518*
Non-Invasive Diagnostic Cardiology	$427,495	356	224	224	0	0	356*
Pulmonary Function Testing	$117,147	312	208	208	0	0	312*
Respiratory Therapy	$174,218	1,619	317	317	0	0	1,619*
Outpatient Specimen Collection	$200,725	309	404	404	0	0	309*
Pharmacy	$534,475	973	1,025	1,025	0	0	973*
Central Sterile Processing/ Distribution	$1,536,803	2,292	1,906	1,906	0	0	2,292*
Dietary/ Kitchen	$1,098,960	4,163	2,290	2,290	0	0	4,163*
Intensive Care Service	$0	2,188	0	0	0	0	2,188*
Neuro-Diagnostics	$0	683	0	0	0	0	683*
Clinical Laboratory	$0	2,755	0	0	0	0	2,755*
Geriatric Outpatient Psychiatric Services	$0	2,509	0	0	0	0	2,509*
eased Physicians' Offices	$0	219	0	0	0	0	219*

Department/Area	Cost ($)	Departmental Gross Square Feet: Existing	Departmental Gross Square Feet: Proposed Upon Project Completion	Amount of Proposed Total Departmental Gross Square Feet That Is: New Const.	Modernized	As is	Vacated Space
TOTAL REVIEWABLE (Clinical Service Areas)	$33,142,419	43,838	43,955	43,955	0	0	43,838*

*The vacated space is all located in the existing hospital building, which will be discontinued when the replacement hospital is completed and licensed. The options for the future use of the existing hospital building are discussed in Attachment 10.

Department	Cost ($)	Departmental Gross Square Feet		Amount of Proposed Total Departmental Gross Square Feet That Is:			
		Existing	Proposed Upon Project Completion	New Const.	Remodeled	As is	Vacated Space
NON- REVIEWABLE (Non-Clinical Service Areas):							
Admitting/Patient Registration	$418,746	492	827	827	0	0	492*
On-Call Rooms	$85,967	502	177	177	0	0	502*
Cafeteria/Dining Room for Employees and Visitors	$1,367,638	3,128	2,109	2,109	0	0	3,128*
Information Systems	$367,908	1,379	556	556	0	0	1,379*
Environmental Services Including Housekeeping	$814,098	2,684	1,699	1,699	0	0	2,684*
Materials Management/Dock	$455,491	1,092	1,053	1,053	0	0	1,092*
Central Stores	$542,482	1,417	1,093	1,093	0	0	1,417*
Chapel and Pastoral Care	$1,281,376	3,048	1,913	1,913	0	0	3,048*
Gift Shop	$410,972	190	762	762	0	0	190*
Staff Services	$405,843	968	871	871	0	0	968*
Interdepartmental Corridors	$2,146,612	18,709	4,637	4,637	0	0	18,709*
Entrances, Lobbies, Public Space	$2,788,273	3,430	4,762	4,762	0	0	3,430*
Plant Operations	$567,802	4,168	1,150	1,150	0	0	4,168*
Mechanical Space/ Penthouse	$447,963	1,996	1,230	1,230	0	0	1,996*
Power Plant	$2,129,057	3,783	2,046	2,046	0	0	3,783*
Medical Records/HIM	$0	1,968	0	0	0	0	1,968*
Emergency Medical Services	$0	790	0	0	0	0	790*
Education/Conference Rooms	$0	1,366	0	0	0	0	1,366*
Administration	$0	5,921	0	0	0	0	5,921*
Volunteer Services	$0	484	0	0	0	0	484*
Elevator Shafts	$0	1,503	0	0	0	0	1,503*
Mechanical/Electrical Ducts and Shafts	$0	291	0	0	0	0	291*

Department	Cost ($)	Departmental Gross Square Feet: Existing	Departmental Gross Square Feet: Proposed Upon Project Completion	Amount of Proposed Total Departmental Gross Square Feet That Is: New Const.	Remodeled	As is	Vacated Space
NON- REVIEWABLE (Non-Clinical Service Areas):							
Stairwells	$0	4,139	0	0	0	0	4,139*
TOTAL NON-REVIEWABLE (Non-Clinical Service Areas)	$14,230,228	63,448	24,885	24,885	0	0	63,448*
TOTAL PROJECT	$47,372,647	107,286	68,840	68,840	0	0	107,286*

*The vacated space is all located in the existing hospital building, which will be discontinued when the replacement hospital is completed and licensed. The options for the future use of the existing hospital building are discussed in Attachment 10.

II. Discontinuation

In accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/3) the replacement of St. Joseph's Hospital on its new site, which is located approximately 1 ½ miles from the existing hospital, will constitute the establishment of a new hospital. As a result of the establishment of a replacement hospital, the existing hospital will be discontinued when the new hospital is completed and becomes operational.

The replacement hospital will be a Critical Access Hospital located in Highland, as is the existing hospital. St. Joseph's Hospital has been designated as a necessary provider of health services, authorized by the Illinois Rural Health Plan and in accordance with the eligibility requirements defined in Part 6: Implementation of the Critical Access Hospital Program. It is also designated as a rural hospital in accordance with the accepted Illinois definition of "rural" (77 IAC 590/590.20).

All patients currently using St. Joseph's Hospital or residing within its market area will continue to receive care in the new hospital.

The replacement of the existing hospital will enable St. Joseph's Hospital to continue serving its current patient caseload in new facilities that will be appropriately sized and configured for a Critical Access Hospital.

The justification for the replacement of the current hospital is provided in Attachments 12, 14, 15, and 37.

General Information Requirements

1. In its existing hospital, St. Joseph's Hospital currently operates the following categories of service: Medical/Surgical; Pediatric; Intensive Care. All will be discontinued in the existing hospital, and only the Medical/Surgical Service will be established in the replacement hospital.

   The current hospital has a total of 27 authorized beds: 21 authorized Medical/Surgical beds, 2 authorized Pediatric beds, and 4 authorized Intensive Care beds.

   As a designated Critical Access Hospital (CAH), St. Joseph's Hospital must operate 25 beds or less. Therefore, St. Joseph's Hospital is proposing to discontinue its Pediatric and Intensive Care Services when it relocates to the replacement hospital, and it will provide care to all patients requiring inpatient care in the Medical/Surgical Service, which will have 25 authorized beds.

The current categories of service and authorized beds are shown in the chart below, together with the proposed category of service and authorized beds for the replacement hospital.

Department	Current Number of Beds	Proposed Beds	Changes in Number of Beds
Medical/Surgical	21 Authorized Beds	25	4
Pediatrics	2 Authorized Beds	0	- 2
Intensive Care	4 Authorized Beds	0	- 4
Total	27 Authorized Beds	25	- 2

2. St. Joseph's Hospital does not operate any other categories of service.

   As a result of the replacement of the existing hospital, all other clinical services that are not categories of service will be transferred to the new hospital building.

3. This project proposes the discontinuation of St. Joseph's Hospital after the replacement hospital becomes operational. It is anticipated that the new hospital will become operational during the third quarter of 2013, and the existing hospital building will be discontinued after the replacement hospital has become operational.

   When the new hospital building is completed and ready to become operational, existing inpatients will be transferred to the new hospital, which is where new inpatient admissions will take place. Since St. Joseph's Hospital is a Critical Access Hospital and its inpatients, including those in Swing beds, have short lengths of stay, the hospital's census may be low at the actual move date because many inpatients will have been discharged and elective admissions may be delayed, thereby eliminating the need to transfer many patients.

   The Medical/Surgical Service, as well as all hospital clinical services that are not defined as categories of service, will continue to operate in their new facilities in the new hospital.

   The existing hospital will not be discontinued until after the replacement hospital is operational. At that time, the Intensive Care and Pediatric Services will be discontinued, and Intensive Care and Pediatric patients will receive care in the new Medical/Surgical nursing unit.

   Since St. Joseph's Hospital will continue to care for all of its existing patients in its replacement hospital, alternative services or facilities for the patients are not

necessary. In fact, this project is being undertaken for the purpose of providing modern facilities for St. Joseph's Hospital's patients that are sized and configured appropriately for a Critical Access Hospital with extensive outpatient services.

Although the move to the replacement hospital and the discontinuation of the existing St. Joseph's Hospital will not take place until the third quarter of 2013, a move and relocation plan is being contemplated by the hospital's professional staff and management. The move and relocation plan, which will be developed at a time that is closer to the move date, will include the following: hiring a professional move manager; establishment of a moving date; familiarization and retraining of the hospital's current staff for the new hospital; developing procedures for patient care in the new hospital; planning for moving equipment and furniture that will be relocated to the new hospital; detailing of logistics for moving inpatients at the time of the move; and notification of outpatients of the effective date that each service will begin operation in the new facilities (both the hospital and the adjacent Medical Office Building that will be constructed at the same time).

4. The anticipated use of the existing hospital building after the replacement hospital is completed and licensed, and hospital operations are relocated to the new facility has not yet been finalized. The existing hospital will not be discontinued for 2 years, and the decision regarding the anticipated use of the hospital building will be made in the future.

At the present time, the following options are under serious consideration.

- Demolition of the existing hospital building after the replacement hospital becomes operational and all services have been relocated to the replacement hospital's campus.
- Sell the existing hospital building and the land on which it is located to a qualified buyer.
- Gift the existing hospital building and the land on which it is located to another entity (e.g., city government, not-for-profit organization) with the restrictions that the building will not be used to establish a hospital and that the use of the building and site will be appropriate.

The anticipated use of the equipment that is currently in use at St. Joseph's Hospital is as follows.

- All of the existing furniture, furnishings, and equipment will be evaluated in terms of their useful life and condition.

- Equipment, furniture, and furnishings that will be usable in the replacement hospital will be transferred to that facility when it is completed.

- The balance of equipment, furniture, and furnishings will be donated to health facilities in other countries through Mission Outreach, which is sponsored by Hospital Sisters Health System. These donations will be accomplished by sending the equipment, furniture, and furnishings to Hospital Sisters Health System' corporate headquarters, where a warehouse is maintained to collect these items prior to shipment.

5. Medical records for all of St. Joseph's Hospital's patients will be transferred to the replacement hospital. The transferred records will include those of patients in the Pediatric and Intensive Care Services that are being discontinued as well as to those of Medical/Surgical patients and outpatients.

   All medical records will be maintained in accordance with St. Joseph's Hospital's Records Retention and Disposal Policy, which is consistent with Hospital Sisters Health Systems' policy, both of which exceed existing state and federal requirements.

   a. St. Joseph's Hospital's Master Patient Index of Clinical Records is retained permanently, either in electronic format or on paper, based on the requirements of 77 Ill. Adm. Code 250.1510(d).

   b. St. Joseph's Hospital's patient medical records are retained for 30 years, either in electronic format or on paper, based on the following requirements: 735 ILCS 5/13-212; 735 ILCS 5/13-215; 210 ILCS 85/6.17; 77 Ill. Adm. Code 2060.325(o); 45 C.F.R. 164.102, et. seq. (HIPAA); 42 C.F.R. 482.24; 42 C.F.R. 482.26; 42 C.F.R. 482.53; 42 C.F.R. 484.48.

6. Although this project is considered to be a discontinuation of St. Joseph's Hospital at its current location in order to replace the hospital on a new site, this project will not result in any change in the hospital's requirements to submit questionnaires and data required by HFSRB and IDPH, such as annual questionnaires, capital expenditures surveys, etc.

   A certification by Peggy A. Sebastian, President and Chief Executive Officer, is appended to this Attachment, stating that all such information will be provided on a continuous basis, both through the date of discontinuation in the existing hospital and after the new hospital becomes operational.

Reasons for Discontinuation

The purpose of this project is to construct a replacement hospital for St. Joseph's Hospital on a different site that is located approximately 1½ miles from the current hospital. It is anticipated that the replacement hospital will become operational during the third quarter of 2013 (the first quarter of the hospital's FY13-14), and the existing hospital building will be discontinued at that time.

The discontinuation of the existing hospital building will also result in the discontinuation of the Pediatric and Intensive Care Services. All patients requiring these services will receive this care in the Medical/Surgical Service. The 25 bed Medical/Surgical nursing unit, which will have all private rooms, will include 4 beds in Special Care rooms to accommodate patients requiring more specialized care.

The discontinuation of these categories of service and incorporation of care in the Medical/Surgical Service to inpatients requiring these services is appropriate because St. Joseph's Hospital has been designated as a Critical Access Hospital, a necessary provider of health services that is authorized by the Illinois Rural Health Plan and in accordance with the eligibility requirements defined in Part 6: Implementation of the Critical Access Hospital Program. As such, it must operate 25 beds or less.

Impact on Access

1. Inasmuch as the purpose of this project is not to discontinue the care provided to any patients, but rather to relocate St. Joseph's Hospital's caseload to the new hospital building and to provide care to all of its patients in Medical/Surgical beds, this discontinuation will not have an adverse impact upon access to care for residents of St. Joseph's Hospital's market area.

   After the hospital is relocated to its new facility and the existing hospital building is discontinued, St. Joseph's Hospital will continue to provide care to patients without conditions, limitations, or discrimination.

   Therefore, this project will not have an adverse impact upon access to care for residents of Planning Area F-1 and St. Joseph's Hospital's market area.

2.,3. Because all of St. Joseph's Hospital's current patients will receive care in the replacement hospital, the applicant sought the opinion of the Health Facilities and Services Review Board (HFSRB) staff as to whether written requests for impact statements needed to be sent to all existing or approved health care facilities located within 45 minutes travel time of the applicant facility.

   The HFSRB staff advised the applicant that the requirement could be met for this project by providing an impact statement from the President of St. Joseph's Hospital, which constitutes a certification that the workload of the existing

hospital (which will be discontinued after the replacement hospital becomes operational) without conditions, limitations, or discrimination in the replacement hospital.

A letter from Peggy A. Sebastian, President and Chief Executive Officer, of St. Joseph's Hospital, which is appended to this Attachment, affirms that St. Joseph's Hospital will remain available and willing to continue providing the same services in its new location as it currently provides in its current hospital building and to absorb its current workload without conditions, limitations, or discrimination.

As noted above and in Ms. Sebastian's impact statement, all Pediatric and Intensive Care patients will be accommodated in the new Medical/Surgical Service.

In her letter, Ms. Sebastian states the following.

> "The purpose of this letter is to certify that, St. Joseph's Hospital, once our replacement hospital becomes operational, will continue to provide care to the same patients as we presently care for in our current hospital. This project will not result in the discontinuation of care currently provided to patients at St. Joseph's Hospital. However, because St. Joseph's Hospital has been designated as a Critical Access Hospital, the hospital must operate 25 beds or less. As a result, St. Joseph's Hospital is proposing to discontinue its Intensive Care and Pediatric categories of service in the replacement hospital, and we will provide care to patients requiring these services in the Medical/Surgical category of service in the new hospital.
>
> "This letter is being written to document St. Joseph's Hospital's affirmation that, in accordance with 77 IAC 1110.130.C., once the replacement hospital becomes operational, we will willingly continue to provide service to all of our patients, thereby assuming the existing hospital's workload without conditions, limitations, or discrimination. St. Joseph's Hospital attests to our ability and willingness to continue to accommodate our patient caseload in our new hospital.
>
> "The replacement of St. Joseph's Hospital on a different site will not have an adverse effect on the healthcare delivery system because it will not create a demand for services that cannot be met by the new St. Joseph's Hospital. All of St. Joseph's Hospital's patients will be able to continue to receive care at the replacement St. Joseph's Hospital.

"The replacement of St. Joseph's Hospital on a different site will not cause residents of Planning Area F-1, the planning area in which St. Joseph's Hospital is located, unnecessary hardship by the limitation of access to needed services, because all St. Joseph's Hospital patients will continue to receive care at the replacement St. Joseph's Hospital, which will be located within the same community, the same municipality, and the same planning area as the current hospital.

"The proposed replacement of St. Joseph's Hospital will not limit the ability of low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups to obtain needed health care."

September 13, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62702

Dear Ms. Avery:

As you are aware, in accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/3) the replacement of the hospital on a different site will constitute the discontinuation of the existing hospital and the establishment of a new hospital.

Therefore, St. Joseph's Hospital, Hospital Sisters Services, Inc., and Hospital Sisters Health System are seeking to discontinue the existing St. Joseph's Hospital in order to replace the hospital on a different site that is located approximately 1½ miles from the current hospital.

The purpose of this letter is to certify that St. Joseph's Hospital will submit all questionnaires and data required by the Health Facilities and Services Review Board or the Illinois Department of Public Health will be submitted through the date of discontinuation of the existing hospital and that the required information will be submitted no later than 60 days following the date of discontinuation.

It should be noted that questionnaires and data that relate to the ongoing operation of St. Joseph's Hospital in both the existing hospital facility and in the replacement hospital will continue to be submitted in the required timeframe for those reports after the replacement hospital becomes operational and the existing hospital is discontinued.

Sincerely,

Peggy A. Sebastian

Peggy A. Sebastian
President and Chief Executive Officer

"OFFICIAL SEAL"
KIM KIMBERLIN
Notary Public, State of Illinois
My commission expires 02/13/2013

Kim Kimberlin
Sept 13, 2011
County of Madison

1515 Main Street
Highland, Illinois 62249-1698
618-651-2600
www.stjosephshighland.org

An Affiliate of Hospital Sisters Health System

July 7, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62702

Dear Ms. Avery:

St. Joseph's Hospital, Hospital Sisters Services, Inc., and Hospital Sisters Health System have submitted a certificate of need (CON) application to replace St. Joseph's Hospital on a different site that is located approximately 1½ miles from current hospital. As you are aware, in accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/3) the replacement of the hospital on a different site will constitute the discontinuation of the existing hospital and the establishment of a new hospital.

The purpose of this letter is to certify that St. Joseph's Hospital, once our replacement hospital becomes operational, will continue to provide care to the same patients as we presently care for in our current hospital. This project will not result in the discontinuation of care currently provided to patients at St. Joseph's Hospital. However, because St. Joseph's Hospital has been designated as a Critical Access Hospital, the hospital must operate 25 beds or less. As a result, St. Joseph's Hospital is proposing to discontinue its Intensive Care and Pediatric categories of service in the replacement hospital, and we will provide care to patients requiring these services in the Medical/Surgical category of service in the new hospital.

This letter is being written to document St. Joseph's Hospital's affirmation that, in accordance with 77 IAC 1110.130.C, once the replacement hospital becomes operational, we will willingly continue to provide service to all of our patients, thereby assuming the existing hospital's workload without conditions, limitations, or discrimination. St. Joseph's Hospital attests to our ability and willingness to continue to accommodate our patient caseload in our new hospital.

The replacement of St. Joseph's Hospital on a different site will not have an adverse effect on the healthcare delivery system because it will not create a demand for services that cannot be met by the new St. Joseph's Hospital. All of St. Joseph's Hospital's patients will be able to continue to receive care at the replacement St. Joseph's Hospital.

The replacement of St. Joseph's Hospital on a different site will not cause residents of Planning Area F-1, the planning area in which St. Joseph's Hospital is located, unnecessary hardship by the limitation of access to needed services, because all St. Joseph's Hospital patients will continue to receive care at the replacement St. Joseph's Hospital, which will be located within the same community, the same municipality, and the same planning area as the current hospital.

The proposed replacement of St. Joseph's Hospital will not limit the ability of low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups to obtain needed health care.

The goal of our project is to create a modern Critical Access Hospital to best meet the inpatient and outpatient needs of the communities that St. Joseph's Hospital serves. This project will enhance the delivery of quality healthcare to these communities.

Sincerely,

Peggy A. Sebastian

Peggy A. Sebastian
President and Chief Executive Officer

County of Madison
State of Illinois

Kim Kimberlin
July 7, 2011

"OFFICIAL SEAL"
KIM KIMBERLIN
Notary Public, State of Illinois
My commission expires 02/13/2013

III.
Criterion 1110.230 - Background of Applicant

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

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

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

Name and Location of Facility	Identification Numbers
St. Joseph's Hospital, Highland	Illinois License ID #0002543 Joint Commission ID #2825
St. Anthony's Memorial Hospital, Effingham	Illinois License ID #0002279 Joint Commission ID #7335
St. Elizabeth's Hospital, Belleville	Illinois License ID #0002345 Joint Commission ID #7242
St. Francis Hospital, Litchfield	Illinois License ID #0002386 Joint Commission ID #7374
St. John's Hospital, Springfield	Illinois License ID #0002451 Joint Commission ID #7432
St. Joseph's Hospital, Breese	Illinois License ID #0002527 Joint Commission ID #7250
St. Mary's Hospital, Decatur	Illinois License ID #0002592 Joint Commission ID #4605
St. Mary's Hospital, Streator	Illinois License ID #0002659 Joint Commission ID #7436
Prairie Diagnostic Center at St. John's Hospital, Springfield	Illinois License ID #7003157 Joint Commission ID #495818

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

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

4. This item is not applicable to this application.

State of Illinois 2035999

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	0002543

FULL LICENSE
CRITICAL ACCESS HOSP
EFFECTIVE: 07/01/11

BUSINESS ADDRESS

ST. JOSEPH'S HOSPITAL
1515 MAIN STREET
HIGHLAND IL 62249

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2035999

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. JOSEPH'S HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	0002543

FULL LICENSE
CRITICAL ACCESS HOSP
EFFECTIVE: 07/01/11

05/07/11

ST. JOSEPH'S HOSPITAL
1515 MAIN STREET

HIGHLAND IL 62249

FEE RECEIPT NO.

July 1, 2011

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

Joint Commission ID #: 2825
Program: Critical Access Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 07/01/2011

Dear Ms. Sebastian:

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

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

- Accreditation Manual for Critical Access Hospitals

This accreditation cycle is effective beginning June 17, 2009. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

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

Organization Identification Number: 2825

Measure of Success Submitted: 6/30/2011

Program(s)
Critical Access Hospital Accreditation

Executive Summary

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

If you have any questions, please do not hesitate to contact your Account 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
CAH	PC.01.02.03	Compliant

September 14, 2009

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

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

Dear Mr. Hutchison:

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

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

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

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

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

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

Sincerely,

Ann Scott Blouin, RN, 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

September 14, 2009

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

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

Dear Mr. Hutchison:

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

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

- Accreditation Manual for Critical Access Hospitals

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

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

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

Organization Identification Number: 2825

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

Program(s)
Critical Access Hospital Accreditation

Executive Summary

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

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

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

The Joint Commission
Summary of Compliance

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

St. Joseph's Hospital

Highland, IL

has been Accredited by

The Joint Commission

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

Critical Access Hospital Accreditation Program

June 17, 2009

Accreditation is customarily valid for up to 39 months.

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

Organization ID #2825
Print/Reprint Date: 9/23/09

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.

State of Illinois 2009503

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/11	BGBD	0002279

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/11

BUSINESS ADDRESS

ST. ANTHONY'S MEMORIAL HOSPITAL

503 NORTH MAPLE STREET

EFFINGHAM IL 62401

380

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2009503

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. ANTHONY'S MEMORIAL HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/11	BGBD	0002279

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/11

11/06/10

ST. ANTHONY'S MEMORIAL HOSPITAL
503 NORTH MAPLE STREET

EFFINGHAM IL 62401

FEE RECEIPT NO.

February 3, 2009

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

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

Dear Mr. Woods:

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

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

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

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

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

State of Illinois 2009505

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/11	BGBD	0002345

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/11

BUSINESS ADDRESS

ST. ELIZABETH'S HOSPITAL
211 SOUTH 3RD STREET
BELLEVILLE IL 62221

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2009505

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. ELIZABETH'S HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/11	BGBD	0002345

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/11

11/06/10

ST. ELIZABETH'S HOSPITAL
211 SOUTH 3RD STREET
BELLEVILLE IL 62221

FEE RECEIPT NO.

March 22, 2011

Maryann Reese
Chief Executive Officer
St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62220

Joint Commission ID #: 7242
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 03/22/2011

Dear Mrs. Reese:

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

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

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning December 18, 2010. 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 36 months.

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

State of Illinois 2009506

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/11	8680	0002386

FULL LICENSE

CRITICAL ACCESS HOSP

EFFECTIVE: 01/01/11

BUSINESS ADDRESS

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

LITCHFIELD IL 62056

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

February 13, 2009

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

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

Dear Mr. Perryman:

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

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

- Accreditation Manual for Critical Access Hospitals

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

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

State of Illinois 2035997

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	0002451

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/11

BUSINESS ADDRESS

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD IL 62769

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION ↓

State of Illinois 2035997

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. JOHN'S HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	0002451

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/11

05/07/11

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD IL 62769

FEE RECEIPT NO.

2

February 14, 2011

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

Joint Commission ID #: 7432
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 02/14/2011

Dear Mr. Ritz:

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

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

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning November 20, 2010. 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 36 months.

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

St. John's Hospital

Springfield, IL

has been Accredited by

The Joint Commission

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

Hospital Accreditation Program

November 20, 2010

Accreditation is customarily valid for up to 36 months.

This award excludes skilled nursing and nursing home services.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #7432
Print/Reprint Date: 3/3/11

Mark R. Chassin, MD, FACP, MPP, MPH
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.

State of Illinois 2035998

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	0002527

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/11

BUSINESS ADDRESS

ST. JOSEPH'S HOSPITAL
9515 HOLY CROSS LANE
BREESE IL 62230

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2035998

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. JOSEPH'S HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	0002527

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/11

05/07/11

ST. JOSEPH'S HOSPITAL
JAMESTOWN ROAD
BREESE IL 62230

FEE RECEIPT NO.

May 13, 2011

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

Joint Commission ID #: 7250
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 05/13/2011

Dear Mr. Klosterman:

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

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

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning November 12, 2010. 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 36 months.

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

State of Illinois 2036000
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BSBD	0002592

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/11

0960

BUSINESS ADDRESS

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR IL 62521 3802

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2036000
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. MARY'S HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	0002592

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/11

05/07/11

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR IL 62521 3802

FEE RECEIPT NO.

September 17, 2009

Joint Commission ID:# 4605
CCN: 14-0166
Program: Hospital
Accreditation Expiration Date: September 4, 2012

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

Dear Mr. Kast:

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

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

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

This recommendation applies to the following locations:

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

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

Sincerely,

Ann Scott Blouin RN, 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 5 /Survey and Certification Staff

[illegible]

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL [illegible]
[illegible]

September 17, 2009

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

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

Dear Mr. Kast:

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

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

- Comprehensive Accreditation Manual for Hospitals

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

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

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

Organization Identification Number: 4605

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

Program(s)
Hospital Accreditation

Executive Summary

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

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

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

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

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

The Joint Commission
Summary of Compliance

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

St. Mary's Hospital

Decatur, 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

June 5, 2009

Accreditation is customarily valid for up to 39 months.

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

Organization ID #4605
Print/Reprint Date: 9/23/09

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.

AMA

State of Illinois 2036001
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBL	0002659

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/11

BUSINESS ADDRESS

ST. MARY'S HOSPITAL
111 SPRING STREET
STREATOR IL 61364

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION ↓

State of Illinois 2036001
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. MARY'S HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGLD	0002659

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/11

05/07/11

ST. MARY'S HOSPITAL
111 SPRING STREET
STREATOR IL 61364

FEE RECEIPT NO.

April 29, 2011

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

Joint Commission ID #: 7436
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 04/29/2011

Dear Ms. Fenton:

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

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

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning August 21, 2010. 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 36 months.

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

State of Illinois 1406936
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	7003157

FULL LICENSE
AMBULATORY SURGICAL TRMT CTR

EFFECTIVE: 07/01/11

BUSINESS ADDRESS
Prairie Diagnostic Center at St. John's Hospital
401 East Carpenter Street
Springfield, IL 62702

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1406936
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
Prairie Diagnostic Center at St.John's Hosp

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGBD	7003157

FULL LICENSE
AMBULATORY SURGICAL TRMT CTR

EFFECTIVE: 07/01/11

Prairie Diagnostic Center at St. Johns Hosp
401 East Carpenter Street
Springfield, IL 62702

FEE RECEIPT NO.

January 27, 2011

James P. Zito
Chief Executive Officer
Prairie Diagnostic Center, LLC
401 E Carpenter Street
Springfield, IL 62702

Joint Commission ID #: 495818
Program: Ambulatory Health Care Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 01/27/2011

Dear Mr. Zito:

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 Ambulatory Health Care

This accreditation cycle is effective beginning August 25, 2010. 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 36 months.

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

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

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

Sincerely,

Ann Scott Blouin RN, PhD

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

Belleville, IL
St. Elizabeth's Hospital

Breese, IL
St. Joseph's Hospital

Decatur, IL
St. Mary's Hospital

Effingham, IL
St. Anthony's Memorial Hospital

Highland, IL
St. Joseph's Hospital

Litchfield, IL
St. Francis Hospital

Springfield, IL
St. John's Hospital

Streator, IL
St. Mary's Hospital

Chippewa Falls, WI
St. Joseph's Hospital

Eau Claire, WI
Sacred Heart Hospital

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

Sheboygan, WI
St. Nicholas Hospital

P.O. Box 19456
Springfield, Illinois
62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by the Hospital Sisters of St. Francis

October 19, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St. Second Floor
Springfield, IL 62702

Dear Ms. Avery:

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

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

St. Anthony's Memorial Hospital, Effingham
St. Elizabeth's Hospital, Belleville
St. Francis Hospital, Litchfield
St. John's Hospital, Springfield
St. Joseph's Hospital, Breese
St. Mary's Hospital, Decatur
St. Mary's Hospital, Streator
Prairie Diagnostic Center at St. John's Hospital, Springfield

We hereby certify that there has been no adverse action taken against any Illinois health care facility owned and/or operated by Hospital Sisters Health System 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 applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Sincerely,

Larry Schumacher, RN, MSN, FAAN
Chief Operating Officer
Hospital Sisters Health System

III.
Criterion 1110.230 - Purpose of Project

1. This project will improve the health care and well-being of St. Joseph's Hospital's market area by replacing the hospital, an existing Critical Access Hospital with certification for the Extended Care Category of Service ("swing bed" program), on a different site that is 1.2 miles away from its current location in Highland.

   St. Joseph's Hospital has served Highland and nearby communities for more than 130 years since it was established in 1878.

   St. Joseph's Hospital was founded in 1878, just 3 years after the Hospital Sisters of the Third Order of St. Francis arrived in Illinois. The Sisters initially provided care in private homes and later built hospitals in small, rural communities. Under the Sisters' sponsorship, this system developed into the Hospital Sisters Health System (HSHS), a multi-institutional healthcare system headquartered in Springfield, Illinois. HSHS owns and operates 8 hospitals in Illinois and 5 in Wisconsin. The primary mission of HSHS is to provide a structure and the means for the Hospital Sisters of the Third Order of St. Francis to continue their healing mission. Hospitals and other institutionally based programs are the primary means for the Sisters to respond to those in need. The service provided is regarded as a ministry of healing which exemplifies the Gospel values of compassion, justice, and reverence for life throughout its continuum.

   The current hospital building was constructed in 1948 (63 years ago), and it includes the current inpatient rooms, Emergency Department, and most ancillary services. An addition was constructed in 1965 for Dietary and the Chapel, and a 1974 vertical addition (adding floors above the original building) added the Intensive Care Unit and replaced the original Surgical Suite. A medical arts building was added in 1997, which is connected to the hospital building.

   St. Joseph's Hospital was designated as a Critical Access Hospital by the federal government in 2004, as indicated in the letter from Michael Sullivan, Program Representative, Non Long Term Care Branch of the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services, that is appended to this Attachment.

   A letter from Damon T. Arnold, M.D., M.P.H., Director of the Illinois Department of Public Health, documenting that St. Joseph's Hospital has been designated as a Critical Access Hospital, as a necessary provider of health services, and as a rural hospital, is also appended to this Attachment.

Dr. Arnold's letter also documents that St. Joseph's Hospital is seeking to build a replacement facility in Highland, which is the subject of this certificate of need (CON) application.

The new hospital will retain its current designation as a Critical Access Hospital and, as such, must operate 25 beds or less for inpatient acute care or swing bed services. The new hospital will continue to operate a swing bed program.

The construction of the new hospital building is a necessary replacement and expansion of existing services at St. Joseph's Hospital, as discussed in this Attachment and in Attachments 20 and 37 of this CON application.

The purpose of this project is to replace an existing obsolescent hospital that was not originally designed as a Critical Access Hospital with a new facility that is appropriately sized and configured to provide care to both inpatients and outpatients receiving care at this hospital. This project is needed to correct deficiencies in the current hospital and to enable St. Joseph's Hospital to deliver accessible, quality medical care in contemporary facilities to the population it currently serves. The current hospital is located on a site of limited size on a major business street.

This project will include the construction of the replacement hospital as well as the discontinuation of the existing hospital when the new hospital is completed and becomes operational. All of the existing categories of service will continue to operate in the current hospital until the replacement hospital is completed and ready to become operational, at which time existing inpatients unable to be discharged within a short time period will be transferred to the replacement hospital and new inpatient admissions will take place at the replacement hospital. Because of the short inpatient lengths of stay in a Critical Access Hospital, a minimal number of patients will need to be transferred to the new hospital when it becomes operational.

This project will reduce St. Joseph's Hospital's bed capacity in order to comply with the federal requirement that a Critical Access Hospital may operate no more than 25 inpatient beds that can be used for either inpatient or swing bed services. St. Joseph's Hospital currently has a total of 27 Authorized Beds in the Medical/Surgical, Pediatric, and Intensive Care Categories of Service and operates a swing bed program, having significantly reduced its Authorized Beds in these categories of service and discontinued its General Long-Term Care Category of Service since it was designated as a Critical Access Hospital in 2004.

This project will result in the following changes in the hospital's categories of service for which need is determined in Part 1100 of the Rules of the Illinois Health Facilities and Services Review Board.

- St. Joseph Hospital's Pediatric Category of Service will be discontinued.
- St. Joseph's Hospital's Intensive Category of Service will be discontinued.
- St. Joseph's Hospital's Medical/Surgical's bed capacity will be increased to 25.

The replacement hospital will have only one category of service for which need is determined in Part 1100 of the Rules of the Illinois Health Facilities Planning Board, the Medical/Surgical Category of Service, which will have 25 Authorized Beds. A swing bed program will be provided in these beds.

Attachment 10 provides the required documentation for the discontinuation of the Pediatric and Intensive Care Categories of Service as well as for the discontinuation of the entire hospital when the replacement hospital becomes operational.

This project will provide health services that improve the health care of the market area population to be served, which is defined in Item 2 of this Attachment, because it will enable St. Joseph's Hospital to continue to meet the needs of the patients it serves in contemporary hospital facilities for inpatients and outpatients.

The need for this project is based upon the following.

- The federal government designated St. Joseph's Hospital as a Critical Access Hospital, effective on June 1, 2004, which makes it a necessary provider of health services in Madison County.

  As noted earlier in this Attachment, a copy of the letter notifying St. Joseph's Hospital of this designation is appended to this Attachment.

- The Illinois Department of Public Health designated St. Joseph's Hospital as a "necessary provider of health services" on September 18, 2003, "as determined by its location in a rural census tract of a Metropolitan Statistical Area and current classification as a rural facility."

  This designation was reaffirmed on July 15, 2011.

  As noted earlier in this Attachment, a copy of the letter reaffirming this designation is appended to this Attachment.

- St. Joseph's Hospital meets the "necessary provider" location requirements for a Critical Access Hospital, as determined by its location in a rural census tract of a Metropolitan Statistical Area and its current classification as a "rural facility."

- Madison County, the county in which St. Joseph's Hospital is located, had a larger proportion (14.0%) of residents 65 years of age and older than the state's proportion (12.1%) of residents of that same age group in 2009.

- Many of the patients that are served at St. Joseph's Hospital are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas.

  There are a number of federally-designated Health Professional Shortage Areas in St. Joseph's Hospital's Primary and Secondary Service Areas, as identified below.

  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/ Health Resources and Services Administration, U.S. Department of Health and Human Services).

- The federal government designated Madison County as a low income population Health Professional Shortage Area in 2003, and the county continues to be a low income population Health Professional Shortage Area for Primary Medical Care.

  Documentation of this designation is appended to this Attachment.

- The federal government has designated the Highland Service Area in Madison County, the county in which St. Joseph's Hospital is located, as a Health Professional Shortage Area (HPSA) for Primary Medical Care.

  Documentation of this designation is appended to this Attachment.

  There is currently a need for additional primary medical care health professionals in the Highland Service Area, which includes Saline and Helvetia Townships, the townships in which St. Joseph's Hospital and the town of Highland are located. Although the replacement hospital will be located only 1.2 miles from the existing hospital, the 2 hospital sites are located in different townships. The site of the replacement hospital is in Saline Township, while the existing hospital is located in Helvetia Township.

Documentation of these Health Manpower Shortage Areas by township is appended to this Attachment.

- The federal government has identified Saline and Helvetia Townships in the Highland Service Area as HPSAs that qualify for Medicare Physician bonus payments.

  This designation means that Medicare makes bonus payments to physicians who provide medical care services in the Highland Service Area.

  Documentation of this designation and eligibility is appended to this Attachment.

- The federal government has designated all of Clinton County as a Health Professional Shortage Area (HPSA). Clinton County includes a number of townships that are located in the same Planning Area as St. Joseph's Hospital and includes 2 zip codes in St. Joseph's Hospital's Secondary Service Area.

  There is currently a need for additional primary medical care health professionals in Clinton County.

  Documentation of this designation is appended to this Attachment.

- This project will have a positive impact on essential safety net services in Planning Area F-01 and the market area for St. Joseph's Hospital because the obsolescent hospital building will be replaced by a new hospital in a more accessible location that is designed to meet the needs of local patients using a Critical Access Hospital, thus providing a contemporary environment for its patients, a significant percentage of whom are elderly and/or low-income, uninsured, and otherwise vulnerable.

- The replacement hospital must address the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1100.310(a), 1100.310(c), 1100.360, 1100.370, 1100.380, 1100.390, 1100.400, 1100.410, 1100.420, 1100.430, 1110.420, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, and 1120.140.

- The project needs to comply with the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1100.420, 1100.520, 1110.130, 1110.230, 1110.234(a-c), 1110.234(e)(1), and 1110.530(b)-(g) because

Illinois CON policy regards the replacement of an existing hospital as the discontinuation of the existing hospital and the establishment of a new hospital.

- The replacement hospital must be designed to conform with federal policy limiting a Critical Access Hospital to a maximum of 25 inpatient beds that can be used for inpatient acute care or swing bed services (42 USC 1395i-4(c)(2)(B)(iii)), as a result of which this project may not comply with 77 Ill. Adm. Code 1110.530(b)(1)(B).

The replacement of St. Joseph's Hospital will provide modern facilities for this "necessary provider."

The current hospital has deficiencies that are identified in Item 3 of this Attachment as well as in Attachments 20 and 37 that can only be corrected by replacement.

The replacement of St. Joseph's Hospital will provide services that improve the health care of the hospital's market area for the following reasons.

- This project is solely for the purpose of replacing an existing Critical Access Hospital that will include only the services currently provided at the existing hospital, with the exception of the discontinuation of the Pediatric and Intensive Care Categories of Service.
- When this project is completed, the replacement St. Joseph's Hospital will provide care to the same patients currently receiving care at the hospital,, including those currently receiving care in Pediatric and Intensive Care beds who will be cared for in the Medical/Surgical Unit;
- This project will be sized to accommodate St. Joseph's Hospital's projected utilization in all services (including those ancillary services that are not categories of service) during the replacement hospital's second full fiscal year of operation.

Population statistics for the zip codes that constitute St. Joseph's Hospital's market area were reviewed to identify recent and projected population trends. Claritas is the source of these population statistics.

This review of population statistics produced the following conclusions.

- The population in St. Joseph's Hospital's Primary Service Area (zip code 62249, Highland) is projected to increase by 4.5% from 2010 to 2015 (2010 population: 15,223; 2015 population: 15,906), having increased by 13.0% from 2000 to 2010 (2000 population: 13,469; 2010 population: 15,223).

- The population in St. Joseph's Hospital's Secondary Service Area (composed of the following zip codes: 62001; 62061; 62074; 62216; 62273; 62275; 62281; 62293) is projected to increase by 3.0% from 2010 to 2015 (2010 population: 17,403; 2015 population: 17,925), having increased by 8.5% from 2000 to 2010 (2000 population: 16,033; 2010 population: 17,403).

- The population in St. Joseph's Hospital's Market Area, which is composed of its Primary and Secondary Service Areas, is projected to increase by 3.7% from 2010 to 2015 (2010 population: 32,626; 2015 population: 33,831), having increased by 10.6% from 2000 to 2010 (2000 population: 29,502; 2010 population: 32,626).

- The population in St. Joseph's Hospital's Market Area that is 65 years and older is aging rapidly and is projected to increase by 11.2% during the 5-year period from 2010 to 2015 (2010 population 65 years of age and older: 4,920; 2015 population: 65 years of age and older: 5,471), having increased by 14.0% during the preceding 10-year period from 2000 to 2010 (2000 population 65 years of age and older: 4,314; 2010 population 65 years of age and older: 4,920).

- The population in St. Joseph's Hospital's Market Area that is 65 years and older is increasing as a percentage of the total population. The population aged 65 years and older is projected to increase to 16.2% of the total population in the Market Area by 2015 from 14.6% in 2000 and 15.1% in 2010.

- Madison County, the county in which St. Joseph's Hospital is located, has a higher proportion of residents 65 years of age and older (14.0% in 2009) than the state's proportion of residents for that same age group (12.1% in 2009).

2. St. Joseph's Hospital is located in state-designated Planning Area F-01, which is comprised of Madison and St. Clair Counties, 12 townships in Clinton County, and 14 precincts in Monroe County.

   Patient origin data for St. Joseph's Hospital's inpatients during CY2010 are found on Pages 27 through 29 of this Attachment.

These data are presented by planning area on Page 28 of this Attachment, demonstrating that 85% of St. Joseph's Hospital's inpatients reside in Planning Area F-1, the planning area in which both the current and proposed hospitals are located, indicating that the proposed replacement of the existing hospital will continue serving these patients.

The patient origin data on Page 29 of this Attachment demonstrate that the market area for St. Joseph's Hospital consists of Highland, the town in which the existing and replacement hospital are both located, as well as nearby towns that are located in Planning Area F-01 and adjacent Planning Areas.

St. Joseph's Hospital's market area consists of the following zip codes, which constitute St. Joseph's Hospital's primary and secondary service areas.

Primary Service Area
62249 Highland

Highland is the town in which the existing and replacement hospitals are located in which 65% of St. Joseph's Hospital's CY2010 inpatients reside. It is within the State-Designated Planning Area F-01.

Secondary Service Area

62001 Alhambra
62061 Marine
62074 New Douglas
62216 Aviston
62273 Pierron
62275 Pocahontas
62281 Saint Jacob
62293 Trenton

An additional 21% of St. Joseph's Hospital's CY2010 inpatients reside in the zip codes consisting the secondary service area. Ninety-four of these inpatients (13% of St. Joseph's Hospital's CY2010 inpatients) reside in Planning Area F-01.

During CY2010, 618 of St. Joseph's Hospital's 724 inpatients served (85%) resided in these 9 zip codes, which constitute the hospital's market area. Of the 724 CY2010 inpatients, 563 (78%) of the inpatients residing in St. Joseph's Hospital's primary and secondary service areas resided in Planning Area F-01, the state-designated planning area in which the hospital is located.

These data demonstrate that 85% of St. Joseph's Hospital's inpatients during CY2010 resided within St. Joseph's Hospital's market area, with 78% of the

inpatients residing in St. Joseph's Hospital's market area within Planning Area F-01, and 8% residing in St. Joseph's Hospital's market area outside Planning Area F-01.

3. This project is a needed replacement of a hospital that has been designated as "a necessary provider of health services" by both the federal government (Centers for Medicare and Medicaid Services [CMS] of the U.S. Department of Health and Human Services [HHS]) and the State of Illinois (i.e., Illinois Department of Public Health).

Navigant Consulting conducted a Strategic Master Facility Plan for St. Joseph's Hospital and submitted a Final Report in January, 2008, that included a "Facility Assessment," including a "Facility Condition Evaluation," both of which are appended to this Attachment (Pages 30-34). In that Evaluation, Navigant stated, "The Main Hospital chassis is outdated and has seen its useful life for delivering acute care services" and "Size of the site will not support growth/development of the campus; need to improve visibility and access from major roadways."

Berners-Schrober Associates, Inc. (BSA, Inc.), an architectural firm, conducted an "Existing Facility Assessment" of Mechanical/Electrical/Plumbing systems in the hospital and issued a report in September, 2009, that identified a number of facility deficiencies.

By replacing St. Joseph Hospital's existing facility, this project will address the following problems.

- The obsolescence of the existing hospital, which was built in 1948 with additions constructed in 1964 and 1974.
- The need to upgrade the existing hospital's infrastructure to replace deteriorated systems and bring the facility into compliance with contemporary codes.

  These upgrades include the following:

  - Replacement of the Central Power Plant, including boilers and chiller water systems as well as the connections to the hospital;
  - Replacement of HVAC systems;
  - Upgrading and replacement of electrical power and wiring;
  - Upgrading of plumbing systems;
  - Upgrading of medical gases;

- Completion of sprinkling of the entire building and upgrading of fire detection systems.

- The need to replace current systems to make the existing building envelope energy efficient by today's standards.

- The need to correct the low floor-to-floor heights and poor columnar spacing in the existing hospital building and medical arts building that do not allow adequate space for modern technologies.

- The need to correct poor locational relationships of various departments that result in operational inefficiencies.

- The existing hospital's non-conformance with contemporary standards.

- The fact that the hospital building was designed as a largely inpatient facility with more beds than a Critical Access Hospital needs or is permitted to operate by federal requirement.

- The need for St. Joseph's Hospital to replace its current hospital with facilities that are appropriately designed and configured to serve a largely outpatient population.

- The need to correct deficiencies of the current hospital site that result in difficult access to the hospital, inadequate parking, poor location of entrances, and limited accessibility and wayfinding within the hospital.

4. The sources of information provided as documentation are the following:

   a. Hospital records regarding the age of hospital buildings;

   b. Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250);

   c. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG (Americans with Disabilities Act [ADA]);

   d. National Fire Protection Association, NFPA 101: Life Safety Code (2000 Edition);

   e. The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Health Care Facilities;

f. Reports by the hospital's consultants (Navigant Consulting, "Strategic Master Facility Plan, Final Report," January 22, 2008) and architects (Berners-Schrober Associates, Inc., "Existing Facility Assessment," September, 2009);

g. 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 Madison and Clinton Counties in Illinois (representing townships in Planning Area F-01 that are in St. Joseph's Hospital's market area);

h. 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 Madison and Clinton Counties in Illinois (representing townships in Planning Area F-01 that are in St. Joseph's Hospital's market area).

5. This project will address and improve the health care and well-being of residents of St. Joseph's Hospital's Market Area, Planning Area F-01, and - in particular - the patients served by this Critical Access Hospital because it will replace the obsolescent and outmoded St. Joseph's Hospital with new facilities that are appropriately designed, sized, and configured for a Critical Access Hospital.

   This project is a needed replacement of a hospital that has been designated as "a necessary provider of health services" by both the federal government (Centers for Medicare and Medicaid Services [CMS] of the U.S. Department of Health and Human Services [HHS]) and the State of Illinois (i.e., Illinois Department of Public Health.

   Specific information regarding the deficiencies that need to be corrected in the existing hospital will be found in Item 3 above as well as in Attachments 20 and 37.

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

   The hospital will be able to meet these goals by replacing its current hospital with a contemporary facility that is appropriately designed, sized, and configured for a Critical Access Hospital.

   It is anticipated that the hospital will be completed and operational in late 2013, and that a contiguous medical office building being developed by an unrelated third party will be completed and operational within the same time frame.

St. Joseph's Hospital will lease space in the medical office building for several of its outpatient clinical services as well as for some non-clinical services. The medical office building will also have leased physicians' offices for the private practice of medicine. The medical office building is the subject of a separate CON application that is being submitted at the same time as this CON application.

Midwestern Consortium
Division of Survey and Certification

June 7, 2004

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

Dear Mr. Fort:

We are pleased to notify you St. Joseph's Hospital meets the requirements at 42 Code of Federal Regulations (CFR), Part 485, for participation in the Medicare Program as a Critical Access Hospital (CAH). This certification is based on the acceptable Plan of Correction for the Life Safety Code deficiencies that were cited in the initial CAH survey conducted by the Illinois Department of Public Health on October 22, 2003. The Illinois Department of Public Health will conduct follow-up surveys to insure that the hospital is complying with the Plan of Correction. The effective date of this approval is June 1, 2004.

Effective with this approval St. Joseph's Hospital's participation as an acute care hospital under the provider number 14-0168 has been canceled, effective June 1, 2004. Your new provider number for your CAH is 14-1336. This provider number should be used on all correspondence and billing for the Medicare program starting June 1, 2004.

The change in status of St. Joseph's Hospital will require that limited services begin no later than June 1, 2004. As of that date, you may operate no more than 25 beds.

Your fiscal intermediary is AdminaStar Federal, Inc. You should direct any questions concerning billing and other fiscal matters to them. If you have questions related to the Conditions of Participation, you should direct them to your state agency.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Doris Johnson in the Chicago Office at (312) 353-5194.

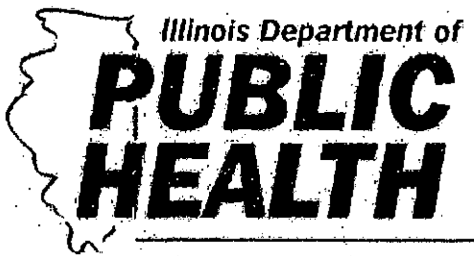
Sincerely,

Michael Sullivan
Program Representative
Non Long Term Care Branch

cc: Illinois Department of Public Health
Mirek Wlodowski
Patricia Schou
Illinois Foundation for Quality Health Care

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

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



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

July 15, 2011

Ms. Peggy Sebastian, CEO
St. Joseph's Hospital
1515 Main Street
Highland, IL 62249

Dear Ms. Sebastian:

The purpose of this letter is to document that **St. Joseph's Hospital, located at 1515 Main Street, City of Highland, Madison County, State of Illinois** was designated as a necessary provider of health services as authorized by the Illinois Rural Health Plan and in accordance with the eligibility requirements defined in Part 6: Implementation of the Critical Access Hospital Program. On September 18, 2003, St. Joseph's Hospital met the criteria to be designated as a necessary provider of health services and was approved. St. Joseph's Hospital was later certified as a critical access hospital effective June 1, 2004. The original necessary provider eligibility requirement statements have been verified and are documented below:

Necessary Provider Eligibility Requirements met by St. Joseph's Hospital at new replacement site

- *Madison County continues to have a larger proportion (14.0%) of residents 65 years of age and over than the state's proportion (12.1%) of residents for that same age group in 2009;* Madison County had a larger proportion (14.3%) of residents 65 of age and over than the state's proportion (12.1%) of residents in 2000.

- *Madison County was designated as a low income population Health Professional Shortage Area in 2003 and continues to be a low income population Health Professional Shortage Area as determined in 2009.*

- St. Joseph's Hospital meets the necessary provider location requirements as determined by its location in a rural census tract of a Metropolitan Statistical Area and current classification as a rural facility based on its initial reclassification as a rural facility on November 16, 2005.

- St. Joseph's Hospital maintains a current Illinois license as an acute care hospital.

The Department of Public Health's Center for Rural Health (Department) and its designees appreciate the efforts of the administration and the Board of St. Joseph's Hospital to work closely with the Department to begin the regulatory process of building a replacement facility. The Department understands that St. Joseph's Hospital is a not-for-profit entity which is operated by its Board of Trustees. The Department also understands that St. Joseph's Hospital Board of Trustees plans to construct a new hospital approximately 1.2 miles north of its current site which will be the southeast corner of Troxler Avenue and Illinois Route 160. There is no street number because the land is a vacant area at this time.

The Department understands that the Hospital's Board and administration consider this to be a positive step in improving both access and quality of health care services to the Illinois residents served by St. Joseph's Hospital. The Hospital will soon begin its application for certificate-of-need for the new facility. The anticipated discontinuation of the current hospital will occur simultaneously with the opening of the proposed new replacement hospital in August 2013.

If you need any further assistance, please do not hesitate to contact Bill Dart, Acting Chief of the Center for Rural Health at 217-785-2040, e-mail at bill.dart@illinois.gov or TTY (hearing impaired use only) at 800-547-0466.

Sincerely,

Damon T. Arnold MD MPH

Damon Arnold, M.D., M.P.H.
Director

DA/bd

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

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

Results: 28 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
119 - Madison County					
Low Income - Alton/Wood River	117999178I	Population Group	2	1	14
C.T. 4010.00		Census Tract			
C.T. 4011.00		Census Tract			
C.T. 4012.00		Census Tract			
C.T. 4013.00		Census Tract			
C.T. 4014.00		Census Tract			
C.T. 4015.00		Census Tract			
C.T. 4017.01		Census Tract			
C.T. 4020.00		Census Tract			
C.T. 4021.00		Census Tract			
C.T. 4022.00		Census Tract			
C.T. 4023.00		Census Tract			
C.T. 4024.00		Census Tract			
C.T. 4025.00		Census Tract			
C.T. 4026.00		Census Tract			
Highland Service Area	117999178S	Geographical Area	8	4	11
Alhambra Township		Minor Civil Division			
Hamel Township		Minor Civil Division			
Helvetia Township		Minor Civil Division			
Jarvis Township		Minor Civil Division			
Leef Township		Minor Civil Division			
Marine Township		Minor Civil Division			
New Douglas Township		Minor Civil Division			
Olive Township		Minor Civil Division			
Omphghent Township		Minor Civil Division			
Pin Oak Township		Minor Civil Division			
Saline Township		Minor Civil Division			
St. Jacob Township		Minor Civil Division			

NEW SEARCH MODIFY SEARCH CRITERIA

U.S. Department of Health and Human Services
Health Resources and Services Administration

A-Z Index | Questions? | Order Publications

Home | Get Health Care | Grants | Loans & Scholarships | Data & Statistics | Public Health | About HRSA

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: Madison County
ID #: All

Results: 7 records found.

Name	ID#	Type	Score	Designation Date	Update Date
Madison County					
Low Inc - Alton/Wood River Service Area	00821	GOV MUP	0.00	1993/07/21	1994/01/31
MCD (01127) Alton township					
MCD (83284) Wood River township					
Madison Service Area	00923	MUA	62.00	1994/05/20	
CT 4005.00					
Madison Service Area	00924	MUA	59.60	1994/05/20	
CT 4007.00					

NEW SEARCH | MODIFY SEARCH CRITERIA

Ask Questions | Viewers & Players | Privacy Policy | Disclaimers | Accessibility Freedom of Information Act | USA.gov | WhiteHouse.gov | Recovery.gov |

Search

U.S. Department of Health and Human Services
Health Resources and Services Administration

A-Z Index | Questions? | Order Publications

Home Get Health Care Grants Loans & Scholarships Data & Statistics Public Health About HRSA

Find Shortage Areas: HPSA & MUA/P by Address

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

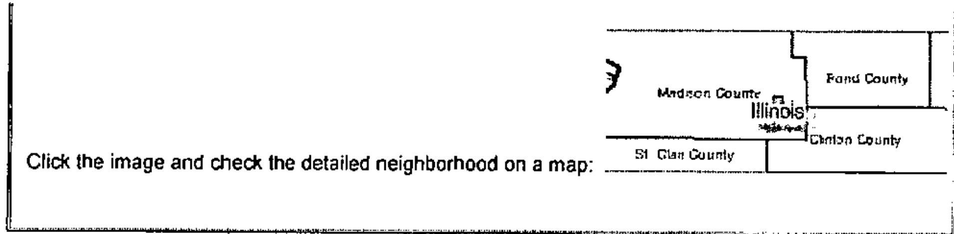
Reported location: 12806 Troxler Ave, Highland, IL, 62249
(--- **Input location:** 12806 Troxler, Highland, Illinois 62249)

Start over with a new query by address Print

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	11
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
In a Mental Health Professional Shortage Area: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	11
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
In a Dental Care Health Professional Shortage Area: Yes [Restrictions apply]	
Dental Health HPSA Name:	Medicaid Eligible - Madison County
Dental Health HPSA ID:	6179991757
Dental Health HPSA Status:	Proposed Withdrawal
Dental Health HPSA Score:	- - -
Dental Health HPSA Designation Date:	04/27/2001
Dental Health HPSA Designation Last Update Date:	03/08/2006
In a Medically Underserved Area/Population: No	

State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Saline township
Census Tract Number (2000):	4036.01
ZIP Code:	62249
Post Office Name:	HIGHLAND
Congressional District Name:	Illinois District 19
Congressional District Representative Name:	John Shimkus
FIPS Code (State + County + Minor Civil Division) (2000):	1711967275
FIPS Code (State + County + Tract number) (2000):	17119403601

Click the image and check the detailed neighborhood on a map:



Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 7/18/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the designation result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. More about shortage areas

Find Shortage Areas: HPSA & MUA/P by Address

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

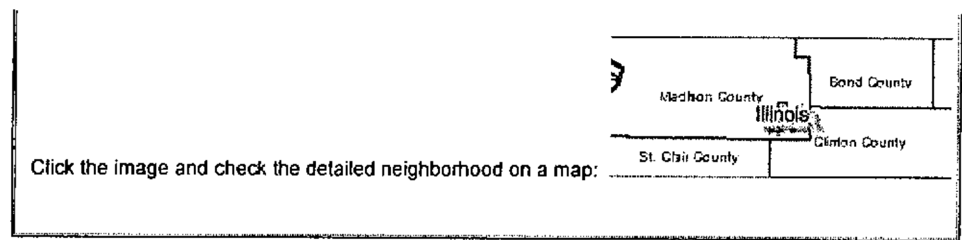
Reported location: 1515 Main St, Highland, IL, 62249
(--- **Input location:** 1515 Main Street, Highland, Illinois 62249)

Start over with a new query by address   Print

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	11
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
In a Mental Health Professional Shortage Area: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	11
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
In a Dental Care Health Professional Shortage Area: Yes [Restrictions apply]	
Dental Health HPSA Name:	Medicaid Eligible - Madison County
Dental Health HPSA ID:	6179991757
Dental Health HPSA Status:	Proposed Withdrawal
Dental Health HPSA Score:	- - -
Dental Health HPSA Designation Date:	04/27/2001
Dental Health HPSA Designation Last Update Date:	03/08/2006
In a Medically Underserved Area/Population: No	

State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Helvetia township
Census Tract Number (2000):	4036.02
ZIP Code:	62249
Post Office Name:	HIGHLAND
Congressional District Name:	Illinois District 19
Congressional District Representative Name:	John Shimkus

Click the image and check the detailed neighborhood on a map:



Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 7/18/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the designation result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. More about shortage areas

Find Shortage Areas: HPSAs Eligible for the Medicare Physician Bonus Payment

Reported location: 12826 Troxler Ave, Highland, IL, 62249
(--- **Input location:** 12826 Troxler Avenue, Highland, Illinois 62249)

Start over with a new query by address Print

Is this location in a Health Professional Shortage Area (HPSA) that qualifies for Medicare HPSA bonus payments?Yes

In a Geographic Primary Care HPSA: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
Primary Care HPSA has had a break in designation status:	No
In a Geographic Mental Health HPSA: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
Mental Health HPSA has had a break in designation status:	No

State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Saline township
Census Tract Number (2000):	4036.01
ZIP Code:	62249

Click the image and check the detailed neighborhood on a map:

Madison County
Bond County
Illinois
Clinton County
St. Clair County

Note: The address you entered is geocoded and then compared against the HPSA data (as of 9/6/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the eligibility result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please contact the Centers for Medicare and Medicaid Services (CMS).

Medicare makes bonus payments to physicians who provide medical care services in geographic areas that are HRSA-designated as primary medical care Health Professional Shortage Areas (HPSAs) and to psychiatrists who provide services in HRSA-designated mental health HPSAs.

Effective for claims with dates of service on or after January 1, 2009, only services furnished in areas that are designated as geographic HPSAs as of December 31 of the prior year are eligible for the HPSA bonus payment.

Services furnished in areas that are designated at any time during the current year will not be eligible for the HPSA bonus payment until the following year, provided they are still designated on December 31.

See http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6106.pdf. This is MLN Matters Article #MM6106, CMS Change Request #6106.

Only the Centers for Medicare and Medicaid Services can provide more information on the physician bonus. For more information:

- Centers for Medicare and Medicaid Services PSA/HPSA Physician Bonuses

U.S. Department of Health and Human Services
Health Resources and Services Administration

Find Shortage Areas: HPSAs Eligible for the Medicare Physician Bonus Payment

Reported location: 1515 Main St, Highland, IL, 62249
(--- **Input location**: 1515 Main Street, Highland, Illinois 62249)

Start over with a new query by address Print

Is this location in a Health Professional Shortage Area (HPSA) that qualifies for Medicare HPSA bonus payments?Yes

In a Geographic Primary Care HPSA: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
Primary Care HPSA has had a break in designation status:	No
In a Geographic Mental Health HPSA: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
Mental Health HPSA has had a break in designation status:	No

State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Helvetia township
Census Tract Number (2000):	4036.02
ZIP Code:	62249

Click the image and check the detailed neighborhood on a map:

Note: The address you entered is geocoded and then compared against the HPSA data (as of 9/6/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the eligibility result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please contact the Centers for Medicare and Medicaid Services (CMS).

Medicare makes bonus payments to physicians who provide medical care services in geographic areas that are HRSA-designated as primary medical care Health Professional Shortage Areas (HPSAs) and to psychiatrists who provide services in HRSA-designated mental health HPSAs.

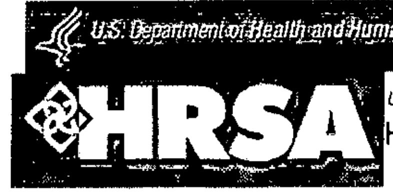
Effective for claims with dates of service on or after January 1, 2009, only services furnished in areas that are designated as geographic HPSAs as of December 31 of the prior year are eligible for the HPSA bonus payment.

Services furnished in areas that are designated at any time during the current year will not be eligible for the HPSA bonus payment until the following year, provided they are still designated on December 31.

See http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6106.pdf. This is MLN Matters Article #MM6106, CMS Change Request #6106.

Only the Centers for Medicare and Medicaid Services can provide more information on the physician bonus. For more information:

- Centers for Medicare and Medicaid Services PSA/HPSA Physician Bonuses



U.S. Department of Health and Human Services

Health Resources and Services Administration

Find Shortage Areas: HPSA by State & County

Criteria:

State: Illinois
County: Clinton County
Date of Last Update: All Dates
HPSA Score (lower limit): 0

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

Results: 2 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
027 - Clinton County					
Clinton	117027	Single County	9	1	6
Centralia Correctional Center	117999172H	Correctional Facility		2	21

NEW SEARCH | MODIFY SEARCH CRITERIA

ST. JOSEPH'S HOSPITAL
Calendar Year 2010 Patient Origin
All Acute Care Inpatients Served
Excludes Swing Bed Patients

Community	Zip Code	CY 2010 Cases*	% of Total Cases	Cumulative %
Highland	62249	469	64.78%	64.78%
Pocahontas	62275	38	5.25%	70.03%
Alhambra	62001	29	4.01%	74.03%
Greenville	62246	25	3.45%	77.49%
Trenton	62293	21	2.90%	80.39%
Saint Jacob	62281	21	2.90%	83.29%
Pierron	62273	17	2.35%	85.64%
Breese	62230	16	2.21%	87.85%
Marine	62061	13	1.80%	89.64%
Vandalia	62471	9	1.24%	90.88%
Troy	62294	8	1.10%	91.99%
Edwardsville	62025	7	0.97%	92.96%
Carlyle	62231	6	0.83%	93.78%
Aviston	62216	5	0.69%	94.48%
Staunton	62088	5	0.69%	95.17%
New Douglas	62074	5	0.69%	95.86%
Sorento	62086	4	0.55%	96.41%
Collinsville	62234	3	0.41%	96.82%
St. Louis	63122	2	0.28%	97.10%
Keyesport	62253	2	0.28%	97.38%
Beckenmeyer	62219	2	0.28%	97.65%
Worden	62097	2	0.28%	97.93%
Livingston	62058	2	0.28%	98.20%
Houston	77025	1	0.14%	98.34%
St. Louis	63137	1	0.14%	98.48%
Waterloo	62298	1	0.14%	98.62%
New Baden	62265	1	0.14%	98.76%
Mulberry Grove	62262	1	0.14%	98.90%
Albers	62215	1	0.14%	99.03%
Wrights	62098	1	0.14%	99.17%
Maryville	62062	1	0.14%	99.31%
Granite City	62040	1	0.14%	99.45%
Glen Carbon	62034	1	0.14%	99.59%
Edwardsville	62026	1	0.14%	99.72%
East Alton	62024	1	0.14%	99.86%
New Carlisle	45344	1	0.14%	100.00%
Total		724	100.00%	

*Source: Hospital Records

ST. JOSEPH'S HOSPITAL
Calendar Year 2010 Patient Origin
All Acute Care Inpatients Served Excludes Swing Bed Patients

Community	County/State	Zip Code	CY 2010 Cases*	% of Total Cases	Cumulative %
Planning Area F-1					
Highland	Madison	62249	469	64.78%	64.78%
Alhambra	Madison	62001	29	4.01%	68.78%
Trenton	Clinton-Sugar Creek	62293	21	2.90%	71.69%
Saint Jacob	Madison	62281	21	2.90%	74.59%
Breese	Clinton-Breese, St. Rose	62230	16	2.21%	76.80%
Marine	Madison	62061	13	1.80%	78.59%
Troy	Madison	62294	8	1.10%	79.70%
Edwardsville	Madison	62025	7	0.97%	80.66%
Carlyle	Clinton-multiple F1	62231	6	0.83%	81.49%
New Douglas	Madison	62074	5	0.69%	82.18%
Aviston	Clinton-Sugar Creek	62216	5	0.69%	82.87%
Collinsville	Madison	62234	3	0.41%	83.29%
Livingston	Madison	62058	2	0.28%	83.56%
Worden	Madison	62097	2	0.28%	83.84%
Beckenmeyer	Clinton-Wade	62219	2	0.28%	84.12%
East Alton	Madison	62024	1	0.14%	84.25%
Edwardsville	Madison	62026	1	0.14%	84.39%
Glen Carbon	Madison	62034	1	0.14%	84.53%
Granite City	Madison	62040	1	0.14%	84.67%
Maryville	Madison	62062	1	0.14%	84.81%
Albers	Clinton-Lookingglass	62215	1	0.14%	84.94%
New Baden	Clinton-Lookingglass	62265	1	0.14%	85.08%
Waterloo	Monroe-Prec. 7,16-19,22	62298	1	0.14%	85.22%
Sub-Total			617	85.22%	
Other Plannng Areas					
Pocahontas	Bond	62275	38	5.25%	5.25%
Greenville	Bond	62246	25	3.45%	8.70%
Pierron	Bond border Madison	62273	17	2.35%	11.05%
Sorento	Bond	62086	4	0.55%	11.60%
Vandalia	Fayette	62471	9	1.24%	12.85%
Staunton	Macoupin	62088	5	0.69%	13.54%
St. Louis	MO	63122	2	0.28%	13.81%
Keyesport	Bond	62253	2	0.28%	14.09%
Houston	TX	77025	1	0.14%	14.23%
St. Louis	MO	63137	1	0.14%	14.36%
Mulberry Grove	Bond	62262	1	0.14%	14.50%
Wrights	Greene	62098	1	0.14%	14.64%
New Carlisle	OH	45344	1	0.14%	14.78%
Sub-Total			107	14.78%	
Total			724	100.00%	

*Source: Hospital Records

ST. JOSEPH'S HOSPITAL MARKET AREA
Based on Calendar Year 2010 Patient Origin
All Acute Care Inpatients Served Excludes Swing Bed Patients

Community and Planning Area	County/State	Zip Code	CY 2010 Cases*	% of Total Cases
Primary Service Area				
Planning Area F-1				
Highland	Madison	62249	469	64.78%
Sub-Total Primary Service Area			469	64.78%
Secondary Service Area				
Planning Area F-1				
Alhambra	Madison	62001	29	4.01%
Trenton	Clinton-Sugar Creek	62293	21	2.90%
Saint Jacob	Madison	62281	21	2.90%
Marine	Madison	62061	13	1.80%
New Douglas	Madison	62074	5	0.69%
Aviston	Clinton-Sugar Creek	62216	5	0.69%
Sub-Total - Planning Area F-1			94	12.98%
Other Plannng Areas				
Pocahontas	Bond	62275	38	5.25%
Pierron	Bond border Madison	62273	17	2.35%
Sub-Total - Planning Area F-2			55	7.60%
Sub-Total SecondaryService Area			149	20.58%
Total Primary and Secondary Service Area			618	85.36%
Total Inpatients			724	

*Source: Hospital Records

St. Joseph's Hospital
Highland, Illinois

Strategic Master Facility Plan

Final Report

January 22, 2008

St. Joseph's Hospital
Building The Future of Healthcare

NAVIGANT CONSULTING

Facility Assessment

St. Joseph's Hospital
Building The Future of Healthcare

NAVIGANT CONSULTING

140

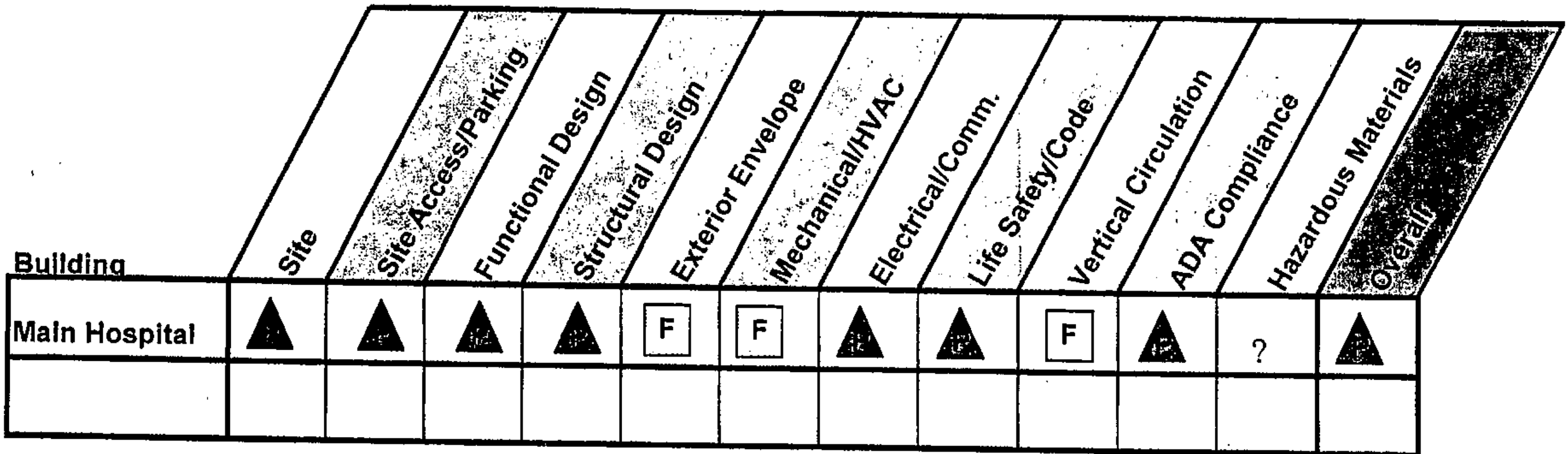
Findings: Facilities, Site & Building

- » Vacant land on the existing site is inadequate for future facility expansion
- » Structural limitations prevent the existing building from expanding vertically
- » Existing building envelope is not energy efficient by today's standards
- » Vehicular access to the site is constrained and limits logistical choices for parking and building entries
- » Departmental relationships are poorly juxtaposed creating operational inefficiencies
- » Floor-to-floor heights and columnar spacing of buildings does not allow space for modern technologies
- » Finishes and appearances are well-maintained

Summary Observations: Existing Site and Building

- Existing site acreage is inadequate to service the future planning needs of SJH.
- The existing building is not expandable vertically or horizontally
- The existing building envelope is not energy efficient by today's design standards.
- The site access is constrained and adequate area to create entrances is not possible

Findings - Facility Condition Evaluation



Building	Site	Site Access/Parking	Functional Design	Structural Design	Exterior Envelope	Mechanical/HVAC	Electrical/Comm.	Life Safety/Code	Vertical Circulation	ADA Compliance	Hazardous Materials	Overall
Main Hospital	▲	▲	▲	▲	F	F	▲	▲	F	▲	?	▲

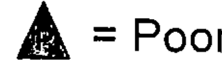
» The Main Hospital chassis is outdated and has seen its useful life for delivering acute care services.

» Size of the site will not support growth/development of the campus; need to improve visibility and access from major roadways.

Ⓖ =Good

F = Fair

▲ = Poor



III.
Criterion 1110.230 - Alternatives

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

   a. Modernize St. Joseph's Hospital in its existing facility with necessary infrastructure and code compliance upgrades.

   b. Modernize St. Joseph's Hospital in its current facility (that is, within its current building envelope) without any expansion of the existing hospital campus.

   c. Modernize St. Joseph's Hospital and construct a new addition, acquiring adjacent property to accomplish this plan.

   d. Replace St. Joseph's Hospital in its present location, acquiring adjacent property to accomplish this plan.

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

   a. Modernize St. Joseph's Hospital in its existing facility with necessary infrastructure and code compliance upgrades.

   Capital Costs: $27,518,219

   This alternative would include the following infrastructure upgrades:

   Replacement of Central Power Plant including boilers and chiller water systems as well as the connections to the hospital;
   Replacement of HVAC systems;
   Upgrading and replacement of electrical power and wiring;
   Upgrading of plumbing systems;
   Upgrading of medical gases;
   Completion of sprinkling of the entire building and upgrading of fire detection systems.

   This alternative was determined to be infeasible for the reasons discussed below as well as those identified in Attachments 12, 20, and 37.

   1) Although implementation of this alternative would permit St. Joseph's Hospital to bring the hospital building up to code and to correct deficiencies in its infrastructure systems, many of the hospital's major deficiencies would remain.

That is because this alternative would not permit St. Joseph's Hospital to make all of the required infrastructure improvements or to replace its aged physical plant with more modern facilities.

a) The hospital chassis is outdated and has exceeded its useful life for delivering acute care services.

b) In addition, the hospital was not designed to provide the volume of ambulatory care that contemporary medicine requires.

2) This alternative would not permit St. Joseph's Hospital to correct the hospital's deficiencies that make it inappropriately sized and configured for a modern Critical Access Hospital.

3) This alternative would require 39 months (more than 3 years) for construction, which is far more lengthy than the construction period for a replacement hospital.

4) This alternative would not permit St. Joseph's Hospital to create an energy-efficient building because the existing building envelope is not energy-efficient by today's standards.

5) This alternative would not permit St. Joseph's Hospital to correct the low floor-to-floor heights and poor columnar spacing of buildings that do not allow adequate space for modern technologies.

6) This alternative would not permit the correction of operational inefficiencies that are due to the poor locational relationships of various departments.

7) This alternative would not permit the correction of the deficiencies in the nursing unit and ancillary departments which are identified in Attachments 12, 20, and 37.

As a result, St. Joseph's Hospital's physical plant would continue to fail to meet contemporary standards for patient care.

8) This alternative would not correct the deficiencies experienced by patients and their families when accessing the site and the hospital building.

a) The location of the campus has poor visibility and access from major roadways.

b) Vehicular access to the hospital site is constrained, which limits logistical choices for parking and entering the building.

c) There is inadequate space to create the required entrances to the hospital.

d) There is inadequate parking for patients and their families.

e) Access to the hospital for ambulatory care patients is limited, and wayfinding within the hospital is sub-optimal once ambulatory care patients and their families enter the hospital building.

9) Despite the amount of money that would be spent to correct the hospital's deficiencies, there would still be an inadequate amount of vacant land on the existing site, which would make it impossible to expand the building in the future on this site in order to construct appropriate ambulatory care facilities for contemporary health care delivery.

b. Modernize St. Joseph's Hospital and construct a new addition without any expansion of the existing hospital campus.

Capital Costs: $33,362,988

This alternative would include the following:

All of the infrastructure upgrades identified under Alternative a. above;
Upgrading the existing hospital building as required to bring it into compliance with current requirements of the Americans with Disabilities Act (ADA);
Modernization of all patient care areas, including the Medical/Surgical nursing unit as well as all ancillary services (clinical service areas);
Replacement and expansion of the Emergency Department with new ambulance and walk-in entrances;
Relocation and replacement of Lobby, Admitting and Gift Shop;
Replacement of all furniture in patient rooms.

This alternative was determined to be infeasible for the reasons discussed below. This discussion also incorporates by reference the relevant issues

discussed under Alternative a. of this Attachment and in Attachments 12, 20, and 37.

1) Implementation of this alternative would be difficult to execute, would require multiple phases, would take a long time to complete and would not correct poor departmental relationships.

   Because of the phasing required, the modernization of clinical service areas was estimated to require three years of construction.

2) The required phasing of construction would result in a construction period of 39 months (more than 3 years), thereby increasing construction costs.

3) Implementation of this alternative would be very expensive, in part because of the phasing required and also because of the difficulties and resulting costs associated with attempting to undertake intensive modernization in place while maintaining hospital operations.

4) The selection of this alternative would also be short-sighted and would not be financially prudent because there is inadequate vacant land on the hospital's existing site for future facility expansion, and the vacant land is insufficient to meet the hospital's current parking needs.

5) Implementation of this alternative would not permit St. Joseph's Hospital to correct many of its current deficiencies because it would be limited by the size and configuration of the existing hospital building.

   Although the extent of this modernization might permit the correction of some deficiencies in some of the clinical services because it would result in a reconfiguration of the hospital building and expansion of some of the hospital's clinical service areas, any departmental expansion would be of limited size and scope because of the limited size of the hospital building.

c. <u>Modernize St. Joseph's Hospital and construct a new addition, acquiring adjacent property to accomplish this plan.</u>

Capital costs: $65,529,498 (plus land acquisition costs of $350,000 which are not capitalized)

This alternative would include the following:

- All of the infrastructure upgrades identified under Alternative a. above;
- Upgrading the existing hospital building as required to bring it into compliance with current requirements of the Americans with Disabilities Act (ADA);
- Modernization of all patient care areas, including the Medical/Surgical nursing unit as well as all ancillary services (clinical service areas);
- Replacement and expansion of the Emergency Department with new ambulance and walk-in entrances;
- Modernization or replacement of Surgery, PACU, Surgical Prep/Stage II Recovery;
- Consolidation of decentralized Diagnostic Imaging facilities in a single modernized or relocated department;
- Modernization or replacement of Inpatient Physical Therapy/ Occupational Therapy;
- Modernization or replacement of Cardio-Pulmonary Services (Non-Invasive Diagnostic Cardiology, Pulmonary Function Testing, Respiratory Therapy);
- Modernization or replacement of Geriatric Outpatient Day Services;
- Modernization or replacement of Sleep Laboratory;
- Modernization or replacement of Clinical Laboratories;
- Modernization or replacement of Central Sterile Processing and Distribution;
- Modernization or replacement of Pharmacy;
- Modernization and possible relocation and replacement of Lobby, Admitting, Central Outpatient Registration, Administrative Offices, Business Office, and Gift Shop;
- Expansion of Parking;
- Demolition of part of the existing hospital to create additional parking.

Although this alternative would permit the correction of a number of deficiencies that would exist under Alternatives a. and b., this alternative was determined to be infeasible for the following reasons. As with the discussion of the previous alternatives, this discussion also incorporates by reference the relevant issues discussed under Alternatives a. and b. of this Attachment and in Attachments 12, 20, and 37.

1) This alternative could only be implemented if it were possible to acquire additional property (9 homes were identified) and if the City of Highland agreed to close one or more city streets.

2) Implementation of this alternative would be difficult to execute, and the multiple phases would require a construction period of 46 months (nearly 4 years), thereby increasing construction costs.

3) The construction of an addition to the existing hospital building would be difficult because structural limitations prevent the existing building from expanding either horizontally or vertically.

   The low floor-to-floor heights would make it impossible to align a new addition with the existing building.

4) Implementation of this alternative might not be able to correct the existing poor departmental relationships.

5) Implementation of this alternative would require significant upgrades and replacements of the hospital's infrastructure, such as electrical, plumbing, medical gas, HVAC, and fire protection systems, installation of sprinklers, smoke detectors, and smoke stop partitions throughout the existing hospital, and replacement of the hospital's central power plant.

6) Implementation of this alternative would be more costly than the construction of a replacement hospital.

7) Implementation of this alternative would not correct the deficiencies associated with the location of the current hospital campus.

   a) The hospital is located in a residential area and would remain land-locked even if the nearby homes could be purchased.

   b) The hospital campus would remain surrounded by very busy city streets.

   c) The hospital campus would remain in a location that has poor access to major roadways.

d. <u>Replace St. Joseph's Hospital in its present location, acquiring adjacent property to accomplish this plan.</u>

Capital costs: $65,942,986 (plus land acquisition costs of $1,200,000 which are not capitalized)

Although this alternative would permit the correction of a number of deficiencies that would exist under Alternatives a. through c., this alternative was determined to be infeasible for the following reasons.

As with the discussion of the previous alternatives, this discussion also incorporates by reference the relevant issues discussed under Alternatives a. through c. of this Attachment and in Attachments 12, 20, and 37.

1) This alternative could only be implemented if it were possible to acquire additional property and if the City of Highland agreed to close one or more city streets.

2) This project would need to be phased, resulting in a construction project of approximately 54 months (4 ½ years), which is longer than the time required for the construction of a replacement hospital on a new site.

3) The required phasing of construction would lengthen the construction period, thereby increasing construction costs over the costs required to construct a replacement hospital on a new site.

   As a result, construction of a replacement hospital on the hospital's existing campus would be more expensive than construction of a replacement hospital on a new site.

4) Implementation of this alternative would not correct the deficiencies associated with the location of the current hospital campus.

   a) The hospital is located in a residential area and would remain land-locked even if the nearby homes could be purchased.

   b) The hospital campus would remain surrounded by very busy city streets.

   c) The hospital campus would remain in a location that has poor access to major roadways.

3. This item is not applicable to this project.

The purpose of this project is to correct facility deficiencies by replacing the existing deteriorated and obsolescent hospital building and improving access for both inpatients and outpatients.

Although the Illinois CON Rules consider this project to be the discontinuation of an existing hospital and the establishment of a new hospital because the replacement hospital will be located on a different site than the current hospital, this project proposes only to replace the existing services provided by St. Joseph's Hospital, which has been designated as a Critical Access Hospital and a necessary provider of health care services by the State of Illinois and the federal government.

The correction of the existing hospital's deficiencies by constructing a replacement hospital will improve the quality of care that St. Joseph's Hospital is able to provide to the patients it serves.

IV.
Project Scope, Utilization:
Size of Project

This project, which proposes the replacement of St. Joseph's Hospital, a Critical Access Hospital located in Highland, includes both Clinical and Non-Clinical Service Areas.

At the same time as this certificate of need (CON) application is submitted, a separate CON application is being submitted for the construction of a Medical Office Building (MOB) that will be contiguous with the hospital building and connected to it. St. Joseph's Hospital will lease space in the MOB for a number of Clinical Service Areas for outpatient care and Non-Clinical Service Areas for hospital support services. Some of the space being leased in the MOB will be used for departments required for hospital licensure, as specified in 77 Ill. Adm. Code 250.

This CON application for the replacement of St. Joseph's Hospital includes the following Clinical Service Areas.

Medical-Surgical Category of Service
Surgery
Post-Anesthesia Recovery (PACU, Recovery)
Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
Endoscopy
Emergency Department
Diagnostic Imaging (Radiology, Radiography/Fluoroscopy, CT Scannning, MRI Scanning, Nuclear Medicine
Inpatient Physical Therapy/Occupational Therapy
Non-Invasive Diagnostic Cardiology
Pulmonary Function Testing
Respiratory Therapy
Outpatient Specimen Collection
Pharmacy
Central Sterile Processing/Distribution
Dietary

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.

   Medical-Surgical Service
   Surgery (State Guidelines identify this as "Surgical Operating Suite (Class C)")
   Post-Anesthesia Recovery Phase I (PACU, Recovery)
   Post-Anesthesia Recovery Phase II (State Guidelines do not include Surgical Prep.)
   Endoscopy (State Guidelines identify this as "Surgical Procedure Suite (Class B)")
   Emergency Department
   Diagnostic Imaging (Radiology, Radiography/Fluoroscopy, CT Scannning, MRI Scanning, Nuclear Medicine)

There are no State guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project. These Clinical Service Areas are listed below.

Inpatient Physical Therapy/Occupational Therapy
Non-Invasive Diagnostic Cardiology
Pulmonary Function Testing
Respiratory Therapy
Outpatient Specimen Procurement
Pharmacy
Central Sterile Processing/Distribution
Dietary

An analysis of the proposed size (number of beds or rooms and gross square footage) of the Clinical Service Areas at the replacement St. Joseph's Hospital for which there are State Guidelines is found below.

This analysis is based upon the following.

- Historic utilization for St. Joseph's Hospital during CY2010.

- Projected utilization for St. Joseph's Hospital for its first 2 full years of operation (FY2015, FY2016) for those services for which the approvable number of rooms or stations is based upon utilization.

  Projected utilization for each of the Clinical Service Areas in this project for which there are utilization standards or occupancy targets and the rationale supporting these projections will be found in Attachment 15.

- Total proposed key rooms and total departmental gross square footage (DGSF) at the proposed new hospital building.

Space programs for all the Clinical Service Areas proposed for the new St. Joseph's Hospital, including those for which there are no State Guidelines, are appended to this Attachment.

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.

INPATIENT NURSING SERVICES

Service	Occupancy Target per 77 Ill. Adm. Code 1100	CY2010 Patient Days	FY2016 Patient Days (second full year of operation)	Number of Beds Justified at Occupancy Target	Proposed Authorized Beds
Medical-Surgical Service	60% for modernization of 1-25 beds; 80% for addition of beds in hospitals with 1-99 M/S beds	4,813 including Swing Bed, Intensive Care, and Observation Patient Days	7,350	34 @ 60% occupancy 25 @ 80% occupancy	25

Service	State CON Standard DGSF/bed	DGSF Justified for Proposed Beds	Proposed DGSF
Medical-Surgical Service	500-660 DGSF/Bed	12,500-16,500 DGSF	15,305

ANCILLARY AND SUPPORT SERVICES

Service	State Guideline units/room	CY2010 Utilization	FY2016 Volume (2nd full year of operation)	Total Rooms Justified	Total Proposed Rooms
Surgery	1,500 Hours/OR	1,920 Hours including Endoscopy	2,057 hours excluding Endoscopy	2	2
Recovery (PACU)	minimum of 1/OR	N/A	N/A	Minimum of 2 for Surgery	3
Surgical Prep and Stage II Recovery	Stage II Recovery: min. 4/OR (may include PACU stations)	N/A	N/A	Min. of 8	12
Endoscopy	1,500 Hours/ Procedure Room	Included in Surgery	672 hours	1	1
Emergency Department	2,000 Visits/ Treatment Station	5,726 visits + 6,943 visits to Priority Care = 12,669 visits	15,346 visits including Priority Care	8 rooms including Priority Care	7 (5 exam, 2 trauma)

Service	State Guideline units/room	CY2010 Utilization	FY2016 Volume (2nd full year of operation)	Total Rooms Justified	Total Proposed Rooms
Diagnostic Imaging					
General Radiology	8,000 Proc./Unit	8,721Exams/ Proc. for Rad/Fluoro.	10,395 Exams/Proc. for Rad/Fluoroscopy	1	1
Radiology/ Fluoroscopy	6,500 Proc./Unit	See above	See above	1 or 2 without Rad.	1
CT Scanning	7,000 Visits/Unit	4,045 Exams/Visits	4,237Exams/Visits	1	1
MRI	2,500 Proc./Unit	964 Exams/Proc.	922 Exams/Proc.	1	1
Nuclear Medicine	2,000 Visits/Unit	840 Exams/Visits	1,135Exams/Visits	1	1
TOTAL Diagnostic Imaging				5	5

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

The proposed number of beds or rooms for all categories of service and Clinical Service Areas included in this project is within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B).

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

Service	State Guideline DGSF/room or unit	Total DGSF Justified per program	Total Proposed DGSF
Surgery	2,750 DGSF/ Operating Rm.	5,500	4,817
Recovery (PACU)	180 DGSF/ Recovery Station	540	927
Surgical Prep and Stage II Recovery	400 DGSF/ Recovery Station	4,800	3,715
Endoscopy	1,100 DGSF/ Proc. Rm.	1,100	499
Emergency Department	900 DGSF/ Treatment Station	6,300	6,274

Service	State Guideline DGSF/room or unit	Total DGSF Justified per program	Total Proposed DGSF
Diagnostic Imaging			
General Radiology	1,300 DGSF/ Unit	1,300	
Radiology/Fluoroscopy	1,300 DGSF/ Unit	1,300	
CT Scanning	1,800 DGSF/ Unit	1,800	
MRI	1,800 DGSF/ Unit	1,800	
Nuclear Medicine	1,600 DGSF/ Unit	1.600	
TOTAL Diagnostic Imaging		7,800	5,531

The following published data and studies identify the scope of services, hospital licensing requirements, and contemporary standards of care that St. Joseph's Hospital addressed in developing the proposed project for the replacement of its existing Critical Access Hospital:

- 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 chart that follows indicates the extent to which the proposed square footage of the Clinical Service Areas included in this project is within the State Guidelines found in 77 Ill. Adm. Code 1110.APPENDIX B.

ALL CLINICAL SERVICE AREAS

CLINICAL SERVICE AREAS	PROPOSED DGSF	STATE GUIDELINE	DIFFERENCE	MET GUIDELINE?
Medical/ Surgical Service	15,305 for 25 M/S Beds	500-660/Bed = 12,500-16,500	under by 1,195	Yes
Surgery	4,817 for 2 ORs	2,750/OR = 5,500	under by 683	Yes
Recovery (PACU)	927 for 3 Stations	180/Station = 540	over by 387	No

CLINICAL SERVICE AREAS	PROPOSED DGSF	STATE GUIDELINE	DIFFERENCE	MET GUIDELINE?
Surgical Prep & Stage II Recovery	3,715 for 12 Stations	400/Station = 4,800	under by 1,085	Yes
Endoscopy	499 for 1 Proc.Rms.	1,100/Proc. Rm. =1,100	under by 601	Yes
Emergency	6,274 for 7 Exam/Treat. Rms.	900/Treat. Rm. = 6,300	under by 26	Yes
Diagnostic Imaging				
Gen. Rad.		1,300 for 1 Unit		
Rad./Fluor.		1,300 for 1 Unit		
CT Scanner		1,800 for 1 Unit		
MRI		1,800 for 1 Unit		
Nuclear Medicine		1,600 for 1 Unit		
TOTAL Diagnostic Imaging	5,531 for 5 Units	7,800 for 5 Units	under by 2,269	Yes

The proposed square footage for the project's sole Category of Service as well as for nearly all other Clinical Service Areas that have State Guidelines is within the State Guidelines found in 77 Ill. Adm. Code 1110.APPENDIX B.

There is only one Clinical Service Area that has State Guidelines or which the proposed square footage exceeds the State Guidelines found in 77 Ill. Adm. Code 1110.APPENDIX B.

Recovery (PACU)

The justification for this space exceeding the State Guidelines is found in Attachment 14A.

Appended to this Attachment are the following documents that were used as the key guidelines in determining the appropriate floor area for these clinical services in addition to the Illinois Hospital Licensing Requirements (77 Ill. Adm. Code 250) and the ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG).

- Space Programs for all categories of service and other Clinical Service Areas included in this project, including those for which there are no State Guidelines in 77 Ill. Adm. Code 1110.APPENDIX B.
- The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities. 2006: American Institute of Architects.

SPACE PROGRAM

MEDICAL/SURGICAL NURSING UNIT

19 Medical/Surgical private patient rooms with a lavatory in each room, each room having its own toilet room with a lavatory and shower

1 Isolation Medical/Surgical private patient room with an ante-room and its own toilet, lavatory and shower

1 Medical/Surgical hospice patient room with a lavatory in the room and its own toilet room with a lavatory and shower

3 Medical/Surgical Special Care Rooms with a lavatory in each room, each room having its own toilet room with a lavatory and shower

1 Isolation Special Care private patient room with an ante-room and its own toilet, lavatory and shower

Nurses' Work Area
Nourishment Station
Medication Preparation Area

Soiled Utility Room
Clean Work Room
Clean Supply/Storage Room

2 Physician Dictation Areas
PACS/Work Area

Conference Room

3 Offices
2 Staff Toilets

Reception Area

Quiet Room
Kitchenette
Public Toilet

Pneumatic Tube

Alcove

Housekeeping Closet

SPACE PROGRAM

SURGICAL SUITE

2 Operating Rooms

Equipment Storage Room

Storage Area for C-Arm

Stretcher Alcove

Anesthesia Work Room

Frozen Section Workroom for Surgical Pathology

Control Desk

Physician Dictation Area

2 Toilet Rooms

Women's Locker Room
Men's Locker Room
Physicians' Lounge

1 Manager's Office
1 Office

2 Housekeeping Closets

SPACE PROGRAM

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

11 Surgical Prep/Stage II Private Recovery Cubicles
1 Bariatric Surgical Prep/Stage II Private Recovery Cubicle

2 Patient Toilet Rooms

Nurses' Station
Medication Station
Nourishment Station

Consultation Room

Clean Supply Rooms
Soiled Utility Room

SPACE PROGRAM

POST-ANESTHESIA RECOVERY UNIT (PACU OR RECOVERY)

2 PACU Stations
1 Isolation PACU Cubicle with an Ante Room

Nursing Station with Nutrition and Medication Areas

Soiled Utility Room

1 Toilet

SPACE PROGRAM

EMERGENCY DEPARTMENT

5 General Exam/Treatment Rooms
2 Trauma Treatment Rooms

Nurses' Station
Dictation Area

Decontamination Shower

Public and Family Waiting
Reception
Registration
Work Area

Triage

5 Toilets

Emergency Medical Technicians' (EMT) Work Area

Soiled Utility
Clean Workroom
Medication Station
Nourishment Station

Storage Room
Equipment Storage

Cart Washing Area

Consultation Room

Lounge

ED Director's Office
Medical Director's Office

Stretcher Alcove
Crash Cart Storage

SPACE PROGRAM

DIAGNOSTIC IMAGING (HOSPITAL ONLY)

1 General Radiology Procedure Room
1 Radiology/Fluoroscopy Procedure Room
1 CT Scanning Procedure Room
1 CT Control and Work Room
1 MRI Scanning Procedure Room
1 Nuclear Medicine Procedure Room
1 Hot Lab

3 Patient Dressing Rooms
1 ADA-compliant Patient Dressing Room

3 Toilets

Sub-Waiting Room

Radiologist Reading Area

Soiled Utility Room
Clean Utility Room
Linen Storage Room
Equipment Storage Alcove
Equipment Storage Room

Quality Control Workroom

Medication Dispensary/Storage

Radiology Director's Office

Stretcher Alcove

SPACE PROGRAM

INPATIENT PHYSICAL THERAPY

Rehabilitation Area

Occupational Therapy Staff Work Center

SPACE PROGRAM

NON-INVASIVE DIAGNOSTIC CARDIOLOGY

1 Testing Room for Stress Testing and Echocardiography

SPACE PROGRAM

PULMONARY FUNCTION

1 Procedure Room

SPACE PROGRAM

RESPIRATORY THERAPY

1 Procedure Room

Physicians' Reading Room

SPACE PROGRAM

PHARMACY

Pharmacy

SPACE PROGRAM

CENTRAL STERILE PROCESSING AND DISTRIBUTION

Clean Core

Decontamination Area:

Sterilizers

Sterilization/Packing Area

Cart Holding Area

Break-Out Area

Cart Washing Area

SPACE PROGRAM

OUT-PATIENT SPECIMEN COLLECTION

2 Phlebotomy (Blood Draw) Stations

1 Patient Toilet

1 Specimen Collection Workstation

SPACE PROGRAM

ENDOSCOPY

1 Endoscopy Procedure Room

Scope Room

Sterilizing/Cleaning Area

SPACE PROGRAM

DIETARY AND KITCHEN

Kitchen

Cold Preparation Area

Dry Storage

Freezer

FSD

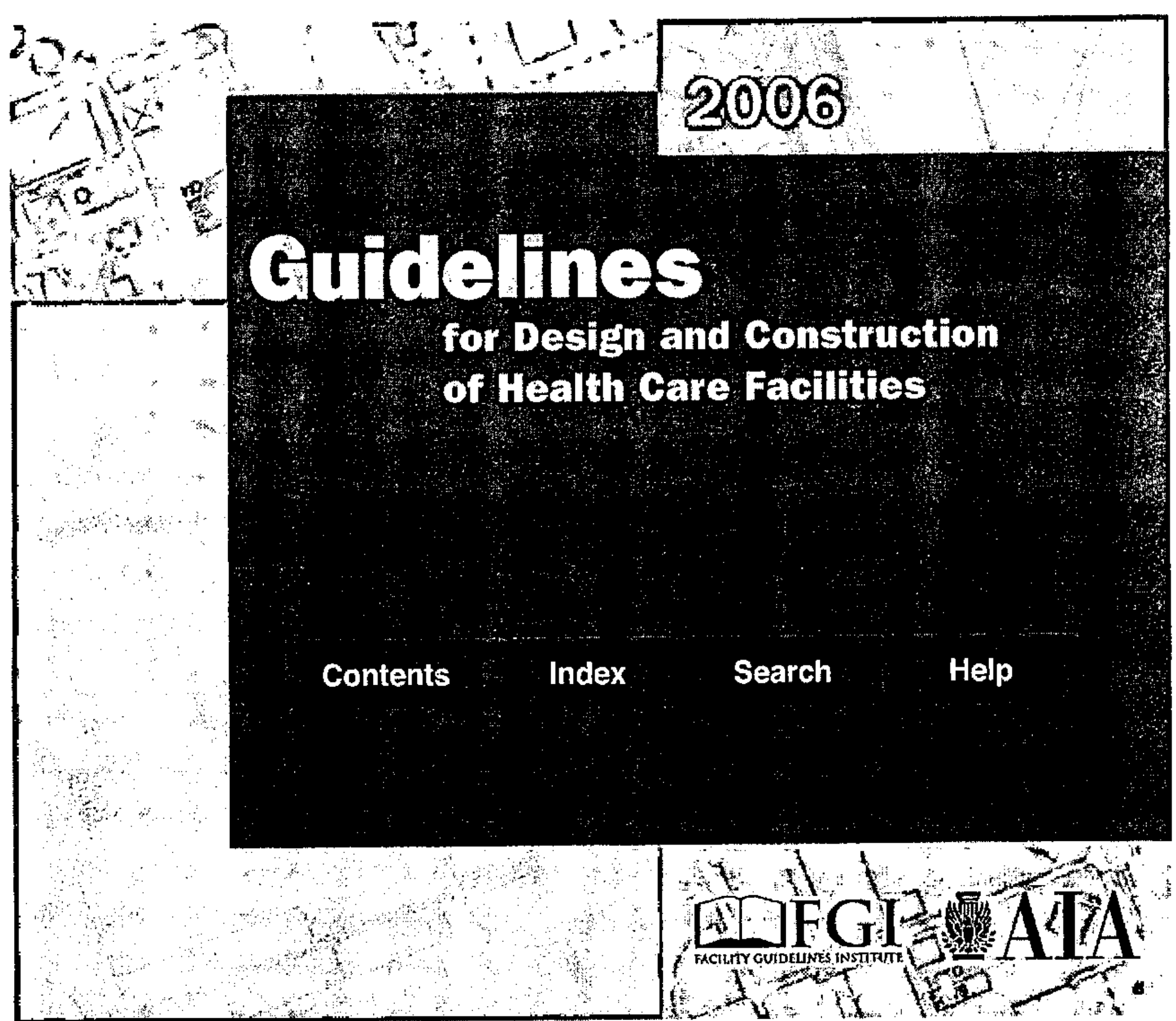
Dish Room

Cart Washing

Dietician's Office

Toilet

Housekeeping


2006
Guidelines
for Design and Construction
of Health Care Facilities
Contents
Index
Search
Help
FGI
FACILITY GUIDELINES INSTITUTE
AIA

Contents

Preface xv
Major Additions and Revisions xix
Acknowledgments xxiv

Part 1 General 1

1.1 **Introduction** 3
1.1-1 General Considerations 3
  1.1 Applicability
  1.2 About This Document
  1.3 How to Use These Guidelines
1.1-2 Interpretation of Requirements 5
  2.1 Purpose of Interpretation
  2.2 Requesting an Interpretation
1.1-3 Renovation 5
  3.1 Compliance Requirements
  3.2 Affected Areas
  3.3 Unaffected Areas
  3.4 Functional Requirements and Safety
  3.5 Conversion
  3.6 Undiminished Safety
  3.7 Long-Range Improvement
1.1-4 Design Standards for the Disabled 6
  4.1 Federal Standards
  4.2 State and Local Standards
  4.3 Special Needs in Health Care Facilities
1.1-5 Provisions for Disasters 7
  5.1 Needs Assessment
  5.2 NBC Hazards Control
  5.3 Wind- and Earthquake-Resistant Design for New Buildings
  5.4 Flood Protection
  5.5 Emergency Supply Storage
1.1-6 National Standards for the Protection of Certain Health Information 9
  6.1 HIPAA
1.1-7 Codes and Standards 9
  7.1 Safe Environment
  7.2 Code Compliance
  7.3 Equivalency
  7.4 English/Metric Measurements
  7.5 Referenced Codes and Standards
1.2 **Environment of Care** 15
1.2-1 General Considerations 15
  1.1 Applicability
  1.2 Framework for Health Facility Design
1.2-2 Functional Program 15
  2.1 Requirements
  2.2 Nomenclature
  2.3 Use
1.2-3 Sustainable Design 18
  3.1 Components
1.3 **Site** 21
1.3-1 General Considerations 21
  1.1 Applicability
1.3-2 Location 21
  2.1 Access
  2.2 Availability of Transportation
  2.3 Security
  2.4 Availability of Utilities
1.3-3 Facility Site Design 21
  3.1 Roads
  3.2 Pedestrian Walkways
  3.3 Parking
  3.4 Emergency Access
1.3-4 Environmental Pollution Control 21
  4.1 Environmental Pollution
  4.2 Mercury Elimination
1.4 **Equipment** 24
1.4-1 General Considerations 24
  1.1 Applicability
  1.2 Equipment List
  1.3 Drawing Requirements
1.4-2 Equipment Classification
  2.1 Building Service Equipment
  2.2 Fixed Equipment
  2.3 Movable Equipment
1.4-3 Equipment Requirements 24
  3.1 Major Technical Equipment
  3.2 Electronic Equipment
1.4-4 Space Requirements 25
  4.1 Fixed and Building Service Equipment
  4.2 Movable Equipment
1.5 **Planning, Design, and Construction** 26
1.5-1 General Considerations 26
  1.1 Applicability
  1.2 Environment of Care Considerations
  1.3 Design Process and Implementation
1.5-2 Infection Control Risk Assessment Process 26
  2.1 General
  2.2 ICRA Considerations
  2.3 Infection Control Risk Mitigation
1.5-3 Renovation 28
  3.1 Phasing
  3.2 Isolation

3.3 Maintenance of Air Quality and Utilities
3.4 Nonconforming Conditions
1.5-4 Commissioning 28
4.1 Mechanical Systems
1.5-5 Record Drawings and Manuals 29
5.1 Drawings
5.2 Equipment Manuals
5.3 Design Data
1.6 Common Requirements 31
1.6-1 General Considerations 31
1.1 Applicability
1.6-2 Building Systems 31
2.1 Plumbing
2.2 Heating, Ventilating, and Air-Conditioning Systems
2.3 Electrical Systems

Part 2—Hospitals 35
2.1 General Hospitals 37
2.1-1 General Considerations 37
1.1 Applicability
1.2 Functional Program
1.3 Site
2.1-2 Common Elements 37
2.1 General
2.2 Patient Rooms or Care Areas
2.3 Support Areas for Patient Care
2.4 Support Areas for Staff
2.1-3 Nursing Locations 39
3.1 Medical/Surgical Nursing Units
3.2 Special Patient Care Areas
3.3 Intermediate Care Areas
3.4 Critical Care Units
3.5 Postpartum Units
3.6 Nurseries
3.7 Pediatric and Adolescent Unit
3.8 Psychiatric Nursing Unit
3.9 In-Hospital Skilled Nursing Unit
2.1-4 Obstetrical Facilities 63
4.1 General
4.2 Postpartum Unit
4.3 Cesarean/Delivery Suite
4.4 LDR and LDRP Rooms
2.1-5 Diagnostic and Treatment Locations 68
5.1 Emergency Service
5.2 Freestanding Emergency Service
5.3 Surgery
5.4 Interventional Imaging Facilities
5.5 Imaging Suite
5.6 Nuclear Medicine
5.7 Rehabilitation Therapy Department
5.8 Respiratory Therapy Department
5.9 Renal Dialysis Unit
5.10 Hyperbaric Suite
5.11 Laboratory Suite
5.12 Morgue
2.1-6 Service Areas 99
6.1 Pharmacy
6.2 Dietary Facilities
6.3 Central Services
6.4 Linen Services
6.5 Materials Management
6.6 Environmental Services
6.7 Engineering Services and Maintenance
2.1-7 Administrative and Public Areas 107
7.1 Public Areas
7.2 Administrative and Related Support Areas
2.1-8 Construction Standards 108
8.1 Design and Construction, including Fire-Resistant Standards
8.2 General Standards for Details and Finishes
2.1-9 Special Systems 113
9.1 General
9.2 Elevators
9.3 Waste Processing
2.1-10 Building Systems 115
10.1 Plumbing
10.2 Heating, Ventilating, and Air-Conditioning Systems
10.3 Electrical Systems
10.4 Telecommunications and Information Systems
10.5 Electronic Safety and Security
2.2 Small Inpatient Primary Care Hospitals 135
2.2-1 General Considerations 135
1.1 Applicability
1.2 Functional Program
1.3 Site
2.2-2 Nursing Unit 136
2.1 General
2.2 Typical Patient Rooms
2.3 Special Patient Care Areas
2.4 Support Areas—General
2.5 Support Areas for Nursing Unit(s)
2.6 Support Areas for Staff
2.7 Support Areas for Patients

2.2-3 Diagnostic and Treatment Locations 140
3.1 Examination and Treatment Rooms
3.2 Emergency Facilities
3.3 Surgical Facilities
3.4 Imaging Facilities
3.5 Laboratory
3.6 Telemedicine Facilities
3.7 Additional Diagnostic and Treatment Facilities
2.2-4 Service Areas 143
4.1 Materials Management
4.2 Environmental Services
4.3 Engineering Services and Maintenance
2.2-5 Administrative and Public Areas 143
5.1 Public Areas
5.2 Administrative Areas
2.2-6 Construction Standards 144
6.1 Building Codes
6.2 General Standards for Details and Finishes
2.2-7 Special Systems 144
7.1 Waste Processing
2.2-8 Building Systems 144
8.1 Plumbing
8.2 Heating, Ventilating, and Air-Conditioning Systems
8.3 Electrical Systems
8.4 Security Systems
2.3 Psychiatric Hospitals 145
2.3-1 General Considerations 145
1.1 Applicability
1.2 Functional Program
1.3 Shared Services
1.4 Swing Beds
1.5 Environment of Care
1.6 Site
2.3-2 Nursing Locations 146
2.1 General Psychiatric Nursing Unit
2.2 Special Patient Care Areas
2.3 Child Psychiatric Unit
2.4 Geriatric, Alzheimer's, and Other Dementia Unit
2.5 Forensic Psychiatric Unit
2.6 Support Areas—General
2.7 Support Areas for Psychiatric Nursing Units
2.8 Support Areas for Staff
2.9 Support Areas for Patients
2.3-3 Diagnostic and Treatment Locations 150
3.1 Examination and Treatment Rooms
3.2 Imaging Suite
3.3 Nuclear Medicine
3.4 Rehabilitation Therapy Department
3.5 Laboratory Suite
2.3-4 Service Areas 153
4.1 Pharmacy
4.2 Dietary Facilities
4.3 Central Services
4.4 Linen Services
4.5 Materials Management
4.6 Environmental Services
4.7 Engineering Services and Maintenance
2.3-5 Administrative and Public Areas 154
5.1 Medical Records
5.2 Employee Facilities
2.3-6 Construction Standards 154
6.1 Design and Construction, including Fire-Resistant Standards
6.2 General Standards for Details and Finishes
2.3-7 Special Systems 155
7.1 General
7.2 Elevators
7.3 Waste Processing
2.3-8 Building Systems 156
8.1 Plumbing
8.2 Heating, Ventilating, and Air-Conditioning Systems
8.3 Electrical Systems
8.4 Telecommunications and Information Systems
8.5 Electronic Safety and Security
2.4 Rehabilitation Facilities 163
2.4-1 General Considerations 163
2.4-2 Nursing Locations 163
2.1 Nursing Unit
2.2 Special Patient Care Areas
2.4-3 Patient Living Areas 165
3.1 Dining, Recreation, and Day Spaces
3.2 Activity Areas
3.3 Personal Services Areas
2.4-4 Diagnostic and Treatment Locations 166
4.1 Medical Evaluation Unit
4.2 Other Required Units
4.3 Optional Units
2.4-5 Service Areas 168
5.1 Pharmacy Unit
5.2 Dietary Unit
5.3 Sterilizing Facilities
5.4 Linen Services
5.5 Materials Management

5.6 Environmental Services
5.7 Engineering Services and Maintenance
2.4-6 Administrative and Public Areas 171
6.1 Public Areas
6.2 Administrative and Related Support Areas
2.4-7 Construction Standards 172
7.1 Design and Construction, including Fire-Resistant Standards
7.2 General Standards for Details and Finishes
2.4-8 Special Systems 175
8.1 General
8.2 Elevators
8.3 Waste Processing
2.4-9 Building Systems 177
9.1 Plumbing
9.2 Heating, Ventilating, and Air-Conditioning Systems
9.3 Electrical Systems
9.4 Telecommunications and Information Systems
9.5 Fire Alarm and Detection Systems

Part 3—Ambulatory Care Facilities 187
3.1 **Outpatient Facilities** 189
3.1-1 General Considerations 189
1.1 Applicability
1.2 Outpatient Facility Classification
1.3 Functional Program
1.4 Environment of Care
1.5 Shared/Purchased Services
1.6 Facility Access
1.7 Site
3.1-2 Diagnostic and Treatment Locations 190
2.1 Examination and Treatment Rooms
2.2 Imaging Facilities
2.3 Laboratory
3.1-3 Service Areas 192
3.1 Environmental Services
3.2 Engineering Services and Maintenance
3.3 Materials Management
3.1-4 Administrative and Public Areas 193
4.1 Public Areas
4.2 Administrative Areas
3.1-5 Construction Standards 193
5.1 Design and Construction, including Fire-Resistant Standards
5.2 General Standards for Details and Finishes
3.1-6 Special Systems 195
6.1 General
6.2 Elevators
6.3 Waste Processing
3.1-7 Building Systems 197
7.1 Plumbing
7.2 Heating, Ventilating, and Air-Conditioning Systems
7.3 Electrical Systems
7.4 Telecommunications and Information Systems
7.5 Fire Alarm System
3.2 **Primary Care Outpatient Centers** 208
3.2-1 General Considerations 208
1.1 Applicability
1.2 Functional Program
1.3 Site
3.2-2 Diagnostic and Treatment Locations 208
2.1 Examination and Treatment Rooms
2.2 Imaging Facilities
2.3 Laboratory Facilities
2.4 Specimen Storage
3.2-3 Administrative and Public Areas 208
3.1 Public Areas
3.2-4 Building Systems 209
4.1 Plumbing
4.2 Heating, Ventilating, and Air-Conditioning Systems
3.3 **Small Primary (Neighborhood) Outpatient Facilities** 210
3.3-1 General Considerations 210
1.1 Size
1.2 Applicability
1.3 Site
3.3-2 Diagnostic and Treatment Locations 210
2.1 Examination and Treatment Rooms
2.2 Diagnostic Facilities
3.3-3 Administrative and Public Areas 211
3.1 Public Areas
3.2 Administrative Areas
3.3-4 Construction Standards 211
4.1 Design and Construction
3.3-5 Building Systems 211
5.1 Plumbing
5.2 Heating, Ventilating, and Air-Conditioning Systems
5.3 Electrical Systems
3.4 **Freestanding Outpatient Diagnostic and Treatment Facilities** 213
3.4-1 Applicability 213
1.1 Facility Type
1.2 Standards

2.2 Small Inpatient Primary Care Hospitals

Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.

*1 General Considerations

1.1 Applicability

The small inpatient primary care hospital shall meet the general standards described herein. Such facilities shall also meet the general standards outlined in the referenced ambulatory care facilities chapters in these Guidelines.

1.2 Functional Program

The functional program shall describe the various components planned for the facility and how they will interface with each other.

1.2.1 Size and Layout

Department sizes and clear floor areas depend on program requirements and organization of services within the facility. As required by community needs, combination or sharing of some functions shall be permitted, provided the layout does not compromise safety standards and medical nursing practices.

1.2.2 Swing Beds

When the concept of swing beds is part of the functional program, care shall be taken to include requirements for all intended categories.

1.2.3 Transfer and Service Agreements

All necessary transfer and service agreements with secondary or tertiary care hospitals shall be included in the functional program.

1.3 Site

1.3.1 Transfer Support Features

1.3.1.1 Part of the facility's transfer agreements with higher care hospital providers shall include use of helicopter and/or ambulance services to ensure the timely transfer to a tertiary care center of patients presenting to the emergency room of the primary care inpatient center.

1.3.1.2 Helicopter pad and ambulance ports shall be located close to the emergency suite and the designated patient rooms holding patients requiring transfer to a tertiary care center for treatment after stabilization.

1.3.1.3 Where appropriate, features such as garages, landing pads, approaches, lighting, and fencing required to meet state and local regulations that govern the placement, safety features, and elements required to accommodate helicopter and ambulance services shall be provided.

1.3.2 Parking

1.3.2.1 Each new facility, major addition, or major change in function shall be provided with parking

APPENDIX

***A1** Since the early 1990s, the health care community has been looking at traditional hospital models (and nursing homes built under the Hill-Burton hospital model) and their delivery of care roles as established in the 1947 Hill-Burton Act. The Kellogg Foundation Report titled "Hospital Community Benefits Standards," published in the early 1990s, stated that to eliminate identified health disparities, all primary care providers should become more community responsive in their orientation and develop coalitions with local health departments, community health centers, and the communities they serve.

The purpose of the small inpatient primary care hospital is to provide a community-focused, short-term overnight stay environment designed to provide primary care to patient populations within a designated rural or underserved community based on the federal standard metropolitan statistical area (SMSA) and defined under the Code of Federal Regulations 42 CFR 5.1.

The concept of the model is to allow an adaptable facility that can meet the needs of the community it serves. It is intended to serve as a stand-alone overnight facility (stays of 96 hours or less), to provide for outpatient treatment modalities, and to serve as a small inpatient primary care center or as a satellite of an existing hospital in a rural or designated underserved population area. These facilities may be attached to and operated as part of a local health department complex or an ambulatory surgery treatment center. In fact, this is encouraged. There must be transfer services and reciprocity agreements with general hospitals and tertiary care hospitals as a prerequisite for using this model.

spaces to satisfy the needs of the patient population, personnel, and public.

1.3.2.2 In the absence of a formal parking study, provide one space for each hed plus one space for each employee normally present on any single weekday shift.

1.3.2.3 Additional parking may be required to accommodate other services.

1.3.2.4 Separate and additional space shall he provided for service delivery vehicles, vehicles utilized for emergency services, and mobile transportable units.

2 Nursing Unit

2.1 General

2.1.1 Size

2.1.1.1 A single nursing unit shall be provided for the small inpatient primary care facility. The number of patient rooms contained in the unit shall be as determined by the functional program but shall not exceed 25 beds per unit.

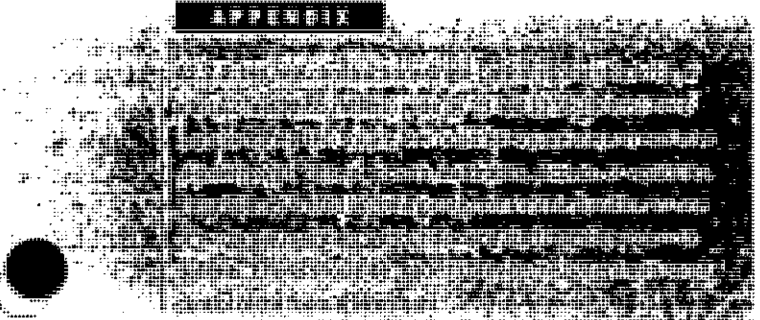
2.1.1.2 An additional unit may be incorporated into the design of the facility based on a demographic analysis and the facility's demonstrated ability to provide adequate support services for the additional beds.

2.1.2 Multiple Modalities

The unit shall be designed to accommodate multiple patient modalities, with adequate support areas to accomplish the modalities referenced in the functional program.

2.1.3 Facility Requirements

Each nursing unit shall include the following:



2.2 Typical Patient Rooms

2.2.1 Capacity

2.2.1.1 New construction. In new construction, the maximum number of beds per room shall be one unless the functional program demonstrates the necessity of a two-bed arrangement. Approval of a two-bed arrangement shall be obtained from the licensing authority.

2.2.1.2 Renovation. Where renovation work is undertaken and the present capacity is more than one patient, maximum room capacity shall be no more than the present capacity, with a maximum of four patients.

2.2.2 Space Requirements

Minor encroachments, including columns and hand-washing stations, that do not interfere with functions may be ignored when determining space requirements for patient rooms.

*2.2.2.1 Area. In new construction, patient rooms shall be constructed to meet the needs of the functional program and have a minimum of 100 square feet (9.29 square meters) of clear floor area per bed in multiple-bed rooms and 120 square feet (11.15 square meters) of clear floor area in single-bed rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules.

2.2.2.2 Dimensions and clearances. The dimensions and arrangement of rooms shall be such that there is a minimum of 3 feet (91.44 centimeters) between the sides and foot of the bed and any wall or any other fixed obstruction. In multiple-bed rooms, a clearance of 4 feet (1.22 meters) shall be available at the foot of each bed to permit the passage of equipment and beds.

2.2.2.3 Renovation. Where renovation work is undertaken, every effort shall be made to meet the above minimum standards. If it is not possible to meet the above minimum standards, the authorities having jurisdiction may grant approval to deviate from this requirement. In such cases, patient rooms shall have no less than 80 square feet (7.43 square meters) of clear floor area per bed in multiple-bed areas and 100 square feet (9.29 square meters) of clear floor area in single-bed rooms, exclusive of the spaces previously noted in this section.

2.2.3 Windows
Each patient room shall have a window in accordance with Section 2.1-8.2.2.5.

2.2.4 Patient Privacy
Visual privacy from casual observation by other patients and visitors shall be provided. Design for privacy shall not restrict patient access to any area of the room.

2.2.5 Hand-Washing Stations
A hand-washing station for the exclusive use of the staff shall be provided to serve each patient room and shall be placed outside the patient toilet room.

2.2.6 Toilet Rooms and Bathing Facilities
A patient toilet room shall be provided and shall contain a water closet, hand-washing station, and shower. The door to the patient toilet shall swing outward or be double acting.

2.2.7 Patient Storage Locations
Each patient shall have within his or her room a separate wardrobe, locker, or closet suitable for hanging full-length garments and for storing personal effects.

2.2.8 Family/Caregiver Accommodations
2.2.8.1 Areas for overnight stay for patient's significant other or for the patient's selected family caregiver shall be provided.

2.2.8.2 Adequate spaces for sitting, lounging, and visiting shall be provided to meet the needs outlined in the functional program.

2.3 Special Patient Care Areas

2.3.1 Airborne Infection Isolation Room
If the functional program requires a dedicated airborne infection isolation room, it shall meet the criteria established in Section 2.1-3.2.2.

2.3.2 Protective Environment Room
If the functional program requires a protective environment room, it shall meet the criteria established in Section 2.1-3.2.3.

2.3.3 Seclusion Room
If the functional program requires a seclusion room, it shall meet the criteria established in Section 2.3-2.2.1.

2.3.4 Critical Care Rooms
The patient rooms described in this section shall have the capability of serving as temporary critical care patient rooms in the event a patient arrives at the facility in need of stabilization and monitoring prior to transfer to a tertiary care facility. These rooms are intended for temporary care of patients needing transportation to an intensive care setting in a higher level facility, not for active critical care treatment. These rooms shall also be capable of serving the needs of patients requiring hospice and ventilator care.

2.3.5 LDR/LDRP Rooms
When an obstetrical patient presents herself to the small inpatient primary care center, arrangements for transfer of the patient to a tertiary care center with maternity programs shall be made. However, in the event the transfer cannot be accomplished in a timely manner, the small inpatient primary care center shall include the following:

2.3.5.1 The small inpatient primary care center shall have patient rooms with the capability of serving as labor/delivery/recovery or labor/delivery/recovery/postpartum (LDR/LDRP) rooms in the event that an obstetrical patient enters arrives at the facility in need of such services. These rooms shall have a second patient station with electrical, medical gas, and vacuum services to accommodate infant resuscitation needs.

2.3.5.2 If LDR/LDRP functions are programmed for a small inpatient primary care center, a storage area with a minimum of 100 square feet (9.29 square meters) per LDR bed shall be provided for the storage of case carts, delivery equipment, and bassinets.

2.4 Support Areas—General

2.4.1 The size and location of each support area shall depend on the numbers and types of modalities served.

2.4.2 Location
Provision for the support areas listed shall be readily available in each nursing unit.

2.4.3 Identifiable spaces are required for each of the indicated functions.

2.5 Support Areas for Nursing Unit(s)

2.5.1 Administrative Center or Nurse Station

2.5.1.1 Location. This area shall be located to control access to the nursing unit and serve as a security checkpoint for visitors and vendors entering the nursing unit. It shall have direct visual access to the entrance to the unit.

2.5.1.2 Facility requirements

(1) This area shall have space for counters and storage.

(2) This area shall have convenient access to hand-washing facilities.

(2) This area may be combined with or include centers for reception and communication.

2.5.2 Documentation Area

Charting facilities shall have linear surface space to ensure that staff and physicians can chart and have simultaneous access to information and communication systems.

2.5.3 Nurse or Supervisor Office

2.5.4 Hand-Washing Stations

2.5.4.1 Hand-washing stations shall be conveniently accessible to the nurse station, medication station, and nourishment area.

2.5.4.2. If it is convenient to each, one hand-washing station shall be permitted to serve several areas.

2.5.5 Medication Station

Provisions shall be made for the distribution of medications. This may be done from a medicine preparation room or unit, from a self contained-medicine dispensing unit, or by another approved system.

2.5.5.1 Medicine preparation room

(1) This room shall be under visual control of the nursing staff.

(2) This room shall contain a work counter, a hand-washing station, a lockable refrigerator, and locked storage for controlled drugs.

(3) When a medicine preparation room is to be used to store one or more self-contained medicine-dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained medicine-dispensing unit(s) present.

2.5.5.2 Self-contained medicine dispensing unit

(1) Location of a self-contained medicine dispensing unit shall be permitted at the nurse station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.

(2) Convenient access to hand-washing stations shall be provided. (Standard cup sinks provided in many self-contained units are not adequate for hand-washing.)

2.5.6 Nourishment Area

2.5.6.1 A nourishment area shall have a sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishment. This area shall include space for trays and dishes used for nonscheduled meal service.

2.5.6.2 Provisions and space shall be included for separate temporary storage of unused and soiled dietary trays not picked up at mealtime.

2.5.6.3 Hand-washing stations shall be in or immediately accessible from the nourishment area.

2.5.7 Ice Machines

Each nursing unit shall have equipment to provide ice for treatments and nourishment.

2.5.7.1 Ice-making equipment may be in the clean workroom or the nourishment room.

2.5.7.2 Ice intended for human consumption shall be provided in the nourishment station and shall be served from self-dispensing ice makers.

2.5.8 Clean Workroom or Clean Supply Room

Such rooms shall be separate from and have no direct connection with soiled workrooms or soiled holding rooms.

182

2.5.8.1 Clean workroom. If the room is used for preparing patient care items, it shall contain a work counter, a hand-washing station, and storage facilities for clean and sterile supplies.

2.5.8.2 Clean supply room. If the room is used only for storage and holding as part of a system for distribution of clean and sterile materials, omission of the work counter and hand-washing station shall be permitted.

2.5.9 Soiled Workroom or Soiled Holding Room
Such rooms shall be separate from and have no direct connection with clean workrooms or clean supply rooms.

2.5.9.1 Soiled workroom. These shall contain the following:

(1) A clinical sink (or equivalent flushing-rim fixture) and a hand-washing station. Both fixtures shall have a hot and cold mixing faucet.

(2) A work counter and space for separate covered containers for soiled linen and a variety of waste types.

2.5.9.2 Soiled holding room. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of soiled material. If the flushing-rim clinical sink is not provided, facilities for cleaning bedpans shall be provided in the patient toilet rooms.

2.5.10 Equipment and Supply Storage
2.5.10.1 Clean linen storage. Each nursing unit shall contain a designated area for clean linen storage.

(1) Location of this area within the clean workroom, a separate closet or alcove, or an approved distribution system shall be permitted.

(2) If a closed cart system is used, storage in an alcove shall be permitted. This cart storage shall be out of the path of normal traffic, under staff control, and protected from contamination.

2.5.10.2 Equipment storage room or alcove. A room or alcove shall be provided in each nursing unit appropriate for the storage of equipment necessary for patient care and as required by the functional program. Each unit shall provide sufficient storage areas located on the patient floor to keep its required corridor width free of all equipment and supplies, but not less than 10 square feet (0.93 square meters) per patient bed shall be provided.

2.5.10.3 Emergency equipment storage. Space shall be provided for emergency equipment that is under direct control of the nursing staff, such as a cardiopulmonary resuscitation (CPR) cart. This space shall be located in an area appropriate to the functional program, but out of normal traffic.

2.5.11 Housekeeping Room
A housekeeping room shall be provided for each nursing unit.

2.5.11.1 The room shall contain a service sink or floor receptor.

2.5.11.2 Provisions for storage of supplies and housekeeping equipment shall be made within the room.

2.6 Support Areas for Staff

2.6.1 Staff Lounge
2.6.1.1 Size. Facilities provided for staff shall be programmatically sized but not less than 100 square feet (9.29 square meters) in area.

2.6.1.2 Location. These facilities shall be located as close as possible to the centralized nurse station or, if the nurse station is decentralized, in close proximity to the work core of the nursing unit.

2.6.2 Staff Toilet Rooms
Toilet rooms for the exclusive use of staff shall be conveniently located in the unit.

2.6.3 Staff Storage Locations
Securable lockers, closets, and cabinet compartments for the personal articles of staff shall be located in or near the nurse station and staff lounge.

2.7 Support Areas for Patients

2.7.1 Patient Toilet Rooms
In addition to those serving bed areas, patient toilet rooms shall be conveniently located to multipurpose

rooms. Patient toilet rooms located within the multipurpose rooms may also be designated for public use.

3 Diagnostic and Treatment Locations

As dictated by the functional program and community needs (and agreements with tertiary care centers), the following elements shall be provided for clinical services:

3.1 Examination and Treatment Rooms

3.1.1 General Purpose Examination Rooms
General purpose examination rooms for medical, obstetrical, and similar functions shall be provided.

3.1.1.1 Space requirements

(1) Area. These rooms shall have a minimum clear floor area of 80 square feet (7.43 square meters) excluding vestibules, toilets, and closets.

(2) Clearances. Room arrangement shall permit a minimum clearance of 2 feet 8 inches (81.28 centimeters) around the examination table.

3.1.1.2 Hand-washing station. A hand-washing sink shall be provided.

3.1.1.3 Documentation space. A counter or shelf space for writing shall be provided.

3.1.2 Special Purpose Examination Rooms
Rooms for special clinics such as eye, ear, nose, and throat examinations shall be designed and outfitted to accommodate the procedures and the equipment used.

3.1.2.1 Hand-washing station. A hand-washing station shall be provided.

3.1.2.2 Documentation space. A counter or shelf space for writing shall be provided.

3.1.3 Treatment Rooms
3.1.3.1 Space requirements. Rooms for minor surgical and cast procedures shall have a minimum floor area of 120 square feet (11.15 square meters) excluding vestibule, toilet, and closets. The minimum room dimension shall be 10 feet (3.05 meters) clear.

3.1.3.2 Hand-washing station. A hand-washing station shall be provided.

3.1.3.3 Documentation space. A counter or shelf for writing shall be provided.

3.1.4 Observation Rooms
3.1.4.1 Location. Rooms for the isolation of suspect or disturbed patients shall be convenient to a nurse or control station. This is to permit close observation of patients and to minimize the possibility that patients can hide, escape, injure themselves, or commit suicide.

3.1.4.2 Space requirements. These rooms shall have a minimum floor area of 80 square feet (7.43 square meters).

3.1.4.3 Modification of an examination room to accommodate this function shall be permitted.

3.1.4.4 Toilet room. A toilet room with hand-washing station shall be immediately accessible.

3.1.5 Support Areas for Examination and Treatment Rooms
3.1.5.1 Work station. A work station shall be provided.

(1) The work station shall have a counter, communication system, space for supplies, and provisions for charting.

(2) If a fully integrated electronic information management system is planned, the following shall be provided:

    (a) A centralized work station controlling all ingress and egress to the unit

    (b) Additional alcoves or spaces within individual rooms to accommodate the information technology equipment needed to accomplish the integration

3.1.5.2 Medication station. This may be part of the work station.

(1) This shall include a work counter, hand-washing station, lockable refrigerator, and locked storage for controlled drugs. (Standard cup sinks in

many self-contained units are not adequate for hand-washing.)

(2) If a self-contained medicine dispensing unit is provided, it may be located at the work station, in the clean workroom, or in an alcove, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.

3.1.5.3 Sterilizing facilities. A system for sterilizing equipment and supplies shall be provided. Sterilizing procedures may be done on or off site as long as the off-site location is monitored by the facility regularly and meets the facility's infection control criteria for sterilizing locations and transportation and handling methods for sterilized supplies. Disposable supplies may be used to satisfy the facility's needs.

3.1.5.4 Clean storage. A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to that provided by cabinets and shelves.

3.1.5.5 Soiled workroom or soiled holding room. Such rooms shall be separate from and have no direct connection with clean workrooms or clean supply rooms.

(1) Soiled workrooms. These shall contain the following:

(a) A clinical sink (or equivalent flushing-rim fixture) and a hand-washing station. Both fixtures shall have a hot and cold mixing faucet.

(b) A work counter and space for separate covered containers for soiled linen and a variety of waste types

(2) Soiled holding rooms. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of soiled material. If the flushing-rim clinical sink is not provided, facilities for cleaning bedpans shall be provided elsewhere.

3.1.5.6 Wheelchair storage. Wheelchair storage spaces shall be out of the line of traffic.

3.2 Emergency Facilities

Emergency facilities for the small inpatient primary care center shall meet the criteria established for Section 2.1-5.2, Freestanding Emergency Service.

3.3 Surgical Facilities

Surgical procedures that occur in these facilities shall be limited to types that can be performed and supported in an ambulatory surgical setting.

3.3.1 Surgical facilities for the small inpatient primary care center shall meet the criteria established for Sections 2, 3, 5, and 6 of Chapter 3.7, Outpatient Surgical Facilities.

3.3.2 Such facilities shall meet all criteria established under Chapter 18 of NFPA 101, Life Safety Code.

3.4 Imaging Facilities

Facilities for basic diagnostic procedures shall be provided, including the following:

*3.4.1 Radiography Rooms

Radiography rooms shall be of a size to accommodate the functional program.

3.4.2 Support Areas for Imaging Facilities

3.4.2.1 Viewing and administrative areas shall be provided.

3.4.2.2 Film processing facilities shall be provided. (If part of a picture archiving and communication system (PACS), film processing may be retained for emergency use and film development for special cases.)

3.4.2.3 Storage facilities sball be provided for film and equipment.

3.4.3 Support Areas for Staff and Patients

3.4.3.1 Toilet rooms with hand-washing stations accessible to dressing rooms, work stations, and fluoroscopy rooms shall be provided.

APPENDIX

A3.4.1 Radiography rooms should be a minimum of 180 square feet (7.48 square meters). (Dedicated chest X-ray rooms may be smaller.)

185

3.4.3.2 Dressing rooms or booths shall be as required for services provided, with convenient toilet access.

3.5 Laboratory

Facilities shall be provided within the outpatient department or through an effective contract arrangement with a tertiary care center, for hematology, clinical chemistry, urinalysis, cytology, pathology, and bacteriology. If these services are provided on contract, the following support spaces shall be provided in the facility:

3.5.1 Stat Laboratory

3.5.1.1 A laboratory room with work counters, storage shelving and cabinets, vented flammable storage units, hand-washing station, and vacuum, gas, and electrical services shall be provided.

3.5.1.2 Blood storage facilities meeting the Clinical Laboratory Improvement Act standards for blood banks shall be provided.

3.5.2 Specimen Collection

Specimen collection facilities with pass-through toilet for collection of urine and solid samples, blood-drawing cubicles, adequate seating spaces, storage spaces for specimen collection supplies, and work counters for the preparation, labeling, and storage of specimens awaiting pick-up shall be provided.

3.6 Telemedicine Facilities

If the facility has telemedicine agreements with tertiary care centers, the following support areas for the mobile transportable units, staff, and patients shall be provided:

3.6.1 Reception and Waiting

3.6.1.1 Size. A reception and waiting area for patients and visitors shall be sized according to program needs.

3.6.1.2 Toilets. The area shall be equipped with public and staff toilets.

3.6.2 Staging Area

A staging area for privacy isolation of inpatients awaiting diagnostic treatment shall be provided.

3.6.2.1 Location. The staging area shall be located in a triage area near the patient corridor but separate from the corridor to ensure proper isolation and privacy.

3.6.2.2 Facility requirements

(1) The staging area shall contain hand-washing stations equipped with hands-free operable controls.

(2) Ventilation in the staging area shall provide negative air pressure to the surrounding areas.

3.6.3 Consultation Rooms

Rooms shall be provided for staff viewing and consultation with the tertiary care specialist.

3.6.3.1 Privacy and confidentiality of patients records and discussions shall be considered when designing these rooms.

3.6.3.2 Consultation rooms shall be provided at a ratio of one room per mobile transportable unit access port.

3.6.4 Support Areas for Telemedicine Facilities

In facilities where telemedicine is contemplated, adequate spaces to support the telemedicine functions shall be planned in conjunction with information technology spaces. Satellite linkages, communication and viewing rooms and consoles, consultation spaces, electronic interview rooms, and satellite hookups shall be considered when planning the spaces.

3.6.5 Support Areas for Patients

Outpatient clothing change and waiting areas shall be provided. Separate areas shall be provided for male and female patients to change from street clothing into hospital gowns and to wait for procedures.

3.6.5.1 These areas shall include lockers and clothing change or gowning area(s). Provisions for visual and sound privacy shall be made in these spaces.

3.6.5.2 A toilet for patient use shall be provided.

3.6.6 Mobile Transportable Unit Facility Requirements

3.6.6.1 Access ports

(1) A weather enclosure to protect the transportable unit and patient from the elements shall be a main consideration when considering placement and enclosure of these spaces.

(2) One or more ports shall be provided for use by the facility and the tertiary care center, as required by the functional program and identified community needs.

3.6.6.2 Connection to special life safety needs. The mobile transportable unit shall be integrated with all of the facility's life safety systems, including connection to the facility's fire alarm, sprinkler, security, and exiting systems.

3.7 Additional Diagnostic and Treatment Facilities
Additional diagnostic and treatment facilities for the small inpatient primary care center shall meet the criteria established in the following sections of these Guidelines:

Section 3.1-7.2.3.1, Cough-Inducing and Aerosol-Generating Procedures
Section 3.1-6, Special Systems
Section 3.1-7, Building Systems
Chapter 3.4, Freestanding Outpatient Diagnostic and Treatment Facilities
Chapter 3.9, Gastrointestinal Endoscopy Facilities

If mobile units are used to provide these services, refer to Chapter 3.12, Mobile, Transportable, and Relocatable Units.

4 Service Areas

4.1 Materials Management

4.1.1 Waste Management
4.1.1.1 Collection and storage. Space and facilities shall be provided for the sanitary storage of waste.

4.1.1.2 Refuse chutes. If trash chutes are used, they shall comply with NFPA 82.

Note: See Section 2.2-7.1 for text on waste processing.

4.2 Environmental Services

4.2.1 Housekeeping Rooms
At a minimum, one housekeeping room per support unit or suite shall be provided. These rooms shall contain a sink and storage spaces for clean supplies and cleaning equipment.

4.3 Engineering Services and Maintenance
The following shall be provided:

4.3.1 Equipment Rooms
Equipment rooms for boilers, mechanical equipment, and electrical equipment shall have a minimum clearance around the equipment of 2 feet 6 inches (76.20 centimeters) for ease of maintenance.

4.3.2 Storage Rooms
Storage rooms shall be provided for supplies and equipment.

5 Administrative and Public Areas

5.1 Public Areas
These shall be conveniently accessible to persons with disabilities and include the following:

5.1.1 Entrance
The entrance to the small inpatient primary care center shall be located at grade level and be able to accommodate wheelchairs.

5.1.2 Reception
A reception and information counter or desk shall be located to control the entrance to the facility and to monitor visitors and arriving patients.

5.1.3 Public Waiting Spaces

5.1.4 Public Toilets

5.1.5 Public Telephones

5.1.6 Provisions for Drinking Water

5.1.7 Enclosed Vending Area

5.1.8 Wheelchair Storage Areas
These shall be provided out of the path of traffic.

5.2 Administrative Areas

5.2.1 Interview Spaces
Spaces shall be provided for private interviews related to social services, credit, patient intake, and so on. These spaces shall be designed for confidentiality and privacy.

5.2.2 General and Individual Offices

5.2.2.1 Offices shall be provided for business transactions, medical records, and administrative and professional staff.

5.2.2.2 General clerical spaces or rooms for typing, photocopying, filing, and other clerical work shall be provided. These shall be separated from the public areas for confidentiality.

5.2.3 Multipurpose Rooms

Multipurpose rooms equipped for visual aids shall be provided for conferences, training, meetings, health education programs, and community outreach activities.

5.2.4 Equipment and Supply Storage

Facilities shall be provided for storage of general supplies and equipment needed for continuing operation.

5.2.5 Employee Storage Locations

Storage spaces with locking drawers or cabinets shall be provided for the personal effects of the staff. Such storage shall be near individual work stations and under staff control.

6 Construction Standards

6.1 Building Codes

The diagnostic and treatment locations, service areas, and administrative and public areas in this chapter shall be permitted to fall under the business occupancy provisions of the applicable life safety and building codes if they are separated from the inpatient portion of the facility by two-hour construction.

6.2 General Standards for Details and Finishes

The required minimum corridor width for inpatient facilities (8 feet or 2.44 meters) shall apply to all areas where patients are housed and receive treatment.

7 Special Systems

7.1 General

Section 2.1-9 and related schedules shall apply to this chapter.

7.2 Waste Processing

Facilities shall be provided for the disposal of waste. If incinerators are used, they shall comply with NFPA 82 and all local air pollution regulations.

Note: For waste collection and storage and refuse chute requirements, see Section 2.2-6.1.1.

8 Building Systems

8.1 Plumbing

8.1.1 Hemodialysis and Hemoperfusion Piping

8.1.1.1 In facilities where hemodialysis and hemoperfusion are routinely performed, there shall be separate water supply and drainage facilities that do not interfere with required staff, visitors, and patient hand-washing functions.

8.1.1.2 If perfusion or dialysis occurs at the patient bedside, a separate outlet for de-ionized water and drainage of effluent shall be provided at the patient bedside. It shall be located to prevent contact with electrical outlets and equipment and from potential water droplet contamination of the patient, staff, and visitors.

8.2 Heating, Ventilating, and Air-Conditioning (HVAC) Systems

Section 2.1-10.2 and related schedules shall apply to this chapter.

8.3 Electrical Systems

Section 2.1-10.3 and related schedules shall apply to this chapter.

8.4 Security Systems

Consideration shall be given in the design of these facilities for active and passive security systems. Locking arrangements, security alarms, and monitoring devices shall be placed carefully and shall not interfere with the life and safety features necessary to operate and maintain a healthy and functional environment.

(4) This lounge shall be designed to minimize the impact of noise and activity on patient rooms and staff functions.

3.1.7.2 Toilet room(s). A toilet room(s) with hand-washing station shall be located convenient to multi-purpose room(s).

(1) Patient use. If the functional program calls for the toilet rooms(s) to be for patient use, it shall be designed/equipped for patient use.

(2) Public use. If called out in the functional program, the toilet room(s) serving the multipurpose rooms(s) may also be designated for public use.

3.2 Special Patient Care Areas

3.2.1 Applicability
As designated by the functional program, both airborne infection isolation and protective environment rooms may be required. Many facilities care for patients with an extreme susceptibility to infection (e.g., immunosuppressed patients with prolonged granulocytopenia, most notably bone marrow recipients, or solid-organ transplant recipients and patients with hematological malignancies who are receiving chemotherapy and are severely granulocytopenic). These rooms are not intended for use with patients diagnosed with HIV infection or AIDS, unless they are also severely granulocytopenic. Generally, protective environments are not needed in community hospitals, unless these facilities take care of these types of patients.

*3.2.2 Airborne Infection Isolation Room(s)
The airborne infection isolation room requirements contained in these Guidelines for particular areas throughout a facility should be predicated on an infection control risk assessment (ICRA) and based on the needs of specific community and patient populations served by an individual health care provider (see Glossary and Section 1.5–2.3).

3.2.2.1 Number. At least one airborne infection isolation room shall be provided in the hospital. The number of airborne infection isolation rooms for individual patient units shall be increased based upon an ICRA or by a multidisciplinary group designated for that purpose. This process ensures a more accurate determination of environmentally safe and appropriate room types and spatial needs. Special ventilation requirements are found in Table 2.1-2.

3.2.2.2 Location. Airborne infection isolation rooms may be located within individual nursing units and used for normal acute care when not required for patients with airborne infectious diseases, or they may be grouped as a separate isolation unit.

3.2.2.3 Capacity. Each room shall contain only one bed.

3.2.2.4 Facility requirements. Each airborne infection isolation room shall comply with the acute care patient room section (Section 2.1–3.1.1) of this document as well as the following requirements:

(1) Each room shall have an area for hand-washing, gowning, and storage of clean and soiled materials located directly outside or immediately inside the entry door to the room.

(2) Construction requirements

(a) Airborne infection isolation room perimeter walls, ceiling, and floors, including penetrations, shall be sealed tightly so that air does not infiltrate the environment from the outside or from other spaces. (See Glossary.)

(b) Airborne infection isolation room(s) shall have self-closing devices on all room exit doors.

(3) Separate toilet, bathtub (or shower), and hand-washing stations shall be provided for each airborne infection isolation room.

*(4) Rooms shall have a permanently installed visual mechanism to constantly monitor the pressure

status of the room when occupied by patients with an airborne infectious disease. The mechanism shall continuously monitor the direction of tbe airflow.

***3.2.3 Protective Environment Room(s)**
The differentiating factor between protective environment rooms and other patient rooms is the requirement for positive air pressure relative to adjoining spaces, with all supply air passing through high-efficiency particulate air (HEPA) filters with 99.97 percent efficiency for particles > 0.3 μm in diameter.

3.2.3.1 Applicability. When determined by an ICRA, special design considerations and ventilation to ensure the protection of patients who are highly susceptible to infection shall be required.

3.2.3.2 Functional program. The appropriate clinical staff shall be consulted regarding room type, and spatial needs to meet facility infection control requirements shall be incorporated into the functional program.

3.2.3.3 Number and location. The appropriate numbers and location of protective environment rooms shall be as required by the ICRA.

3.2.3.4 Capacity. Protective environment rooms shall contain only one bed.

3.2.3.5 Facility requirements. Protective environment rooms shall comply with Section 2.1-3.2.2. Special ventilation requirements are found in Table 2.1-2.

(1) Each protective environment room shall have an area for hand-washing, gowning, and storage of clean and soiled materials located directly outside or immediately inside the entry door to the room.

(2) Patient bathing and toilet facilities. Separate toilet, bathtub (or shower), and hand-washing stations shall be directly accessible from each protective environment room.

(3) Monitoring equipment. Rooms shall have a permanently installed visual mechanism to constantly monitor the pressure status of the room when occupied by patients requiring a protective environment. The mechanism shall continuously monitor the direction of the airflow.

(4) Construction requirements

(a) Protective environment room perimeter walls, ceiling, and floors, including penetrations,

APPENDIX

A3.2.2.4 (4) In general, reliance on a substantial pressure differential (≥ 0.01" wg/12.5Pa) will maintain the appropriate directional airflow with or without an anteroom. The anteroom concept should remain an option (i.e., not required).

a. Anterooms, in general, should be designed to meet local fire safety code as well as to prevent air from the patient room from escaping to the corridor or other common areas.

b. In addition to the concept of containment of airborne microorganisms, anterooms may appropiately be used for storage of personal protective equipment (PPE) (e.g., respirators, gowns, gloves), clean equipment, and hand hygiene.

c. In ganged anterooms (two patient rooms with a common anteroom), it may be difficult to maintain directional airflow and pressure differential intended to avoid contamination from one room to the other through the anteroom. The design, installation, and monitoring of ventilation systems in such configurations is of utmost importance.

A3.2.3 Immunosuppressed host airborne infection isolation (protective environment/airborne infection isolation)

a. Having a protective environment is not a minimum requirement. Facilities with protective environment rooms should include at least one immunosuppressed host airborne infection isolation room.

b. An anteroom is required for the special case in which an immunosuppressed patient requires airborne infection isolation. See Section 2.1-3.2.1 for more information.

c. There is no prescribed method for anteroom ventilation—the room can be ventilated with either of the following airflow patterns: (1) airflows from the anteroom to the patient room and the corridor, or (2) airflows from the patient room and the corridor into the anteroom. The advantage of pattern (1) is the provision for a clean anteroom in which health care workers need not mask before entering the anteroom.

include centers for reception and communication or poison control.

(c) Nursing stations decentralized near clusters of treatment rooms are permitted.

(d) Where feasible, visual observation of all traffic into the unit and of all patients shall be provided from the nursing station.

*(2) Security station. Where dictated by local needs, a security system shall be located near the emergency entrances and triage/reception area.

(3) Poison control center and EMS communications center. If provided, they shall be permitted to be part of the staff work and charting area.

(4) Scrub stations. Scrub stations located in or adjacent and convenient to each trauma and/or orthopedic room.

(5) Provisions for disposal of solid and liquid waste. This may be a clinical sink with bedpan flushing device within the soiled workroom.

(6) Clean workroom or clean supply room. A clean workroom or clean supply room shall be provided in accordance with Section 2.1-2.3.7. If the area serves children, additional storage shall be provided to accommodate supplies and equipment in the range of sizes required for pediatrics.

*(7) Soiled workroom or soiled holding room. A soiled workroom or soiled holding room shall be provided in accordance with Section 2.1-2.3.8 for the exclusive use of the emergency service.

(8) Equipment and supply storage

(a) Wheelchair and stretcher storage. Storage for wheelchairs and stretchers for arriving patients shall be located out of traffic with convenient access from emergency entrances.

(b) Emergency equipment storage. Sufficient space shall be provided for emergency equipment (e.g., a CPR cart, pumps, ventilators, patient monitoring equipment, and portable x-ray unit) in accordance with Section 2.1-2.3.9.4.

(9) Housekeeping room. A housekeeping room shall be directly accessible from the unit and shall contain a service sink or floor receptor and provisions for storage of supplies and housekeeping equipment.

5.1.3.10 Support areas for staff

(1) Staff lounge. Convenient and private access to staff toilets, lounge, and lockers shall be provided.

(2) Staff storage facilities. Securable closets or cabinet compartments shall be provided for the personal effects of emergency service personnel in accordance with Section 2.1-2.4.3.

*5.1.3.11 Support areas for patients

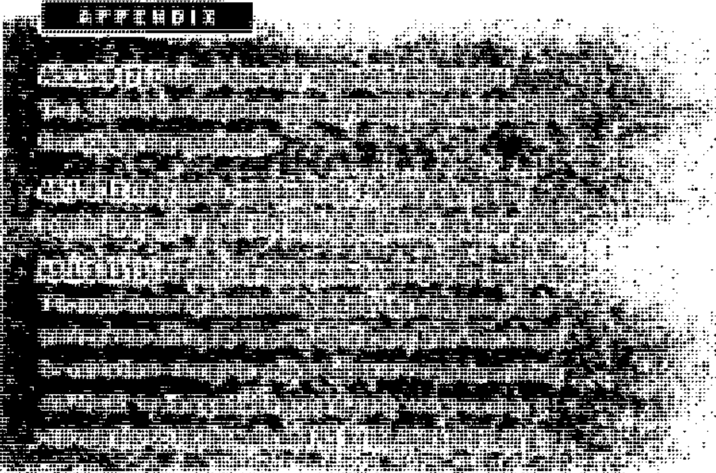
*(1) Bereavement room

(2) Patient toilet room. A minimum of one patient toilet room per eight treatment rooms or fraction thereof shall be provided, with hand-washing station(s) in each toilet room.

5.2 Freestanding Emergency Service

5.2.1 Definition

Freestanding emergency service shall mean an extension of an existing hospital emergency department that is physically separate from the main hospital emergency department and that is intended to provide comprehensive emergency service. A service that does not provide 24-hour-a-day, seven-day-a-week operation



or that is not capable of providing basic services as defined for hospital emergency departments shall not be classified as a freestanding emergency service and shall be described under other portions of this document.

5.2.1.1 Physically separate from the main hospital means not located on the same campus.

5.2.2 Facility Requirements

Except as noted in the following sections, the requirements for freestanding emergency service shall be the same as for hospital emergency service as described in Section 2.1-5.1.

5.2.2.1 General. See Section 2.1-5.1.1.

5.2.2.2 Initial emergency management. See Section 2.1-5.1.2.

5.2.2.3 Definitive emergency care. See Section 2.1-5.1.3.

5.2.2.4 Support areas. See Sections 2.1-5.1.3.9 through 2.1-5.1.3.11.

APPENDIX

A5.3 Surgery

a. The size and location of the surgical procedure rooms shall be determined by the level of care to be provided. The levels of care as defined by the American College of Surgeons are as follows:

Class A: Provides for minor surgical procedures performed under topical, local, or regional anesthesia without pre-operative sedation. Excluded are intravenous, spinal, and epidural routes; these methods are appropriate for Class B and Class C facilities.

Class B: Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

Class C: Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

b. When invasive procedures are performed on patients known or suspected to have pulmonary tuberculosis, these procedures should not be performed in the operating suite. They should be performed in a room meeting airborne infection isolation room ventilation requirements or in a space using local exhaust ventilation. If the procedure must be performed in the operating suite, see the "CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities."

5.2.3 Additional Requirements

The freestanding emergency service shall have the following capabilities and/or functions within the facility:

5.2.3.1 Diagnostic and treatment areas

(1) Diagnostic imaging. This shall include radiography and fluoroscopy.

(2) Observation beds. At least one of these shall have full cardiac monitoring.

(3) Laboratory. These facilities shall accommodate those functions described in Section 2.1-5.11.

5.2.3.2 Service areas

(1) Pharmacy

(2) Provision for serving patient and staff meals shall be provided. A kitchen or a satellite serving facility shall be permitted.

(3) Support services and functions shall include housekeeping, laundry, general stores, maintenance and plant operations, and security.

***5.3 Surgery**

5.3.1 Surgical Suites

Note: Additions to, and adaptations of, the following elements shall be made for the special procedure operating rooms found in larger facilities.

5.3.1.1 Size. The number of operating rooms and recovery beds and the sizes of the support areas shall be based on the expected surgical workload.

5.3.1.2 Layout

(1) The surgical suite shall be located and arranged to prevent nonrelated traffic through the suite.

(2) The clinical practice setting shall be designed to facilitate movement of patients and personnel into, through, and out of defined areas within the surgical suite. Signs shall clearly indicate the surgical attire required.

5.4.1.2 Space requirements

(1) Procedure rooms

(a) The number of procedure rooms shall be based on expected utilization.

(b) The procedure room shall be a minimum of 400 square feet (37.16 square meters) exclusive of fixed cabinets and shelves.

(2) Prep, holding, and recovery rooms. The size of the prep, holding, and recovery areas shall be based on expected utilization.

5.4.1.3 Electrophysiology labs. If electrophysiology labs are also provided in accordance with the approved functional program, these labs may be located within and integral to the catheterization suite or located in a separate functional area proximate to the cardiac care unit.

5.4.1.4 Support areas for the cardiac catheterization lab

(1) Scrub facilities. Scrub facilities with hands-free operable controls shall be provided adjacent to the entrance of procedure rooms, and shall be arranged to minimize incidental splatter on nearby personnel, medical equipment, or supplies.

(2) Patient prep, holding, and recovery area or room. A patient preparation, holding, and recovery area or room shall be provided and arranged to provide visual observation before and after the procedure.

(3) Control room or area. A control room or area shall be provided and shall be large enough to contain and provide for the efficient functioning of the x-ray and image recording equipment. A view window permitting full view of the patient from the control console shall be provided.

(4) Electrical equipment room. An equipment room or enclosure large enough to contain x-ray transformers, power modules, and associated electronics and electrical gear shall be provided.

(5) Viewing room. A viewing room shall be available for use by the cardiac catheterization suite.

(6) Clean workroom or clean supply room. A clean workroom or clean supply room shall be provided in accordance with Section 2.1-2.3.7.

(7) Soiled workroom or soiled holding room. A soiled workroom shall be provided in accordance with Section 2.1-2.3.8.

(8) Film file room. Film file room shall be available for use by the cardiac catheterization suite.

(9) Housekeeping closet. A housekeeping closet shall be provided in accordance with Section 2.1-2.3.10.

5.4.1.5 Support areas for staff

(1) Staff clothing change area(s). Staff change area(s) shall be provided and arranged to ensure a traffic pattern so that personnel can enter from outside the suite, change their clothing, and move directly into the cardiac catheterization suite.

5.5 Imaging Suite

5.5.1 General

*5.5.1.1 Functional program. Equipment and space shall be as necessary to accommodate the functional program. The imaging department provides diagnostic procedures. An imaging department commonly includes fluoroscopy, radiography, mammography, tomography, computerized tomography scanning, ultrasound, magnetic resonance, angiography, and similar techniques.

*5.5.1.2 Layout. Beds and stretchers shall have ready

APPENDIX

A5.5.1.1 Space layouts should be developed in compliance with manufacturer's recommendations because area requirements may vary from machine to machine. Since technology changes frequently and from manufacturer to manufacturer, rooms can be sized larger to allow upgrading of equipment over time.

A5.5.1.2 Particular attention should be paid to the management of outpatients for preparation, holding, and observation. The emergency, surgery, cystoscopy, and outpatient clinics should be accessible to the imaging suite. Imaging should be located on the ground floor, if practical, because of equipment ceiling height requirements, close proximity to electrical services, and expansion considerations.

access to and from other departments of the institution.

5.5.1.3 Radiation protection. Most imaging requires radiation protection. A certified physicist or other qualified expert representing the owner or appropriate state agency shall specify the type, location, and amount of radiation protection to be installed in accordance with the final approved department layout and equipment selections.

(1) Where protected alcoves with view windows are required, a minimum of 1 foot 6 inches (45.72 centimeters) shall be provided between the view window and the outside partition edge.

(2) Radiation protection requirements shall be incorporated into the specifications and the building plans.

5.5.1.4 Construction requirements

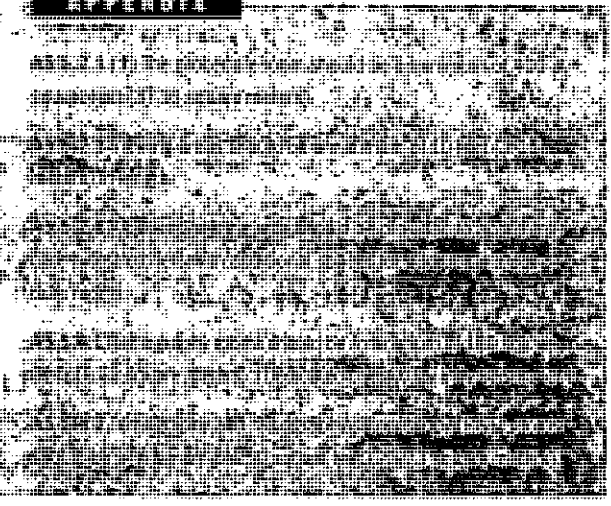
(1) Floor. Floor shall be adequate to meet load requirements.

(2) Ceiling. A lay-in type ceiling shall be permitted to be considered for ease of installation, service, and remodeling.

5.5.2 Angiography

5.5.2.1 General

*(1) Space requirements. Space shall be provided as necessary to accommodate the functional program.



(2) Provision shall be made within the facility for extended post-procedure observation of outpatients.

5.5.2.2 Control room. A control room shall be provided as necessary to accommodate the functional program. A view window shall be provided to permit full view of the patient.

*5.5.2.3 Viewing area. A viewing area shall be provided.

5.5.2.4 Scrub facilities. A scrub sink located outside the staff entry to the procedure room shall be provided for use by staff.

5.5.2.5 Equipment storage. Storage for portable equipment and catheters shall be provided.

*5.5.2.6 Patient holding area. A patient holding area shall be provided.

5.5.3 Computerized Tomography (CT) Scanning

5.5.3.1 Space requirements. CT scan rooms shall be as required to accommodate the equipment.

5.5.3.2 Control room. A control room shall be provided that is designed to accommodate the computer and other controls for the equipment.

(1) A view window shall be provided to permit full view of the patient.

(2) The angle between the control and equipment centroid shall permit the control operator to see the patient's head.

(3) The control room shall be located to allow convenient film processing.

5.5.3.4 Patient toilet. A patient toilet shall be provided. It shall be convenient to the procedure room and, if directly accessible to the scan room, arranged so a patient can leave the toilet without having to reenter the scan room.

5.5.4 Diagnostic X-Ray

*5.5.4.1 Space requirements. Radiography rooms shall be of a size to accommodate the functional program.

*5.5.4.2 Tomography, radiography/fluoroscopy rooms

(1) Separate toilets with hand-washing stations shall be provided with direct access from each fluoroscopic room so that a patient can leave the toilet without having to reenter the fluoroscopic room.

(2) Rooms used only occasionally for fluoroscopic procedures shall be permitted to use nearby patient toilets if they are located for immediate access.

*5.5.4.3 Mammography rooms

5.5.4.4 Shielded control alcoves

(1) Each x-ray room shall include a shielded control alcove. This area shall be provided with a view window designed to provide full view of the examination table and the patient at all times, including full view of the patient when the table is in the tilt position or the chest x-ray is in use.

(2) For mammography machines with built-in shielding for the operator, the alcove shall be permitted to be omitted when approved by the certified physicist or state radiation protection agency.

5.5.5 Magnetic Resonance Imaging (MRI)

5.5.5.1 Space requirements

(1) Space shall be provided as necessary to accommodate the functional program.

(2) The MRI room shall be permitted to range from 325 square feet (30.19 square meters) to 620 square feet (57.60 square meters), depending on the vendor and magnet strength.

5.5.5.2 Layout. When spectroscopy is provided, caution shall be exercised in locating it in relation to the magnetic fringe fields.

*5.5.5.3 Control room. A control room shall be provided with full view of the MRI.

*5.5.5.4 Patient holding area. A patient holding area shall be provided.

*5.5.5.5 Computer room. A computer room shall be provided.

*5.5.5.6 Darkroom. A darkroom shall be provided.

*5.5.5.7 Cryogen storage. Cryogen storage shall be provided.

5.5.5.8 Equipment installation requirements

*(1) Power conditioning shall be provided.

*(2) Magnetic shielding shall be provided.

(3) For super-conducting MRI, cryogen venting and emergency exhaust must be provided in accordance with the original equipment manufacturer's specifications.

5.5.6 Ultrasound

5.5.6.1 Space requirements. Space shall be provided as necessary to accommodate the functional program.

5.5.6.2 Patient toilet. A patient toilet, accessible from the procedure room, shall be provided.

APPENDIX

A5.5.4.3 Mammography rooms should be a minimum of 100 square feet (9.29 square meters).

A5.5.5.3 Control rooms should be a minimum of 100 square feet (9.29 square meters), but may be larger depending on the vendor and magnet size.

A5.5.5.4 When patient holding areas are provided, they should be located near the MRI unit and should be large enough to accommodate stretcher(s).

A5.5.5.5 A computer room may range from 150 square feet (13.94 square meters) to 380 square feet (35.30 square meters) depending on the vendor and magnet strength. Self-contained air conditioning supplement is normally required.

A5.5.5.6 A darkroom may be required for loading cassettes and shall be located near the control room. This darkroom shall be outside the 10-gauss field.

A5.5.5.7 Cryogen storage may be required in areas where service to replenish supplies is not readily available. When provided, space should be a minimum of 50 square feet (4.65 square meters) to accommodate two large dewars of cryogen.

A5.5.5.8 (1) Power conditioning and voltage regulation equipment as well as direct current (DC) may be required.

5.5.7 Cardiac Catheterization Lab (Cardiology)
The cardiac catheterization lab is normally a separate suite (see Section 2.1-5.4.1) but location within the imaging suite shall be permitted provided the appropriate sterile environment is provided. Combination with angiography shall be permitted in low usage situations.

5.5.8 Support Areas for the Imaging Suite
The following spaces are common to the imaging department and are minimum requirements unless stated otherwise:

5.5.8.1 Control desk and reception area

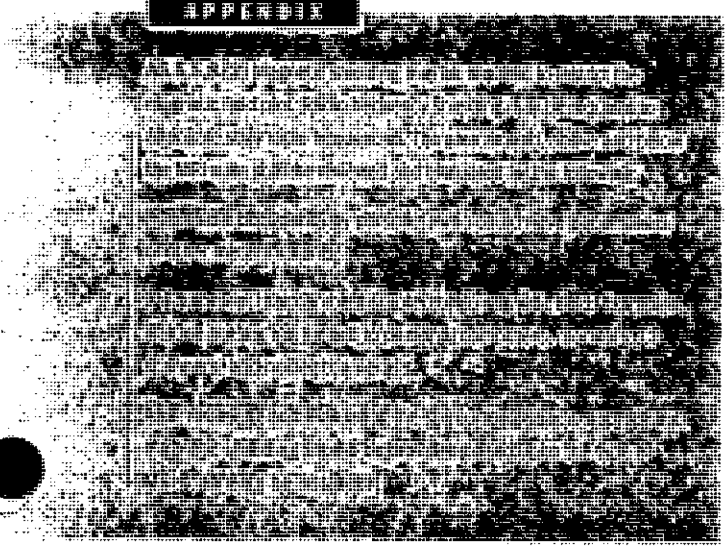
5.5.8.2 Offices for radiologist(s) and assistant(s). Offices shall include provisions for viewing, individual consultation, and charting of film.

5.5.8.3 Hand-washing stations

(1) Hand-washing stations shall be provided within each procedure room unless the room is used only for routine screening such as chest x-rays where the patient is not physically handled by the staff.

(2) Hand-washing stations shall be provided convenient to the MRI room, but need not be within the room.

5.5.8.4 Consultation area. An appropriate area for individual consultation with referring clinicians shall be provided.



5.5.8.5 Patient holding area. A convenient holding area under staff control shall be provided to accommodate inpatients on stretchers or beds.

5.5.8.6 Clerical offices/spaces. Office space shall be provided as necessary for the functional program.

5.5.8.7 Film processing room

(1) If film systems are used, a darkroom shall be provided for processing film unless the processing equipment normally used does not require a darkroom for loading and transfer. When daylight processing is used, the darkroom shall be permitted to be minimal for emergency and special uses.

(2) Film processing shall be located convenient to the procedure rooms and to the quality control area.

5.5.8.8 Quality control area. An area or room shall be provided near the processor for viewing film immediately after it is processed. All view boxes shall be illuminated to provide light of the same color value and intensity for appropriate comparison of several adjacent films.

5.5.8.9 Contrast media preparation

(1) If contrast media are used, this area shall include a sink, counter, and storage to allow for mixing of contrast media.

(2) One preparation room, if conveniently located, shall be permitted to serve any number of rooms.

(3) Where pre-prepared media are used, this area shall be permitted to be omitted, but storage shall be provided for the media.

5.5.8.10 Cleanup facilities. Provisions for cleanup shall be located within the suite for convenient access and use.

(1) The facilities shall include service sink or floor receptacle as well as storage space for equipment and supplies.

(2) If automatic film processors are used, a receptacle of adequate size with hot and cold water for cleaning the processor racks shall be provided.

196

5.5.8.11 Clean storage. Provision shall be made for the storage of clean supplies and linens. If conveniently located, storage shall be permitted to be shared with another department.

5.5.8.12 Soiled holding. Provision shall be made for soiled holding. Separate provisions for contaminated handling and holding shall be made. Hand-washing stations shall be provided.

5.5.8.13 Film storage

(1) Film storage (active). A room with cabinet or shelves for filing patient film for immediate retrieval shall be provided.

(2) Film storage (inactive). A room or area for inactive film storage shall be provided. It shall be permitted to be outside the imaging suite, but must be under imaging's administrative control and properly secured to protect films against loss or damage.

(3) Storage for unexposed film. If film systems are used, storage facilities for unexposed film shall include protection of film against exposure or damage and shall not be warmer than the air of adjacent occupied spaces.

5.5.8.14 Medication storage. Provision shall be made for locked storage of medications and drugs.

5.5.9 Support Areas for Staff

The following spaces are common to the imaging department and are minimum requirements unless stated otherwise:

5.5.9.1 Staff lounge. Staff lounge with lockers shall be permitted to be outside the suite but shall be convenient for staff use.

5.5.9.2 Staff toilets. Toilets shall be permitted to be outside the suite but shall be convenient for staff use. In suites of three or more procedure rooms, toilets internal to the suite shall be provided.

5.5.10 Support Areas for Patients

The following spaces are common to the imaging department and are minimum requirements unless stated otherwise:

5.5.10.1 Patient waiting area

(1) The area shall be out of traffic, under staff control, and shall have seating capacity in accordance with the functional program.

(2) If the suite is routinely used for outpatients and inpatients at the same time, separate waiting areas shall be provided with screening for visual privacy between them.

(3) If so determined by an ICRA, the diagnostic imaging waiting area shall require special measures to reduce the risk of airborne infection transmission. These measures shall include enhanced general ventilation and air disinfection techniques similar to inpatient requirements for airborne infection isolation rooms (see Table 2.1-2). See the "CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities."

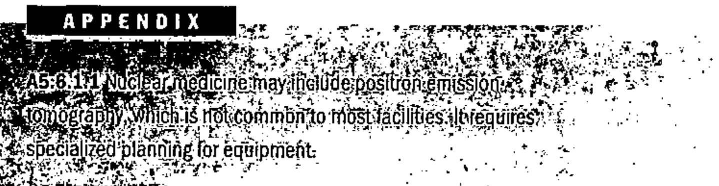
5.5.10.2 Patient toilet rooms. Toilet rooms with hand-washing stations convenient to the waiting rooms and equipped with an emergency call system shall be provided.

5.5.10.3 Patient dressing rooms. Dressing rooms shall be provided convenient to the waiting areas and x-ray rooms. Each room shall include a seat or bench, mirror, and provisions for hanging patients' clothing and securing valuables.

5.6 Nuclear Medicine

5.6.1 General

*5.6.1.1 Space requirements. Space shall be provided as necessary to accommodate the functional program. Where the functional program calls for it, nuclear medicine procedure room(s) shall accommodate the equipment specified in the functional program, a stretcher, exercise equipment (treadmill and/or bicycle), and staff work space.


APPENDIX

A5.6.1.1 Nuclear medicine may include positron emission tomography, which is not common to most facilities. It requires specialized planning for equipment.

between the radiotherapy suite and other areas shall be permitted if required by the functional program:

(1) Exam rooms for each treatment room. These shall be as specified by the functional program.

(a) Each exam room shall be a minimum of 100 square feet (9.29 square meters).

(b) Each exam room shall be equipped with a hand-washing station.

(2) A stretcher hold area

(a) This shall be located adjacent to the treatment rooms, screened for privacy, and combined with a seating area for outpatients.

(b) The size of the area will be dependent on the program for outpatients and inpatients.

(3) Patient gowning area

(a) Safe storage for valuables and clothing shall be provided.

(b) At least one space should be large enough for staff-assisted dressing.

(4) Business office and/or reception/control area

(5) Darkroom. This shall be convenient to the treatment room(s) and the quality control area.

(a) Where daylight processing is used, the darkroom may be minimal for emergency use.

(b) If automatic film processors are used, a receptacle of adequate size with hot and cold water for cleaning the processor racks shall be provided either in the darkroom or nearby.

(6) Film file area

(7) Film storage area for unprocessed film.

(8) Housekeeping room. This shall be equipped with service sink or floor receptor and large enough for equipment or supplies storage.

5.6.5.5 Optional support areas for the radiotherapy suite. The following areas may be required by the functional program:

(1) Offices

(a) Oncologist's office (may be combined with consultation room)

(b) Physicist's office (may be combined with treatment planning)

(2) Treatment planning and record room

(3) Consultation room

(4) Quality control area. This shall have view boxes illuminated to provide light of consistent color value and intensity.

(5) Computer control area. This is normally located just outside the entry to the treatment room(s).

(6) Dosimetry equipment area

(7) Hypothermia room (may be combined with an exam room)

(8) Workstation/nutrition station

5.6.5.6 Additional support areas for linear accelerator

(1) Mold room with exhaust hood and hand-washing station

(2) Block room with storage. The block room may be combined with the mold room.

5.6.5.7 Additional support areas for cobalt room

(1) Hot lab

5.7 Rehabilitation Therapy Department

5.7.1 General

Rehabilitation therapy is primarily for restoration of body functions and may contain one or several categories of services.

198

5.7.1.1 If a formal rehabilitation therapy service is included in a project, the facilities and equipment shall be as necessary to accommodate the functional program.

5.7.1.2 Where two or more rehabilitation services are included, facilities and equipment may be shared as appropriate.

5.7.2 Physical Therapy

If physical therapy is part of the service, at least the following shall be provided:

5.7.2.1 Individual treatment area(s) with privacy screens or curtains. Each such space shall have not less than 70 square feet (6.51 square meters) of clear floor area.

5.7.2.2 Exercise area and facilities

5.7.2.3 Provision for additional therapies. If required by the functional program, provisions for thermotherapy, diathermy, ultrasonics, and hydrotherapy shall be made.

5.7.2.4 Hand-washing stations

(1) Hand-washing stations for staff shall be located either within or at each treatment space.

(2) Each treatment room shall have at least one hand-washing station.

5.7.2.5 Support areas for physical therapy

(1) Soiled material storage. Separate storage for soiled linen, towels, and supplies shall be provided.

(2) Equipment and supply storage

(a) Clean linen and towel storage

(b) Storage for equipment and supplies

5.7.2.6 Support areas for patients. If required by the functional program, patient dressing areas, showers, and lockers shall be provided. They shall be accessible and usable by the disabled.

APPENDIX

A5.7.3.2 The facilities should be similar to a residential environment.

5.7.3 Occupational Therapy

If occupational therapy is part of the service, at least the following shall be provided:

5.7.3.1 Work areas and counters. These shall be suitable for wheelchair access.

*5.7.3.2 Teaching area. An area for teaching daily living activities shall be provided. It shall contain an area for a bed, kitchen counter with appliances and sink, a bathroom, and a table and chair.

5.7.3.3 Hand-washing stations

5.7.3.4 Equipment and supply storage

5.7.4 Prosthetics and Orthotics

If prosthetics and orthotics are part of the service, at least the following shall be provided:

5.7.4.1 Workspace for technicians

5.7.4.2 Space for evaluation and fitting. This shall have provision for privacy.

5.7.4.3 Space for equipment, supplies, and storage

5.7.5 Speech and Hearing Services

If speech and hearing services are offered, at least the following shall be provided:

5.7.5.1 Space for evaluation and treatment

5.7.5.2 Space for equipment and storage

5.7.6 Support Areas for the Rehabilitation Therapy Department

Each rehabilitation therapy department shall include the following, which may be shared or provided as separate units for each service:

5.7.6.1 Reception and control station(s). This shall permit visual control of waiting and activities areas and may be combined with office and clerical space.

5.7.6.2 Office and clerical space. Provision shall be made for filing and retrieval of patient records.

5.7.6.3 Multipurpose room. Access to a demonstration/conference room shall be provided.

5.7.6.4 Wheelchair and stretcher storage. Space(s) shall be provided for storing wheelchairs and stretchers out of traffic while patients are using the services. These spaces may be separate from the service area but must be conveniently located.

5.7.6.5 Housekeeping room. A conveniently accessible housekeeping room and service sink for housekeeping use shall be provided.

5.7.7 Support Areas for Staff
Each rehabilitation therapy department shall include the following, which may be shared or provided as separate units for each service:

5.7.7.1 Convenient access to toilets

5.7.7.2 Locking closets or cabinets shall be provided within the vicinity of each work area for securing staff personal effects.

5.7.8 Support Areas for Patients
Each rehabilitation therapy department shall include the following, which may be shared or provided as separate units for each service:

5.7.8.1 Patient waiting area(s). These shall be located out of traffic with provision for wheelchairs.

5.7.8.2 Patient toilets with hand-washing stations accessible to wheelchair patients.

5.8 Respiratory Therapy Service
The type and extent of respiratory therapy service in different institutions vary greatly. In some, therapy is delivered in large sophisticated units, centralized in a specific area; in others, basic services are provided only at patients' bedsides. If respiratory service is provided, the following elements shall be provided as a minimum, in addition to those elements stipulated in Sections 2.1-5.7.6.1 and 5.7.6.2 and 2.1-5.7.7.1 and 5.7.7.2:

5.8.1 Locations for Cough-Inducing and Aerosol-Generating Procedures
5.8.1.1 All cough-inducing procedures performed on patients who may have infectious Mycobacterium tuberculosis shall be performed in rooms using local exhaust ventilation devices (e.g., booths or special enclosures that have discharge HEPA filters and exhaust directly to the outside).

5.8.1.2 If a ventilated booth is used, the air exchange rate within the booth shall be at least 12 air changes per hour, with a minimum exhaust flow rate of 50 cfm and differential pressure of 0.01" w.c. (2.5 Pa).

5.8.1.3 These procedures may also be performed in a room that meets the ventilation requirements for airborne infection control. See Table 2.1-2 for airborne infection isolation room ventilation requirements.

5.8.2 Outpatient Testing and Demonstration
If respiratory services such as testing and demonstration for outpatients are part of the program, additional facilities and equipment shall be provided as necessary for the appropriate function of the service, including but not limited to the following:

5.8.2.1 A reception and control station

5.8.2.2 Room(s) for patient education and demonstration

5.8.2.3 Patient waiting area with provision for wheelchairs

5.8.2.4 Patient toilets and hand-washing stations

5.8.3 Space and Utilities for Cleaning and Disinfecting Equipment
5.8.3.1 The space for receiving and cleaning soiled materials shall be physically separated from the space for storage of clean equipment and supplies.

5.8.3.2 Appropriate local exhaust ventilation shall be provided if glutaraldehyde or other noxious disinfectants are used in the cleaning process.

5.8.4 Storage for Equipment and Supplies

5.9 Renal Dialysis Unit (Acute and Chronic)

5.9.1 General
5.9.1.1 Functional program. Equipment and space shall be provided as necessary to meet the functional program, which may include treatment for acute (inpatient) and chronic cases, home treatment, and kidney dialyzer reuse facilities.

(a) The blood collection area shall have a work counter, space for patient seating, and hand-washing stations.

(b) The urine and feces collection facility shall be equipped with a water closet and hand-washing station.

5.11.2.5 Support areas for staff. Lounge, locker, and toilet facilities shall be conveniently located for male and female laboratory staff. Location of these areas outside the laboratory area and sharing of these areas with other departments shall be permitted.

5.12 Morgue

5.12.1 Location
These facilities shall be accessible through an exterior entrance and shall be located to avoid the need for transporting bodies through public areas.

*5.12.2 Autopsy Facilities
If autopsies are performed in the hospital, the following elements shall be provided:

5.12.2.1 Refrigerated facilities for body holding. Body-holding refrigerators shall be equipped with temperature-monitoring and alarm signals.

5.12.2.2 An autopsy room. This shall contain the following:

(1) A work counter with a hand-washing station

(2) A storage space for supplies, equipment, and specimens

(3) An autopsy table

(4) A deep sink for washing specimens

5.12.2.3 Housekeeping facilities. A housekeeping service sink or receptor shall be provided for cleanup and housekeeping.

5.12.3 Body-Holding Room
If autopsies are performed outside the facility, a well-ventilated, temperature-controlled body-holding room shall be provided.

6 Service Areas

6.1 Pharmacy

6.1.1 General
6.1.1.1 Functional program. The size and type of services to be provided in the pharmacy will depend upon the type of drug distribution system used, number of patients to be served, and extent of shared or purchased services. These factors shall be described in the functional program.

6.1.1.2 Location. The pharmacy room or suite shall be located for convenient access, staff control, and security.

6.1.1.3 Facility requirements

(1) Facilities and equipment shall be as necessary to accommodate the functional program. (Satellite facilities, if provided, shall include those items required by the program.)

(2) As a minimum, the following elements shall be provided:

6.1.2 Dispensing Facilities
6.1.2.1 A room or area for receiving, breakout, and inventory control of materials used in the pharmacy

6.1.2.2 Work counters and space for automated and manual dispensing activities

*6.1.2.3 An extemporaneous compounding area. This shall include a sink and sufficient counter space for drug preparation.

6.1.2.4 An area for reviewing and recording

6.1.2.5 An area for temporary storage, exchange, and restocking of carts

6.1.2.6 Security provisions for drugs and personnel in the dispensing counter area, if one is provided

6.1.3 Manufacturing Facilities

6.1.3.1 A bulk compounding area

6.1.3.2 Provisions for packaging and labeling

6.1.3.3 A quality-control area

6.1.4 Storage

Cabinets, shelves, and/or separate rooms or closets shall be provided.

6.1.4.1 Bulk storage

6.1.4.2 Active storage

6.1.4.3 Refrigerated storage

6.1.4.4 Storage for volatile fluids and alcohol. This shall be constructed according to applicable fire safety codes for the substances involved.

6.1.4.5 Storage for narcotics and controlled drugs. Secure storage shall be provided for narcotics and controlled drugs

6.1.4.6 Equipment and supply storage. Storage shall be provided for general supplies and equipment not in use.

6.1.5 Support Areas for the Pharmacy

6.1.5.1 Patient information. Provision shall be made for cross-checking medication and drug profiles of individual patients.

6.1.5.2 Pharmacological information. Poison control, reaction data, and drug information centers

6.1.5.3 Office. A separate room or area shall be provided for office functions. This room shall include space to accommodate a desk, filing capabilities, communication equipment, and reference materials.

APPENDIX

A6.2.1.1 Consideration may also be required for meals to VIP suites and for cafeterias for staff, ambulatory patients, and visitors, as well as providing for nourishments and snacks between scheduled meal service.

6.1.5.4 Provisions for patient counseling and instruction. A room separate from the pharmacy shall be permitted to meet this requirement.

6.1.5.5 A room for education and training. A multipurpose room shared with other departments shall be permitted to serve this purpose.

6.1.5.6 Outpatient consultation/education area. If the functional program requires dispensing of medication to outpatients, an area for consultation and patient education shall be provided.

6.1.5.7 Hand-washing stations. Hand-washing stations shall be provided within each separate room where open medication is prepared for administration.

6.1.5.8 Sterile work area. If intravenous (IV) solutions are prepared in the pharmacy, a sterile work area with a laminar-flow workstation designed for product protection shall be provided. The laminar-flow workstation shall include a nonhydroscopic filter rated at 99.97 percent (HEPA), as tested by dioctyl-phtalate (DOP) tests, and have a visible pressure gauge for detection of filter leaks or defects.

6.1.5.9 Additional equipment and supply storage. If unit dose procedure is used, additional space and equipment for supplies, packaging, labeling, and storage, as well as for the carts.

6.1.6 Support Areas for Staff

6.1.6.1 Staff toilet. Convenient access to toilet shall be provided.

6.1.6.2 Staff storage. Convenient access to locker shall be provided.

6.2 Dietary Facilities

6.2.1 General

*6.2.1.1 Applicability. Food service facilities shall provide food service for staff, visitors, inpatients, and outpatients in accordance with the functional program.

6.2.1.2 Location. Patient food preparation areas shall be located adjacent to delivery, interior transportation, and storage facilities.

6.2.1.3 Standards. Food service facilities and equipment shall conform to these standards and to the standards of the National Sanitation Foundation and other applicable codes.

6.2.1.4 Construction requirements. Finishes in the dietary facility shall be selected to ensure cleanability and the maintenance of sanitary conditions.

6.2.2 Functional Elements

If on-site conventional food service preparation is used, the following shall be provided, in size and number appropriate for the functional program:

6.2.2.1 Receiving/control stations. An area for receiving and control of incoming dietary supplies shall be provided.

(1) This area shall be separated from the general receiving area

(2) It shall contain a control station and a breakout area for loading, uncrating, and weighing supplies.

6.2.2.2 Hand-washing stations. Hands-free operable hand-washing stations shall be conveniently accessible at locations throughout the unit.

6.2.2.3 Food preparation work spaces

(1) Work spaces shall be provided for food preparation, cooking, and baking. These areas shall be as close as possible to the user (i.e., tray assembly and dining).

(2) Additional spaces shall be provided for thawing and portioning.

6.2.2.4 Assembly and distribution. A patient tray assembly area shall be close to the food preparation and distribution areas.

6.2.2.5 Food service carts

(1) A cart distribution system shall be provided, with spaces for storage, loading, distribution, receiving, and sanitizing of the food service carts.

(2) The cart traffic shall be designed to eliminate any danger of cross-circulation between outgoing food carts and incoming, soiled carts, and the cleaning and sanitizing process. Cart circulation shall not be through food processing areas.

6.2.2.6 Dining area. Dining space(s) shall be provided for ambulatory patients, staff, and visitors. These spaces shall be separate from the food preparation and distribution areas.

6.2.2.7 Area for receiving, scraping, and sorting soiled tableware. This shall be adjacent to ware-washing and separate from food preparation areas.

6.2.2.8 Ware-washing facilities

(1) These shall be designed to prevent contamination of clean wares with soiled wares through cross-traffic.

(2) The clean wares shall be transferred for storage or use in the dining area without having to pass through food preparation areas.

6.2.2.9 Pot-washing facilities

(1) These shall include multi-compartmented sinks of adequate size for the intended use, convenient to the using service.

(2) Supplemental heat for hot water to clean pots and pans shall be by booster heater, steam jet, or other appropriate means.

(3) Mobile carts or other provisions shall be made for drying and storing pots and pans.

6.2.2.10 Facilities for commissary or contract services from other areas

(1) Provision shall be made to protect food delivered to ensure freshness, retain hot and cold, and avoid contamination. If delivery is from outside sources, protection against weather shall be provided.

(2) Provision shall be made for thorough cleaning and sanitizing of equipment to avoid mixing soiled and clean equipment.

6.2.2.11 Vending services. If vending devices are used for unscheduled meals, a separate room shall be provided that can be accessed without having to enter the main dining area.

(1) The vending room shall contain coin-operated machines, bill changers, a hand-washing station, and a sitting area.

(2) Facilities for servicing and sanitizing the machines shall be provided as part of the facility's food service program.

6.2.3 Support Areas for Dietary Facilities

6.2.3.1 Office spaces. Offices for the use of the food service manager shall be provided. In smaller facilities, this space may be located in an area that is part of the food preparation area.

6.2.3.2 Equipment

(1) Mechanical devices shall be heavy-duty, suitable for use intended, and easily cleaned.

(2) Where equipment is movable, heavy-duty locking casters shall be provided. If equipment is to have fixed utility connections, the equipment shall not be equipped with casters.

(3) Walk-in coolers, refrigerators, and freezers shall be insulated at floor as well as at walls and top.

(4) Coolers, refrigerators, and freezers shall be thermostatically controlled to maintain desired temperature settings in increments of 2 degrees or less.

(a) Coolers and refrigerators shall be capable of maintaining a temperature down to freezing.

(b) Freezers shall be capable of maintaining a temperature of 20 degrees below 0° F.

(c) Interior temperatures shall be indicated digitally so as to be visible from the exterior. Controls shall include audible and visible high and low temperature alarm.Time of alarm shall be automatically recorded.

(5) Walk-in units

(a) These may be lockable from outside but must have release mechanism for exit from inside at all times.

(b) Interior shall be lighted.

(c) All shelving shall be corrosion resistant, easily cleaned, and constructed and anchored to support a loading of at least 100 pounds per linear foot.

(6) Cooking equipment. All cooking equipment shall be equipped with automatic shutoff devices to prevent excessive heat buildup.

(7) Ice-making equipment

(a) This equipment shall be convenient for service and easily cleaned.

(b) It shall be provided for both drinks and food products (self-dispensing equipment) and for general use (storage-bin type equipment).

(8) Construction requirements. Under-counter conduits, piping, and drains shall be arranged to not interfere with cleaning of the equipment or of the floor below.

6.2.3.3 Equipment and supply storage

(1) General. Storage spaces shall be convenient to the receiving area and accessible without traveling through the food preparation area.

(2) Food storage

(a) Storage spaces for bulk, refrigerated, and frozen foods shall be provided. Provision shall be made for storage of a minimum of four days' supplies.

(b) Food storage components shall be grouped for convenient access to the receiving and food preparation areas.

(c) All food shall be stored clear of the floor. Lowest shelf shall be not less than 12 inches (30.48 centimeters) above the floor or shall

be closed in and sealed tight for ease of cleaning.

(3) Additional storage rooms. These shall be provided as necessary for the storage of cooking wares, extra trays, flatware, plastic and paper products, and portable equipment.

(4) Cleaning supplies storage. A separate storage room shall be provided for the storage of nonfood items such as cleaning supplies that might contaminate edibles.

6.2.3.4 Housekeeping rooms

(1) These shall be provided for the exclusive use of the dietary department and shall contain a floor sink and space for mops, pails, and supplies.

(2) Where hot water or steam is used for general cleaning, additional space within the room shall be provided for the storage of hoses and nozzles.

6.2.4 Support Areas for Staff

6.2.4.1 Toilets, lockers, and lounges. Toilets, lockers and lounge facilities shall be convenient to the dietary department. These facilities shall be permitted to be shared with adjacent services provided they are adequately sized.

6.3 Central Services

The following shall be provided:

6.3.1 Soiled and Clean Work Areas

The soiled and clean work areas shall be physically separated.

6.3.1.1 Soiled workroom

(1) This room shall be physically separated from all other areas of the department.

(2) Work space shall be provided to handle the cleaning and initial sterilization/disinfection of all medical/surgical instruments and equipment. Work tables, sinks, flush-type devices, and washer/sterilizer decontaminators shall be provided.

(3) Pass-through doors and washer/sterilizer decontaminators shall deliver into clean processing area/workrooms.

*6.3.1.2 Clean assembly/workroom. This workroom shall contain hand-washing stations, work space, and equipment for terminal sterilizing of medical and surgical equipment and supplies.

6.3.2 Equipment and Supply Storage Areas

6.3.2.1 Clean/sterile medical/surgical supplies

(1) A room for breakdown shall be provided for manufacturers' clean/sterile supplies. The clean processing area shall not be in this area but in an adjacent space.

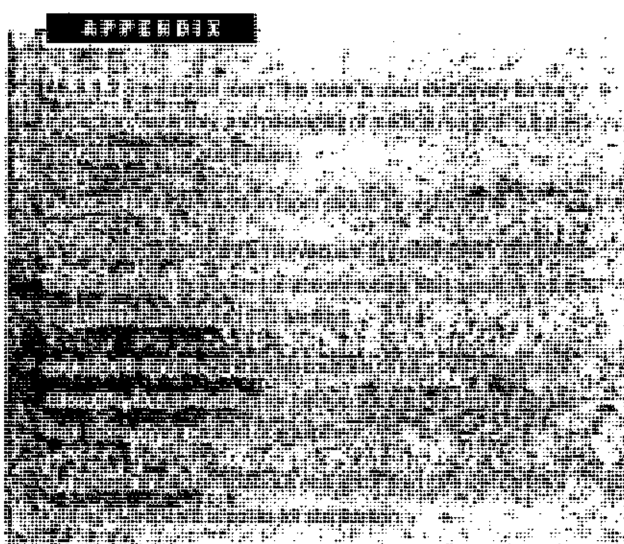
(2) Storage for packs, etc., shall include provisions for ventilation, humidity, and temperature control.

6.3.2.2 Storage room for patient care and distribution carts. This area shall be adjacent and easily available to clean and sterile storage and close to the main distribution point to keep traffic to a minimum and ease work flow.

6.3.3 Support Areas for Staff

6.3.3.1 Administrative/changing room. If required by the functional program, this room shall be separate from all other areas and provide for staff to change from street clothes into work attire.

6.3.3.2 Staff accommodations. Lockers, hand-washing



station, and showers shall be made available within the immediate vicinity of the department.

6.4 Linen Services

6.4.1 General
Each facility shall have provisions for storing and processing of clean and soiled linen for appropriate patient care. Processing may be done within the facility, in a separate building on- or off-site, or in a commercial or shared laundry.

6.4.2 Internal Linen Processing
Facilities and equipment shall be as required for cost-effective operation as described in the functional program. At a minimum, the following elements shall be provided:

6.4.2.1 Soiled linen holding room. A separate room shall be provided for receiving and holding soiled linen until ready for pickup or processing.

6.4.2.2 Clean linen storage. A central clean linen storage and issuing room(s) shall be provided in addition to the linen storage required at individual patient units.

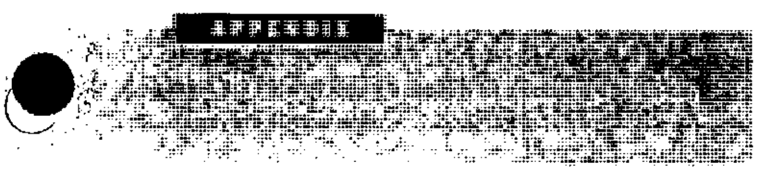
6.4.2.3 Cart storage area(s). These shall be provided for separate parking of clean- and soiled-linen carts out of traffic.

6.4.2.4 A clean linen inspection and mending room or area. If not provided elsewhere, a clean linen inspection, delinting, folding, assembly, and packaging area shall be provided as part of the linen services.

(1) Mending shall be provided for in the linen services department.

(2) A space for tables, shelving, and storage shall be provided.

6.4.2.5 Hand-washing stations. These shall be provided in each area where unbagged, soiled linen is handled.



6.4.3 Additional Areas for Outside Laundry Services
If linen is processed outside the building, provisions shall also be made for:

6.4.3.1 Service entrance. A service entrance, protected from inclement weather, shall be provided for loading and unloading of linen.

6.4.3.2 Control station. A control station shall be provided for pickup and receiving.

6.4.4 On-Site Laundry Facility
If linen is processed in a laundry facility that is part of the project (within or as a separate building), the following shall be provided in addition to the requirements for internal processing facilities in Section 2.1-6.4.2.

6.4.4.1 Layout. Equipment shall be arranged to permit an orderly work flow and minimize cross-traffic that might mix clean and soiled operations.

6.4.4.2 Control and distribution room. A receiving, holding, and sorting room shall be provided for control and distribution of soiled linen. Discharge from soiled linen chutes shall be received in a separate room adjacent to it.

*6.4.4.3 Laundry processing room. This shall have commercial or industrial-type equipment that can process at least a seven-day supply within the regular scheduled work week.

6.4.4.4 Hand-washing stations. Employee hand-washing stations shall be provided in each room where clean or soiled linen is processed and handled.

6.4.4.5 Storage for laundry supplies

6.4.4.6 Staff support locations. Conveniently accessible staff lockers, showers, and lounge shall be provided.

6.4.5 Linen Chutes
If provided, these shall meet or exceed the following standards:

6.4.5.1 Standards

(1) Service openings to chutes shall comply with NFPA 101.

(2) Chutes shall meet the provisions described in NFPA 82.

(3) Chute discharge into collection rooms shall comply with NFPA 101.

6.4.5.2 Dimensions. The minimum cross-sectional dimension of gravity chutes shall be 2 feet (60.96 centimeters).

6.5 Materials Management

6.5.1 Receiving
The following shall be provided:

6.5.1.1 Off-street unloading facilities

6.5.1.2 Receiving area
Adequate receiving areas shall be provided to accommodate delivery trucks and other vehicles.

*(1) Location

(a) Dock areas shall be segregaged from other occupied building areas and located so that noise and odors from operation will not adversely affect building occupants.

(b) The receiving area shall be convenient to service elevators and other internal corridor systems.

(c) Receiving areas shall be segregated from waste staging and other outgoing materials-handling functions.

(2) Space requirements

(a) Adequate space shall be provided to enable breakdown, sorting, and staging of incoming materials and supplies.

(b) Balers and other devices shall be located to capture packaging for recycling or return to manufacturer or deliverer.

(c) In facilities with centralized warehousing, adequate space shall be provided at receiving points to permit the staging of reusable transport containers for supplies moving from central warehouses to individual receiving sites.

6.5.2 General Stores
In addition to supply facilities in individual departments, a central storage area shall be provided.

6.5.2.1 General
General stores may be located in a separate building on site with provisions for protection against inclement weather during transfer of supplies. The following shall be provided:

6.5.2.2 General storage room(s)

(1) Location. Location of storage in separate, concentrated areas within the institution or in one or more individual buildings on site shall be permitted. Off-site location for a portion of this storage shall be permitted.

(2) Space requirements. General storage room(s) with a total area of not less than 20 square feet (1.86 square meters) per inpatient bed shall be provided.

6.5.2.3 Additional storage areas for outpatient facilities

(1) Location. Location of additional storage areas in combination with and in addition to the general stores, or in a central area within the outpatient department, shall be permitted. Off-site location for a portion of this storage shall also be permitted.

(2) Space requirements. Additional storage areas for outpatient facilities shall be provided in an amount not less than 5 percent of the total area of those facilities.

6.5.3 Waste Management
*6.5.3.1 Collection and storage. Waste collection and storage locations shall be determined by the facility as a component of the functional program.

APPENDIX

A6.5.1.2(1) The receiving area should be located to promote the safe, secure, and efficient movement of arriving materials without compromising patient areas.

written certification stating that the installation meets the requirements set forth in this section as well as all applicable safety regulations and codes.

9.3 Waste Processing

For waste collection and storage and refuse chute requirements, see Section 2.1-6.5.3.

9.3.1 Waste Treatment and Disposal

***9.3.1.1** Incineration. On-site hospital incinerators shall comply with federal, state, and local regulatory and environmental requirements. The design and construction of incinerators shall comply with NFPA 82.

9.3.1.2 Other technologies. Types of non-incineration waste treatment technology(ies) shall be determined by the facility in conjunction with environmental, economic, and regulatory considerations. The functional program shall describe waste treatment technology components.

(1) Location

(a) Safe transfer routes, distances from waste sources, temporary storage requirements, and space requirements for treatment equipment shall be considered in determining the location for a non-incineration technology.

(b) The location of the technology shall not cause traffic problems as waste is brought in and out.

(c) Odor, noise, and the visual impact of medical waste operations on patients, visitors, public access, and security shall be considered.

(2) Space requirements. These shall be determined by the equipment requirements, including associated area for opening waste entry doors, access to control panels, space for hydraulic lifts, conveyors, and operational clearances. Mobile or portable units, trailer-mounted units, underground installations, or all-weather enclosed shelters at an outdoor site may also be used, subject to local regulatory approvals.

(3) Ventilation. Exhaust vents, if any, from the treatment technology shall be located a minimum of 25 feet (7.62 meters) from inlets to HVAC systems. If the technology involves heat dissipation, sufficient cooling and ventilation shall be provided.

9.3.2 Nuclear Waste Disposal

See Code of Federal Regulations, Title X, parts 20 and 35, concerning the handling and disposal of nuclear materials in health care facilities.

10 Building Systems

10.1 Plumbing

10.1.1 General

Unless otherwise specified herein, all plumbing systems shall be designed and installed in accordance with the International Plumbing Code.

10.1.2 Plumbing and Other Piping Systems

10.1.2.1 General piping and valves

(1) All piping, except control-line tubing, shall be identified.

APPENDIX

A9.3.1.1 The EPA has identified medical waste incineration as a significant contributor to air pollution worldwide.

a. Health care facilities should seek to minimize incineration of medical waste, consistent with local and state regulations and public health goals.

b. When incinerators are used, consideration should be given to the recovery of waste heat from on-site incinerators used to dispose of large amounts of waste materials. Incinerators should be designed in a manner fully consistent with protection of public and environmental health, both on-site and off-site, and in compliance with federal, state, and local statutes and regulations. Toward this end, permit applications for incinerators and modifications thereof should be supported by Environmental Assessments and/or Environmental Impact Statements (EISs) and/or Health Risk Assessments (HRAs) as may be required by regulatory agencies. Except as noted below, such assessments should utilize standard U.S. EPA methods, specifically those set forth in U.S. EPA guidelines, and should be fully consistent with U.S. EPA guidelines for health risk assessment. Under some circumstances, however, regulatory agencies having jurisdiction over a particular project may require use of alternative methods.

3.7 Outpatient Surgical Facilities

Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.

1 General Considerations

*1.1 Applicability

The general standards set forth in Sections 1 through 5 of Chapter 3.1 (General Considerations, Diagnostic and Treatment Locations, Service Areas, Administrative and Public Areas, and Construction Standards) shall apply to outpatient surgical facilities, with additions and modifications described herein.

1.2 Functional Program

*1.2.1 Facility Requirements

Outpatient surgery is performed without anticipation of overnight patient care. The functional program shall describe in detail staffing, patient types, hours of operation, function and space relationships, transfer provisions, and availability of off-site services.

1.2.2 Size

The extent (number and types) of the diagnostic, clinical, and administrative facilities to be provided will be determined by the services contemplated and the estimated patient load as described in the functional program. Provisions shall be made for medical and nursing assessment, nursing care, preoperative testing, and physical examination for outpatient surgeries.

1.3 Environment of Care

1.3.1 Patient Privacy

Visual and acoustical privacy shall be provided by design and include the registration, preparation, examination, treatment, and recovery areas. See Section 1.1-6.

1.4 Shared Services

If the outpatient surgical facility is part of an acute care hospital or other medical facility, services may be shared to minimize duplication as appropriate.

1.4.1 Where outpatient surgical services are provided within the same area or suite as inpatient surgery, additional space shall be provided as needed.

1.4.2 If inpatient and outpatient procedures are performed in the same room(s), the functional program shall describe in detail scheduling and techniques used to separate inpatients and outpatients.

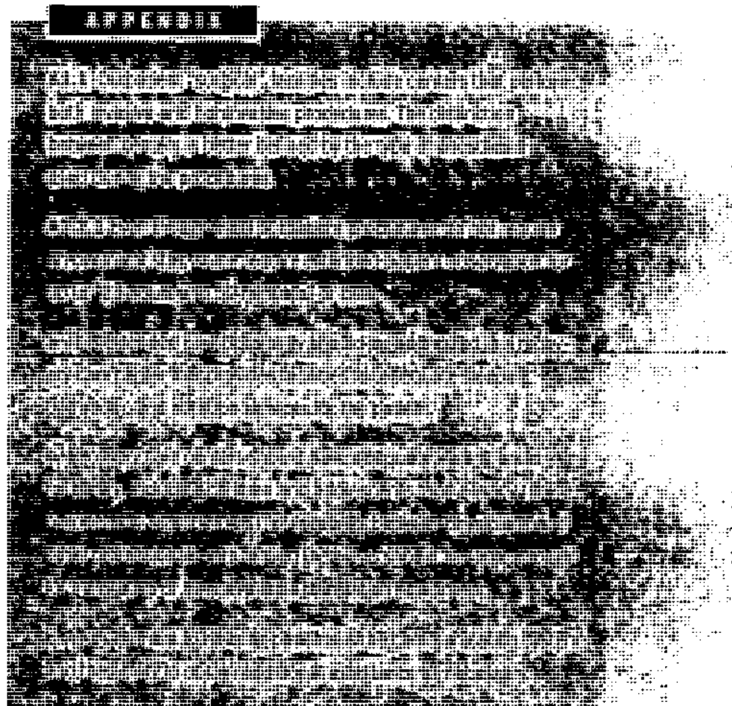
1.5 Facility Access and Layout

1.5.1 Facility Access

The outpatient surgical facility shall be designed to facilitate movement of patients and personnel into, through, and out of defined areas within the surgical suite. Signs shall be provided at all entrances to restricted areas and shall clearly indicate the surgical attire required.

*1.5.2 Layout

The outpatient surgical facility shall be divided into three designated areas—unrestricted, semi-restricted, and restricted—that are defined by the physical activities performed in each area.



1.6 Site

1.6.1 Parking

Four spaces shall be provided for each room routinely used for surgical procedures plus one space for each staff member. Additional parking spaces convenient to the entrance for pickup of patients after recovery shall be provided.

*2 Diagnostic and Treatment Locations

2.1 Diagnostic Facilities

Facilities for diagnostic services shall be provided on or off-site for pre-admission tests as required by the functional program.

2.2 Examination Room(s)

If patients will be admitted without recent and thorough examination, at least one room, ensuring both visual and acoustical privacy, shall be provided for examination and testing of patients prior to surgery. This may be an examination room or treatment room as described in Sections 3.1-2.1.1 and 3.1-2.1.3.

2.3 Operating Rooms (Ambulatory)

Note: When invasive procedures need to be performed on persons who are known or suspected of having airborne infectious disease, these procedures are ideally performed in a room meeting airborne infection isolation ventilation requirements or in a space using local exhaust ventilation. If the procedure must be performed in the operating suite, follow recommendations outlined in the CDC "Guidelines for Environmental Infection Control" or the CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Facilities."

*2.3.1 Size and Location

The size and location of the operating rooms shall depend on the level of care and equipment specified in the functional program. Operating rooms shall be as defined by the American College of Surgeons.

2.3.1.1 Class A operating rooms (minor surgical procedure rooms)

(1) Area and dimensions. These operating rooms shall have a minimum floor area of 150 square

APPENDIX

A1.5.2 Outpatient Surgical Facility Layout

a. The unrestricted area includes a central control point established to monitor the entrance of patients, personnel, and materials into the restricted areas. Street clothes are permitted in this area, and traffic is not limited.

b. The semi-restricted area includes the peripheral support areas of the surgical suite and has storage areas for clean and sterile supplies, work areas for storage and processing of instruments, and corridors leading to the restricted areas of the surgical suite. Traffic in this area is limited to authorized personnel and patients. Personnel are required to wear surgical attire and cover all head and facial hair.

c. The restricted area includes operating and procedure rooms, the clean core, and scrub sink areas. Surgical attire and hair coverings are required. Masks are required where open sterile supplies or scrubbed persons may be located.

A2 Provisions should be made to separate pediatric from adult patients. Separate areas should include pre- and postoperative care areas and should allow for parental presence.

A2.3.1 American College of Surgeons Surgical Facility Classes

a. Class A–Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. Excluded are spinal, epidural axillary, stellate ganglion blocks, regional blocks (such as interscalene), supraclavicular, infraclavicular, and intravenous regional anesthesia. These methods are appropriate for Class B and C facilities.

b. Class B–Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

c. Class C–Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

Note: Those facilities meeting the guidelines for Class B procedures automatically qualify for Class A procedures, and those facilities meeting the guidelines for Class C automatically qualify for Classes A and B.

feet (45.72 square meters) with a minimum clear dimension of 12 feet (3.65 meters). This square footage and minimum dimensions shall exclude vestibule and fixed casework.

(2) Clearances. There shall be a minimum clear distance of 3 feet 6 inches (1.07 meters) at each side, the head, and the foot of the operating table.

(3) Location. These minor surgical procedure rooms may be located within the restricted corridors of the surgical suite or in an unrestricted corridor adjacent to the surgical suite.

2.3.1.2 Class B operating rooms (intermediate surgical procedure rooms)

(1) Area and dimensions. These operating rooms shall have a minimum floor area of 250 square feet (23.23 square meters) with a minimum clear dimension of 15 feet (4.57 meters). This square footage and minimum dimension shall exclude vestibule and fixed casework.

(2) Clearances. Room arrangement shall permit a minimum clearance of 3 feet 6 inches (1.07 meters) at each side, the head, and the foot of the operating table.

(3) Location. These intermediate surgical procedure rooms shall be located within the restricted corridors of the surgical suite.

2.3.1.3 Class C operating rooms (major surgical procedure rooms)

(1) Area and dimensions. These operating rooms shall have a minimum clear area of 400 square feet (37.16 square meters) and a minimum dimension of 18 feet (5.49 meters). This square footage and minimum dimension shall exclude vestibule and fixed casework.

(2) Clearances. Room arrangement shall permit a minimum clearance of 4 feet (1.22 meters) at each side, the head, and the foot of the operating table.

(3) Location. These major surgical procedure rooms shall be located within the restricted corridors of the surgical suite.

2.3.2 Emergency Communication System

All operating rooms shall be equipped with an emergency communication system connected with the control station.

*2.3.3 Image Viewer

There shall be at least one medical image viewer in each room.

2.3.4 Mechanical System and Medical Gas Requirements

See Tables 2.1-2 and 3.1-2 for mechanical system and medical gas requirements.

2.4 Recovery Areas

2.4.1 Post-Anesthesia Recovery Room(s)

Room(s) for post-anesthesia recovery in outpatient surgical facilities shall be provided in accordance with the functional program.

2.4.1.1 General

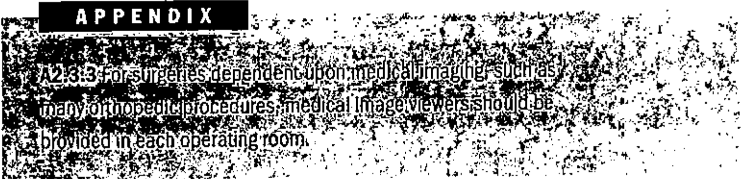
(1) The recovery area shall be accessible directly from the semi-restricted area.

(2) A nurse utility/control station shall be provided with visualization of patients in acute recovery positions.

(3) Clearances noted around gurneys are between the normal use position of the gurney and any adjacent fixed surface, or between adjacent gurneys.

(4) If pediatric surgery is part of the program, separation from the adult section and space for parents shall be provided. Sound attenuation of the area and the ability to view the patient from the nursing station shall be considered.

2.4.1.2 Minimum requirements. The minimum requirements for post-anesthesia recovery position(s) are as follows:


APPENDIX

A2.3.3 For surgeries dependent upon medical imaging, such as many orthopedic procedures, medical image viewers should be provided in each operating room.

*(1) Number. A minimum of one recovery station per operating room shall be provided.

(2) Area and clearances. Each post-anesthetic care unit (PACU) shall provide a minimum clear floor area of 80 square feet (7.43 square meters) for each patient station with a space for additional equipment described in the functional program and for clearance of at least 5 feet (1.52 meters) between patient stretchers and 4 feet (1.22 meters) between patient stretchers and adjacent walls (at the stretcher's sides and foot).

(3) Patient privacy. Provisions for patient privacy such as cubicle curtains shall be made.

(4) Hand-washing stations. Hand-washing stations with hands-free or wrist blade-operable controls shall be available, with at least one station for every four stretchers or portion thereof, and uniformly distributed to provide equal access from each patient position.

2.4.1.3 Support areas for post-anesthesia recovery rooms

(1) Facility requirements. The recovery areas shall include provisions for staff hand-washing station, medication preparation and dispensing, supply storage, soiled linen and waste holding, and charting and dictation.

(2) Equipment storage. The recovery areas shall include dedicated space as needed to keep equipment (warming cabinet, ice machine, crash cart, etc.) out of required circulation clearances.

2.4.2 Phase II Recovery

2.4.2.1 General

(1) A Phase II or stepdown recovery room shall be provided.

(2) In Phase II or stepdown units, a nurse utility/control station with visualization of patients is not required.

2.4.2.2 Space requirements. The design shall provide a minimum of 50 square feet (4.65 square meters) for each patient in a lounge chair with space for additional equipment described in the functional program and for clearance of 4 feet (1.22 meters) between the sides of the lounge chairs and the foot of the lounge chairs.

2.4.2.3 Patient privacy. Provisions for patient privacy such as cubicle curtains shall be made.

2.4.2.4 Facility requirements. The step-down room shall contain hand-washing station(s), storage space for supplies and equipment, clinical work space, space for family members, and nourishment facilities.

2.4.2.5 Patient toilet room. A patient toilet room shall be provided in the Phase II recovery area for the exclusive use of patients. In facilities with two or fewer operating rooms and an outpatient surgery change area adjacent to the recovery area, the toilet required by Section 3.7-2.6.11 shall be permitted to meet this requirement.

2.5 Support Areas for Surgical Service Areas

The following shall be provided in surgical service areas:

2.5.1 Control Station

A control station shall be located to permit visual surveillance of all traffic entering the restricted corridor (access to operating rooms and other ancillary clean/sterile areas).

2.5.2 Scrub Facilities

(1) Station(s) shall be provided near the entrance to each operating room and may service two operating rooms if needed.

(2) Scrub facilities shall be arranged to minimize splatter on nearby personnel or supply carts.

2.5.3 Drug Distribution Station

A drug distribution station shall be provided.

(1) Provisions shall be made for storage and preparation of medications administered to patients.

(2) A refrigerator for pharmaceuticals and double-locked storage for controlled substances shall be provided.

(3) Convenient access to hand-washing stations shall be provided.

2.5.4 Soiled Workroom

A soiled workroom shall be provided. This may be the same workroom described in Section 3.7-3.1.2.1.

(1) The soiled workroom shall contain a clinical sink or equivalent flushing-type fixture, a work counter, a hand-washing station, and waste receptacle(s).

(2) The soiled workroom shall be located within the semi-restricted area.

2.5.5 Sterilizing Facilities

Space shall be provided for a high-speed sterilizer or other sterilizing equipment for immediate or emergency use, as called for in the functional program.

(1) This space shall be located in the restricted area.

(2) The space shall include a separate area for cleaning and decontamination of instruments prior to sterilization.

2.5.6 Fluid Waste Disposal Facilities

(1) These shall be convenient to the general operating rooms and post-anesthesia recovery positions.

(2) A clinical sink or equivalent equipment in a soiled workroom shall meet this requirement in the operating room area, and a toilet equipped with bedpan-cleaning device or a separate clinical sink shall meet the requirement in the recovery area.

2.5.7 Equipment and Supply Storage

2.5.7.1 Anesthesia equipment and supply storage. Provisions shall be provided for cleaning, testing, and storing anesthesia equipment and supplies, as defined by the functional program. This space shall be located within the semi-restricted area.

2.5.7.2 Medical gas storage. Provisions shall be made for the medical gas(es) used in the facility. Adequate space for supply and storage, including space for reserve cylinders, shall be provided.

2.5.7.3 General equipment and supply storage. Equipment storage room(s) shall be provided for equipment and supplies used in the surgical suite.

(1) Area. The combined area of equipment and supply storage room(s) shall have a minimum floor area of 50 square feet (15.24 square meters) for each operating room(s) up to two and an additional 25 square feet (7.62 square meters) per additional operating room.

(2) Location. Equipment storage room(s) shall be located within the semi-restricted area.

2.5.7.4 A stretcher storage area. A stretcher storage area shall be convenient for use and out of the direct line of traffic.

2.5.7.5 Wheelchair storage. Space shall be provided for temporary storage of wheelchairs.

2.5.7.6 Emergency equipment/supply storage. Provisions shall be made for convenient access to and use of emergency resuscitation equipment and supplies (crash cart(s) and/or anesthesia carts) at both the surgical and recovery areas.

2.5.8 Housekeeping Room

A housekeeping room containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.

2.6 Support Areas for Surgical Staff

2.6.1 Staff Lounge and Toilet Facilities

These shall be provided in facilities having three or more operating rooms. The toilet room shall be near the recovery area.

2.6.2 Staff Clothing Change Area(s)

Appropriate change area(s) shall be provided for male and female staff working within the surgical suite (unisex changing room shall be permitted).

(1) The area(s) shall contain lockers, toilet(s), hand-washing station(s), and space for donning scrub attire.

(2) These area(s) shall be arranged to encourage a one-way traffic pattern so that personnel entering from outside the surgical suite can change and move directly into the surgical suite.

2.6.3 Staff Shower
At least one staff shower shall be provided that is conveniently accessible to the surgical suite and recovery areas.

2.7 Support Areas for Patients

2.7.1 Outpatient Surgery Change Area(s)
A separate area shall be provided for outpatients to change from street clothing into hospital gowns and to prepare for surgery.

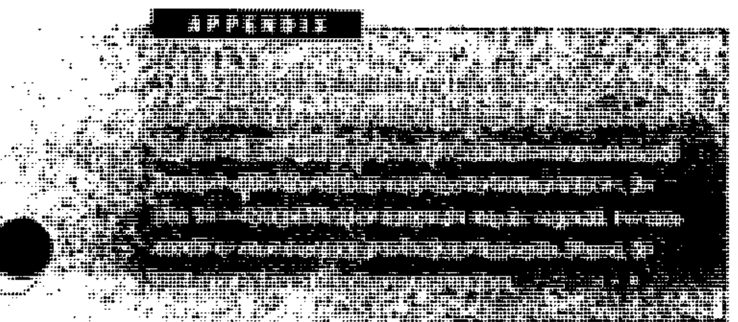
2.7.1.1 This area shall include lockers, toilet(s), clothing change or gowning area(s), and space for administering medications.

2.7.1.2 Provisions shall be made for securing patients' personal effects.

3 Service Areas

3.1 Sterilizing Facilities
A system for sterilizing equipment and supplies shall be provided.

3.1.1 General
3.1.1.1 When sterilization is provided off site, a room for the adequate handling (receiving and distribution) and on-site storage of sterile supplies shall be provided that conforms to Section 3.7-3.1.2.3.



3.1.1.2 Provisions shall be made for sanitizing clean and soiled carts and/or vehicles consistent with the needs of the particular transportation system.

3.1.2 On-Site Facilities
If on-site processing facilities are provided, they shall include the following:

3.1.2.1 Soiled workroom. This room (or soiled holding room that is part of a system for the collection and disposal of soiled material) is for the exclusive use of the surgical suite.

(1) The soiled workroom shall be located in the semi-restricted area.

(2) The soiled workroom shall contain a flushing-rim clinical sink or equivalent flushing-rim fixture, a hand-washing station, a work counter, and space for waste receptacles and soiled linen receptacles. Rooms used only for temporary holding of soiled material may omit the flushing-rim clinical sink and work counters. However, if the flushing-rim clinical sink is omitted, other provisions for disposal of liquid waste shall be provided.

(3) The room shall not have direct connection with operating rooms. Soiled and clean workrooms or holding rooms shall be separated. A self closing door or pass-through opening for decontaminated instruments is permitted between soiled and clean workrooms.

*3.1.2.2 Clean assembly/workroom. This room shall contain sterilization equipment.

(1) This room shall contain a hand-washing station, workspace, and equipment for terminal sterilizing of medical and surgical equipment and supplies.

(2) Clean and soiled work areas shall be physically separated.

(3) Access to this room shall be restricted.

(4) The clean assembly room shall have adequate space for the designated number of work areas as defined in the functional program, as well as space for storage of clean supplies, sterilizer carriages (if used), and instrumentation.

3.1.2.3 Storage for clean/sterile supplies

(1) Storage for packs, etc., shall include provisions for ventilation, humidity, and temperature control.

(2) The clean and sterile supply room shall have a minimum floor area of 100 square feet (30.48 square meters) or 50 square feet (15.24 square meters) per operating room, whichever is greater.

4 Administrative and Public Areas

The following shall be provided:

4.1 Public Areas

*4.1.1 Entrance
A covered entrance shall be provided for pickup of patients after surgery.

4.2 Administrative Areas

4.2.1 Interview Space
Interview space(s) for private interviews relating to admission shall be provided. This may be the same room required under Section 3.7-4.2.4.

4.2.2 Offices
General and individual office(s) for business transactions, records, and administrative and professional staff shall be provided.

4.2.2.1 These shall be separate from public and patient areas with provisions for confidentiality of records.

4.2.2.2 Enclosed office spaces shall be provided in accordance with the functional program.

4.2.3 Medical Records
A medical records area where medical documents can be secured shall be provided.

4.2.4 Multipurpose or Consultation Room(s)

4.2.5 General Storage
General administrative storage facilities shall be provided.

4.2.6 Support Areas for Staff
Special storage, including locking drawers and/or cabinets, for the personal effects of administrative staff.

5 Construction Standards

5.1 Design and Construction, including Fire-Resistant Standards

5.1.1 The outpatient surgical facility, whether freestanding or adjacent to a separate occupancy, shall comply with the New Ambulatory Health Care Occupancies section of NFPA 101 and with the standards herein.

5.1.2 Separation for hazardous areas and smoke separation shall conform to NFPA 101.

5.1.3 Flammable anesthetics shall not be used in outpatient surgical facilities.

5.2 General Standards for Details and Finishes

In addition to the standards in Section 3.1-5.2, the guidelines in this section shall be met.

5.2.1 Details
Details shall conform to the following guidelines:

5.2.1.1 Corridor width

(1) Minimum public corridor width shall be 5 feet (1.52 meters), except that corridors in the operating room section, where patients are transported on stretchers or beds, shall be 8 feet (2.44 meters) wide.

(2) Passages and corridors used exclusively for staff access shall be a minimum of 3 feet 8 inches (1.12 meters) in clear width.

APPENDIX

A4.1.1 Such roof overhang or canopy should extend as far as practicable to the face of the driveway or curb of the passenger access door of the transport vehicle. Vehicles in the loading area should not block or restrict movement of other vehicles in the drive or parking areas immediately adjacent to the facility.

5.2.1.2 Exits. The outpatient surgical facility shall have not fewer than two exits to the exterior. Exits shall conform to NFPA 101.

5.2.1.3 Door width

(1) Doors serving occupiable spaces shall have a minimum nominal width of 3 feet (91.44 centimeters).

(2) Doors requiring gurney/stretcher access shall have a nominal width of 3 feet 8 inches (1.12 meters).

5.2.1.4 Toilet rooms. Toilet rooms for patient use in surgery and recovery areas shall comply with the following:

(1) These toilet rooms shall be equipped with doors and hardware that permit access from the outside in emergencies.

(2) When such rooms have only one opening or are small, the doors shall open outward or be otherwise designed to open without pressing against a patient who may have collapsed within the room.

5.2.2 Finishes

Finishes shall conform to the following guidelines:

5.2.2.1 General. Finishes shall comply with NFPA 101.

5.2.2.2 Ceilings. Ceiling finishes shall be appropriate for the areas in which they are located and shall be as follows:

(1) Semi-restricted areas

(a) Ceiling finishes in semi-restricted areas such as clean corridors, central sterile supply spaces, specialized radiographic rooms, and Class A operating rooms shall be smooth, scrubbable, nonabsorptive, nonperforated, capable of withstanding cleaning with chemicals, and without crevices that can harbor mold and bacteria growth.

(b) If a lay-in ceiling is used, it shall be gasketed or clipped down to prevent the passage of particles from the cavity above the ceiling plane into the semi-restricted environment.

(c) Perforated, tegular, serrated, or highly textured tiles shall not be used.

(2) Restricted areas. Ceilings in restricted areas such as operating rooms shall be monolithic, scrubbable, and capable of withstanding chemicals. Cracks or perforations in these ceilings are not allowed.

(3) Mechanical and electrical rooms. Suspended ceilings may be omitted in mechanical and electrical rooms/spaces unless required for fire safety purposes.

5.2.2.3 Floors. Floor finishes shall be appropriate for the areas in which they are located and shall be as follows:

(1) Floor finishes shall be cleanable.

(2) Floor finishes in areas such as clean corridors, central sterile supply spaces, specialized radiographic rooms, and Class A operating rooms shall be washable, smooth, and able to withstand chemical cleaning.

(3) Floor finishes in areas such as operating rooms, delivery rooms, and trauma rooms shall be scrubbable, able to withstand chemical cleaning, and monolithic, with an integral base.

(4) All floor surfaces in clinical areas shall be constructed of materials that allow the easy movement of all required wheeled equipment.

5.2.2.4 Walls. Wall finishes shall be appropriate for the areas in which they are located and shall be as follows:

(1) Wall finishes shall be cleanable.

(2) Wall finishes in areas such as clean corridors, central sterile supply spaces, specialized radiographic rooms, and minor surgical procedure rooms shall be washable, smooth, and able to withstand chemical cleaning.

(3) Wall finishes in areas such as operating rooms, delivery rooms, and trauma rooms shall be scrubbable, able to withstand chemical cleaning, and monolithic. See also Section 3.8-4.1.2.2.

6 Building Systems

6.1 Plumbing

See Section 3.1-7.1.

6.1.1 Medical Gas Systems

Flammable anesthetics shall not be used in outpatient surgical facilities.

6.2 Heating, Ventilating, and Air-Conditioning Systems

6.2.1 General

Heating, ventilating, and air-conditioning (HVAC) systems shall be as described for similar areas in Section 3.1-7.2 and Table 2.1-2, with the following exceptions:

6.2.1.1 The recovery lounge need not be considered a sensitive area.

6.2.1.2 Outpatient operating rooms shall be permitted to meet the standards for emergency trauma rooms.

6.2.2 Filters

See Table 3.1-1 for filter efficiency standards.

6.3 Electrical Systems

See Section 3.1-7.3.

6.4 Electronic Safety and Security

6.4.1 Fire Alarm System

A manually operated, electrically supervised fire alarm system shall be installed in each facility as described in NFPA 101.

3.9 Gastrointestinal Endoscopy Facilities

Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.

1 General Considerations

1.1 Applicability

All standards set forth in Section 3.1-7 shall be met for new construction of endoscopy suites, with modifications described in this chapter.

1.2 Functional Program

1.2.1 Facility Requirements

Endoscopy is performed without anticipation of overnight patient care. The functional program shall describe in detail staffing, patient types, hours of operation, function and space relationships, transfer provisions, and availability of off-site services.

1.2.2 Size

The extent (number and types) of the diagnostic, clinical, and administrative facilities to be provided shall be determined by the services contemplated and the estimated patient load as described in the functional program. Provisions shall be made for patient examination, interview, preparation, testing, and obtaining vital signs of patients for endoscopic procedures.

*1.3 Environment of Care

1.4 Shared Services

If the endoscopy suite is part of an acute care hospital or other medical facility, services may be shared to minimize duplication as appropriate.

1.4.1 Where endoscopy services are provided within the same area or suite as surgical services, additional space shall be provided as needed.

1.4.2 If inpatient and outpatient procedures are performed in the same room(s), the functional program shall describe in detail scheduling and techniques used to separate inpatients and outpatients.

1.5 Facility Layout and Circulation

1.5.1 Layout

The endoscopy suite may be divided into three major functional areas: the procedure room(s), instrument processing room(s), and patient holding/preparation and recovery room or area.

1.5.2 Circulation and Restricted Access

The endoscopy suite shall be designed to facilitate movement of patients and personnel into, through, and out of defined areas within the procedure suite. Signs shall be provided at all entrances to restricted areas and shall clearly indicate the proper attire required.

1.6 Site

1.6.1 Parking

Four spaces shall be provided for each room routinely used for endoscopy procedures plus one space for each staff member. Additional parking spaces shall be provided convenient to the entrance for pickup of patients after recovery.

2 Diagnostic and Treatment Locations

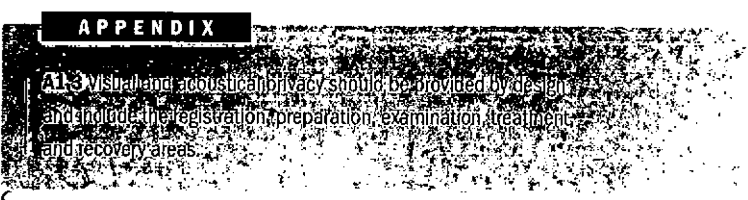
2.1 Diagnostic Facilities

Facilities for diagnostic services shall be provided on- or off-site for pre-admission tests as required by the functional program.

2.2 Examination Room(s)

If patients will be admitted without recent and thorough examination, at least one room shall be provided for examination and testing of patients prior to their procedures, ensuring both visual and acoustical privacy. This may be an examination room or treatment room as described in Sections 3.1-2.1.1 and 3.1-2.1.3.

APPENDIX



A1.3 Visual and acoustical privacy should be provided by design and include the registration, preparation, examination, treatment, and recovery areas.

2.3 Procedure Suite

Note: When procedures are to be performed on persons who are known to have or suspected of having airborne infectious diseases, these procedures shall be performed only in a room meeting airborne infection isolation ventilation requirements or in a space using local exhaust ventilation. See also the CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities."

2.3.1 Procedure Room(s)

2.3.1.1 Space requirements

(1) Area. Each procedure room shall have a minimum clear floor area of 200 square feet (15 square meters), excluding vestibule, toilet, closet, fixed cabinets, and built-in shelves.

(2) Clearances. Room arrangement shall permit a minimum clearance of 3 feet, 6 inches (1.07 meters) at each side, head, and foot of the stretcher/table.

2.3.1.2 Privacy. Procedure rooms shall be designed for visual and acoustical privacy for the patient.

2.3.1.3 Medical gases. Station outlets for oxygen and vacuum (suction) shall be available in the procedure room. See Table 3.1-2.

2.3.1.4 Hand-washing station. A separate dedicated hand-washing station with hands-free controls shall be available in the suite.

2.3.1.5 Patient toilet room. Direct access may be provided to a patient toilet room. (See also Section 3.9-2.3.3.3.)

2.3.1.6 Communication system. A system for emergency communication shall be provided.

2.3.1.7 Floors. Floor covering in the procedure suite shall be monolithic and joint free.

2.3.2 Patient Holding/Prep/Recovery Area

2.3.2.1 General

(1) This area shall meet the size requirements of a stepdown recovery area, Section 3.7-2.4.2.1.

(2) The following shall be provided in this area:

2.3.2.2 Patient positions

(1) Area and dimensions. A minimum clear floor area of 80 square feet (7.43 square meters) shall be provided for each patient station with a space for additional equipment described in the functional program and for clearance of at least 5 feet (1.52 meters) between patient stretchers and 4 feet (1.22 meters) between patient stretchers and adjacent walls (at the stretcher's sides and foot).

(2) Patient privacy. Provisions for patient privacy such as cubicle curtains shall be provided.

(3) Medical gases. Oxygen and suction per Table 3.1-2 shall be provided for each patient cubicle.

2.3.3 Support Areas for the Procedure Suite

2.3.3.1 Nurse station. Nurse control and charting area that provides view of patient positions shall be provided.

2.3.3.2 Medication station. Provisions shall be made for storage and preparation of medications administered to patients.

(1) A refrigerator for pharmaceuticals and double-locked storage for controlled substances shall be provided.

(2) Convenient access to hand-washing stations shall be provided.

2.3.3.3 Toilet facilities. These shall be permitted to be accessible from patient holding or directly from procedure room(s) or both.

2.3.3.4 Clean utility space. A clean utility room or area shall be provided.

2.3.3.5 Equipment storage. The following shall be provided:

(1) Stretcher storage area(s). Such areas shall be convenient for use and out of the direct line of traffic.

(2) Wheelchair storage. Space for temporary storage of wheelchairs shall be provided.

2.3.3.6 Housekeeping closet. A janitor/housekeeping closet shall be provided.

2.4 Support Areas for Staff

2.4.1 Staff Clothing Change Areas
Appropriate change areas shall be provided for staff working within the procedure suite. These shall include the following:

2.4.1.1 Hand-washing stations

2.4.1.2 Toilets

2.4.1.3 Lockers and space for changing clothes

2.4.1.4 Staff shower. At least one shower shall be conveniently accessible to the procedure suite and patient holding/prep/recovery areas.

2.4.2 Lounge and Toilet Facilities
These shall be provided in facilities having three or more procedure rooms.

2.5 Support Areas for Patients

2.5.1 Patient Change Areas
A separate area shall be provided for patients to change from street clothing into hospital gowns and to prepare for procedures.

2.5.1.1 This area shall include lockers, toilet(s), clothing change or gowning area(s), and space for administering medications.

2.5.1.2 Provisions shall be made for securing patients' personal effects.

3 Service Areas

3.1 Clean Storage and Soiled Holding Areas

3.1.1 General
3.1.1.1 Adequate space shall be provided for the storage and holding of clean and soiled materials.

3.1.1.2 Such areas shall be separated from unrelated activities and controlled to prohibit public contact.

3.1.2 Clean/Sterile Supplies
Storage for packs, etc., shall include provisions for ventilation, humidity, and temperature control.

3.1.3 Soiled Holding/Workroom
3.1.3.1 This room shall be physically separated from all other areas of the department.

3.1.3.2 The soiled workroom shall contain work surface(s), sink(s), flush-type device(s), and holding areas for trash, linen, and other contaminated waste.

3.2 Instrument Processing Room(s)

3.2.1 Processing Rooms
Dedicated processing room(s) for cleaning and decontaminating instruments shall be provided.

3.2.1.1 Number. Processing room(s) shall be permitted to serve multiple procedure rooms.

3.2.1.2 Size. The size of the processing room(s) shall be dictated by the amount of equipment to be processed.

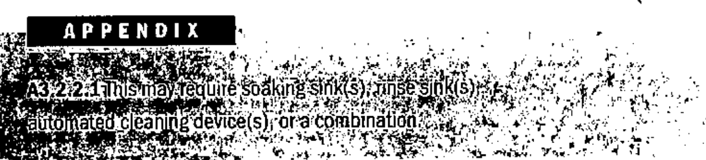
3.2.1.3 Layout. The cleaning area shall allow for flow of instruments from the contaminated area to the clean assembly area and then to storage. A physical barrier shall be provided to prevent droplet contamination on the clean side. Clean equipment rooms, including storage, should protect the clean equipment from contamination.

3.2.2 Decontamination Area
The decontamination area shall be equipped with the following:

*3.2.2.1 Utility sink(s). Sink(s) shall be provided as appropriate to the method of decontamination used.

3.2.2.2 Hand-washing station. One freestanding hand-washing station shall be provided.

3.2.2.3 Work counter space(s).


APPENDIX

A3.2.2.1 This may require soaking sink(s), rinse sink(s), automated cleaning device(s), or a combination.

3.2.2.4 Equipment accommodations. Space and utility connections for automatic endoscope reprocessor, sonic cleaner, and sterilizers (where required by the functional program).

3.2.2.5 Ventilation system. See Table 2.1-2.

3.2.2.6 Medical gases. Provision for vacuum and/or compressed air, as appropriate to cleaning methods used.

3.2.2.7 Floors. Floor covering, monolithic and joint free with 6-inch (15.24-centimeter) integral cove base.

3.3 Equipment and Supply Storage

3.3.1 Equipment and Supplies for Endoscopy Procedures

Storage room(s) for equipment and supplies used in the procedure suite shall be provided.

3.3.2 Anesthesia Equipment and Supply Storage

Provisions shall be made for cleaning, testing, and storing anesthesia equipment and supplies.

3.3.3 Medical Gas Storage

Provisions shall be made for the medical gas(es) used in the facility. Adequate space for supply and storage, including space for reserve cylinders, shall be provided.

3.3.4 Resuscitation Equipment and Supply Storage

Provisions for convenient access to and use of emergency resuscitation equipment and supplies (crash cart(s) and/or anesthesia carts) shall be provided at both procedure and recovery areas.

3.4 Fluid Waste Disposal Facilities

Fluid waste disposal facilities shall be provided.

3.4.1 Location

These shall be convenient to the procedure rooms and recovery positions.

3.4.1.1 In the procedure area, a clinical sink or equivalent equipment in a soiled workroom shall meet this requirement.

3.4.1.2 In the recovery area, a toilet equipped with bedpan-cleaning device or a separate clinical sink shall meet this requirement.

3.5 Housekeeping Room

Space containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided.

4 Administrative and Public Areas

4.1 Public Areas

4.1.1 Entrance

A covered entrance for pickup of patients after procedure shall be provided.

4.1.1.1 A roof overhang or canopy shall extend, at a minimum, to the face of the driveway or curb of the passenger access door of the transport vehicle.

4.1.1.2 Vehicles in the loading area shall not block or restrict movement of other vehicles in the drive or parking areas immediately adjacent to the facility.

4.2 Administrative Areas

4.2.1 Interview Space

Space(s) for private interviews relating to admission shall be provided. This may be the same room required under Section 3.9-4.2.4 (Multipurpose Rooms).

4.2.2 Offices

General and individual office(s) shall be provided for business transactions, records, and administrative and professional staff.

4.2.2.1 Provisions for confidentiality of records shall be made.

4.2.2.2 Enclosed office spaces shall be provided, consistent with need identified in the functional program.

4.2.3 Medical Records Area

A medical records area where medical documents can be secured shall be provided.

4.2.4 Multipurpose Rooms

Multipurpose or consultation room(s) shall be provided.

4.2.5 General Storage

General storage facilities shall be provided.

IV.
Project Scope, Utilization:
Size of Project - Post-Anesthesia Recovery Unit Phase I (PACU or Recovery)

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

1. St. Joseph's Hospital will have 2 operating rooms that will treat all surgical cases, both inpatients and outpatients.

2. St. Joseph's Hospital will have 1 Endoscopy procedure room.

3. All surgical patients and some Endoscopy patients will use the PACU, except for those patients receiving local anesthesia for surgery.

4 Space is needed for recovery stations and support space to provide post-anesthesia recovery for both inpatients and outpatients.

   a. 3 PACU Private Recovery Cubicles, 1 of which is an isolation PACU Recovery Cubicle with its own Ante-Room and Toilet Room

   b. Toilet Room

   c. Nursing Station with Nutrition and Medication Areas

   d. 1 Soiled Utility Room

5. The standards specified in the Illinois Hospital Licensing Requirements, 77 Ill. Adm. Code, Chapter I, Section 250.2440.i, were considered.

6. 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.

7. The guidelines for Surgical Recovery, including those for post-anesthesia recovery in Critical Access Hospitals (identified as Small Inpatient Primary Care Hospitals) 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. It appears in Attachments 14 and 37.

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 Planning Board's "State and National Norms on Square Footage by Department" (77 Ill. Adm. Code, Chapter II, Section 1100, Appendix B) to ascertain whether the Department would be within the range of previously approved projects.

    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 with 1.5 recovery stations per operating room proposed for St. Joseph's Hospital

       2 operating rooms x
       minimum of 1 PACU recovery station per operating room
       = minimum of 2 PACU recovery stations

       Proposed: 3 PACU recovery stations

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

       180 Gross Square Feet per recovery station x
       3 PACU recovery stations
       = 540 Approvable Departmental Gross Square Feet

       Proposed: 927 Gross Square Feet

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

    The proposed floor area for the PACU will have more square footage than the IHFSRB standard for the following reasons.

    a. There are certain fixed elements required in the Recovery Room regardless of the number of PACU recovery stations, and with only 3 recovery stations in the PACU, these fixed elements can only be divided among the 3 recovery stations.

       These fixed elements include the Nurses' Station, Soiled Utility Room, Toilet Room, and circulation within the PACU, which are identified earlier

in this Attachment as well as in the Space Program that is found in Attachments 14 and 37.

When a PACU (Recovery Room) has only 3 recovery stations, the square footage required for the support facilities and departmental circulation can only be divided among these 3 recovery stations. This results in far more square footage per recovery station being devoted to the support space than would be the case when a PACU would have more recovery stations and would be able to divide the square footage required for support facilities among a larger number of recovery stations.

b. Each of the 3 recovery stations will be constructed in a cubicle, rather than having the 2 non-isolation recovery stations constructed in open bays.

Additional square footage is required to provide circulation around each PACU station that is located in a cubicle.

Cubicles are necessary in order to provide greater privacy for patient care as a result of the federal government's HIPPA requirements.

The non-isolation PACU cubicles will have 112 net square feet (NSF) and 117 NSF respectively. The additional space is necessary within a cubicle in order to meet the Illinois Hospital Licensing Requirements that there be at least 3' 0" of space between the side of any bed and any wall or fixed device and that there be at least 6' between the foot end of any bed and any other equipment or fixed device (77 Ill. Adm. Code 250(i)(4)©).

c. The isolation recovery cubicle will have an ante-room as well as a patient toilet room.

Isolation recovery cubicles are not required by the Illinois Hospital Licensing Requirements, and the construction of an isolation recovery cubicle with an ante-room and patient toilet requires more space than a recovery station in an open area.

In addition, the isolation recovery cubicle will be larger than the non-isolation cubicles (146 NSF), and the ante-room and toilet room will have an additional 102 NSF with 56 NSF for the ante-room and 46 NSF for the toilet room.

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.;

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 2.2-3.3, 3.7-2.4.

IV.
Criterion 1110.234 - Project Services Utilization

The only Clinical Service Area included in this replacement hospital building that is a Category of Service is the Medical-Surgical Category of Service

In addition to the Medical-Surgical Category of Service, the replacement hospital building project includes the following Clinical Service Areas Other than Categories of Service.

Surgery
Post-Anesthesia Recovery (PACU, Recovery)
Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and
 Stage II Recovery
Endoscopy
Emergency Department
Diagnostic Imaging (Radiology, Radiography/Fluoroscopy, CT Scanning,
 MRI Scanning, Nuclear Medicine)
Inpatient Physical Therapy/Occupational Therapy
Non-Invasive Diagnostic Cardiology
Pulmonary Function Testing
Respiratory Therapy
Outpatient Specimen Collection
Pharmacy
Central Sterile Processing/Distribution
Dietary

At the same time as this certificate of need (CON) application is submitted, a separate CON application is being submitted for the construction of a Medical Office Building (MOB) that will be contiguous with the hospital building and connected with it. St. Joseph's Hospital will lease space in the MOB for a number of Clinical Service Areas for outpatient care and Non-Clinical Service Areas for hospital support services. Some of the space being leased in the MOB will be used for departments required for hospital licensure, as specified in 77 Ill. Adm. Code 250.

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 part of this project.

Medical-Surgical Service
Surgery (State Guidelines identify this as "Surgical Operating Suite (Class C)")
Post-Anesthesia Recovery Phase I (PACU, Recovery)
Post-Anesthesia Recovery Phase II (State Guidelines do not include
 Surgical Prep.)
Endoscopy (State Guidelines identify this as "Surgical Procedure Suite
 (Class B)")
Emergency Department
Diagnostic Imaging (Radiology, Radiography/Fluoroscopy,CT Scanning,
 MRI Scanning, Nuclear Medicine)

The State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) do not include utilization standards or occupancy targets, but do include square footage standards for the following Clinical Service Areas.

Post-Anesthesia Recovery Phase I (PACU, Recovery)
Post-Anesthesia Recovery Phase II (State Guidelines do not include Surgical Prep.)

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

Inpatient Physical Therapy/Occupational Therapy
Non-Invasive Diagnostic Cardiology
Pulmonary Function Testing
Respiratory Therapy
Outpatient Specimen Procurement
Pharmacy
Central Sterile Processing/Distribution
Dietary

Space programs for all Clinical Service Areas included in this project, including those Clinical Service Areas for which State Guidelines do not exist in 77 Ill. Adm. Code 1110, APPENDIX B, will be found in Attachment 14 of this application. These space programs identify the number of key rooms for each of the Clinical Service Areas.

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

CLINICAL SERVICE AREA	STATE GUIDELINE
Medical-Surgical Service	60% Occupancy of authorized beds for modernization of hospitals with 1-25 M/S beds 80% Occupancy of authorized beds for addition of beds in hospitals with 1-99 M/S beds
Surgery	1,500 Hours of surgery per Operating Rm.
Recovery (Post-Anesthesia Recovery Phase I)	N/A for utilization Licensure: min. of 1 Recovery Station/OR
Stage II Recovery* (Post-Anesthesia Recovery Phase II)	N/A for utilization Licensure: min. of 4 Recovery Stations/OR
Endoscopy	1,500 Hours per Procedure Room
Emergency Department	2,000 Visits per Treatment Station

CLINICAL SERVICE AREA	STATE GUIDELINE
Diagnostic Imaging	
Radiology/Fluoroscopy	6,500 Procedures per Unit
CT Scanning	7,000 Visits per Unit
MRI	2,500 Procedures per Unit
Nuclear Medicine	2,000 Visits per Unit

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

Projected utilization for the first 2 years of operation for Clinical Service Areas for which there are State Guidelines based upon utilization are found below.

	HISTORIC UTILIZATION	PROJECTED UTILIZATION		STATE GUIDELINE	MET GUIDELINE IN YEAR 2?
CLINICAL SERVICE AREAS	CY2010	YEAR 1 FY2015	YEAR 2 FY2016		
Medical-Surgical Patient Days*	4,813 Patient Days including Observation Days, Swing Bed Days and Intensive Care Days	7,135 Patient Days including Observation Days and Swing Bed Days	7,350 Patient Days including Observation Days and Swing Bed Days	60% Occupancy for moderni-ization; 80% Occupancy for addition of beds	Yes
Surgery Hours	1,920 Hours including Endoscopy	2,018 Hours based on projected cases and 2010 hours/case	2,057 Hours based on projected cases and 2010 hours/case	1,500 Hours per Operating Room	Yes
Endoscopy Hours	No Dedicated Rooms	658 Hours based on projected cases and 2010 hours/case	672 Hours based on projected cases and 2010 hours/case	1,500 Hours per Procedure Room	Yes
Emergency Visits	5,726 Visits to ED + 6,943 Visits to Priority Care = 12,669 Visits	15,047 Visits	15,346 Visits	2,000 Visits per Treatment Station	Yes

CLINICAL SERVICE AREAS AND GUIDELINE	HISTORIC UTILIZATION CY2010	PROJECTED UTILIZATION YEAR 1 FY2015	PROJECTED UTILIZATION YEAR 2 FY2016	STATE GUIDELINE	MET GUIDELINE IN YEAR 2?
Diagnostic Imaging					
Radiology/ Fluoroscopy (R/F) Procedures	8,721 Exams/ Procedures	10,193 Exams/ Procedures	10,395 Exams/ Procedures	6,500 Procedures per Unit	Yes
CT Scanning Visits	4,045 Exams/ Visits	4,154 Exams/ Visits	4,237 Exams/ Visits	7,000 Visits per Unit	Yes
MRI Procedures	964 Exams/ Procedures	904 Exams/ Procedures	922 Exams/ Procedures	2,500 Procedures per Unit	Yes
Nuclear Medicine Visits	840 Exams/ Visits	1,113 Exams/ Visits	1,135 Exams/ Visits	2,000 Visits per Unit	Yes

*Medical-Surgical Patient Days include Swing Bed Patient Days and Observation Days, and historic Medical-Surgical Patient Days include Patient Days in the Intensive Care Unit, which will be discontinued in the replacement hospital.

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

CLINICAL SERVICE AREA	STATE GUIDELINE (UNITS/ROOM)	PROJECTED YEAR 2 (FY2016) VOLUME	TOTAL PROPOSED BEDS/ ROOMS
Medical-Surgical Service	60%/80% Occupancy of authorized beds	7,350 Patient Days including Observation Days and Swing Bed Days	25
Surgery	1,500 Hours per Operating Room	2,057 Hours	2
Endoscopy	1,500 Hours per Procedure Room	672 Hours	1
Emergency	2,000 Visits per Treatment Station	15,346 Visits	7

CLINICAL SERVICE AREA	STATE GUIDELINE (UNITS/ROOM)	PROJECTED YEAR 2 (FY2016) VOLUME	TOTAL PROPOSED BEDS/ ROOMS
Diagnostic Imaging			
Radiology/ Fluoroscopy	6,500 Procedures per Unit	10,395 Exams/ Procedures	2
CT Scanning	7,000 Visits per Unit	4,237 Exams/Visits	1
MRI	2,500 Procedures per Unit	922 Exams/ Procedures	1
Nuclear Medicine	2,000 Visits per Unit	1,135 Exams/Visits	1
TOTAL Diagnostic Imaging	N/A	N/A	5 in hospital

The assumptions underlying the projected utilization for all Clinical Service Areas for which State Guidelines regarding target occupancy or utilization exist are presented below and in Attachment 37.

Medical-Surgical Category of Service

1. As a Critical Access Hospital, St. Joseph's Hospital is permitted to operate no more than 25 acute care beds.

   As a result of this project, St. Joseph's Hospital will reduce its Authorized Beds by replacing its existing 27 Authorized Beds in the Medical-Surgical, Pediatric, and Intensive Care Categories of Service with 25 Authorized Beds in the Medical-Surgical Service and discontinuing the Pediatric and Intensive Care Categories of Service

2. Acute care admissions will increase by a total of 51% (an average of 10% annually) between CY2010 and the replacement hospital's first complete fiscal year of operation (FY2015).

   This increase will be due to the following reasons.

3. Once the replacement hospital becomes operational, inpatient admissions for acute care (Medical-Surgical Category of Service) will increase by 3% annually for FY2014 and 2015, then by 2% annually for FY2016 through FY2018 because of the following factors.

   a. The practices of the 2 primary care physicians that were established in July, 2011, will mature.

b. A third additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the summer or early autumn of CY2013 (first quarter FY2014), just before the replacement hospital becomes operational.

c. A fourth additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the spring of CY2015 (fourth quarter FY2015).

d. As shown in Attachment 12 and discussed above, St. Joseph's Hospital's market area is expected to increase in population by 3.8% during the next 5 years, and this population growth is expected to continue, especially among the age cohort of 65 years and older.

   Population growth is expected in all age cohorts, with the highest percentage of growth (11.5%) expected to occur in the age cohort of 65 years and older.

   The largest percentage of St. Joseph's Hospital's patients are in this age cohort of 65 years and older.

4. "Admissions" of Swing Bed patients will increase by a total of 42% (an average of 8.5% annually) between CY2010 and the replacement hospital's first complete fiscal year of operation (FY2015).

   This increase will be due to the following reasons.

   a. Patient acuity levels are increasing at St. Joseph's Hospital, which results in patients requiring additional days of care. Many of these extended stays qualify for Swing Beds.

   b. The increase in patients aged 65 and older (11.5% projected increase in this age cohort in the market area by 2015) in St. Joseph's Hospital's market area results in patients having diagnoses that require extended stays.

5. Once the replacement hospital becomes operational, "admissions" of Swing Bed patients will increase by 2% annually because of the following factors.

   Swing bed "admissions" are directly correlated with overall hospital admissions. Most swing bed "admissions" are patients who are St. Joseph's Hospital's inpatients.

   Swing bed "admissions" will increase for the same reasons as hospital admissions.

   a. The practices of the 2 primary care physicians that were established in July, 2011, will mature.

b. A third additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the summer or early autumn of CY2013 (first quarter FY2014), just before the replacement hospital becomes operational.

c. A fourth additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the spring of CY2015 (fourth quarter FY2015).

d. As shown in Attachment 12 and discussed above, St. Joseph's Hospital's market area is expected to increase in population by 3.8% during the next 5 years, and this population growth is expected to continue, especially among the age cohort of 65 years and older.

   Population growth is expected in all age cohorts, with the highest percentage of growth (11.5%) expected to occur in the age cohort of 65 years and older.

   The largest percentage of St. Joseph's Hospital's patients are in this age cohort of 65 years and older.

6. The number of Observation days will increase by 135%, a 27% annual increase, between CY2010 and the replacement hospital's first complete fiscal year of operation (FY2015) because of the following factors.

   a. St. Joseph's Hospital is experiencing a recent trend by Medicare and private insurance companies to encourage hospitals to utilize Observation beds rather than to admit patients as inpatients.

   b. More patients are meeting the criteria for being considered as Observation patients due to St. Joseph's Hospital's recent implementation of Interqual admission criteria software.

7. Once the replacement hospital becomes operational, the number of Observation days will increase by 3% between the first and second complete fiscal years of operation because Observation utilization is closely correlated with inpatient admissions, as a result of which the following factors apply.

   a. The practices of the 2 primary care physicians that were established in July, 2011, will mature.

   b. A third additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the summer or early autumn of CY2013 (first quarter FY2014), just before the replacement hospital becomes operational.

   c. A fourth additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the spring of CY2015 (fourth quarter FY2015).

   d. As shown in Attachment 12 and discussed above, St. Joseph's Hospital's market area is expected to increase in population by 3.8% during the next

5 years, and this population growth is expected to continue, especially among the age cohort of 65 years and older.

Population growth is expected in all age cohorts, with the highest percentage of growth (11.5%) expected to occur in the age cohort of 65 years and older.

The largest percentage of St. Joseph's Hospital's patients are in this age cohort of 65 years and older.

8. The average length of stay for acute care inpatients will remain 3.6 from CY2010 to FY2016.

9. As a result of the factors identified above, Medical-Surgical plus Observation Patient Days will increase by a total of 56% (an annual average of 11% or 313 Patient and Observation Days) between CY2010 (the middle of FY2011) and FY2015, the first complete fiscal year of operation of the replacement hospital.

10. Once the replacement hospital becomes operational, Medical-Surgical plus Observation Patient Days will increase by 3% (132 Patient and Observation Days) between the first and second complete fiscal years of operation due to the factors identified above.

11. The average length of stay for Swing Bed patients will increase slightly to 8.6 days from CY2010 to FY2015, remaining the same during the second complete fiscal year of operation in the replacement hospital (FY2016).

12. As a result of the factors identified above (increased admissions and increased average length of stay), Swing Bed Patient Days will increase by a total of 44%, an annual increase of nearly 9%, between CY2010 and the replacement hospital's first complete fiscal year of operation (FY2015).

13. Once the replacement hospital becomes operational, Swing Bed Patent Days will increase by 3% between the first and second complete fiscal years of operation.

Surgery

1. The projected total number of surgical cases (inpatient + outpatient cases) excluding Endoscopy will increase from 700 in CY2010 to 930 in FY2015 and 948 in FY2016.

2. The projected number of surgical cases was determined based on the following assumptions.

   St. Joseph's Hospital's surgical volume is directly correlated with the number of referring primary physicians. Consequently, the increased number of physicians on St. Joseph's Hospital's active medical staff is projected to result in increased surgical cases.

   a. Two new primary care physicians began practicing exclusively at St. Joseph's Hospital on July 1, 2011.

b. St. Joseph's Hospital plans to add an additional primary care physician in the summer or fall of CY2013 (first quarter of FY2014) who will practice exclusively at St. Joseph's Hospital.

c. St. Joseph's Hospital plans to add a fourth additional primary care physician in the spring of CY2015 (fourth quarter of FY2015) who will practice exclusively at St. Joseph's Hospital.

d. St. Joseph's Hospital continues to add specialty physicians who conduct clinics at St. Joseph's Hospital. Some of these physicians are surgeons who directly add more potential procedures to St. Joseph's Hospital's caseload, particularly in Ophthalmology, Orthopedic Surgery, and Pain Management.

St. Joseph's Hospital plans to add more clinics in the future to meet local needs.

e. Some of the specialty physicians who conduct clinics at St. Joseph's Hospital refer cases to General Surgeons, Orthopedic Surgeons, and other specialty surgeons who perform surgery at St. Joseph's Hospital, thus increasing the surgical cases performed at the hospital.

3. Projected surgical hours were determined based upon the following assumptions.

Surgical cases will average 2.17 hours (130 minutes) including clean-up and set-up time, based on historic experience at St. Joseph's Hospital.

Endoscopy

1. The projected total number of Endoscopy cases (inpatient + outpatient cases) will increase from 695 in CY2010 to 767 in FY2015 and 783 in FY2016.

2. The projected number of Endoscopy cases was determined by using the following assumptions.

a. Endoscopy cases are mainly performed on patients aged 50 and older, a population group that currently represents 43% of St. Joseph's Hospital's market area population (for those aged 45 and older), which is projected to increase by 2015.

b. The increase in the number of primary care physicians on St. Joseph's Hospital's medical staff will increase the number of referrals for Endoscopy.

(1) St. Joseph's Hospital has recruited 2 new primary care physicians to its full-time staff and plans to recruit 2 more during the next few years. These new members of the medical staff will generate admissions to the hospital.

A primary care internist began practicing exclusively at St. Joseph's Hospital on July 1, 2011.

A family practitioner began practicing exclusively at St. Joseph's Hospital on July 1, 2011.

A third additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the summer or early autumn of CY2013 (first quarter FY2014), just before the replacement hospital becomes operational.

A fourth additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the spring of CY2015 (fourth quarter FY2015).

3. Endoscopy hours were determined based upon the assumption that Endoscopy cases will average 0.858 hours (51.48 minutes) including clean-up and set-up time, based on historic experience at St. Joseph's Hospital.

Emergency

1. Priority Care will become part of St. Joseph's Hospital's Emergency Department when the replacement hospital opens.

2. The projected total number of Emergency visits will increase from the total of 12,669 for Emergency visits + Priority Care in CY2010 (5,726 Emergency Visits + 6.943 Priority Care Visits) to 15,047 Visits in FY15 and 15,346 Visits in FY16.

3. The projected number of Emergency visits was determined by using the following assumptions.

   a. St. Joseph's Hospital's volumes for Emergency visits and Priority Care services appear to follow the same choice patterns as for outpatient care within the market area.

      Outpatient volumes at St. Joseph's Hospital continue to increase and so do its Emergency and Priority Care volumes.

   b. For the past two years, St. Joseph's Hospital's Emergency Department patient satisfaction scores have consistently been in the 90th percentile of the nation based on Press Ganey reports.

Diagnostic Imaging: Radiology and Fluoroscopy

The projected number of Radiology and Fluoroscopy exams will increase from 8,721 in CY2010 to 10,193 in FY2015 and 10,395 in FY2016.

The projected number of Radiology and Fluoroscopy exams was determined by using the following assumptions.

a. St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff.

b. The historical ratio of Radiology and Fluoroscopy exams per inpatient admission was used to predict future volumes.

Diagnostic Imaging: CT Scanning

The projected number of CT exams/visits will increase from 4,045 in CY2010 to 4,154 in FY2015 and 4,237 in FY2016.

The projected number of CT exams/visits was determined by using the following assumptions.

a. St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff.

b. The historical ratio of Radiology and Fluoroscopy exams per inpatient admission was used to predict future volumes.

Diagnostic Imaging: MRI

The projected number of MRI exams/visits will decrease from 964 in CY2010 to 904 in FY2015 and then increase to 922 in FY2016.

The projected number of MRI exams/visits was determined by using the following assumptions.

a. There has been a recent bundling of MRI procedures in accordance with Medicare guidelines, which results in a reporting of fewer exams/visits compared to previous years.

b. St. Joseph's Hospital's MRI unit is a full-time mobile unit, which is not highly competitive with fixed MRI units that exist in the area.

c. The number of MRI exams/visits will increase in the future, once the new hospital with a fixed MRI unit becomes operational due to the following factors:

   (1) St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff;

   (2) Population growth of the market area;

   (3) Increased outpatient and Emergency Department visits to St. Joseph's Hospital, which results in an increased number of MRI exams.

Diagnostic Imaging: Nuclear Medicine

The projected number of Nuclear Medicine exams/visits will increase from 840 in CY2010 to 1,113 in FY2015 and 1,135 in FY2016.

The number of Nuclear Medicine visits was determined by using the following assumptions.

a. St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff.

b. The historical ratio of Radiology and Fluoroscopy exams per inpatient admission was used to predict future volumes.

VII.A.3.
Criteria 1110.530.(b), (c), (e)-(g)
Service Specific Review Criteria: Medical-Surgical

This project includes the replacement of the Medical-Surgical Service at the replacement St. Joseph's Hospital in Highland, which will be located 1.2 miles from its current site. The Medical-Surgical beds are also used to provide the Extended Care Category of Service ("swing beds"), and they also accommodate Observation Patients.

As indicated on Page 8 of the CON application form, this project will establish 25 Medical-Surgical beds at the new St. Joseph's Hospital as a replacement of the hospital's currently authorized 27 beds: 21 Medical-Surgical, 2 Pediatric, and 4 Intensive Care.

Because this project proposes to replace St. Joseph's Hospital on a new site, this application must address the requirements for "Establishment of Services or Facility," as stated in 77 Ill. Adm. Code 1110.530(a)(3).

1. Criterion 1110.530.(b)(1) - Planning Area Need: 77 Ill. Adm. Code 1100 (formula calculation)

    A. The "Revised Bed Need Determinations" issued by the Illinois Department of Public Health (IDPH), dated October 14, 2011, identify an excess of 561 Medical-Surgical beds in Planning Area F-01.

    Although this project is not in conformance with the bed need figures specified in the IDPH "Revised Bed Need Determinations," this project is the replacement of an existing hospital that has been designated as a Critical Access Hospital by the federal government and that has been designated as a "necessary provider of health services" by the Illinois Department of Public Health.

    St. Joseph's Hospital was designated as a Critical Access Hospital by the federal government in 2004, as indicated in the letter from Michael Sullivan, Program Representative, Non Long Term Care Branch of the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services, that is appended to this Attachment as well as to Attachment 12 of this CON application.

    A letter from Damon T. Arnold, M.D., M.P.H., Director of the Illinois Department of Public Health, documenting that St. Joseph's Hospital has been designated as a Critical Access Hospital, as a necessary provider of health services, and as a rural hospital, is also appended to this Attachment as well as to Attachment 12.

B. As noted in the response to 1.A. above and in Attachment 12 of this CON application, the replacement of St. Joseph's Hospital is necessary to serve the population of Planning Area F-01 even though the replacement is not in accordance with the bed need figures for the Medical-Surgical Service in Planning Area F-01.

This project is justified because the replacement of St. Joseph's Hospital is needed and appropriate and because St. Joseph's Hospital has been designated as a Critical Access Hospital by the federal government and as a "necessary provider of health services" by the Illinois Department of Public Health.

2. Criterion 1110.530.(b)(2)(A) - Service to Planning Area Residents: Applicants proposing to establish or add beds

The primary purpose of this project is to provide necessary health care to residents of Planning Area F-01 and, in particular, to St. Joseph's Hospital's market area, which is comprised of its Primary and Secondary Service Areas.

St. Joseph's Hospital is currently located in Highland, as will be the replacement hospital, and 85% of its inpatients during CY10 resided in Planning Area F-01, as demonstrated by the hospital's patient origin data that are found in Attachment 12 and on Pages 18 and 19 of this Attachment.

Planning Area F-01 is comprised of Madison and St. Clair Counties, 12 townships in Clinton County, and 14 precincts in Monroe County.

The fact that such a high percentage of St. Joseph's Hospital's inpatients reside in Planning Area F-01 is an indication that the purpose of replacing the existing hospital is to continue serving residents of the planning area in which the hospital is located.

The patient origin data on Page 20 of this Attachment demonstrate that the market area for St. Joseph's Hospital consists of Highland, the town in which the existing and replacement hospital are both located, as well as nearby towns that are located in Planning Area F-01 and adjacent Planning Areas.

St. Joseph's Hospital's market area consists of the following zip codes, which constitute St. Joseph's Hospital's primary and secondary service areas.

<u>Primary Service Area</u>
62249 Highland

Highland is the town in which the existing and replacement hospitals are located in which 65% of St. Joseph's Hospital's CY2010 inpatients reside. It is within the State-Designated Planning Area F-01.

Secondary Service Area

62001 Alhambra
62061 Marine
62074 New Douglas
62216 Aviston
62273 Pierron
62275 Pocahontas
62281 Saint Jacob
62293 Trenton

An additional 21% of St. Joseph's Hospital's CY2010 inpatients reside in the zip codes consisting the secondary service area. Ninety-four of these inpatients (13% of St. Joseph's Hospital's CY2010 inpatients) reside in Planning Area F-01.

During CY2010, 618 of St. Joseph's Hospital's 724 inpatients served (85%) resided in these 9 zip codes, which constitute the hospital's market area. Of the 724 CY2010 inpatients, 563 (78%) of the inpatients residing in St. Joseph's Hospital's primary and secondary service areas resided in Planning Area F-01, the state-designated planning area in which the hospital is located.

These data demonstrate that 85% of St. Joseph's Hospital's inpatients during CY2010 resided within St. Joseph's Hospital's market area, with 78% of the inpatients residing in St. Joseph's Hospital's market area within Planning Area F-01, and 8% residing in St. Joseph's Hospital's market area outside Planning Area F-01.

3.A. Criterion 1110.530.(b)(3)(A) - Service Demand - Establishment of Bed Category of Service: Historical Referrals

This CON application proposes the replacement of an existing Critical Access Hospital - St. Joseph's Hospital - on a different site in Highland that is located 1.2 miles from its current hospital.

Although the replacement of an existing hospital on a different site is considered to be the establishment of a new hospital, the sole purpose for the replacement of the existing hospital is to provide appropriate, contemporary facilities for the patients historically served at St. Joseph's Hospital as well as for projected growth in the hospital's utilization due to the population growth and aging that has been predicted by Claritas, as presented in Attachment 12 and below.

St. Joseph's Hospital's historic utilization constitutes its own historic referrals, and the documentation that is presented for the projected utilization of the Medical-Surgical Category of Service in the replacement hospital has been presented to IDPH on the hospital's Annual Hospital Questionnaire.

Since the replacement hospital will have only one Category of Service, the Medical-Surgical Service, all of the current Pediatric and Intensive Care patients will become patients in the Medical-Surgical Service. In addition, the replacement St. Joseph's Hospital will be certified for the Extended Care Category of Service ("swing bed" program), as is the current hospital, and swing bed patients will occupy beds in the Medical-Surgical Service, as they do at the present time.

	HISTORIC UTILIZATION	PROJECTED UTILIZATION	
CATEGORY OF SERVICE	CY2010	YEAR 1 FY2015	YEAR 2 FY2016
Medical-Surgical Patient Days	4,813 Patient Days including Observation Days, Swing Bed Days and Intensive Care Days	7,135 Patient Days including Observation Days and Swing Bed Days	7,350 Patient Days including Observation Days and Swing Bed Days

The projected increase in utilization of St. Joseph's Hospital's Medical-Surgical Category of Service after the replacement hospital becomes operational is due to recent and projected population trends that were identified by reviewing population statistics from Claritas.

This review of population statistics produced the following conclusions.

- The population in St. Joseph's Hospital's Primary Service Area (zip code 62249, Highland) is projected to increase by 4.5% from 2010 to 2015 (2010 population: 15,223; 2015 population: 15,906), having increased by 13.0% from 2000 to 2010 (2000 population: 13,469; 2010 population: 15,223).

- The population in St. Joseph's Hospital's Secondary Service Area (composed of the following zip codes: 62001; 62061; 62074; 62216; 62273; 62275; 62281; 62293) is projected to increase by 3.0% from 2010 to 2015 (2010 population: 17,403; 2015 population: 17,925), having

increased by 8.5% from 2000 to 2010 (2000 population: 16,033; 2010 population: 17,403).

- The population in St. Joseph's Hospital's Market Area, which is composed of its Primary and Secondary Service Areas, is projected to increase by 3.7% from 2010 to 2015 (2010 population: 32,626; 2015 population: 33,831), having increased by 10.6% from 2000 to 2010 (2000 population: 29,502; 2010 population: 32,626).

- The population in St. Joseph's Hospital's Market Area that is 65 years and older is aging rapidly and is projected to increase by 11.2% during the 5-year period from 2010 to 2015 (2010 population 65 years of age and older: 4,920; 2015 population: 65 years of age and older: 5,471), having increased by 14.0% during the preceding 10-year period from 2000 to 2010 (2000 population 65 years of age and older: 4,314; 2010 population 65 years of age and older: 4,920).

- The population in St. Joseph's Hospital's Market Area that is 65 years and older is increasing as a percentage of the total population. The population aged 65 years and older is projected to increase to 16.2% of the total population in the Market Area by 2015 from 14.6% in 2000 and 15.1% in 2010.

- Madison County, the county in which St. Joseph's Hospital is located, has a higher proportion of residents 65 years of age and older (14.0% in 2009) than the state's proportion of residents for that same age group (12.1% in 2009).

4. Criterion 1110.530.(b)(4) - Service Demand - Expansion of Existing Category of Service

This Criterion is not applicable to this project.

5. Criterion 1110.530.(b)(5)(A) - Service Accessibility: Service Restrictions

Three factors that justify the replacement of 25 beds at St. Joseph's Hospital document this project's compliance with 77 Ill. Adm. Code 1110.530(b)(5)(A)(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."

a. St. Joseph's Hospital has been certified as a Critical Access Hospital by the federal government.

The federal government's certification is provided in a June 7, 2004, letter from Michael Sullivan, Program Representative, Non Long Term Care Branch, Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

This letter is appended to this Attachment.

b. St. Joseph's Hospital has been designated by the Illinois Department of Public Health as a "necessary provider of health services as authorized by the Illinois Rural Health Plan." This designation was issued on September 18, 2003, and reaffirmed in a July 15, 2011, letter from Damon Arnold, M.D., M.P.H., Director of IDPH, which is appended to this Attachment.

c. Many of the patients that are served at St. Joseph's Hospital are low income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas.

There are a number of federally-designated Health Professional Shortage Areas in St. Joseph's Hospital's Primary and Secondary Service Areas, as identified below and in Attachment 12.

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/ Health Resources and Services Administration, U.S. Department of Health and Human Services).

- The federal government designated Madison County as a low income population Health Professional Shortage Area in 2003, and the county continues to be a low income population Health Professional Shortage Area for Primary Medical Care.

  Documentation of this designation is appended to this Attachment.

- The federal government has designated the Highland Service Area in Madison County, the county in which St. Joseph's Hospital is located, as a Health Professional Shortage Area (HPSA) for Primary Medical Care.

  Documentation of this designation is appended to this Attachment.

There is currently a need for additional primary medical care health professionals in the Highland Service Area, which includes Saline and Helvetia Townships, the townships in which St. Joseph's Hospital and the town of Highland are located. Although the replacement hospital will be located only 1.2 miles from the existing hospital, the 2 hospital sites are located in different townships. The site of the replacement hospital is in Saline Township, while the existing hospital is located in Helvetia Township.

Documentation of these Health Manpower Shortage Areas by township is appended to this Attachment.

- The federal government has identified Saline and Helvetia Townships in the Highland Service Area as HPSAs that qualify for Medicare Physician bonus payments.

  This designation means that Medicare makes bonus payments to physicians who provide medical care services in the Highland Service Area.

  Documentation of this designation and eligibility is appended to this Attachment.

- The federal government has designated all of Clinton County as a Health Professional Shortage Area (HPSA). Clinton County includes a number of townships that are located in the same Planning Area as St. Joseph's Hospital and includes 2 zip codes in St. Joseph's Hospital's Secondary Service Area

  There is currently a need for additional primary medical care health professionals in Clinton County.

  Documentation of this designation is appended to this Attachment.

The following hospitals that provide the Medical/Surgical Category of Service are either located within the 45-minute normal travel time specified in 77 Ill. Adm. Code 1100.510(d)(3) of the site of the replacement campus for St. Joseph's Hospital or located in Planning Area F-01, the planning area in which St. Joseph's Hospital is located.

	Travel Time and Mileage per Mapquest	Planning Area
Anderson Hospital, Maryville	21 minutes, 18 miles	F-01
St. Joseph's Hospital, Breese	24 minutes, 17 miles	F-01
Greenville Regional Hospital, Greenville	24 minutes, 19 miles	F-02
Community Memorial Hospital, Staunton	35 minutes, 25 miles	E-02
Memorial Hospital - East, Shiloh	33 minutes, 24 miles	F-01
Fayette County Hospital, Vandalia	36 minutes, 36 miles	F-02
Gateway Regional Medical Center, Granite City	38 minutes, 30 miles	F-01
Touchette Regional Hospital, Centreville	40 minutes, 33 miles	F-01
Memorial Hospital, Belleville	44 minutes, 32 miles	F-01
Alton Memorial Hospital, Alton	45 minutes, 38 miles	F-01
St. Elizabeth's Hospital, Belleville	46 minutes, 29 miles	F-01
St. Anthony's Health Center, Alton	48 minutes, 39 miles	F-01

Source: www.mapquest.com

Copies of the print-out from Mapquest are appended to this Attachment.

6. Criterion 1110.530.(c)(1) - Unnecessary Duplication

A. The following zip codes are located, in total or in part, within 30 minutes normal travel time of the project site.

Zip Code	Key Town
62249	Highland
62001	Alhambra
62025	Edwardsville
62034	Glen Carbon
62061	Marine
62062	Maryville
62074	New Douglas
62215	Albers
62216	Aviston
62230	Breese

62234	Collinsville
62245	Germantown
62246	Greenville
62254	Lebanon
62265	New Baden
62275	Pocahontas
62281	Saint Jacob
62293	Trenton
62294	Troy

Source: Claritas 2010, iXpress

B. The total population of these zip codes, based upon the most recent population numbers available, is found below.

Zip Code	Key Town	2010 Estimated Population
62249	Highland	15,223
62001	Alhambra	1,790
62025	Edwardsville	33,525
62034	Glen Carbon	13,950
62061	Marine	1,469
62062	Maryville	8,104
62074	New Douglas	1,855
62215	Albers	988
62216	Aviston	1,652
62230	Breese	6,353
62234	Collinsville	33,451
62245	Germantown	1,903
62246	Greenville	10,811
62254	Lebanon	7,082
62265	New Baden	5,077
62275	Pocahontas	3,831
62281	Saint Jacob	1,919
62293	Trenton	4,887
62294	Troy	13,138
TOTAL POPULATION		167,008

Source: Claritas 2010, iXpress

C. The names and locations of all hospitals located within 30 minutes normal travel time* from the site of the replacement hospital that provide the Medical-Surgical Category of Service are found below.

Name and Location	Travel Time from the replacement site for St. Joseph's Hospital*
Anderson Hospital, Maryville	21 minutes
St. Joseph's Hospital, Breese	24 minutes
Greenville Regional Hospital, Greenville	24 minutes

*In accordance with 77 Ill. Adm. Code 1100.510(d)(3), travel time has been calculated using Mapquest's determination (www.mapquest.com)

7. Criterion 1110.530.(c)(2) - Maldistribution of Services

This project will not result in a maldistribution of services because the project proposes to replace an existing hospital, not to establish a new hospital or any new Categories of Service.

In addition, as discussed earlier in this Attachment, there are 3 critical factors that justify approval of a replacement hospital for St. Joseph's Hospital.

- St. Joseph's Hospital has been certified as a Critical Access Hospital by the federal government.
- St. Joseph's Hospital has been designated as a "necessary provider of health services as authorized by the Illinois Rural Health Plan" by IDPH.
- St. Joseph's Hospital provides safety net services to its patients, many of whom are low income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas.

The ratios of Medical-Surgical/Pediatric beds to population within 30 minutes travel time are shown below. These ratios have been calculated based upon Medical-Surgical/Pediatric beds per 1,000 population. The Medical-Surgical/Pediatric beds were determined as of the August 19, 2011, Addendum to Inventory of Healthcare Services, and the population was based on Claritas' 2010 population estimates for these zip codes, as shown earlier in this Attachment.

Category of Service	M-S/Pediatric Beds within 30 Minutes Travel Time of St. Joseph's Hospital, Highland Planning Area F-01	State of Illinois
Medical-Surgical/Pediatrics	1.35	1.79

Sources:
Illinois Health Facilities Planning Board, Illinois Department of Public Health, "Inventory of Health Care Facilities and Services," May 28, 2008; Addendum to Inventory of Health Care Facilities, March 19, 2008 - August 19, 2011."

American FactFinder, "Profile of General Population and Housing Characteristics: 2010," 2010 Demographic Profile Data, http://factfinder2.census.gov/faces/tableservices/jsf/pages/orductview.xhtml?pid=DEC_10_DP_DPDP1&prodType= table

8. Criterion 1110.530.(c)(3) - Documentation that the replacement of St. Joseph's Hospital will not lower the utilization of other providers

Within 24 months after project completion, the replacement St. Joseph's Hospital will meet the occupancy targets for the Medical-Surgical/Pediatric Category of Service, as documented below and in the certification that is appended to this Attachment.

Service	**Occupancy Target per 77 Ill. Adm. Code 1100**	**2016 Patient Days (second full year of operation)**	**Number of Beds Justified at Occupancy Target**	**Proposed Authorized Beds**
Medical-Surgical Service .	60% for modernization of 1-25 beds; 80% for addition of beds in hospitals with 1-99 M-S beds	7,350 including Swing Bed and Observation patient days	34 @ 60% occupancy; 25 @ 80% occupancy	25

This project will not have any impact on other area providers, regardless of whether they meet the utilization standards specified in 77 Ill. Adm. Code 1110.APPENDIX B or whether they are currently operating below the utilization standards.

That is because the sole purpose of this project is to replace St. Joseph's Hospital on a site that is 1.2 miles from its current location. The replacement hospital will continue to be a Critical Access Hospital, designated by the Illinois Department of Public Health as a "necessary provider of health services." The replacement St. Joseph's Hospital will still be located in Highland, within the same State-designated planning area (P.A. F-01), and it will have the same market area as it has in its current location.

Within 24 months after project completion, the replacement St. Joseph's Hospital will not do either of the following

- Lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100.520.(c) or 1110.Appendix B.
- Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

9. Criterion 1110.530.(e) - Staffing Availability

Clinical and professional staffing needs for the replacement of St. Joseph's Hospital were considered in the planning of this facility. This planning considered the fact that licensure and Joint Commission (new name for JCAHO) or any accreditation requirements will continue to be met.

St. Joseph's Hospital is a licensed hospital that has Joint Commission accreditation.

St. Joseph's Hospital is currently a Critical Access Hospital and both the hospital and Hospital Sisters Health System are experienced in the planning for the staffing of a Critical Access Hospital.

The hospital's existing staff will retain their current positions when the new hospitals.

The current planning for the replacement St. Joseph's Hospital, which will not become operational until 2 years from now (during the third quarter of CY2013) is to employ 222 FTEs during its first full fiscal year of operation (FY15: July 1, 2014, through June 30, 2015), an increase of 21.6 FTEs over its current staffing. These figures for FTEs include all FTEs that will be employed by St. Joseph's Hospital, whether they will work in the hospital or in the ambulatory care departments that will be located in the adjacent Medical Office Building that is the subject of a separate CON application.

Because the opening of the replacement St. Joseph's Hospital is 2 years from now, the additional staff members are not yet being recruited. This Attachment provides a narrative explanation of how the proposed staffing will be achieved when additional staff members are needed.

St. Joseph's Hospital, which is part of Hospital Sisters Health System (HSHS) recruits staff members in a variety of ways. Both the St. Joseph's Hospital website and the HSHS website contain postings of available positions. Since St. Joseph's Hospital is a member of HSHS, which is a 13-hospital system, employees are able to transfer to sister hospitals and maintain current employment status including pension and benefits. This also allows for sharing employees by sister hospitals that are within proximity of each other, such as St. Joseph's Hospital is with its sister hospitals in Breese and Belleville.

The HSHS website contains a direct link to the St. Joseph's Hospital's job postings and career information. These postings include descriptions of all available positions, salary and benefit information, as well as information of how to apply for positions, both on-line and through personal contact. The St. Joseph's Hospital website accepts on-line submission of resumes by applicants. Once an applicant is registered on-line, that person is able to log in to a secure website and use an electronic applicant tracking system, which provides 24-hour access up-to-date information regarding the status of his/her application. Over 90% of the applications for employment at St. Joseph's Hospital are now being received electronically. The hospital provides a computer in its front lobby on which applicants can apply on-line.

Applications are maintained within St. Joseph's Hospital's Position Manager Software system for at least 6 months as a matter of policy.

St. Joseph's Hospital received 191 applications for employment during FY2011.

Most vacant positions are filled within 30 days, as St. Joseph's Hospital has not experienced any difficulty in receiving qualified applicants for all openings for several years.

St. Joseph's Hospital's overall turnover rate in FY2011 was 8.4% including retirees. Many of those turnovers were in PRN positions, which tend to be volatile and the PRN pool of employees is purged annually of employees who have not worked during the past year.

St. Joseph's Hospital consistently receives high scores for employee satisfaction and employee engagement on its annual employee satisfaction surveys. Employee satisfaction and engagement assist in the retention and recruitment of quality employees and are demonstrated by the employment longevity of many employees at St. Joseph's Hospital, which exceeds the national average. Many

applicants are recruited by other satisfied employees who seek out people that they desire to be their colleagues.

St. Joseph's Hospital is a clinical site for professionals, such as registered nurses, therapists, and diagnostic technicians, which assists the hospital in recruiting professionals with whom they already have a relationship.

In the past, St. Joseph's Hospital has participated in job fairs at local community colleges and universities when targeting professional positions, such as registered nurses, therapists, and diagnostic technicians. However, it has not been necessary to participate in job fairs in the last 2 or 3 years, as the hospital is not experiencing shortages of applicants for these positions.

St. Joseph's Hospital is confident of being able to recruit the needed staff for the replacement hospital without creating a staffing burden for any of the existing health care facilities in the region.

10. Criterion 1110.530.(f) - Performance Requirements - Bed Capacity Minimum

St. Joseph's Hospital is not subject to the minimum bed capacity requirement for a Medical-Surgical Category of Service because it is not located within a Metropolitan Statistical Area (MSA).

St. Joseph's Hospital is not subject to the minimum size requirements for the Service: Obstetric, Intensive Care, or Pediatrics Categories of Service because the hospital will not have these Categories of Service.

11. Criterion 1110.530.(g) - Assurances

A signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100.520.(c) for the Medical-Surgical Category of Service is found on the last page of this Attachment.

JUN-07-2004 11:01 P.02/02

Midwestern Consortium
Division of Survey and Certification

June 7, 2004

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

Dear Mr. Fort:

We are pleased to notify you St. Joseph's Hospital meets the requirements at 42 Code of Federal Regulations (CFR), Part 485, for participation in the Medicare Program as a Critical Access Hospital (CAH). This certification is based on the acceptable Plan of Correction for the Life Safety Code deficiencies that were cited in the initial CAH survey conducted by the Illinois Department of Public Health on October 22, 2003. The Illinois Department of Public Health will conduct follow-up surveys to insure that the hospital is complying with the Plan of Correction. The effective date of this approval is June 1, 2004.

Effective with this approval St. Joseph's Hospital's participation as an acute care hospital under the provider number 14-0168 has been canceled, effective June 1, 2004. Your new provider number for your CAH is 14-1336. This provider number should be used on all correspondence and billing for the Medicare program starting June 1, 2004.

The change in status of St. Joseph's Hospital will require that limited services begin no later than June 1, 2004. As of that date, you may operate no more than 25 beds.

Your fiscal intermediary is AdminaStar Federal, Inc. You should direct any questions concerning billing and other fiscal matters to them. If you have questions related to the Conditions of Participation, you should direct them to your state agency.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Doris Johnson in the Chicago Office at (312) 353-5194.

Sincerely,

Michael Sullivan
Program Representative
Non Long Term Care Branch

cc: Illinois Department of Public Health
Mirek Wlodowski
Patricia Schou
Illinois Foundation for Quality Health Care

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

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

TOTAL P.02

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

July 15, 2011

Ms. Peggy Sebastian, CEO
St. Joseph's Hospital
1515 Main Street
Highland, IL 62249

Dear Ms. Sebastian:

The purpose of this letter is to document that **St. Joseph's Hospital, located at 1515 Main Street, City of Highland, Madison County, State of Illinois** was designated as a necessary provider of health services as authorized by the Illinois Rural Health Plan and in accordance with the eligibility requirements defined in Part 6: Implementation of the Critical Access Hospital Program. On September 18, 2003, St. Joseph's Hospital met the criteria to be designated as a necessary provider of health services and was approved. St. Joseph's Hospital was later certified as a critical access hospital effective June 1, 2004. The original necessary provider eligibility requirement statements have been verified and are documented below:

Necessary Provider Eligibility Requirements met by St. Joseph's Hospital at new replacement site

- *Madison County continues to have a larger proportion (14.0%) of residents 65 years of age and over than the state's proportion (12.1%) of residents for that same age group in 2009.* Madison County had a larger proportion (14.3%) of residents 65 of age and over than the state's proportion (12.1%) of residents in 2000.
- *Madison County was designated as a low income population Health Professional Shortage Area in 2003 and continues to be a low income population Health Professional Shortage Area as determined in 2009.*

Improving public health, one community at a time

printed on recycled paper

- St. Joseph's Hospital meets the necessary provider location requirements as determined by its location in a rural census tract of a Metropolitan Statistical Area and current classification as a rural facility based on its initial reclassification as a rural facility on November 16, 2005.

- St. Joseph's Hospital maintains a current Illinois license as an acute care hospital.

The Department of Public Health's Center for Rural Health (Department) and its designees appreciate the efforts of the administration and the Board of St. Joseph's Hospital to work closely with the Department to begin the regulatory process of building a replacement facility. The Department understands that St. Joseph's Hospital is a not-for-profit entity which is operated by its Board of Trustees. The Department also understands that St. Joseph's Hospital Board of Trustees plans to construct a new hospital approximately 1.2 miles north of its current site which will be the southeast corner of Troxler Avenue and Illinois Route 160. There is no street number because the land is a vacant area at this time.

The Department understands that the Hospital's Board and administration consider this to be a positive step in improving both access and quality of health care services to the Illinois residents served by St. Joseph's Hospital. The Hospital will soon begin its application for certificate-of-need for the new facility. The anticipated discontinuation of the current hospital will occur simultaneously with the opening of the proposed new replacement hospital in August 2013.

If you need any further assistance, please do not hesitate to contact Bill Dart, Acting Chief of the Center for Rural Health at 217-785-2040, e-mail at bill.dart@illinois.gov or TTY (hearing impaired use only) at 800-547-0466.

Sincerely,

Damon Arnold, M.D., M.P.H.
Director

DA/bd

ST. JOSEPH'S HOSPITAL
Calendar Year 2010 Patient Origin
All Acute Care Inpatients Served
Excludes Swing Bed Patients

Community	Zip Code	CY 2010 Cases*	% of Total Cases	Cumulative %
Highland	62249	469	64.78%	64.78%
Pocahontas	62275	38	5.25%	70.03%
Alhambra	62001	29	4.01%	74.03%
Greenville	62246	25	3.45%	77.49%
Trenton	62293	21	2.90%	80.39%
Saint Jacob	62281	21	2.90%	83.29%
Pierron	62273	17	2.35%	85.64%
Breese	62230	16	2.21%	87.85%
Marine	62061	13	1.80%	89.64%
Vandalia	62471	9	1.24%	90.88%
Troy	62294	8	1.10%	91.99%
Edwardsville	62025	7	0.97%	92.96%
Carlyle	62231	6	0.83%	93.78%
Aviston	62216	5	0.69%	94.48%
Staunton	62088	5	0.69%	95.17%
New Douglas	62074	5	0.69%	95.86%
Sorento	62086	4	0.55%	96.41%
Collinsville	62234	3	0.41%	96.82%
St. Louis	63122	2	0.28%	97.10%
Keyesport	62253	2	0.28%	97.38%
Beckenmeyer	62219	2	0.28%	97.65%
Worden	62097	2	0.28%	97.93%
Livingston	62058	2	0.28%	98.20%
Houston	77025	1	0.14%	98.34%
St. Louis	63137	1	0.14%	98.48%
Waterloo	62298	1	0.14%	98.62%
New Baden	62265	1	0.14%	98.76%
Mulberry Grove	62262	1	0.14%	98.90%
Albers	62215	1	0.14%	99.03%
Wrights	62098	1	0.14%	99.17%
Maryville	62062	1	0.14%	99.31%
Granite City	62040	1	0.14%	99.45%
Glen Carbon	62034	1	0.14%	99.59%
Edwardsville	62026	1	0.14%	99.72%
East Alton	62024	1	0.14%	99.86%
New Carlisle	45344	1	0.14%	100.00%
Total		724	100.00%	

*Source: Hospital Records

ST. JOSEPH'S HOSPITAL
Calendar Year 2010 Patient Origin
All Acute Care Inpatients Served Excludes Swing Bed Patients

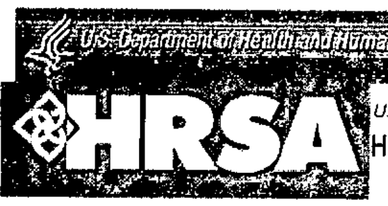
Community	County/State	Zip Code	CY 2010 Cases*	% of Total Cases	Cumulative %
Planning Area F-1					
Highland	Madison	62249	469	64.78%	64.78%
Alhambra	Madison	62001	29	4.01%	68.78%
Trenton	Clinton-Sugar Creek	62293	21	2.90%	71.69%
Saint Jacob	Madison	62281	21	2.90%	74.59%
Breese	Clinton-Breese, St. Rose	62230	16	2.21%	76.80%
Marine	Madison	62061	13	1.80%	78.59%
Troy	Madison	62294	8	1.10%	79.70%
Edwardsville	Madison	62025	7	0.97%	80.66%
Carlyle	Clinton-multiple F1	62231	6	0.83%	81.49%
New Douglas	Madison	62074	5	0.69%	82.18%
Aviston	Clinton-Sugar Creek	62216	5	0.69%	82.87%
Collinsville	Madison	62234	3	0.41%	83.29%
Livingston	Madison	62058	2	0.28%	83.56%
Worden	Madison	62097	2	0.28%	83.84%
Beckenmeyer	Clinton-Wade	62219	2	0.28%	84.12%
East Alton	Madison	62024	1	0.14%	84.25%
Edwardsville	Madison	62026	1	0.14%	84.39%
Glen Carbon	Madison	62034	1	0.14%	84.53%
Granite City	Madison	62040	1	0.14%	84.67%
Maryville	Madison	62062	1	0.14%	84.81%
Albers	Clinton-Lookingglass	62215	1	0.14%	84.94%
New Baden	Clinton-Lookingglass	62265	1	0.14%	85.08%
Waterloo	Monroe-Prec. 7,16-19,22	62298	1	0.14%	85.22%
Sub-Total			617	85.22%	
Other Plannng Areas					
Pocahontas	Bond	62275	38	5.25%	5.25%
Greenville	Bond	62246	25	3.45%	8.70%
Pierron	Bond border Madison	62273	17	2.35%	11.05%
Sorento	Bond	62086	4	0.55%	11.60%
Vandalia	Fayette	62471	9	1.24%	12.85%
Staunton	Macoupin	62088	5	0.69%	13.54%
St. Louis	MO	63122	2	0.28%	13.81%
Keyesport	Bond	62253	2	0.28%	14.09%
Houston	TX	77025	1	0.14%	14.23%
St. Louis	MO	63137	1	0.14%	14.36%
Mulberry Grove	Bond	62262	1	0.14%	14.50%
Wrights	Greene	62098	1	0.14%	14.64%
New Carlisle	OH	45344	1	0.14%	14.78%
Sub-Total			107	14.78%	
Total			724	100.00%	

*Source: Hospital Records

ST. JOSEPH'S HOSPITAL MARKET AREA
Based on Calendar Year 2010 Patient Origin
All Acute Care Inpatients Served Excludes Swing Bed Patients

Community and Planning Area	County/State	Zip Code	CY 2010 Cases*	% of Total Cases
Primary Service Area				
Planning Area F-1				
Highland	Madison	62249	469	64.78%
Sub-Total Primary Service Area			469	64.78%
Secondary Service Area				
Planning Area F-1				
Alhambra	Madison	62001	29	4.01%
Trenton	Clinton-Sugar Creek	62293	21	2.90%
Saint Jacob	Madison	62281	21	2.90%
Marine	Madison	62061	13	1.80%
New Douglas	Madison	62074	5	0.69%
Aviston	Clinton-Sugar Creek	62216	5	0.69%
Sub-Total - Planning Area F-1			94	12.98%
Other Plannng Areas				
Pocahontas	Bond	62275	38	5.25%
Pierron	Bond border Madison	62273	17	2.35%
Sub-Total - Planning Area F-2			55	7.60%
Sub-Total SecondaryService Area			149	20.58%
Total Primary and Secondary Service Area			618	85.36%
Total Inpatients			724	

*Source: Hospital Records



Search

U.S. Department of Health and Human Services
Health Resources and Services Administration

A-Z Index | Questions? | Order Publications

Home | Get Health Care | Grants | Loans & Scholarships | Data & Statistics | Public Health | About HRSA

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

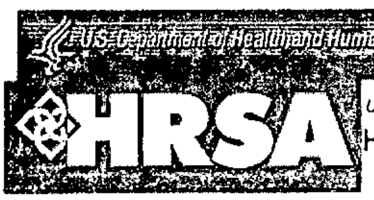
Discipline: Primary Medical Care
Metro: All
Status: Designated
Type: All

Results: 28 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
119 - Madison County					
Low Income - Alton/Wood River	117999178I	Population Group	2	1	14
C.T. 4010.00		Census Tract			
C.T. 4011.00		Census Tract			
C.T. 4012.00		Census Tract			
C.T. 4013.00		Census Tract			
C.T. 4014.00		Census Tract			
C.T. 4015.00		Census Tract			
C.T. 4017.01		Census Tract			
C.T. 4020.00		Census Tract			
C.T. 4021.00		Census Tract			
C.T. 4022.00		Census Tract			
C.T. 4023.00		Census Tract			
C.T. 4024.00		Census Tract			
C.T. 4025.00		Census Tract			
C.T. 4026.00		Census Tract			
Highland Service Area	117999179S	Geographical Area	8	4	11
Alhambra Township		Minor Civil Division			
Hamel Township		Minor Civil Division			
Helvetia Township		Minor Civil Division			
Jarvis Township		Minor Civil Division			
Leef Township		Minor Civil Division			
Marine Township		Minor Civil Division			
New Douglas Township		Minor Civil Division			
Olive Township		Minor Civil Division			
Omphghent Township		Minor Civil Division			
Pin Oak Township		Minor Civil Division			
Saline Township		Minor Civil Division			
St. Jacob Township		Minor Civil Division			

NEW SEARCH | MODIFY SEARCH CRITERIA

Ask Questions | Viewers & Players | Privacy Policy | Disclaimers | Accessibility Freedom of Information Act | USA.gov | WhiteHouse.gov | Recovery.gov |



Search

U.S. Department of Health and Human Services
Health Resources and Services Administration

Find Shortage Areas: MUA/P by State and County

Criteria:
State: Illinois
County: Madison County
ID #: All

Results: 7 records found.

Name	ID#	Type	Score	Designation Date	Update Date
Madison County					
Low Inc - Alton/Wood River Service Area	00621	GOV MUP	0.00	1993/07/21	1994/01/31
MCD (01127) Alton township					
MCD (83284) Wood River township					
Madison Service Area	00923	MUA	62.00	1994/05/20	
CT 4005.00					
Madison Service Area	00924	MUA	59.60	1994/05/20	
CT 4007.00					

NEW SEARCH | MODIFY SEARCH CRITERIA

Find Shortage Areas: HPSA & MUA/P by Address

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

Reported location: 12806 Troxler Ave, Highland, IL, 62249
(— **Input location:** 12806 Troxler, Highland, Illinois 62249)

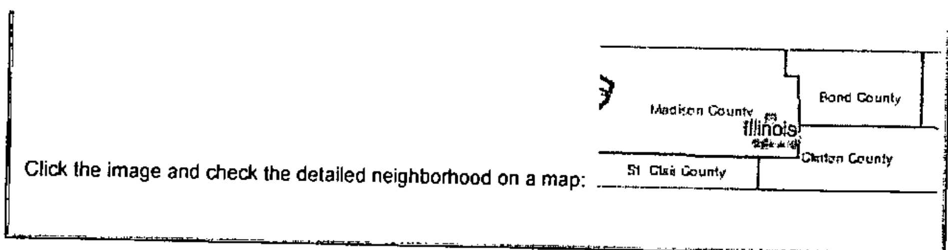
Start over with a new query by address

Print

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	11
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
In a Mental Health Professional Shortage Area: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	11
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
In a Dental Care Health Professional Shortage Area: Yes [Restrictions apply]	
Dental Health HPSA Name:	Medicaid Eligible - Madison County
Dental Health HPSA ID:	6179991757
Dental Health HPSA Status:	Proposed Withdrawal
Dental Health HPSA Score:	- - -
Dental Health HPSA Designation Date:	04/27/2001
Dental Health HPSA Designation Last Update Date:	03/08/2006
In a Medically Underserved Area/Population: No	

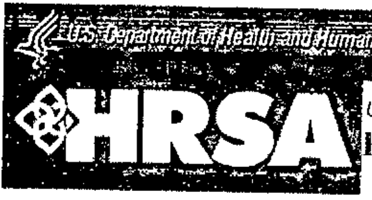
State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Saline township
Census Tract Number (2000):	4036.01
ZIP Code:	62249
Post Office Name:	HIGHLAND
Congressional District Name:	Illinois District 19
Congressional District Representative Name:	John Shimkus
FIPS Code (State + County + Minor Civil Division) (2000):	1711967275
FIPS Code (State + County + Tract number) (2000):	17119403601

Click the image and check the detailed neighborhood on a map:



Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 7/18/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the designation result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. More about shortage areas



Find Shortage Areas: HPSA & MUA/P by Address

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

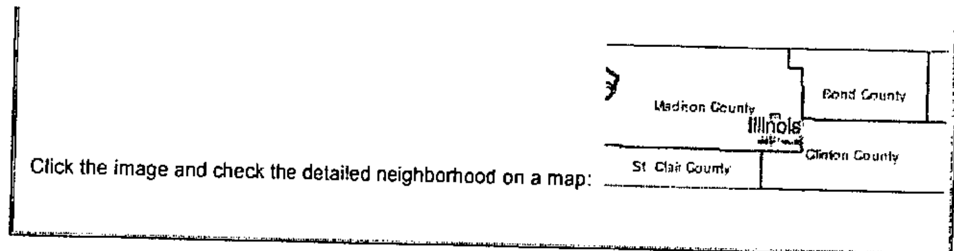
Reported location: 1515 Main St, Highland, IL, 62249
(---- **Input location:** 1515 Main Street, Highland, Illinois 62249)

Start over with a new query by address Print

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	11
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
In a Mental Health Professional Shortage Area: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	11
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
In a Dental Care Health Professional Shortage Area: Yes [Restrictions apply]	
Dental Health HPSA Name:	Medicaid Eligible - Madison County
Dental Health HPSA ID:	6179991757
Dental Health HPSA Status:	Proposed Withdrawal
Dental Health HPSA Score:	- - -
Dental Health HPSA Designation Date:	04/27/2001
Dental Health HPSA Designation Last Update Date:	03/08/2006
In a Medically Underserved Area/Population: No	

State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Helvetia township
Census Tract Number (2000):	4036.02
ZIP Code:	62249
Post Office Name:	HIGHLAND
Congressional District Name:	Illinois District 19
Congressional District Representative Name:	John Shimkus

Click the image and check the detailed neighborhood on a map:



Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 7/18/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the designation result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. More about shortage areas

U.S. Department of Health and Human Services
Health Resources and Services Administration

Find Shortage Areas: HPSAs Eligible for the Medicare Physician Bonus Payment

Reported location: 12826 Troxler Ave, Highland, IL, 62249
(--- **Input location:** 12826 Troxler Avenue, Highland, Illinois 62249)

Start over with a new query by address Print

Is this location in a Health Professional Shortage Area (HPSA) that qualifies for Medicare HPSA bonus payments?Yes

In a Geographic Primary Care HPSA: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
Primary Care HPSA has had a break in designation status:	No
In a Geographic Mental Health HPSA: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
Mental Health HPSA has had a break in designation status:	No

State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Saline township
Census Tract Number (2000):	4036.01
ZIP Code:	62249

Click the image and check the detailed neighborhood on a map: Madison County Bond County Illinois Clinton County St. Clair County

Note: The address you entered is geocoded and then compared against the HPSA data (as of 9/6/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the eligibility result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please contact the Centers for Medicare and Medicaid Services (CMS).

Medicare makes bonus payments to physicians who provide medical care services in geographic areas that are HRSA-designated as primary medical care Health Professional Shortage Areas (HPSAs) and to psychiatrists who provide services in HRSA-designated mental health HPSAs.

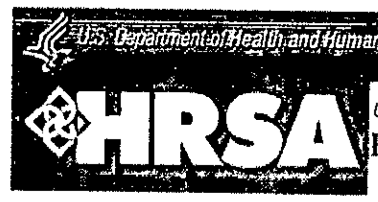
Effective for claims with dates of service on or after January 1, 2009, only services furnished in areas that are designated as geographic HPSAs as of December 31 of the prior year are eligible for the HPSA bonus payment.

Services furnished in areas that are designated at any time during the current year will not be eligible for the HPSA bonus payment until the following year, provided they are still designated on December 31.

See http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6106.pdf. This is MLN Matters Article #MM6106, CMS Change Request #6106.

Only the Centers for Medicare and Medicaid Services can provide more information on the physician bonus. For more information:

- Centers for Medicare and Medicaid Services PSA/HPSA Physician Bonuses



Search

U.S. Department of Health and Human Services
Health Resources and Services Administration

Find Shortage Areas: HPSAs Eligible for the Medicare Physician Bonus Payment

Reported location: 1515 Main St, Highland, IL, 62249
(— **Input location**: 1515 Main Street, Highland, Illinois 62249)

Start over with a new query by address Print

Is this location in a Health Professional Shortage Area (HPSA) that qualifies for Medicare HPSA bonus payments?Yes

In a Geographic Primary Care HPSA: Yes	
Primary Care HPSA Name:	Highland Service Area
Primary Care HPSA ID:	117999179S
Primary Care HPSA Status:	Designated
Primary Care HPSA Designation Date:	12/23/2008
Primary Care HPSA Designation Last Update Date:	- - -
Primary Care HPSA has had a break in designation status:	No
In a Geographic Mental Health HPSA: Yes	
Mental Health HPSA Name:	Catchment Area 04-01-01
Mental Health HPSA ID:	7179991746
Mental Health HPSA Status:	Designated
Mental Health HPSA Designation Date:	06/29/2001
Mental Health HPSA Designation Last Update Date:	02/27/2006
Mental Health HPSA has had a break in designation status:	No

State Name:	Illinois
County Name:	Madison
County Subdivision Name (2000):	Helvetia township
Census Tract Number (2000):	4036.02
ZIP Code:	62249

Click the image and check the detailed neighborhood on a map: Madison County Bond County Illinois St. Clair County Clinton County

Note: The address you entered is geocoded and then compared against the HPSA data (as of 9/6/2011) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the eligibility result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please contact the Centers for Medicare and Medicaid Services (CMS).

Medicare makes bonus payments to physicians who provide medical care services in geographic areas that are HRSA-designated as primary medical care Health Professional Shortage Areas (HPSAs) and to psychiatrists who provide services in HRSA-designated mental health HPSAs.

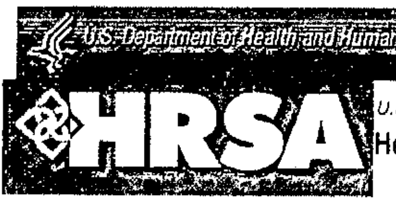
Effective for claims with dates of service on or after January 1, 2009, only services furnished in areas that are designated as geographic HPSAs as of December 31 of the prior year are eligible for the HPSA bonus payment.

Services furnished in areas that are designated at any time during the current year will not be eligible for the HPSA bonus payment until the following year, provided they are still designated on December 31.

See http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6106.pdf. This is MLN Matters Article #MM6106, CMS Change Request #6106.

Only the Centers for Medicare and Medicaid Services can provide more information on the physician bonus. For more information:

- Centers for Medicare and Medicaid Services PSA/HPSA Physician Bonuses



U.S. Department of Health and Human Services
Health Resources and Services Administration

Search

A-Z Index | Questions? | Order Publications

Home | Get Health Care | Grants | Loans & Scholarships | Data & Statistics | Public Health | About HRSA

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 County: Clinton County	Discipline: Primary Medical Care Metro: All
Date of Last Update: All Dates HPSA Score (lower limit): 0	Status: Designated Type: All

Results: 2 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
027 - Clinton County					
Clinton	117027	Single County	9	1	6
Centralia Correctional Center	117999172H	Correctional Facility		2	21

NEW SEARCH | MODIFY SEARCH CRITERIA

Ask Questions | Viewers & Players | Privacy Policy | Disclaimers | Accessibility Freedom of Information Act | USA.gov | WhiteHouse.gov | Recovery.gov |

mapquest

Notes

Trip to:
Anderson Hospital
6800 State Route 162
Maryville, IL 62062
(618) 288-5711
18.19 miles
21 minutes

			Miles Per Section	Miles Driven
A		**13054 Us Highway 40** Highland, IL 62249-4858		
		1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	Go 0.9 Mi	0.9 mi
	143	2. Enter next roundabout and take the 2nd exit onto IL-143 / US-40.	Go 0.5 Mi	1.4 mi
	143	3. Turn RIGHT onto IL-143. *If you are on US-40 and reach PLAZA DR you've gone about 0.2 miles too far*	Go 4.3 Mi	5.8 mi
	WEST 70	4. Merge onto I-70 W via the ramp on the LEFT toward EAST ST LOUIS. *If you reach GERKE LN you've gone a little too far*	Go 10.3 Mi	16.0 mi
18 EXIT		5. Take the IL-162 exit, EXIT 18, toward TROY.	Go 0.3 Mi	16.3 mi
	WEST 162	6. Turn RIGHT onto EDWARDSVILLE RD / IL-162 W. Continue to follow IL-162 W. *If you reach I-55 S you've gone about 0.2 miles too far*	Go 1.9 Mi	18.2 mi
		7. 6800 STATE ROUTE 162. *Your destination is 0.3 miles past VADALABENE DR* *If you reach AUTUMN OAKS DR you've gone about 0.2 miles too far*		18.2 mi
B		**Anderson Hospital** Michael C Fusco MD 6800 State Route 162, Maryville, IL 62062 (618) 288-5711	18.2 mi	18.2 mi

Total Travel Estimate: **18.19 miles - about 21 minutes**

All rights reserved. Use subject to License/Copyright |

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

36 CITIES IN 60 DAYS ★★ TRAVELING THE AMERICAN ROAD ★★ Experience America this summer with Paul Brady Aol Travel. FOLLOW OUR TRIP>

mapquest

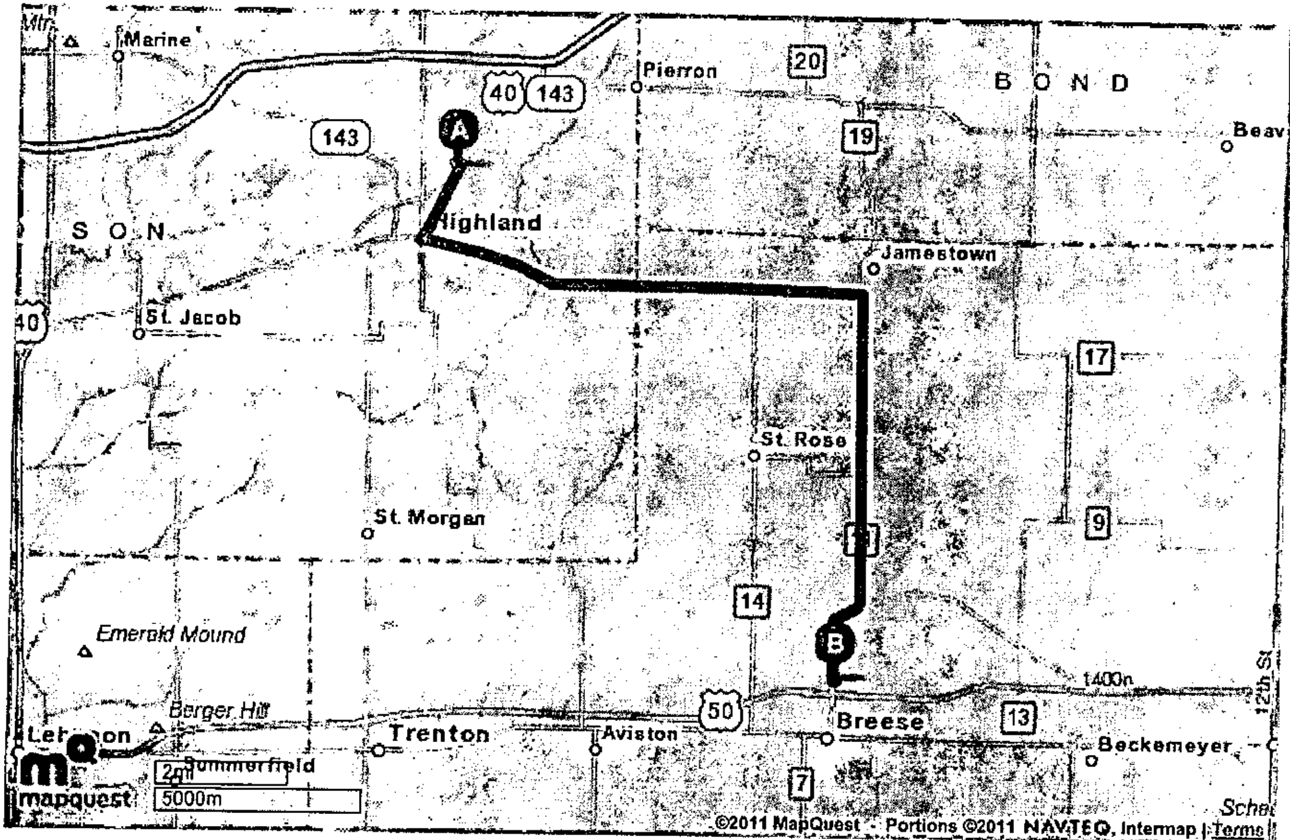
Trip to:
St Joseph's Hospital
9515 Holy Cross Ln
Breese, IL 62230
(618) 526-4511
17.28 miles
24 minutes

Notes

		Miles Per Section	Miles Driven
A	**13054 Us Highway 40** Highland, IL 62249-4858		
	1. Start out going SOUTHWEST on US-40 / IL-143 toward TROXLER AVE.	Go 0.4 Mi	0.4 mi
160	2. Turn LEFT onto SYCAMORE ST / IL-160. *SYCAMORE ST is 0.2 miles past WINU RD*	Go 1.0 Mi	1.3 mi
SOUTH 160	3. Take the 3rd RIGHT onto MAIN ST / IL-160 S.	Go 0.02 Mi	1.4 mi
SOUTH 160	4. Turn LEFT onto POPLAR ST / IL-160 S.	Go 0.1 Mi	1.5 mi
	5. Enter next roundabout and take the 3rd exit onto BROADWAY.	Go 1.1 Mi	2.5 mi
	6. BROADWAY becomes ST ROSE RD.	Go 5.2 Mi	7.8 mi
	7. Stay STRAIGHT to go onto SURGE RD.	Go 2.1 Mi	9.9 mi
	8. Turn RIGHT onto JAMESTOWN RD / CR-11. *If you reach the end of SURGE RD you've gone about 1.0 mile too far*	Go 7.3 Mi	17.2 mi
	9. Turn LEFT onto HOLY CROSS LN. *If you are on N WALNUT ST and reach APPLE LN you've gone about 0.4 miles too far*	Go 0.08 Mi	17.3 mi
	10. 9515 HOLY CROSS LN. *If you reach LINCOLN DR you've gone about 0.3 miles too far*		17.3 mi
B	**St Joseph's Hospital** 9515 Holy Cross Ln, Breese, IL 62230 (618) 526-4511	17.3 mi	17.3 mi

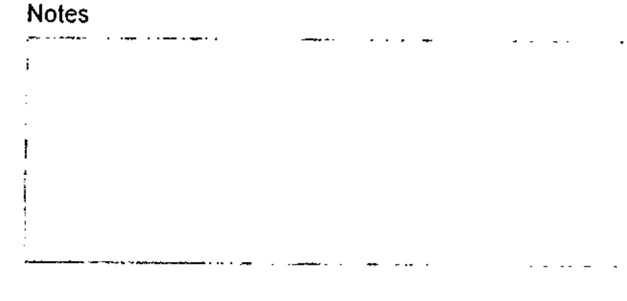
270

Total Travel Estimate: **17.28 miles - about 24 minutes**



All rights reserved. Use subject to License/Copyright |

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



Trip to:
Greenville Regional Hospital
200 Health Care Dr
Greenville, IL 62246
(618) 664-1230
19.05 miles
24 minutes

	Miles Per Section	Miles Driven
13054 Us Highway 40 Highland, IL 62249-4858		
1. Start out going **northeast** on **US-40 / IL-143** toward **Tower Parke Dr**. Continue to follow **US-40**.	**Go 2.4 Mi**	2.4 mi
2. Merge onto **I-70 E** toward **Effingham**. *If you are on Steiner Rd and reach Frey Meadows Rd you've gone about 0.2 miles too far*	**Go 10.9 Mi**	13.3 mi
3. Take **EXIT 41** toward **Greenville**.	**Go 0.3 Mi**	13.6 mi
4. Turn **left** onto **CR-17 / Millersburg Rd**.	**Go 0.2 Mi**	13.8 mi
5. Turn **slight right** onto **US-40 E**.	**Go 2.3 Mi**	16.1 mi
6. Turn **left** onto **S 4th St / Dudleyville Rd**. Continue to follow **S 4th St**. *If you reach S Elm St you've gone about 0.5 miles too far*	**Go 1.0 Mi**	17.1 mi
7. Turn **right** onto **W Franklin Ave**. *W Franklin Ave is just past Louis Latzer Dr* *If you reach W Willard St you've gone a little too far*	**Go 0.06 Mi**	17.1 mi
8. Turn **slight left** onto **S 3rd St**.	**Go 0.6 Mi**	17.7 mi
9. Turn **left** onto **W College Ave / IL-127**. Continue to follow **IL-127**. *IL-127 is just past W Main St* *Dairy Queen is on the corner* *If you reach W Oak St you've gone a little too far*	**Go 0.6 Mi**	18.2 mi
10. Turn **right** onto **IL-140**. *IL-140 is 0.1 miles past Mill Hill Rd* *If you are on Hazel Dell Rd and reach Branch Rd you've gone about 0.3 miles too far*	**Go 0.7 Mi**	18.9 mi
11. Take the 1st **left** onto **Grigg St**.		

272

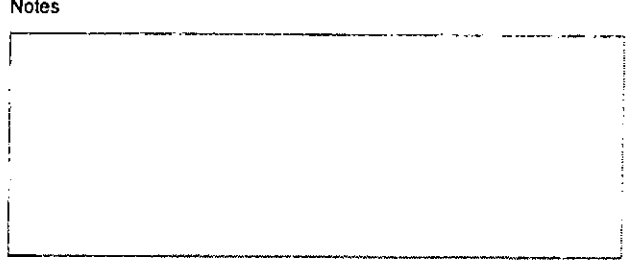
If you reach N Elm St you've gone a little too far	**Go 0.09 Mi**	19.0 mi
12. **Grigg St** becomes **Health Care Dr.**	**Go 0.04 Mi**	19.0 mi
13. **200 HEALTH CARE DR** is on the **right**. *Your destination is just past Honey Locust Ln* *If you reach the end of Health Care Dr you've gone a little too far*		19.0 mi
Greenville Regional Hospital 200 Health Care Dr, Greenville, IL 62246 (618) 664-1230	**19.0 mi**	**19.0 mi**

Total Travel Estimate: **19.05 miles - about 24 minutes**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

mapquest

Notes



Trip to:
Community Memorial Hospital
400 N Caldwell St
Staunton, IL 62088
(618) 635-2200
25.34 miles
35 minutes

13054 Us Highway 40 Highland, IL 62249-4858	**Miles Per Section**	**Miles Driven**
1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	**Go 0.9 Mi**	0.9 mi
2. Enter next roundabout and take the 2nd exit onto IL-143 / US-40.	**Go 0.5 Mi**	1.4 mi
3. Turn RIGHT onto IL-143. *If you are on US-40 and reach PLAZA DR you've gone about 0.2 miles too far*	**Go 7.6 Mi**	9.0 mi
4. Turn RIGHT onto IL-4 N. *IL-4 N is 0.8 miles past MUGLER DR*	**Go 15.8 Mi**	24.7 mi
5. Turn RIGHT onto W PEARL ST / IL-4.	**Go 0.3 Mi**	25.0 mi
6. Turn LEFT onto S HIBBARD ST / IL-4. *S HIBBARD ST is just past S HUSTON ST*	**Go 0.1 Mi**	25.1 mi
7. Turn RIGHT onto W NORTH ST / IL-4.	**Go 0.03 Mi**	25.2 mi
8. Take the 1st LEFT onto N EDWARDSVILLE ST / IL-4.	**Go 0.1 Mi**	25.3 mi
9. Take the 2nd RIGHT onto W OLIVE ST. *If you reach W PENNSYLVANIA ST you've gone a little too far*	**Go 0.04 Mi**	25.3 mi
10. Turn LEFT onto N CALDWELL ST.		25.3 mi
11. 400 N CALDWELL ST is on the RIGHT. *If you reach W PENNSYLVANIA ST you've gone a little too far*		25.3 mi

Community Memorial Hospital
400 N Caldwell St, Staunton, IL 62088
(618) 635-2200

25.3 mi 25.3 mi

Total Travel Estimate: **25.34 miles - about 35 minutes**

All rights reserved. Use subject to License/Copyright |

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

36 CITIES IN 60 DAYS ★★ TRAVELING THE AMERICAN ROAD ★★

Experience America this summer with Paul Brady
Aol Travel.
FOLLOW OUR TRIP >

Notes

Trip to:
Frank Scott Pkwy E & Cross St
Shiloh, IL 62269
23.63 miles
33 minutes

	13054 Us Highway 40 Highland, IL 62249-4858	**Miles Per Section**	**Miles Driven**
	1. Start out going **west** on **US-40 W / IL-143 W** toward **Troxler Ave.**	Go 0.9 Mi	0.9 mi
40	2. Enter next roundabout and take the 2nd exit onto **US-40**.	Go 5.7 Mi	6.6 mi
	3. Turn **left** onto **N Douglas St**. *If you reach IL-4 you've gone about 1.7 miles too far*	Go 0.4 Mi	7.0 mi
	4. Turn **right** onto **W Main St**. *W Main St is just past W Greenberg Ln* *Dew Drop Inn is on the corner* *If you are on S Douglas St and reach Kirri Ln you've gone about 0.1 miles too far*	Go 0.5 Mi	7.5 mi
	5. **W Main St** becomes **Ellis Rd**.	Go 1.4 Mi	8.9 mi
4	6. Turn **left** onto **IL-4**.	Go 8.3 Mi	17.2 mi
WEST 50	7. Turn **slight right** onto **W McAllister St / US-50 W**. Continue to follow **US-50 W**. *US-50 W is just past Mercantile Dr*	Go 4.2 Mi	21.4 mi
	8. Turn **left** onto **N Main St**. *N Main St is just past Schwartz Ln* *If you reach Lake Pointe Centre Dr you've gone a little too far*	Go 1.6 Mi	23.0 mi
	9. Turn **right** onto **Cross St / CR-H62**. *Cross St is just past Maple St* *If you are on S Main St and reach Church St you've gone about 0.1 miles too far*	Go 0.7 Mi	23.6 mi
	10. **FRANK SCOTT PKWY E & CROSS ST.** *Your destination is just past Old Ofallon Rd* *If you are on S Lincoln Ave and reach Dartmouth Dr you've gone about 0.7 miles too far*		23.6 mi

276

	Frank Scott Pkwy E & Cross St Shiloh, IL 62269	23.6 mi	23.6 mi

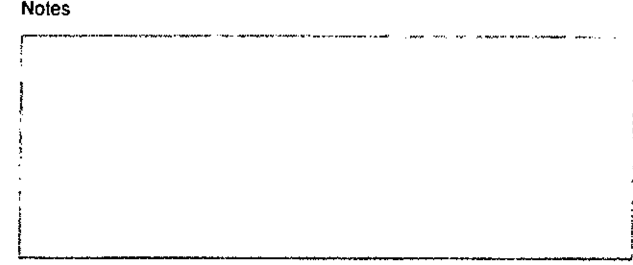
Total Travel Estimate: **23.63 miles - about 33 minutes**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

mapquest

Trip to:
Fayette County Hospital
650 W Taylor St
Vandalia, IL 62471
(618) 283-1231
35.90 miles
36 minutes

Notes



	13054 Us Highway 40 Highland, IL 62249-4858	**Miles Per Section**	**Miles Driven**
	1. Start out going NORTHEAST on US-40 / IL-143 toward TOWER PARKE DR. Continue to follow US-40.	**Go 2.4 Mi**	2.4 mi
70	2. Merge onto I-70 E toward EFFINGHAM. *If you are on STEINER RD and reach FREY MEADOWS RD you've gone about 0.2 miles too far*	**Go 32.3 Mi**	34.8 mi
63 EXIT	3. Take the US-51 exit, EXIT 63, toward VANDALIA / PANA.	**Go 0.4 Mi**	35.2 mi
SOUTH 51	4. Merge onto US-51 S toward IL-185 / VANDALIA.	**Go 0.4 Mi**	35.6 mi
	5. Turn RIGHT onto W TAYLOR ST. *W TAYLOR ST is just past W FILLMORE ST*	**Go 0.3 Mi**	35.9 mi
	6. 650 W TAYLOR ST is on the LEFT. *Your destination is just past N 6TH ST* *If you reach N 7TH ST you've gone a little too far*		35.9 mi
	Fayette County Hospital 650 W Taylor St, Vandalia, IL 62471 (618) 283-1231	**35.9 mi**	**35.9 mi**

Total Travel Estimate: **35.90 miles - about 36 minutes**

All rights reserved. Use subject to License/Copyright

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

36 CITIES IN 60 DAYS ★ ★ TRAVELING THE AMERICAN ROAD ★ ★ Experience America this summer with Paul Brady Aol Travel. FOLLOW OUR TRIP>

mapquest

Notes

Trip to:
Gateway Regional Medical Center
2100 Madison Ave
Granite City, IL 62040
(618) 798-3000
30.36 miles
38 minutes

	Miles Per Section	Miles Driven
13054 Us Highway 40 Highland, IL 62249-4858		
1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	**Go 0.9 Mi**	0.9 mi
2. Enter next roundabout and take the 2nd exit onto IL-143 / US-40.	**Go 0.5 Mi**	1.4 mi
3. Turn RIGHT onto IL-143. *If you are on US-40 and reach PLAZA DR you've gone about 0.2 miles too far*	**Go 4.3 Mi**	5.8 mi
4. Merge onto I-70 W via the ramp on the LEFT toward EAST ST LOUIS. *If you reach GERKE LN you've gone a little too far*	**Go 8.5 Mi**	14.3 mi
5. Keep RIGHT to take I-270 W toward KANSAS CITY.	**Go 10.4 Mi**	24.7 mi
6. Take the IL-203 S exit, EXIT 4, toward GRANITE CITY.	**Go 0.4 Mi**	25.1 mi
7. Merge onto NAMEOKI RD / IL-203 S via the ramp on the LEFT toward GRANITE CITY.	**Go 3.5 Mi**	28.6 mi
8. Turn SLIGHT RIGHT onto MADISON AVE. *MADISON AVE is just past JILL AVE*	**Go 1.7 Mi**	30.4 mi
9. 2100 MADISON AVE is on the LEFT. *Your destination is just past NIEDRINGHAUS AVE* *If you reach 21ST ST you've gone a little too far*		30.4 mi
Gateway Regional Medical Center 2100 Madison Ave, Granite City, IL 62040 (618) 798-3000	30.4 mi	**30.4 mi**

Total Travel Estimate: **30.36 miles - about 38 minutes**

All rights reserved. Use subject to License/Copyright

279

mapquest

Trip to:
Touchette Regional Hospital
5900 Bond Ave
East Saint Louis, IL 62207
(866) 977-3849
33.13 miles
40 minutes

Notes

	13054 Us Highway 40 Highland, IL 62249-4858	**Miles Per Section**	**Miles Driven**
	1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	**Go 0.9 Mi**	0.9 mi
WEST 40	2. Enter next roundabout and take the 2nd exit onto US-40 W.	**Go 13.6 Mi**	14.5 mi
SOUTH 55	3. Merge onto I-55 S / I-70 W / US-40 W toward ST. LOUIS.	**Go 6.8 Mi**	21.3 mi
10 EXIT / SOUTH 255	4. Merge onto I-255 S via EXIT 10 toward MEMPHIS.	**Go 8.5 Mi**	29.8 mi
17B EXIT / WEST 15	5. Merge onto IL-15 W / MISSOURI AVE via EXIT 17B toward EAST ST LOUIS.	**Go 1.1 Mi**	30.8 mi
SOUTH 163	6. Turn LEFT onto IL-163 S. *If you reach N 29TH ST you've gone about 1.1 miles too far*	**Go 1.9 Mi**	32.7 mi
	7. Turn SLIGHT RIGHT. *0.2 miles past S 59TH ST*	**Go 0.03 Mi**	32.8 mi
	8. Turn RIGHT onto BOND AVE.	**Go 0.4 Mi**	33.1 mi
	9. 5900 BOND AVE. *If you reach S 57TH ST you've gone about 0.1 miles too far*		33.1 mi
B	**Touchette Regional Hospital** 5900 Bond Ave, East Saint Louis, IL 62207 (866) 977-3849	**33.1 mi**	**33.1 mi**

Total Travel Estimate: **33.13 miles - about 40 minutes**

All rights reserved. Use subject to License/Copyright

280

mapquest

Trip to:
Memorial Hospital
4500 Memorial Dr
Belleville, IL 62226
(618) 233-7750
31.61 miles
44 minutes

Notes

	13054 Us Highway 40 Highland, IL 62249-4858	**Miles Per Section**	**Miles Driven**
	1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	**Go 0.9 Mi**	0.9 mi
40	2. Enter next roundabout and take the 2nd exit onto US-40.	**Go 7.4 Mi**	8.3 mi
	3. Turn RIGHT onto IL-4. *If you reach TRIAD RD you've gone about 0.7 miles too far*	**Go 0.3 Mi**	8.5 mi
4	4. Turn LEFT to stay on IL-4.	**Go 8.7 Mi**	17.2 mi
WEST 50	5. Turn SLIGHT RIGHT onto W MCALLISTER ST / US-50 W. Continue to follow US-50 W. *US-50 W is just past MERCANTILE DR*	**Go 3.8 Mi**	21.0 mi
WEST 50	6. Turn LEFT onto AIR MOBILITY DR / SCOTT TROY RD / US-50 / IL-158. Continue to follow AIR MOBILITY DR / US-50 W / IL-158 W. *AIR MOBILITY DR is 0.1 miles past SHILOH VALLEY TOWNSHIP RD*	**Go 0.4 Mi**	21.4 mi
WEST 64	7. Merge onto I-64 W / US-50 W toward EAST ST LOUIS.	**Go 2.8 Mi**	24.1 mi
16 EXIT	8. Take EXIT 16 toward O'FALLON / SHILOH.	**Go 0.4 Mi**	24.5 mi
	9. Turn LEFT onto CR-R18 S / N GREEN MOUNT RD. *If you reach I-64 W you've gone about 0.2 miles too far*	**Go 0.5 Mi**	25.0 mi
	10. Turn RIGHT onto FRANK SCOTT PKWY E / CR-H62. Continue to follow FRANK SCOTT PKWY E. *If you reach CASCADE LAKE DR you've gone about 0.3 miles too far*	**Go 6.0 Mi**	31.0 mi
	11. Turn LEFT onto DAPRON DR. *DAPRON DR is 0.5 miles past GETTYSBURG RD*	**Go 0.4 Mi**	31.4 mi

281

	Step	Distance	Total
	12. Take the 2nd LEFT onto N PARK DR. *If you are on SUSANN CT and reach S PARK DR you've gone about 0.1 miles too far*	**Go 0.2 Mi**	31.5 mi
	13. Take the 1st LEFT onto E PARK DR. *If you reach N 44TH ST you've gone a little too far*	**Go 0.06 Mi**	31.6 mi
	14. Turn LEFT onto MEMORIAL DR.	**Go 0.01 Mi**	31.6 mi
	15. 4500 MEMORIAL DR. *If you reach the end of MEMORIAL DR you've gone a little too far*		31.6 mi
B	**Memorial Hospital** 4500 Memorial Dr, Belleville, IL 62226 (618) 233-7750	31.6 mi	**31.6 mi**

Total Travel Estimate: **31.61 miles - about 44 minutes**

All rights reserved. Use subject to License/Copyright |

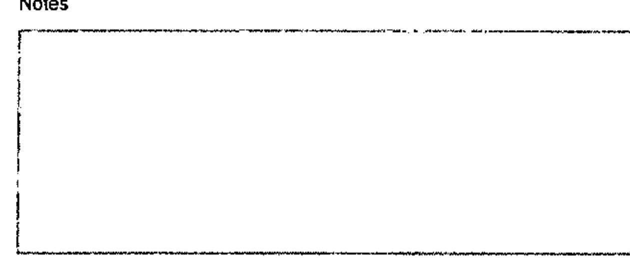
Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

FREE GPS for your iPhone or Android. mobile.mapquest.com/app»

mapquest

Trip to:
Alton Memorial Hospital
1 Memorial Dr
Alton, IL 62002
(618) 463-7311
37.98 miles
45 minutes

Notes



	13054 Us Highway 40 Highland, IL 62249-4858	**Miles Per Section**	**Miles Driven**
	1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	Go 0.9 Mi	0.9 mi
143	2. Enter next roundabout and take the 2nd exit onto IL-143 / US-40.	Go 0.5 Mi	1.4 mi
143	3. Turn RIGHT onto IL-143. *If you are on US-40 and reach PLAZA DR you've gone about 0.2 miles too far*	Go 4.3 Mi	5.8 mi
WEST 70	4. Merge onto I-70 W via the ramp on the LEFT toward EAST ST LOUIS. *If you reach GERKE LN you've gone a little too far*	Go 8.5 Mi	14.3 mi
WEST 270	5. Keep RIGHT to take I-270 W toward KANSAS CITY.	Go 7.7 Mi	21.9 mi
7B EXIT / NORTH 255	6. Merge onto IL-255 N via EXIT 7B toward WOOD RIVER.	Go 10.4 Mi	32.3 mi
10 EXIT	7. Take the IL-111 / IL-140 exit, EXIT 10, toward ALTON / BETHALTO.	Go 0.3 Mi	32.6 mi
RAMP	8. Take the ramp toward ALTON.	Go 0.06 Mi	32.6 mi
WEST 140	9. Turn LEFT onto E MACARTHUR DR / IL-111 / IL-140. Continue to follow IL-140 W.	Go 4.7 Mi	37.4 mi
	10. Stay STRAIGHT to go onto COLLEGE AVE.	Go 0.4 Mi	37.8 mi
	11. Take the 2nd LEFT onto ROCK SPRINGS DR. *If you reach MONTEREY PL you've gone about 0.1 miles too far*	Go 0.2 Mi	38.0 mi

	12. Take the 1st RIGHT onto MEMORIAL DR. *If you reach BROWN ST you've gone about 0.2 miles too far*	Go 0.01 Mi	38.0 mi
	13. 1 MEMORIAL DR is on the RIGHT. *If you reach BROWN ST you've gone about 0.5 miles too far*		38.0 mi
B	**Alton Memorial Hospital** 1 Memorial Dr, Alton, IL 62002 (618) 463-7311	38.0 mi	38.0 mi

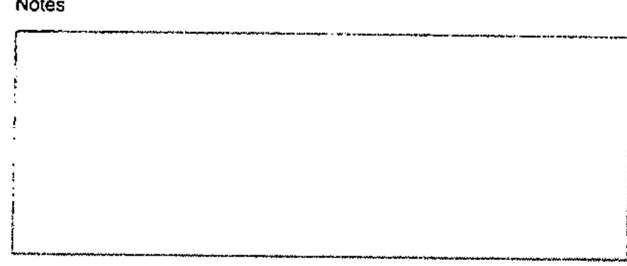
Total Travel Estimate: **37.98 miles - about 45 minutes**

All rights reserved. Use subject to License/Copyright |

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

36 CITIES IN 60 DAYS ★ ★ TRAVELING THE AMERICAN ROAD ★ ★ Experience America this summer with Paul Brady Aol Travel. FOLLOW OUR TRIP>

mapquest



Trip to:
St. Elizabeth's Hospital
211 S 3rd St
Belleville, IL 62220
(618) 234-2120
29.48 miles
46 minutes

	13054 Us Highway 40 Highland, IL 62249-4858	Miles Per Section	Miles Driven
	1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	Go 0.9 Mi	0.9 mi
40	2. Enter next roundabout and take the 2nd exit onto US-40.	Go 5.7 Mi	6.6 mi
	3. Turn LEFT onto N DOUGLAS ST / CR-13. *If you reach IL-4 you've gone about 1.7 miles too far*	Go 0.4 Mi	7.0 mi
	4. Turn RIGHT onto W MAIN ST. *W MAIN ST is just past W GREENBERG LN*	Go 0.5 Mi	7.5 mi
	5. W MAIN ST becomes ELLIS RD.	Go 1.4 Mi	8.9 mi
4	6. Turn LEFT onto IL-4.	Go 8.3 Mi	17.2 mi
WEST 50	7. Turn SLIGHT RIGHT onto W MCALLISTER ST / US-50 W. Continue to follow US-50 W. *US-50 W is just past MERCANTILE DR*	Go 4.2 Mi	21.4 mi
	8. Turn LEFT onto N MAIN ST. *N MAIN ST is just past SCHWARTZ LN*	Go 2.1 Mi	23.4 mi
	9. N MAIN ST becomes LEBANON AVE.	Go 5.3 Mi	28.7 mi
159	10. Turn SLIGHT LEFT onto N ILLINOIS ST / IL-159. *N ILLINOIS ST is 0.1 miles past N HIGH ST*	Go 0.3 Mi	29.0 mi
	11. Turn RIGHT onto W A ST. *W A ST is just past W B ST*	Go 0.2 Mi	29.3 mi

Step			
12. Take the 3rd LEFT onto N 3RD ST. *If you reach N 4TH ST you've gone a little too far*		**Go 0.2 Mi**	29.5 mi
13. 211 S 3RD ST is on the RIGHT. *Your destination is just past W LINCOLN ST* *If you reach W HARRISON ST you've gone a little too far*			29.5 mi
St. Elizabeth's Hospital 211 S 3rd St, Belleville, IL 62220 (618) 234-2120		**29.5 mi**	**29.5 mi**

Total Travel Estimate: **29.48 miles - about 46 minutes**

All rights reserved. Use subject to License/Copyright |

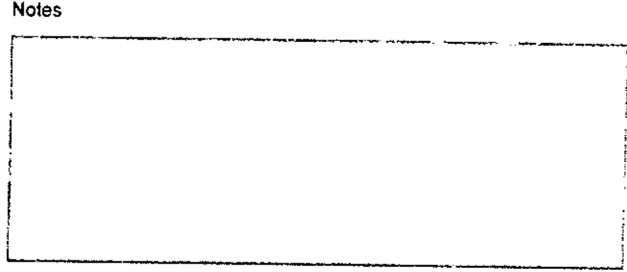
Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

36 CITIES IN 60 DAYS ★ ★ TRAVELING THE AMERICAN ROAD ★ ★ Experience America this summer with Paul Brady Aol Travel. FOLLOW OUR TRIP >

mapquest

Trip to:
St Anthony's Health Center
1 Saint Anthonys Way
Alton, IL 62002
(618) 465-2571
38.98 miles
48 minutes

Notes



13054 Us Highway 40 Highland, IL 62249-4858	Miles Per Section	Miles Driven
1. Start out going WEST on US-40 W / IL-143 W toward TROXLER AVE.	Go 0.9 Mi	0.9 mi
2. Enter next roundabout and take the 2nd exit onto IL-143 / US-40.	Go 0.5 Mi	1.4 mi
3. Turn RIGHT onto IL-143. *If you are on US-40 and reach PLAZA DR you've gone about 0.2 miles too far*	Go 4.3 Mi	5.8 mi
4. Merge onto I-70 W via the ramp on the LEFT toward EAST ST LOUIS. *If you reach GERKE LN you've gone a little too far*	Go 8.5 Mi	14.3 mi
5. Keep RIGHT to take I-270 W toward KANSAS CITY.	Go 7.7 Mi	21.9 mi
6. Merge onto IL-255 N via EXIT 7B toward WOOD RIVER.	Go 10.4 Mi	32.3 mi
7. Take the IL-111 / IL-140 exit, EXIT 10, toward ALTON / BETHALTO.	Go 0.3 Mi	32.6 mi
8. Take the ramp toward ALTON.	Go 0.06 Mi	32.6 mi
9. Turn LEFT onto E MACARTHUR DR / IL-111 / IL-140. Continue to follow IL-140 W.	Go 4.7 Mi	37.4 mi
10. Stay STRAIGHT to go onto COLLEGE AVE.	Go 1.2 Mi	38.6 mi
11. Enter next roundabout and take the 1st exit onto CENTRAL AVE.	Go 0.3 Mi	38.9 mi

287

	12. Turn LEFT onto VIRGINIA AVE.	Go 0.05 Mi	39.0 mi
	13. Turn RIGHT onto ST ANTHONYS WAY. *If you reach ST FRANCIS WAY you've gone about 0.1 miles too far*	Go 0.02 Mi	39.0 mi
	14. 1 SAINT ANTHONYS WAY. *If you reach ST FRANCIS WAY you've gone a little too far*		39.0 mi
B	**St Anthony's Health Center** 1 Saint Anthonys Way, Alton, IL 62002 (618) 465-2571	39.0 mi	39.0 mi

Total Travel Estimate: **38.98 miles - about 48 minutes**

All rights reserved. Use subject to License/Copyright |

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

36 CITIES IN 60 DAYS ★★ TRAVELING THE AMERICAN ROAD ★★ Experience America this summer with Paul Brady Aol Travel. FOLLOW OUR TRIP>

June 29, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, Illinois 62702

Dear Ms. Avery:

I am the applicant representative of St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis who is signing the CON application to replace the hospital on a different site.

St. Joseph's Hospital is a Critical Access Hospital that will have only one Category of Service, the Medical/Surgical Service, in which a swing bed program will operate.

In accordance with 77. Ill. Adm. Code 1110.520.c), I hereby attest to the understanding of the co-applicants for this project that, by the second year of operation after this project is completed, St. Josephs Hospital will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for the Medical/Surgical Category of Service.

The occupancy standard for modernizing a hospital's Medical/Surgical Category of Service with 25 beds or less is 60%, and the occupancy standard for adding beds to a hospital with fewer than 100 beds is 80% occupancy of the authorized beds on an annual basis.

Sincerely,

Peggy A. Sebastian
President & CEO

Witnessed by:
Debra J. Missey

"OFFICIAL SEAL"
DEBRA J. MISSEY
Notary Public, State of Illinois
My commission expires 08/04/2013

1515 Main Street · Highland, Illinois 62249 · www.stjosephshighland.org

An Affiliate of Hospital Sisters Health System

VII.R.3.(b)
Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service:
Replacement Facility

This project proposes the replacement of St. Joseph's Hospital, a Critical Access Hospital in Planning Area (P.A.) F-01, on a different site in Highland than its current campus.

At the same time as this certificate of need (CON) application is submitted, a separate CON application is being submitted for the construction of a Medical Office Building (MOB) that will be contiguous with the hospital building and connected to it.
St. Joseph's Hospital will lease space in the MOB for a number of Clinical Service Areas for outpatient care and Non-Clinical Service Areas for hospital support services. Some of the space being leased in the MOB will be used for departments required for hospital licensure, as specified in 77 Ill. Adm. Code 250.

The project includes the following Clinical Service Areas that are not Categories of Service.

Surgery
Post-Anesthesia Recovery (PACU, Recovery)
Surgical Prep (for both A.M. Admits and Same-Day Surgery Patients) and Stage II Recovery
Endoscopy
Emergency Department
Diagnostic Imaging (Radiology, Radiography/Fluoroscopy, CT Scannning, MRI Scanning, Nuclear Medicine)
Inpatient Physical Therapy/Occupational Therapy
Non-Invasive Diagnostic Cardiology
Neurodiagnostics
Pulmonary Function Testing
Respiratory Therapy
Outpatient Specimen Collection
Pharmacy
Central Sterile Processing/Distribution
Dietary

It should be noted that only the following Clinical Service Areas included in this project are listed in 77 Ill. Adm. Code 1110.3030.(a)(1) as being subject to this Attachment, although utilization standards for some of the other Clinical Service Areas are listed in 77 Ill. Adm. Code 1110.APPENDIX B.

Surgery
Emergency Services

Diagnostic Radiology/Imaging (by modality)
Pharmacy
Occupational Therapy/Physical Therapy

This project includes the following Clinical Service Areas for which the Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B).

Surgery (State Guidelines identify this as "Surgical Operating Suite (Class C)")
Post-Anesthesia Recovery Phase I (PACU, Recovery)
Post-Anesthesia Recovery Phase II (State Guidelines do not include Surgical Prep.)
Endoscopy (State Guidelines identify this as "Surgical Procedure Suite (Class B)")
Emergency Department
Diagnostic Imaging (Radiology, Radiography/Fluoroscopy, CT Scannning, MRI Scanning, Nuclear Medicine)

There are no State guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project. These Clinical Service Areas are listed below.

Inpatient Physical Therapy/Occupational Therapy
Non-Invasive Diagnostic Cardiology
Pulmonary Function Testing
Respiratory Therapy
Outpatient Specimen Collection
Pharmacy
Central Sterile Processing/Distribution
Dietary

All of these Clinical Service Areas are necessary for the operation of the replacement St. Joseph's Hospital, and most of them are required for hospital licensure, as identified in 77 Ill. Adm. Code 250 (Illinois Hospital Licensing Requirements).

1. Criterion 1110.3030.(b)(1) - Service to the Planning Area Residents

   A. The primary purpose of this project is to serve residents of Planning Area F-01, the planning area in which St. Joseph's Hospital is currently located and the planning area in which the replacement hospital will be located.

   This will be accomplished by replacing the existing St. Joseph's Hospital building, a Critical Access Hospital with certification for the Extended Care

Category of Service ("swing bed" program), on a different site that is 1.2 miles away from its current location in Highland.

St. Joseph's Hospital has served Highland and nearby communities for more than 130 years since it was established in 1878.

This project is needed to correct deficiencies in the current hospital and to deliver accessible, quality medical care in contemporary facilities to the population it currently serves.

The current hospital building, which was designed for inpatient use and not originally designed as a Critical Access Hospital, is obsolescent and needs replacement with a hospital building that is appropriately sized, configured, and designed to provide care for both inpatients and outpatients receiving care at this Critical Access Hospital.

St. Joseph's Hospital was designated as a Critical Access Hospital by the federal government in 2004, as indicated in the letter from Michael Sullivan, Program Representative, Non Long Term Care Branch of the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services, that is appended to Attachments 12 and 20 of this CON application.

A letter from Damon T. Arnold, M.D., M.P.H., Director of the Illinois Department of Public Health, documenting that St. Joseph's Hospital has been designated as a Critical Access Hospital, as a necessary provider of health services, and as a rural hospital, is also appended to Attachments 12 and 20.

St. Joseph's Hospital is located in state-designated Planning Area F-01, which is comprised of Madison and St. Clair Counties, 12 townships in Clinton County, and 14 precincts in Monroe County.

Patient origin data for St. Joseph's Hospital's inpatients during CY2010 are found in Attachments 12 and 20. The chart on Page 28 of Attachment 12 demonstrates that 85% of St. Joseph's Hospital's inpatients reside in Planning Area F-1, the planning area in which both the current and proposed hospitals are located, indicating that the proposed replacement of the existing hospital will continue serving these patients.

The patient origin data on Page 29 of Attachment 12 demonstrate that the market area for St. Joseph's Hospital consists of Highland, the town in which the existing and replacement hospital are both located, as well as nearby towns that are located in Planning Area F-01 and adjacent Planning Areas.

St. Joseph's Hospital's market area consists of the following zip codes, which constitute St. Joseph's Hospital's primary and secondary service areas.

Primary Service Area
62249 Highland

Highland is the town in which the existing and replacement hospitals are located in which 65% of St. Joseph's Hospital's CY2010 inpatients reside. It is within the State-Designated Planning Area F-01.

Secondary Service Area

62001 Alhambra
62061 Marine
62074 New Douglas
62216 Aviston
62273 Pierron
62275 Pocahontas
62281 Saint Jacob
62293 Trenton

An additional 21% of St. Joseph's Hospital's CY2010 inpatients reside in the zip codes consisting the secondary service area. Ninety-four of these inpatients (13% of St. Joseph's Hospital's CY2010 inpatients) reside in Planning Area F-01.

During CY2010, 85% of St. Joseph's Hospital's inpatients resided within St. Joseph's Hospital's market area, with 78% of the inpatients residing in St. Joseph's Hospital's market area within Planning Area F-01, and 8% residing in St. Joseph's Hospital's market area outside Planning Area F-01.

This project is needed to serve residents of Planning Area F-01, as discussed below and in Attachments 12 and 20.

- The federal government's designation of St. Joseph's Hospital as a Critical Access Hospital, effective on June 1, 2004, makes it a necessary provider of health services in Madison County.
- The Illinois Department of Public Health designated St. Joseph's Hospital as a "necessary provider of health services" on September 18,.2003, "as determined by its location in a rural census tract of a Metropolitan Statistical Area and current

classification as a rural facility. That designation was reaffirmed on July 15, 2011.

- Madison County, the county in which St. Joseph's Hospital is located, which is located in Planning Area F-01, had a larger proportion (14.0%) of residents 65 years of age and older than the state's proportion (12.1%) of residents of that same age group in 2009.

- Many of the patients that are served at St. John's Hospital are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas.

There are a number of federally-designated Health Professional Shortage Areas in St. Joseph's Hospital's Primary and Secondary Service Areas with Planning Area F-01, as discussed in Attachment 12.

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/ Health Resources and Services Administration, U.S. Department of Health and Human Services).

The federal government designated Madison County as a low income population Health Professional Shortage Area in 2003, and the county continues to be a low income population Health Professional Shortage Area for Primary Medical Care.

The federal government has designated the Highland Service Area in Madison County, the county in which St. Joseph's Hospital is located, as a Health Professional Shortage Area (HPSA) for Primary Medical Care.

There is currently a need for additional primary medical care health professionals in the Highland Service Area, which includes Saline and Helvetia Townships, the townships in which St. Joseph's Hospital and the town of Highland are located. Although the replacement hospital will be located only 1.2 miles from the existing hospital, the 2 hospital sites are located in different townships. The site of the replacement hospital is in Saline Township, while the existing hospital is located in Helvetia Township.

Documentation of these Health Manpower Shortage Areas by township is found in Attachments 12 and 20.

The federal government has identified Saline and Helvetia Townships in the Highland Service Area as HPSAs that qualify for Medicare Physician bonus payments.

This designation means that Medicare makes bonus payments to physicians who provide medical care services in the Highland Service Area.

Documentation of this designation and eligibility is found in Attachments 12 and 20.

The federal government has designated all of Clinton County as a Health Professional Shortage Area (HPSA), which means that there is currently a need for additional primary care health professionals in Clinton County. Clinton County includes a number of townships that are located in Planning Area F-01 and includes 2 zip codes in St. Joseph's Hospital's Secondary Service Area.

There is currently a need for additional primary medical care health professionals in Clinton County.

Documentation of this designation is found in Attachment 12 and 20.

This project will have a positive impact on essential safety net services in Planning Area F-01 and the market area for St. Joseph's Hospital because the obsolescent hospital building will be replaced by a new hospital in a more accessible location that is designed to meet the needs of local patients using a Critical Access Hospital, thus providing a contemporary environment for its patients, a significant percentage of whom are elderly and/or low-income, uninsured, and otherwise vulnerable.

B. Although this project technically proposes the discontinuation of the existing hospital building and the establishment of a new hospital, it is actually the replacement of the existing St. Joseph's Hospital on a different site that is located 1.2 miles from its existing hospital building.

The sole purpose of this project is to replace the existing obsolescent hospital building with a new hospital facility that is appropriately sized, designed and configured for a Critical Access Hospital and that meets contemporary standards.

As a result, the projected utilization of the replacement hospital for each Clinical Service Area is based upon historic utilization and adjusted to reflect the projected population growth for the market area between 2010 and 2015 as well as the projected aging of the market area between 2010 and 2015, both of which have been estimated by Claritas in their 2010 updates.

This project proposes to replace St. Joseph's Hospital's existing Clinical Service Areas that are not Categories of Service because these Clinical Service Areas are necessary for the licensure and operation of a hospital and the treatment of the hospital's patients.

The replacement of St. Joseph's Hospital is justified by its establishment of the hospital is justified by its designation as a Critical Access Hospital and as a "necessary provider of health services." This designation is the reason for the establishment of the hospital with a Medical-Surgical Category of Service, as discussed in Attachment 20.

The replacement of St. Joseph's Hospital will provide services that improve the health care of the hospital's market area for the following reasons.

- This project is solely for the purpose of replacing an existing Critical Access Hospital that will include only the services currently provided at the existing hospital, with the exception of the discontinuation of the Pediatric and Intensive Care Categories of Service.

- When this project is completed, the replacement St. Joseph's Hospital will provide care to the same patients currently receiving care at the hospital, including those currently receiving care in Pediatric and Intensive Care beds who will be cared for in the Medical/Surgical Unit;

- This project will be sized to accommodate St. Joseph's Hospital's projected utilization in all services (including those ancillary services that are not categories of service) during the replacement hospital's second full fiscal year of operation.

Projected utilization for the Medical-Surgical Category of Service as well as for Clinical Service Areas that are not Categories of Service is presented in this Attachment as well as in Attachments 14, 15, and 20 for Fiscal Years 2015 and 2016, which are the first two complete fiscal years of operation of St. Joseph's Hospital in its new location. The Medical-Surgical Category of Service and all Clinical Services that are not Categories of Service are projected to meet the Illinois CON occupancy targets as well as State Guidelines for utilization by the second complete fiscal year of operation.

2.A. Criterion 1110.3030.(b)(2)(A) Service Demand - Referrals from Inpatient Base

The proposed Clinical Service Areas are needed to provide care for their historic workloads based on historic utilization as well as to accommodate increased utilization that is expected to occur because of the projected increase in the population and the aging of St. Joseph's Hospital's market area, based on 2010 population projections issued by Claritas.

Although this Rule states that this justification of Service Demand is for the justification of Clinical Service Areas "that will serve as a support or adjunct service to existing inpatient services," this review criterion is applicable to this project because, as stated above, the purpose of this project is to replace the existing St. Joseph's Hospital and to continue providing care to its existing patients in its new location, which will be only 1.2 miles from its current location and still located in Highland.

The CY2010 volume as well as the projected volume for each of the Clinical Service Areas that are not Categories of Service is presented below.

In some cases, outpatients will also be served in these Clinical Service Areas.

Space Programs for each of the Clinical Service Areas are found in Attachment 14 of this CON application.

Service	State Guideline units/room	FY2016 Volume (2nd full year of operation)	Total Rooms Justified	Total Proposed Rooms
Surgery	1,500 Hours/OR	2,057 Hours	2	2
Recovery (PACU)	min. 1/OR	N/A	Minimum of 2	3
Surgical Prep and Stage II Recovery	Stage II Recovery: min. 4/OR	N/A	Minimum of 8	12
Endoscopy	1,500 Hours/ Procedure Room	672 Hours	1	1

Service	State Guideline units/room	FY2016 Volume (2nd full year of operation)	Total Rooms Justified	Total Proposed Rooms
Emergency Department	2,000 Visits/ Treatment Station	15,346 Visits	8	7
Diagnostic Imaging				
General Radiology	8,000 Proc./Unit	Included in Radiology/ Fluoro.	see R/F	1
Radiology/Fluoroscopy	6,500 Procedures/ Unit	10,395 Radiology/ Fluoro. Exams/ Procedures	2	1
CT Scanning	7,000 Visits/Unit	4,237 Exams/ Visits	1	1
MRI	2,500 Proc./Unit	922 Exams/ Procedures	1	1
Nuclear Medicine	2,000 Visits/Unit	988 Exams/ Visits	1	1
TOTAL Diagnostic Imaging			5	5

*N/A refers to there being no State Norm for number of rooms

The assumptions underlying the utilization for these Clinical Service Areas are as follows.

Surgery

1. The projected total number of surgical cases (inpatient + outpatient cases) excluding Endoscopy will increase from 700 in CY2010 to 930 in FY2015 and 948 in FY2016.

2. The projected number of surgical cases was determined based on the following assumptions.

   St. Joseph's Hospital's surgical volume is directly correlated with the number of referring primary physicians. Consequently, the increased number of physicians on St. Joseph's Hospital's active medical staff is projected to result in increased surgical cases.

   a. Two new primary care physicians began practicing exclusively at St. Joseph's Hospital on July 1, 2011.

   b. St. Joseph's Hospital plans to add an additional primary care physician in the summer or fall of CY2013 (first quarter of FY2014) who will practice exclusively at St. Joseph's Hospital.

   c. St. Joseph's Hospital plans to add a fourth additional primary care physician in the spring of CY2015 (fourth quarter of FY2015) who will practice exclusively at St. Joseph's Hospital.

   d. St. Joseph's Hospital continues to add specialty physicians who conduct clinics at St. Joseph's Hospital. Some of these physicians are surgeons who directly add more potential procedures to St. Joseph's Hospital's caseload, particularly in Ophthalmology, Vascular Surgery, and Pain Management.

      St. Joseph's Hospital plans to add more clinics in the future to meet local needs.

   e. Some of the specialty physicians who conduct clinics at St. Joseph's Hospital refer cases to General Surgeons and other specialty surgeons who perform surgery at St. Joseph's Hospital, thus increasing the surgical cases performed at the hospital.

3. Projected surgical hours were determined based upon the following assumptions.

   Surgical cases will average 2.17 hours (130 minutes) including clean-up and set-up time, based on historic experience at St. Joseph's Hospital.

Endoscopy

1. The projected total number of Endoscopy cases (inpatient + outpatient cases) will increase from 695 in CY2010 to 767 in FY2015 and 783 in FY2016.

2. The projected number of Endoscopy cases was determined by using the following assumptions.

   a. Endoscopy cases are mainly performed on patients aged 50 and older, a population group that currently represents 43% of St. Joseph's Hospital's market area population (for those aged 45 and older), which is projected to increase by 2015.

   b. The increase in the number of primary care physicians on St. Joseph's Hospital's medical staff will increase the number of referrals for Endoscopy.

      (1) St. Joseph's Hospital has recruited 2 new primary care physicians to its full-time staff and plans to recruit 2 more during the next few years. These new members of the medical staff will generate admissions to the hospital.

      A primary care internist began practicing exclusively at St. Joseph's Hospital on July 1, 2011.

      A family practitioner began practicing exclusively at St. Joseph's Hospital on July 1, 2011.

      A third additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the summer or early autumn of CY2013 (first quarter FY2014), just before the replacement hospital becomes operational.

      A fourth additional primary care physician is scheduled to be recruited to begin practicing exclusively at St. Joseph's Hospital in the spring of CY2015 (fourth quarter FY2015).

3. Endoscopy hours were determined based upon the assumption that Endoscopy cases will average 0.858 hours (51.48 minutes) including clean-up and set-up time, based on historic experience at St. Joseph's Hospital.

Emergency

1. Priority Care will become part of St. Joseph's Hospital's Emergency Department when the replacement hospital opens.

2. The projected total number of Emergency visits will increase from the total of 12,669 for Emergency visits + Priority Care in CY2010 (5,726

Emergency Visits + 6.943 Priority Care Visits) to 15,047 Visits in FY15 and 15,346 Visits in FY16.

3. The projected number of Emergency visits was determined by using the following assumptions.

   a. St. Joseph's Hospital's volumes for Emergency visits and Priority Care services appear to follow the same choice patterns as for outpatient care within the market area.

      Outpatient volumes at St. Joseph's Hospital continue to increase and so do its Emergency and Priority Care volumes.

   b. For the past two years, St. Joseph's Hospital's Emergency Department patient satisfaction scores have consistently been in the 80th percentile of the nation based on Press Ganey reports.

Diagnostic Imaging: Radiology and Fluoroscopy

The projected number of Radiology and Fluoroscopy exams will increase from 8,721 in CY2010 to 10,193 in FY2015 and 10,395 in FY2016.

The projected number of Radiology and Fluoroscopy exams was determined by using the following assumptions.

a. St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff.

b. The historical ratio of Radiology and Fluoroscopy exams per inpatient admission was used to predict future volumes.

Diagnostic Imaging: CT Scanning

The projected number of CT exams/visits will increase from 4,045 in CY2010 to 4,154 in FY2015 and 4,237 in FY2016.

The projected number of CT exams/visits was determined by using the following assumptions.

a. St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff.

b. The historical ratio of Radiology and Fluoroscopy exams per inpatient admission was used to predict future volumes.

Diagnostic Imaging: MRI

The projected number of MRI exams/visits will decrease from 964 in CY2010 to 904 in FY2015 and then increase to 922 in FY2016.

The projected number of MRI exams/visits was determined by using the following assumptions.

a. There has been a recent bundling of MRI procedures in accordance with Medicare guidelines, which results in a reporting of fewer exams/visits compared to previous years.

b. St. Joseph's Hospital's MRI unit is a full-time mobile unit, which is not highly competitive with fixed MRI units that exist in the area.

c. The number of MRI exams/visits will increase in the future, once the new hospital with a fixed MRI unit becomes operational due to the following factors:

   (1) St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff;

   (2) Population growth of the market area;

   (3) Increased outpatient and Emergency Department visits to St. Joseph's Hospital, which results in an increased number of MRI exams.

Diagnostic Imaging: Nuclear Medicine

The projected number of Nuclear Medicine exams/visits will increase from 840 in CY2010 to 1,113 in FY2015 and 1,135 in FY2016.

The number of Nuclear Medicine visits was determined by using the following assumptions.

a. St. Joseph's Hospital's primary care referral base because of the increased number of full-time primary care physicians that practice exclusively on its staff.

b. The historical ratio of Radiology and Fluoroscopy exams per inpatient admission was used to predict future volumes.

3. Criterion 1110.3030.(b)(3) - Impact of the Proposed Project on Other Area Providers

This project will not have any impact on other area providers, regardless of whether they meet the utilization standards specified in 77 Ill. Adm. Code 1110.APPENDIX B or whether they are currently operating below the utilization standards.

That is because the sole purpose of this project is to replace St. Joseph's Hospital on a site that is 1.2 miles from its current location. The replacement hospital will continue to be a Critical Access Hospital, designated by the Illinois Department of Public Health as a "necessary provider of health services." The replacement St. Joseph's Hospital will still be located in Highland, within the same State-designated planning area (P.A. F-01), and it will have the same market area as it has in its current location.

Within 24 months after project completion, the replacement St. Joseph's Hospital will not do either of the following

- Lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100.520.(c) or 1110.Appendix B.
- Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

4. Utilization

The proposed number of key rooms for all Clinical Service Areas included in this project is within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B).

In addition, the square footage proposed for the Clinical Service Areas for which State Guidelines exist, which is shown on the next page, is within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for all Clinical Service Areas except for Recovery.

Service	State Guideline DGSF/room or unit	Total DGSF Justified per program	Total Proposed DGSF
Surgery	2,750 DGSF/ Operating Rm.	5,500	4,817
Recovery (PACU)	180 DGSF/ Recovery Station	540	927
Surgical Prep and Stage II Recovery	400 DGSF/ Recovery Station	4,800	3,715
Endoscopy	1,100 DGSF/ Proc. Rm.	1,100	499
Emergency Department	900 DGSF/ Treatment Station	6,300	6,274
Diagnostic Imaging			
General Radiology	1,300 DGSF/ Unit	1,300	See Total
Radiology/Fluoroscopy	1,300 DGSF/ Unit	1,300	for
CT Scanning	1,800 DGSF/ Unit	1,800	Diagnostic
MRI	1,800 DGSF/ Unit	1,800	Imaging
Nuclear Medicine	1,600 DGSF/ Unit	1.600	Department
TOTAL Diagnostic Imaging		7,800	5,531

CLINICAL SERVICE AREAS	PROPOSED DGSF	STATE GUIDELINE	DIFFERENCE	MET GUIDELINE?
Surgery	4,817 for 2 ORs	2,750/OR = 5,500	under by 1,195	Yes
Recovery (PACU)	927 for 3 Stations	180/Station = 540	over by 387	No
Surgical Prep & Stage II Recovery	3,715 for 12 Stations	400/station = 4,800	under by 1,085	Yes
Endoscopy	499 for 1 Proc.Rm.	1,100/Proc. Rm. = 1,100	under by 601	Yes

CLINICAL SERVICE AREAS	PROPOSED DGSF	STATE GUIDELINE	DIFFERENCE	MET GUIDELINE?
Emergency	6,274 for 7 Treat. Rms.	900/Treat. Rm. = 6,300	under by 26	Yes
Diagnostic Imaging				
Gen. Rad.		1,300 for 1 Unit	See Total	See Total
Rad./Fluor.		1,300 for 1 Unit	for	for
CT Scanner		1,800 for 1 Unit	Diagnostic	Diagnostic
MRI		1,800 for 1 Unit	Imaging	Imaging
Nuclear Medicine		1,600 for 1 Unit	Department	Department
TOTAL	5,531 for 5 Units	7,800 for 5 Units	under by 2,269	Yes

PROOF OF "AA-" BOND RATING

ATTACHMENTS 39-41

FitchRatings

FITCH AFFIRMS HOSPITAL SISTERS SERVICES, INC., IL'S OUTSTANDING BONDS AT 'AA-/F1+'; OUTLOOK STABLE

Fitch Ratings-Chicago-08 March 2011: As part of its ongoing surveillance review process, Fitch Ratings has affirmed the 'AA-' rating on approximately $346.9 million Illinois Finance Authority and approximately $205.3 million Wisconsin Health and Educational Facilities Authority revenue bonds issued on behalf of Hospital Sisters Services, Inc (HSSI). In addition, Fitch affirms the 'F1+' short-term rating on approximately $87.3 million Wisconsin Health and Educational Facilities Authority series 2003B and series 2008B revenue bonds and approximately $108.9 million Illinois Finance Authority series 2008A revenue bonds based on the sufficiency of internal liquidity provided by HSSI.

The Rating Outlook is Stable.

RATING RATIONALE:
--The 'AA-' rating reflects HSSI's robust liquidity position, which provides a strong financial cushion against marginal operating performance and the risks associated with its variable rate debt exposure.
--Operating profitability was depressed in fiscal 2010 and through the six-month interim period ended Dec. 31, due to the corporation's heavy investment in physician practices and physician alignment strategies.
--HSSI's light debt burden combined with investment income generated from its sizable balance sheet has allowed for solid historical debt service coverage even with modest operating profitability, however, coverage by operating EBITDA is adequate.
--The credit concerns remain HSSI's location in mid-sized markets with stagnant growth, the concentration of system revenue at St. John's, the flagship hospital in Springfield, and its reliance on its five Wisconsin hospitals to cover losses at four of its eight Illinois facilities.

KEY RATING DRIVERS:
--Maintain robust liquidity position while physician acquisitions and additions are integrated into the system.
--Realization of benefits related to its employed physician strategy and continuation of operational improvement initiatives including supply chain, labor productivity, and revenue cycle management.

SECURITY:
A pledge of gross receipts of HSSI.

CREDIT SUMMARY:
The 'AA-' rating reflects the benefits of HSSI's robust balance sheet and light debt burden, adequate historical profitability and solid debt service coverage by EBITDA. Liquidity indicators are strong and are considered a primary credit strength. At Dec. 31, 2010, HSSI's unrestricted cash and investments totaled $1.34 billion, which translates into 269.4 days cash on hand (DCOH), a cushion ratio 38.2 times (x) and cash-to-debt of 236%; all of which well exceed Fitch's respective 'AA' category medians of 214.7 DCOH, 19.6x and 149.9%. HSSI's debt burden is modest as maximum annual debt service (MADS) represents a light 1.7% of revenue and debt to capitalization of 22.7%, which both compare favorably to Fitch's 'AA' medians of 2.6% and 34%, respectively.

Operating profitability declined in fiscal 2010 as weaker volumes and the increased costs related to HSSI's investment in physician practices weakened system financial performance. Inpatient admissions declined 4.8% in fiscal 2010 while surgical volumes were virtually flat from the prior year. During fiscal 2010, HSSI increased the number of employed physician full time equivalents (FTEs) from 63 to 156 by year end. Through the six month interim period ended Dec. 31, 2010, an additional 50 physician FTEs have been added. Along with the acquisition of established physician practices, HSSI has many newly recruited physicians, which requires start up costs. While the

investment in physicians' practices is expected to depress profitability in fiscal 2011, Fitch believes HSSI's physician alignment strategy is critical to protecting its market position in its service areas.

In fiscal 2010, HSSI produced $42.6 million in savings from system-wide initiatives including supply chain management, labor cost management and revenue cycle initiatives and is projecting $62.5 million in savings in fiscal 2011. Despite this, HSSI's operating and operating EBIDTA margins were 0.9% and 7.2% on total revenues of $1.89 billion, below the 'AA' category median of 3.7% and 10.3%, respectively and down from fiscal 2009 results. In addition, without provider tax revenue ($20 million), HSSI would have had unprofitable operations in fiscal 2010. Due to HSSI's continued physician investment, fiscal 2011 operating income is budgeted to be $16.5 million and performance through the six months ended Dec. 31, 2010 was -$13.7 million operating income and -1.4% operating margin.

Credit concerns continue to be HSSI's location in mid-sized markets with little projected population growth, the concentration of system revenue at one facility, and its reliance on its Wisconsin operations to cover losses at its Illinois facilities. The continued operating losses reported at St. John's-Springfield, which accounted for about 22% of total system revenues in fiscal 2010, are troubling. St. John's has recorded losses from operations over the last three years averaging about $16.1 million per year, and is projected to lose another $25 million in fiscal 2011. However, HSSI has an operating improvement plan currently under way at the facility, including an extensive project to rebuild surgery and four patient floors, which is expected to result in breakeven operations by fiscal 2015. The financial health of St. John's is critical to the overall operating success of the system. Historically, HSSI's more profitable Wisconsin operations have offset the weaker performance of the Illinois facilities. Any deleterious change to the Wisconsin healthcare operating environment would likely place pressure on HSSI's already low operating margins and be a negative credit factor.

The 'F1+' short-term rating reflects the sufficiency of HSSI's cash and investments available to fund the series 2008A&B and series 2003B bonds while in a unit pricing (commercial paper) mode. At Jan. 31, 2011, after assigning appropriate discounts based on underlying ratings and maturity of its holdings (per Fitch's rating criteria related to self liquidity [see Fitch's report 'Criteria for Assigning Short-Term Ratings Based on Internal Liquidity' dated Dec. 29, 2009]), HSSI had liquid cash and fixed income investments of approximately $652.8 million. Based on Fitch's criteria, HSSI's eligible cash and investments would cover the entire cost of any un-remarketed roll over of the series 2008 A&B bonds and 2003B bonds while in a unit pricing mode by at least 3.4x, well above the required threshold of 1.25x to achieve the 'F1+' short-term rating. The system has written procedures in place to ensure payment on the series 2008A&B and 2003B bonds and provides Fitch monthly investment reports which are used to monitor its cash and investment position available for self liquidity.

The Stable Outlook reflects the system's significant balance sheet strength and the strategies in place to create sustained operating improvements, including a physician alignment strategy. Although Fitch is tolerant of the temporary decline in operating profitability due to the investment in its physician practice strategy, a prolonged period of poor operations could pressure the rating.

HSSI is composed of 13 inpatient hospitals, with eight facilities in Illinois and five facilities in Wisconsin. In fiscal 2010, the system had 2,041 beds in operation and net patient revenue of $1.82 billion. HSSI covenants to provide bondholders with audited annual information within 120 days of fiscal year-end and unaudited quarterly statements within 45 days of quarter-end to the national recognized municipal securities information repositories and through Digital Assurance Certification, L.L.C. The content of HSSI's disclosure to-date has been excellent and includes a balance sheet, income statement, cash flow statement, utilization statistics, and management discussion and analysis.

Contact:

Primary Analyst
Dana N. Sodikoff
Associate Director

+1-312-368-3215
Fitch, Inc.
70 West Madison Street
Chicago, IL 60602

Secondary Analyst
Jim LeBuhn
Senior Director
+1-312-368-2059

Committee Chairperson
Emily Wong
Senior Director
+1-212-908-0651

Media Relations: Cindy Stoller, New York, Tel: +1 212 908 0526, Email: cindy.stoller@fitchratings.com.

Additional information is available at 'www.fitchratings.com'

In addition to the sources of information identified in the U.S. Municipal Revenue-Supported Rating Criteria, this action was additionally informed by information from the Underwriter and HSSI.

Applicable Criteria and Related Research:

--'Revenue-Supported Rating Criteria', dated Oct. 8, 2010;
--'Nonprofit Hospitals and Health Systems Rating Criteria', dated Dec. 29, 2009;
--'Criteria for Assigning Short-Term Ratings Based on Internal Liquidity', dated Dec. 29, 2009.

For information on Build America Bonds, visit www.fitchratings.com/BABs.

Applicable Criteria and Related Research:
Revenue-Supported Rating Criteria
http://www.fitchratings.com/creditdesk/reports/report_frame.cfm?rpt_id=564565
Nonprofit Hospitals and Health Systems Rating Criteria
http://www.fitchratings.com/creditdesk/reports/report_frame.cfm?rpt_id=493186
Criteria for Assigning Short-Term Ratings Based on Internal Liquidity
http://www.fitchratings.com/creditdesk/reports/report_frame.cfm?rpt_id=493176

ALL FITCH CREDIT RATINGS ARE SUBJECT TO CERTAIN LIMITATIONS AND DISCLAIMERS. PLEASE READ THESE LIMITATIONS AND DISCLAIMERS BY FOLLOWING THIS LINK: HTTP://FITCHRATINGS.COM/UNDERSTANDINGCREDITRATINGS. IN ADDITION, RATING DEFINITIONS AND THE TERMS OF USE OF SUCH RATINGS ARE AVAILABLE ON THE AGENCY'S PUBLIC WEBSITE 'WWW.FITCHRATINGS.COM'. PUBLISHED RATINGS, CRITERIA AND METHODOLOGIES ARE AVAILABLE FROM THIS SITE AT ALL TIMES. FITCH'S CODE OF CONDUCT, CONFIDENTIALITY, CONFLICTS OF INTEREST, AFFILIATE FIREWALL, COMPLIANCE AND OTHER RELEVANT POLICIES AND PROCEDURES ARE ALSO AVAILABLE FROM THE 'CODE OF CONDUCT' SECTION OF THIS SITE.

CONDITIONS OF DEBT FINANCING

ATTACHMENT-42

October 17, 2011

Re: St. Joseph's Hospital
Hospital Sisters Services, Inc.
Hospital Sisters Health System

The undersigned, as authorized representatives of St. Joseph's Hospital, Hospital Sisters Services, Inc., and Hospital Sisters Health System, in accordance with 77 Ill. Adm. Code 1120.310.b. and the requirements of Section XXVI.B. of the CON Application for Permit, hereby attest to the following:

The selected form of debt financing for this project will be an equivalent tax exempt rate via a direct loan from a tier 1 bank, an issuance of revenue bonds using a state authority providing tax exemption status, or a combination of both.

The selected forms of debt financing for this project will be at the lowest net cost available to the co-applicants, all within the AA-rated Obligated Group under its Master Trust Indenture. The co-applicants will optimize the debt structure based upon the market conditions for issuing debt as the transaction nears completion. The co-applicant currently has four proposals from tier 1 banks for a term of three years.

Signed and dated as of October 17, 2011.

St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis
Hospital Sisters Services, Inc.
Hospital Sisters Health System
Illinois Not-for-Profit Corporations

By: Peggy A. Sebastian
Its: President & CEO

Kim Kimberlin
10-17-2011

"OFFICIAL SEAL"
KIM KIMBERLIN
Notary Public, State of Illinois
My commission expires 02/13/2013

SAFETY NET IMPACT STATEMENT

ATTACHMENT-43

XI.
Safety Net Impact Statement

1. <u>The project's material impact, if any, on essential safety net services in the community</u>

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Service, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003)

This project will replace St. Joseph's Hospital with a modern facility that is appropriately sized and configured for a contemporary Critical Access Hospital, thereby improving St. Joseph's Hospital's ability to provide essential Medical/Surgical services to all the patients it serves, including the uninsured and underinsured residents of Planning Area F-01, the State-defined planning area in which the hospital is located.

Planning Area F-01 includes Madison and St. Clair Counties, selected precincts within Monroe County, and selected townships within Clinton County.

The market area for this project is identified in Attachments 12 and 20 as consisting of a primary and secondary service area with 9 zip codes.

<u>Primary Service Area</u>
62249 Highland

<u>Secondary Service Area</u>
62001 Alhambra
62061 Marine
62074 New Douglas
62216 Aviston
62273 Pierron
62275 Pocahontas
62281 Saint Jacob
62293 Trenton

During CY2010, 85% of St. Joseph's Hospital's inpatients resided in these 9 zip codes, with 65% of its inpatients residing in the Primary Service Area.

During CY2010, 78% of its inpatients residing in the market area (Primary and Secondary Service Areas) resided in Planning Area F-01, the state-designated planning area in which St. Joseph's Hospital is located.

The patient origin data demonstrate that St. Joseph's Hospital serves Planning Area F-01 as well as its self-defined market area.

This project will enable St. Joseph's Hospital to continue to provide much-needed safety net services to the population that resides and works within the market area for this project.

a. St. Joseph's Hospital has been designated as a Critical Access Hospital, as a necessary provider of health services, and as a rural hospital. The replacement hospital will retain its current designation as a Critical Access Hospital.

   A letter from Damon T. Arnold, MD, M.P.H., Director of the Illinois Department of Public Health, documenting that SJH has been designated as such is appended to this Attachment.

   St. Joseph's Hospital is submitting a letter of attestation to the U.S. Centers for Medicare and Medicaid Services (CMS) Division of Survey and Certification, documenting that, as a "necessary provider of health services," it is seeking approval to relocate the hospital within Highland and that, after the hospital is relocated, it will continue to serve the same patients and provide the same services as it currently provides.

b. St. Joseph's Hospital meets the "necessary provider" location requirements for a Critical Access Hospital, as determined by its location in a rural census tract of a Metropolitan Statistical Area and its current classification as a "rural facility."

c. Madison County, the county in which St. Joseph's Hospital is located, had a larger proportion (14.0%) of residents 65 years of age and older than the state's proportion (12.1%) of residents of that same age group in 2009.

d. Many of the patients that are served at St. John's Hospital are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas.

   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).

   - The federal government designated Madison County as a low income population Health Professional Shortage Area in 2003, and the county continues to be a low income population Health Professional Shortage Area for Primary Medical Care.

- There are a number of federally-designated Health Professional Shortage Areas in St. Joseph's Hospital's Primary and Secondary Service Areas, as identified below.

  - The federal government has designated the Highland Service Area in Madison County as a Health Professional Shortage Area (HPSA) for Primary Medical Care.

    There is currently a need for additional primary medical care health professionals in the Highland Service Area, which includes Saline and Helvetia Townships, the townships in which St. Joseph's Hospital and the town of Highland are located. Although the replacement hospital will be located only 1.2 miles from the existing hospital, the 2 hospital sites are located in different townships. The site of the replacement hospital is in Saline Township, while the existing hospital is located in Helvetia Township.

  - The federal government has identified the Helvetia and Saline Townships in the Highland Service Area as a HPSA that qualifies for Medicare Physician bonus payments.

    This designation means that Medicare makes bonus payments to physicians who provide medical care services in the Highland Service Area.

  - The federal government has designated all of Clinton County as a Health Professional Shortage Area (HPSA). Clinton County includes a number of townships that are located in the same Planning Area as SJH and includes 2 zip codes in SJH's Secondary Service Area

    There is currently a need for additional primary medical care health professionals in Clinton County.

This project will have a positive impact on essential safety net services in Planning Area F-01 and the market area for St. Joseph's Hospital because St. Joseph's Hospital's obsolescent hospital will be replaced by a new hospital in a more accessible location within Highland that is designed to

meet the needs of local patients using a Critical Access Hospital, thus providing a contemporary environment for its patients, a significant percentage of whom are elderly and/or 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.

The project is solely for the purpose of replacing an existing Critical Access Hospital that will, with the exception of the discontinuation of the Pediatric and Intensive Care Categories of Service, include only the services currently provided at the existing hospital.

Even with the discontinuation of these categories of service, the replacement St. Joseph's Hospital will provide care to the same patients currently receiving care at the hospital, including those currently receiving care in Pediatric and Intensive Care beds who will be cared for in the Medical/Surgical Unit.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

Although St. Joseph's Hospital is proposing to discontinue its existing facility at its present location, this is only a technical discontinuation of the hospital facility, required under the Illinois Health Facilities Planning Act (20 ILCS 3960/3) because this application seeks to replace an existing hospital (a health care facility) on another site. As a result, this discontinuation of the existing facility will not have any effect on the provision of services to the patients served by St. Joseph's Hospital

Similarly, the discontinuation of the Intensive Care and Pediatric Categories of Service will not have any effect on the provision of services to the patients served by St. Joseph's Hospital because all of the hospital's Medical/Surgical, Intensive Care, and Pediatric patients will be cared for in the Medical/Surgical Unit of the replacement hospital. Since St. Joseph's Hospital is a Critical Access Hospital and, as such, is restricted by federal law from operating more than 25 beds, it is prudent and appropriate to establish the replacement hospital with only the Medical/Surgical Category of Service.

It should also be noted that St. Joseph's Hospital is the sole provider of acute care services in Highland, and there are no other safety net providers of acute care services in the community.

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

1. The amount of charity care provided by St. Joseph's Hospital for the 3 fiscal years prior to submission of the application

	Total
FY2008	$ 262,424
FY2009	$ 238,951
FY2010	$ 259,804

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

A certification describing the amount of charity care provided is appended to this Attachment.

2. The amount of care provided by St. John's Hospital to Medicaid patients (Net Revenue) for the three fiscal years prior to submission of the application

	Inpatients	Outpatients	Total
FY2008	$ 108,826	$ 299,299	$ 408,125
FY2009	$ 292,307	$ 876,922	$ 1,169,229
FY2010	$ 224,068	$ 761,830	$ 985,898

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A certification describing the amount of care provided to Medicaid patients is appended to this Attachment.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service

a. A copy of St. Joseph's Hospital's "Annual Report" for Fiscal Year 2010 (July 1, 2009 – June 30, 2010) is appended to this Attachment.

b. A copy of St. Joseph's Hospital's "Supplemental Information" to its FY2009 Form 990 (Schedule H, Part VI), which was submitted to the Internal Revenue Service, is appended to this Attachment.

c. In Fiscal Year 2010, St. Joseph's Hospital provided more than $1.8 million in Community Benefit Services, including Charity Care at cost, unpaid

costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health.

d. St. Joseph's Hospital works closely with the Madison County Health Department by participating in the planning and evaluation of the I-Plan (presently being planned for 2011-2016) to address the top five health care targeted concerns within Madison County: Air Quality/Environment; Mental Health; Obesity; Substance Use and Abuse; and Teen Pregnancy.

    1) St. Joseph's Hospital's dietician is actively involved in the Obesity issue.

    2) St. Joseph's Hospital's supports the local Pregnancy Crisis Center.

e. St. Joseph's Hospital prepares all meals for the community's Meals on Wheels Program, which has been delivering approximately 80 meals per day on a five-day a week basis for the past three years.

f. The Hospital donates food to the Highland Area Christian Service Ministry for distribution to needy families and individuals when it sponsors catered events several times a year for its colleagues .

g. St. Joseph's Hospital operates a Friends Van that provides free transportation within a 20-mile radius of Highland on a five-day a week basis, taking are residents to medical, dental and personal appointments.

h. St. Joseph's Hospital serves as a clinical site for many area college and junior college health care programs.

I. The Hospital provides meeting space for disease support groups for patients and their families with Diabetes, Alzheimer's, and Cancer.

j. The Hospital sponsors First Aid and CPR training sessions and a grief support group.

k. St. Joseph's Hospital maintains a relationship with many civic and non-profit organizations, including the Highland Area Community Foundation (HACF), which sponsors many initiatives, including distribution of funds to local agencies, business and organizations that address community needs.

l. The Hospital provides educational events, health fairs, immunization clinics, free skin cancer screenings, and blood drives within communities in its Primary and Secondary Service Areas.

m. St. Joseph's Hospital's commitment to the poor, sick and needy in line with the Heritage of the Hospital Sisters of St. Francis means that no patient is turned away for any reason.

n. St. Joseph's Hospital provides information regarding the following financial assistance programs in the public areas of the hospital, in the registration/admitting department, on all billing statements, and on the hospital's web site (www.stjosephshighland.org) .

1) Discounts for uninsured patients

2) St. Joseph's Hospital Christian Care Program

3) Illinois Department of Human Services' Cash/Medical/Food Stamp Assistance

o. As part of Hospital Sisters Health System (HSHS), St. Joseph's Hospital's Charity Care Guidelines provide up to a 60% discount on charges for those earning up to 600% of the Federal Poverty Level, with 100% coverage for individuals and families who earn less than 250% of the Federal Poverty Level.

p. During Fiscal Year 2010, HSHS hospitals provided $152.2 million in community benefits (8.5% of total expenses), which was an increase of $28 million from FY2009. Of this amount, $32.3 million was provided for charity care, and $89.2 million was the amount of unreimbursed care provided under the Medicare program.

In addition, HSHS hospitals provided $159.3 million in health care services primarily to the elderly beneficiaries of the Medicare program in excess of governmental and managed care contract payments.

HSHS hospitals also recorded $95 million in uncollectible accounts.

q. During Fiscal Year 2010, HSHS hospitals were involved in three "medical home" pilot projects and the coordination of care for cardiac patients living in rural communities through the use of telemedicine.

r. In some communities where there are both HSHS hospitals and federally qualified health centers (FQHCs), HSHS collaborates with the FQHCs to provide greater access to health care services for low-income residents.

s. During Fiscal Year 2010, HSHS contributed more than $13 million in research and education.

ST. JOSEPH'S HOSPITAL
SAFETY NET INFORMATION PER P.A. 96-0031

CHARITY CARE			
	FY2008	**FY2009**	**FY2010**
Charity (# of patients)			
Inpatient	21	28	17
Outpatient	141	149	239
Total Patients	162	177	256
Charity (cost in dollars)			
Inpatient	$107,713	$ 74,385	$ 82,651
Outpatient	$154,711	$164,566	$177,153
Total	$262,424	$238,951	$259,804
MEDICAID			
	FY2008	**FY2009**	**FY2010**
Medicaid (# of patients)			
Inpatient	47	32	11
Outpatient	3,618	3,268	3,462
Total Patients	3,665	3,300	3,473
Medicaid (revenue)			
Inpatient	$108,826	$ 292,307	$224,068
Outpatient	$200.200	$ 876,922	$761,830
Total	$408,125	$1,169,229	$985,898

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

July 15, 2011

Ms. Peggy Sebastian, CEO
St. Joseph's Hospital
1515 Main Street
Highland, IL 62249

Dear Ms. Sebastian:

The purpose of this letter is to document that **St. Joseph's Hospital, located at 1515 Main Street, City of Highland, Madison County, State of Illinois** was designated as a necessary provider of health services as authorized by the Illinois Rural Health Plan and in accordance with the eligibility requirements defined in Part 6: Implementation of the Critical Access Hospital Program. On September 18, 2003, St. Joseph's Hospital met the criteria to be designated as a necessary provider of health services and was approved. St. Joseph's Hospital was later certified as a critical access hospital effective June 1, 2004. The original necessary provider eligibility requirement statements have been verified and are documented below:

<u>Necessary Provider Eligibility Requirements met by St. Joseph's Hospital at new replacement site</u>

- *Madison County continues to have a larger proportion (14.0%) of residents 65 years of age and over than the state's proportion (12.1%) of residents for that same age group in 2009;* Madison County had a larger proportion (14.3%) of residents 65 of age and over than the state's proportion (12.1%) of residents in 2000.

- *Madison County was designated as a low income population Health Professional Shortage Area in 2003 and continues to be a low income population Health Professional Shortage Area as determined in 2009.*

Improving public health, one community at a time
printed on recycled paper

- St. Joseph's Hospital meets the necessary provider location requirements as determined by its location in a rural census tract of a Metropolitan Statistical Area and current classification as a rural facility based on its initial reclassification as a rural facility on November 16, 2005.

- St. Joseph's Hospital maintains a current Illinois license as an acute care hospital.

The Department of Public Health's Center for Rural Health (Department) and its designees appreciate the efforts of the administration and the Board of St. Joseph's Hospital to work closely with the Department to begin the regulatory process of building a replacement facility. The Department understands that St. Joseph's Hospital is a not-for-profit entity which is operated by its Board of Trustees. The Department also understands that St. Joseph's Hospital Board of Trustees plans to construct a new hospital approximately 1.2 miles north of its current site which will be the southeast corner of Troxler Avenue and Illinois Route 160. There is no street number because the land is a vacant area at this time.

The Department understands that the Hospital's Board and administration consider this to be a positive step in improving both access and quality of health care services to the Illinois residents served by St. Joseph's Hospital. The Hospital will soon begin its application for certificate-of-need for the new facility. The anticipated discontinuation of the current hospital will occur simultaneously with the opening of the proposed new replacement hospital in August 2013.

If you need any further assistance, please do not hesitate to contact Bill Dart, Acting Chief of the Center for Rural Health at 217-785-2040, e-mail at bill.dart@illinois.gov or TTY (hearing impaired use only) at 800-547-0466.

Sincerely,

Damon T. Arnold, MPH

Damon Arnold, M.D., M.P.H.
Director

DA/bd

July 5, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Dear Ms. Avery:

St. Joseph's Hospital hereby certifies that it provided the amount of charity care at cost that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

Charity Care	2008	2009	2010
Inpatient	$ 107,713	$ 74,385	$ 82,651
Outpatient	$ 154,711	$ 164,566	$ 177,153
Total	$ 262,424	$ 238,951	$ 259,804

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

Peggy A. Sebastian
President & CEO

Witnessed & notarized by:
Debra J. Missey

"OFFICIAL SEAL"
DEBRA J. MISSEY
Notary Public, State of Illinois
My commission expires 08/04/2013

1515 Main Street · Highland, Illinois 62249 · www.stjosephshighland.org

An Affiliate of Hospital Sisters Health System

June 29, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield, Illinois 62761

Dear Ms. Avery:

St. Joseph's Hospital 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.

Medicaid Net Revenue	2008	2009	2010
Inpatient	$108,826	$292,307	$224,068
Outpatient	$299,299	$876,922	$761,830
Total	$ 408,125	$1,169,22	$985,898

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,

Peggy A. Sebastian

Peggy A. Sebastian
President & CEO

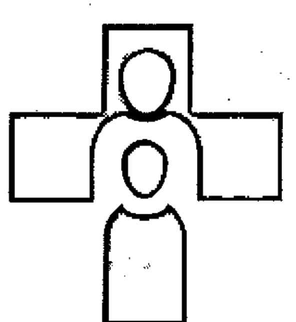
Witnessed by:
Debra J. Missey

"OFFICIAL SEAL"
DEBRA J. MISSEY
Notary Public, State of Illinois
My commission expires 08/04/2013

1515 Main Street · Highland, Illinois 62249 · www.stjosephshighland.org

An Affiliate of Hospital Sisters Health System

2009 – 2010 ANNUAL REPORT



ST. JOSEPH'S
HOSPITAL

HEALING WITHIN. *Advancing Throughout.*

MISSION

OUR MISSION

St. Joseph's Hospital is a Catholic organization committed to being the primary health care resource for the community through excellence in care and compassion in service.

OUR PROMISE TO YOU

At the core of St. Joseph's Hospital is our commitment to patients. We believe in providing the very best care possible and invest our resources in what matters most. This includes:

- Keeping our technology up-to-date based on community need and a feasible, sustainable financial investment
- Providing a clean, friendly atmosphere where patients feel at ease
- Educating our long-term, experienced staff on current trends and practices
- Bringing in specialty physicians to provide patients with high-quality, comprehensive care
- Expanding our services and procedures to meet the demands of the community we serve

We invite you to take a look at what's inside St. Joseph's Hospital... for that is where healing truly begins.

A MOVE TOWARD *Greater Healing*

To reveal and embody Christ's healing love for all people through a health care ministry.

Hospital Sisters Health System (HSHS) is a multi-institutional health care system that sponsors 13 hospitals in 12 communities across Illinois and Wisconsin and an integrated physician network. As our name implies, we are a healing ministry guided by the historic mission of the Hospital Sisters of St. Francis. At the same time, we are firmly grounded in modern best practices.

- We use progressive physician partnerships and the latest technology to provide personal, integrated health care across our entire system.
- We demonstrate commitment to our communities and to our Franciscan traditions by providing quality, caring and compassionate health care to all—including the sick, needy, uninsured and underinsured.
- We continue to grow deliberately through our commitment to professional lay leadership. Stewardship of resources and strategic investments help ensure the highest standards of clinical quality and service as well as the long-term viability of the system.

While the health care reform debates continue around the country, the Hospital Sisters Health System (HSHS) and our colleagues confidently and quietly continue providing excellent care for those whom we are privileged to serve in Illinois and Wisconsin. I am inspired by the dedication of our many passionate physicians, nurses, administrators and colleagues. They, day in and day out, vigilantly uphold the precepts of our founding Sisters who lived solely to make the quality of the lives of the poor and vulnerable better.

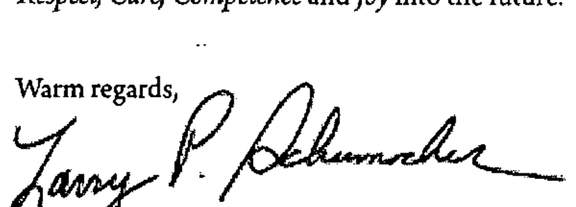
LARRY P. SCHUMACHER
Hospital Sisters Health System
Interim President and Chief Executive Officer and Chief Operating Officer

During this critical time in the evolution of health care, HSHS strives to utilize every aspect of the health care system to continue our Mission of service and to improve the lives of our patients and their families. Our Care Integration strategy is designed specifically to unite the diverse talents of our many dedicated physicians, nurses and clinicians to provide our patients with high-quality health care.

Our physicians are in the forefront of medical innovation, blending their expertise with the most passionate care of the whole person – body, mind and spirit. Our nurses diligently ensure that they bring the utmost professionalism and care to each patient, while our technicians tap into the vast potential of advanced technology to improve our care and delivery system.

Throughout the System, we are guided by the Mission and legacy of service of the Hospital Sisters of St. Francis. At the same time, we are firmly grounded in modern best practices utilizing state-of-the-art technology administered by skilled and compassionate health care professionals. It is our legacy of service, rooted in compassion and faith, that sets Hospital Sisters Health System apart and carries us with *Respect, Care, Competence* and *Joy* into the future.

Warm regards,



Larry P. Schumacher

LEADERSHIP MESSAGE

PEGGY A. SEBASTIAN
St. Joseph's Hospital
President and CEO

While the overall direction of health care in the United States is still being debated, the future of St. Joseph's Hospital in Highland is one that's confidently moving toward a greater presence – and a greater sense of healing.

These are definitely exciting times for us. The more than 300 colleagues, physicians, and volunteers that make up St. Joseph's Hospital have started writing the next chapter in the story of our health care ministry – a chapter that will give vision and outline our future course.

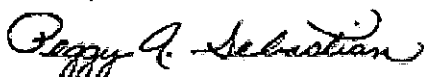
The future of health care in Highland means greater access to more providers and services – all while reducing the need to leave the Highland area for the health care you require. And while convenience will play a major role as we develop our vision, the one thing that will not be compromised is quality. Our health care ministry has always been and will remain patient-focused. The ever-present compassionate care that is the trademark of St. Joseph's Hospital will not be ignored.

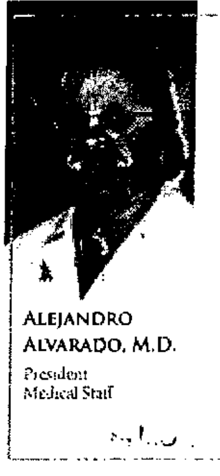
And our future isn't limited to resources located just within Highland.

Along with our sister hospitals (St. Joseph's-Breese and St. Elizabeth's-Belleville), St. Joseph's Hospital in Highland is a part of the Southern Illinois Division of Hospital Sisters Health System (HSHS). Through our collaborative efforts in providing access to health care services to meet the needs of the poor, sick and needy, we will reveal and embody Christ's healing love to more than 650,000 residents in the metro east region.

Our commitment to you is demonstrated daily through our Core Values of *Respect, Care, Competence* and *Joy*. These Core Values serve as our compass points for the next 132 years of our existence.

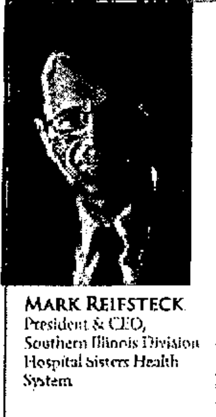
Sincerely Yours,





ALEJANDRO ALVARADO, M.D.
President
Medical Staff

THOMAS HILL
Chairperson
St. Joseph's Hospital
Board of Directors



MARK REIFSTECK
President & CEO,
Southern Illinois Division
Hospital Sisters Health System

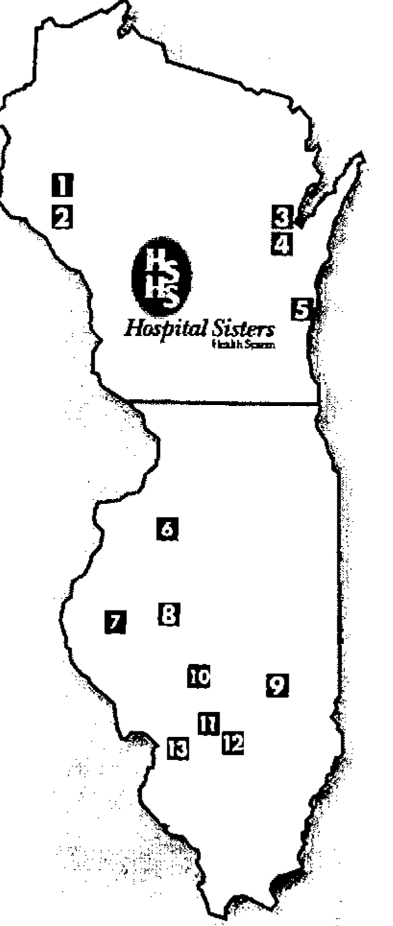
WHO WE ARE

- Catholic health care is a ministry of the Catholic Church continuing Jesus' mission of love and healing in the world today. Comprised of more than 600 hospitals and 1,400 long-term care and other health facilities in all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation.

- Catholic health care is led by dedicated women and men, both religious and lay, who combine advanced technology and innovative treatment with a tradition of compassionate care. Catholic health care organizations are committed to improving the health status of communities and to creating quality health care that works for everyone, especially those most in need.

- In fiscal year 2009-2010, St. Joseph's Hospital contributed more than $1.8 million in services identified as community benefits – that is, services that provide treatment and promote health and healing in response to a community need.

- St. Joseph's Hospital in Highland employs more than 300 full-time and part-time workers with fiscal year 2009-2010 salaries, wages and employee benefits equaling $12.1 million. More than 59,500 patients turned to St. Joseph's in Highland for their health care needs.



Wisconsin

1. **St. Joseph's Hospital** Chippewa Falls
2. **Sacred Heart Hospital** Eau Claire
3. **St. Mary's Hospital** Green Bay
4. **St. Vincent Hospital** Green Bay
5. **St. Nicholas Hospital** Sheboygan

Illinois

6. **St. Mary's Hospital** Streator
7. **St. John's Hospital** Springfield
8. **St. Mary's Hospital** Decatur
9. **St. Anthony's Hospital** Effingham
10. **St. Francis Hospital** Litchfield
11. **St. Joseph's Hospital** Highland
12. **St. Joseph's Hospital** Breese
13. **St. Elizabeth's Hospital** Belleville

BOARD OF DIRECTORS
...: Jeanne Meyer; Jim Burgett; Bill Sullivan, Vice-Chair; Bonnie McGinley; ...rk Korte; Roger Fulton, M.D., Secretary; Peggy Sebastian, President & CEO

Front: Sr. Josine Mondloch, OSF; Sr. Marybeth Culnan, OSF; Sr. Josepha Schaeffer, OSF; Thomas Hill, J.D., Chairperson

Friends of St. Joseph's Board of Directors
Wayne Steiner, Chair
Adrian Rogier, Vice Chair
Joy Boulanger
Jan Brinker
Larry Essenpreis
Marilyn Frey
John Jatcko
Steven Kloss
Terry Lammers
Cheri Lucco
Robert Luitjohan
Jim Rankin, Jr.
Eric Schmidt
Rose Tschannen

Advisory Council
Rob Bowman
Jim Burgett
Don Johannes
Rich Knebel
Mark Korte
Mark Latham
Michael Sutton
Rose Tschannen
Bill Wagner

Auxiliary Officers
Billie Henry, President
Linda Dunker, Vice President
Joan Schuetz, Treasurer
Jackie Mahoney, Secretary

Medical Staff Leadership
Alejandro Alvarado, M.D.
Medical Staff President
Jose A. Diaz, Jr., M.D.
Vice President
Chair, Physician Health Advisory Committee
Alan Gitersonke, D.P.M.
Secretary/Treasurer
Judith Ashcroft, M.S.W.
Chair, Ethics Committee
Roger Fulton, M.D.
Chair, Credentials/Bylaws Committee
Pamella Gronemeyer, M.D.
Chair, Pathology Committee
Chair, Infection Control Committee
Marvin Holtgrave, BMET
Chair, Environment of Care Committee
Eddea Kamp
Chair, Medical Record Review Committee
David Nyquist, M.D.
Chair, Medicine Committee
Chair, Pharmacy & Therapeutics Committee
Peggy Sebastian, CEO/Administrator
Chair, Quality Management Committee
Chair, Quality Care Committee
Shawn Shekar, M.D.
Chair, Radiology Committee
Chair, Radiation Safety Committee
Hayden Smith, M.D.
Chair, Emergency Services Committee
Felix Ungacta, M.D.
Chair, Surgery Committee

NEW VISION FOR THE FUTURE

Peggy A. Sebastian became the President and Chief Executive Officer on Oct. 5, 2009 and brought a firm determination to build upon the strengths already in place at St. Joseph's Hospital to create a vision for the future of health care in Highland. Her passion for the Catholic health care mission, commitment to working with physicians, experience in direct patient care and proven leadership have already combined to extend beyond the hospital's walls and into the community.

Grounded in a strong belief of the Core Values of *Respect, Care, Competence* and *Joy*, Sebastian immediately began efforts to meet one-on-one with local business and civic leaders, as well as residents willing to share their stories, thereby gaining wisdom to make the hospital a stronger, more impactful community asset. Knowing that St. Joseph's Hospital is a part of the fabric that makes Highland and the surrounding communities special, these meetings gave Sebastian insightful knowledge and the opportunity to begin shaping the future of St. Joseph's Hospital to become the local health care provider of choice.

Plans for New Hospital & Health Center Unveiled

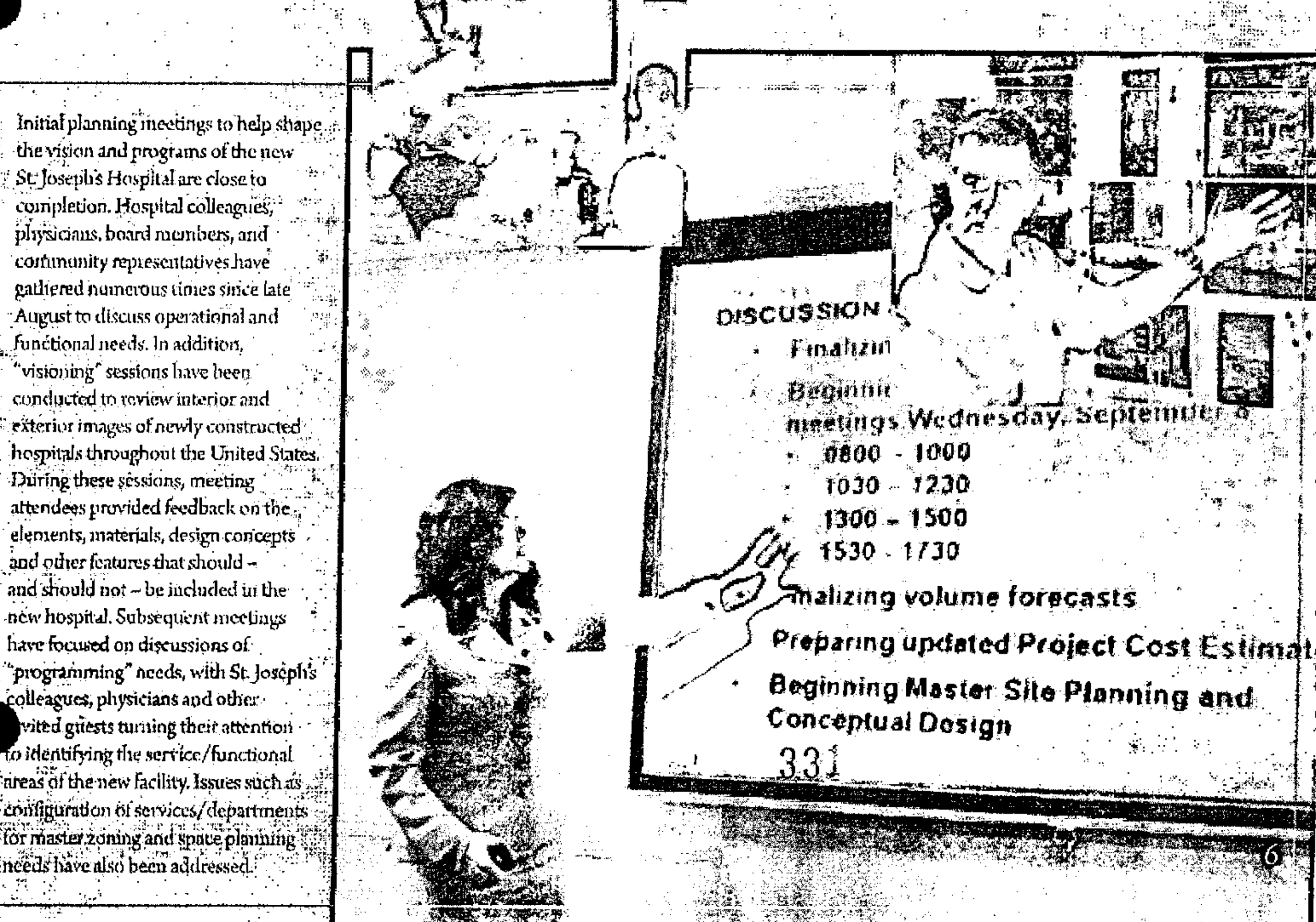
Soon after arriving in Highland, Sebastian began collaborating with hospital leaders to develop a strategic facility replacement study and financial plan to replace the current hospital. In June 2010, during a meeting of the board of directors of Hospital Sisters Health System (HSHS, of which St. Joseph's is an affiliate) – and sponsored by the Hospital Sisters of St. Francis (Springfield, IL) – Sebastian presented the plan to the HSHS board who then voted unanimously supporting the plan. With planning activities already under way, the new St. Joseph's Hospital & health center could welcome the first patient in early 2013.

The new St. Joseph's Hospital & health center promises to be a facility far different than what patients and local residents have experienced before. Designed to emphasize healing and wellness with a focus on outpatient treatment and therapy, the new hospital will provide an extraordinary patient experience and allow patients to avoid unwanted overnight stays, assist healing at home and provide "best in class" delivery of care. Additional planning will include future growth and expansion opportunities for ambulatory services (outpatient) and development of a medical office building.

The variety of services and amenities in the new St. Joseph's Hospital & health center will include:

- A state-of-the-art trauma facility always ready for the unexpected emergency – regardless of age
- Advanced medical imaging and diagnostic equipment, allowing quicker diagnosis of conditions and injuries
- Digital communication between the new St. Joseph's Hospital & health center, physicians and patients
- Electronic communication services providing patients with wellness updates and ways to improve and control their health
- A lean and efficient design strategy that eliminates waiting rooms and treatment delays
- "Healing Environments" that offer an inviting destination to heal and learn, complete with digital libraries and media rooms, and a meditation garden providing a soothing place for family respite
- All private rooms with an added "family zone" that will allow family members to keep up with job requirements and a comfortable place to sleep over; and
- A decontamination facility prepared to manage industrial or farm-chemical accidents.

Most of all, one very important feature that the new St. Joseph's Hospital & health center will provide is a decreasing need to travel away from Highland, thereby making St. Joseph's the local health care provider of choice.



Initial planning meetings to help shape the vision and programs of the new St. Joseph's Hospital are close to completion. Hospital colleagues, physicians, board members, and community representatives have gathered numerous times since late August to discuss operational and functional needs. In addition, "visioning" sessions have been conducted to review interior and exterior images of newly constructed hospitals throughout the United States. During these sessions, meeting attendees provided feedback on the elements, materials, design concepts and other features that should – and should not – be included in the new hospital. Subsequent meetings have focused on discussions of "programming" needs, with St. Joseph's colleagues, physicians and other invited guests turning their attention to identifying the service/functional areas of the new facility. Issues such as configuration of services/departments for master zoning and space planning needs have also been addressed.

ACHIEVEMENTS

JOSE DIAZ, M.D.
General/Vascular Surgeon

DR. JOSE DIAZ, A FULL-TIME STAFF MEMBER

As of May 3, Jose Diaz, M.D., joined our medical staff as a full-time general/vascular surgeon. At the same time, he also became affiliated with the HSHS Medical Group, a growing network of primary care and specialty care physicians aligned with St. Joseph's Hospital and the 12 other hospitals in Wisconsin and Illinois that comprise Hospital Sisters Health System (HSHS).

Although Dr. Diaz has been affiliated with St. Joseph's for the past 21 years, his new position on the medical staff speaks to his commitment to the hospital and local residents. Dr. Diaz specializes in a variety of surgical procedures, and his affiliation with the HSHS Medical Group now gives him more resources and opportunities to address the ever-changing health care needs of local residents. His practice – HSHS Medical Group Surgery – is located in the St. Joseph's Medical Arts Building in Highland at (618) 651-2730.

PATIENT SATISFACTION SCORES INCREASED

Since 2006, St. Joseph's has partnered with Press Ganey & Associates, a leading national health care consulting firm that offers satisfaction measurement and improvement response for the health care industry to more than 2,000 hospitals nationwide. During the past fiscal year (July 1, 2009 – June 30, 2010), we witnessed numerous success stories in terms of ever-increasing patient satisfaction scores throughout the organization including:

- Achieving a top 2% percent national ranking in the Emergency Department (ED)
- Garnering a top 10% national ranking for inpatient services, outpatient services, and surgery
- Ranking in the top 5% nationally in terms of meeting the spiritual needs of our patients
- Realizing a top 4% national ranking for Lab, Radiology, Physical Therapy/Rehab – which is the best rating ever!

Our mission has always been to reveal and embody Christ's healing love for all people through a health care ministry. Our vision is simple – to be the local health care provider of choice. Through our Core Values of *Respect, Care, Competence* and *Joy*, our health care ministry will always remain patient-focused.

Two Programs Awarded National Certification!

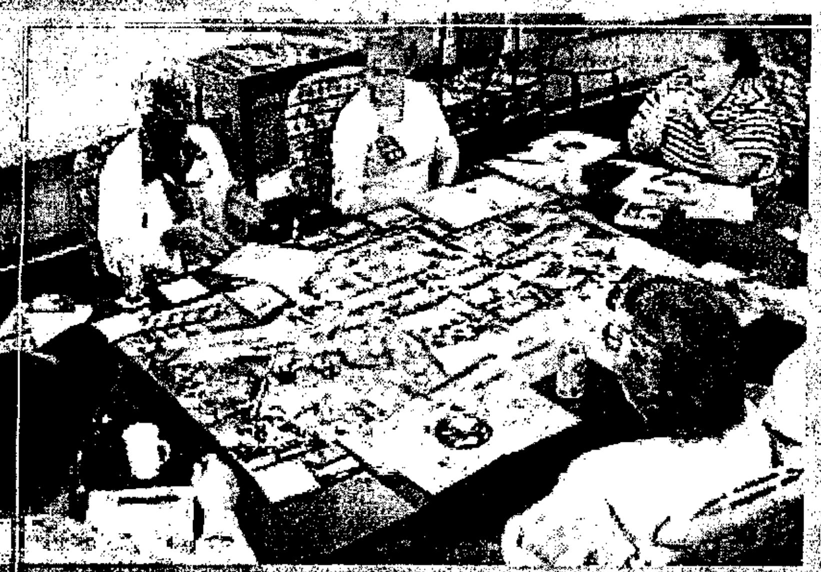
Cardiac Rehab Program

St. Joseph's Hospital received notification that its cardiac rehabilitation program is now certified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). This certification makes the hospital's rehab program one of two nationally certified programs in the metro-east area!

The program's primary goal is to strengthen the heart and teach participants and their caregivers how to make heart-healthy lifestyle changes to decrease the potential for recurring events. As directed by a physician, outpatient programs generally begin anywhere from one to eight weeks after a cardiac event or hospitalization, but can even be beneficial up to a year later. Participants typically attend three times a week for six to 12 weeks, depending on risk factors and the disease.

Diabetes Self-Management Education Program

St. Joseph's Hospital also received notification that its diabetes self-management education program, Conversation Maps™, received national certification from the American Diabetes Association (ADA). The hospital has sponsored the program since October 2008, with more than 100 participants enrolled in the first 12 sessions.



The four-part Conversation Maps™ education series helps educate those living with diabetes and sparks discussion among participants so that they can better manage their diagnosis. The ADA certification validates the positive role the program plays in the lives of local diabetes patients.

Highland Priority Care Served Record Numbers

In November 2009, St. Joseph's Hospital opened Highland Priority Care to meet a growing need for the treatment of minor injuries and illnesses that occur when doctors' offices are not available. Since then, the facility has exceeded expectations by treating more than 7,000 walk-in patients.

Highland Priority Care is open seven days a week from 7:00 a.m. to 7:00 p.m., providing patients access to experienced physicians, nurses, lab techs, x-ray techs and clerical staff. Our lab and x-ray facility is fully licensed and plays an important role in providing outstanding care to adults and children of all ages. No appointments are needed, and most walk-in patients spend about 45 minutes at the facility from the time they walk in until the time they leave. Plus, the staff automatically sends all information and test results to primary care physicians, unless otherwise instructed by the patient.

A major benefit of Highland Priority Care is that patients are not billed as if visiting an "urgent care center." Patients are billed physician office visit charges, avoiding expensive "urgent care" component billing where they would receive a bill for using the facility and another for the physician's professional fee. St. Joseph's Hospital made a conscious decision to make visits affordable for local residents.

HIGHLAND
priority
care
Member of the HSHS Medical Group

Trent McDaniel, MD

David Berkenbile, DO

Jeff Davis, PA-C

Erika Schulze, APN-C

(618) 651-ASAP (2727)

EMERGENCY DEPARTMENT ENHANCES CARE WITH RENOVATIONS, NEW MEDICAL DIRECTOR

HAYDEN SMITH, M.D.
ED Medical Director

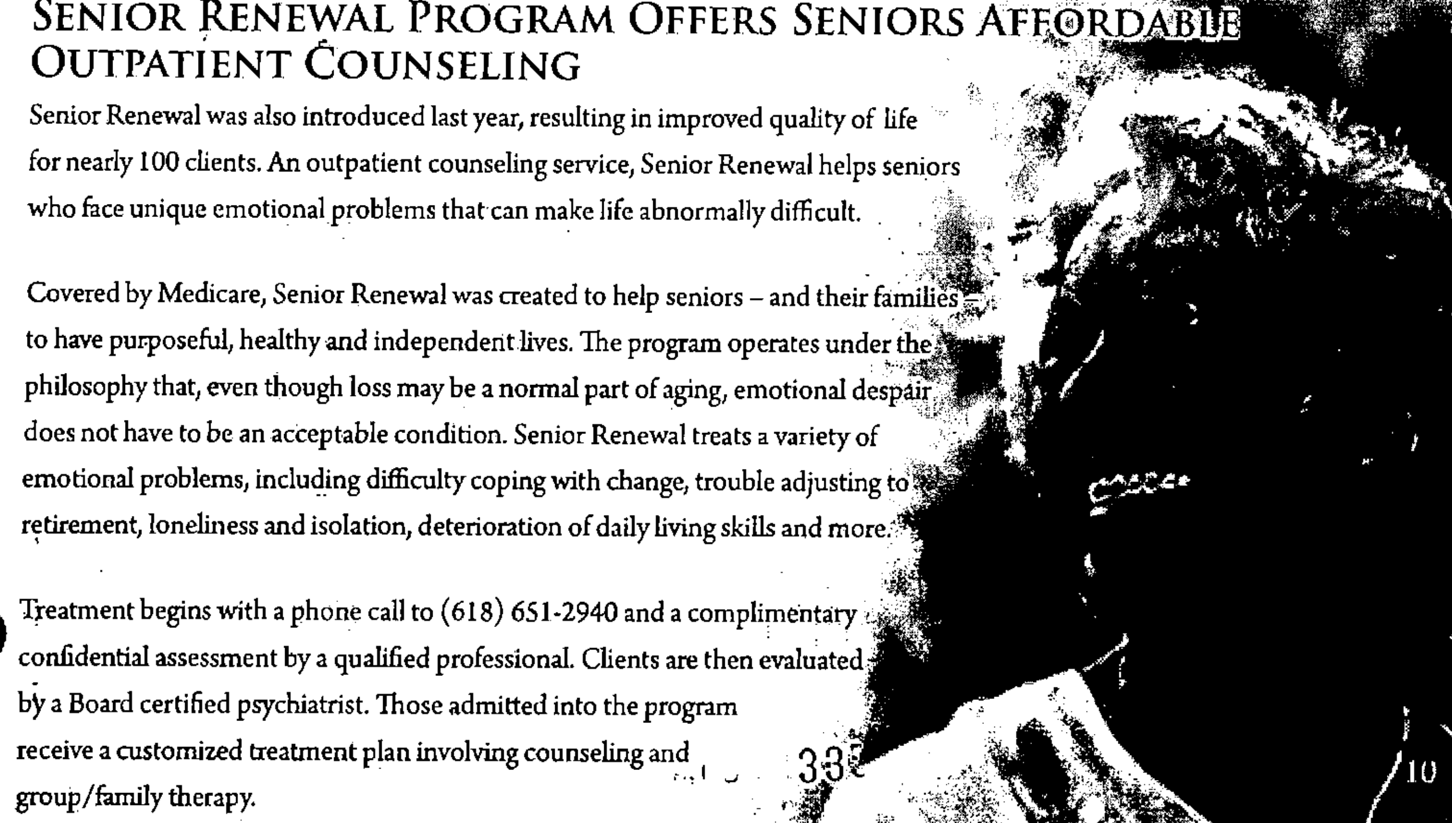
St. Joseph's Hospital knows that the community's trust begins at the front door. That's why we took aggressive steps last year to enhance access to emergency medicine without compromising our trademark compassionate care. As part of a $1.3 million renovation project, the Emergency Department (ED) now has two private exam rooms (four total exam rooms) and triage area, along with a separate waiting room. And, the improvements didn't stop there! We also:

- Implemented new quality and process improvement procedures to improve overall outcomes
- Maintained our Standby Emergency Department Approved for Pediatrics (SEDP) status within the metro-east region to provide quality pediatric emergency care
- Significantly improved emergency transfer of cardiac patients to our sister hospital (St. Elizabeth's in Belleville)
- Added new physicians with extensive training and experience to provide competent, compassionate care local residents deserve

These changes helped St. Joseph's ride a wave of positive momentum through ever-increasing satisfaction scores for our ED, ranking in the top 2% of more than 2,000 hospitals nationwide according to Press Ganey & Associates.

In addition, Hayden Smith, M.D., accepted an invitation to serve as medical director of the ED in February, 2010. A 2006 graduate of the University of Tennessee College of Medicine, Dr. Smith focused his studies in both Family Practice and Exercise/Sport Science.

SENIOR RENEWAL PROGRAM OFFERS SENIORS AFFORDABLE OUTPATIENT COUNSELING



Senior Renewal was also introduced last year, resulting in improved quality of life for nearly 100 clients. An outpatient counseling service, Senior Renewal helps seniors who face unique emotional problems that can make life abnormally difficult.

Covered by Medicare, Senior Renewal was created to help seniors – and their families – to have purposeful, healthy and independent lives. The program operates under the philosophy that, even though loss may be a normal part of aging, emotional despair does not have to be an acceptable condition. Senior Renewal treats a variety of emotional problems, including difficulty coping with change, trouble adjusting to retirement, loneliness and isolation, deterioration of daily living skills and more.

Treatment begins with a phone call to (618) 651-2940 and a complimentary confidential assessment by a qualified professional. Clients are then evaluated by a Board certified psychiatrist. Those admitted into the program receive a customized treatment plan involving counseling and group/family therapy.

FINANCIALS

COMMITTED TO THE HEALTH OF THIS COMMUNITY

Last year, we spent:

$29,655
to provide transpartation to passengers who cannot transport themselves to medical appointments

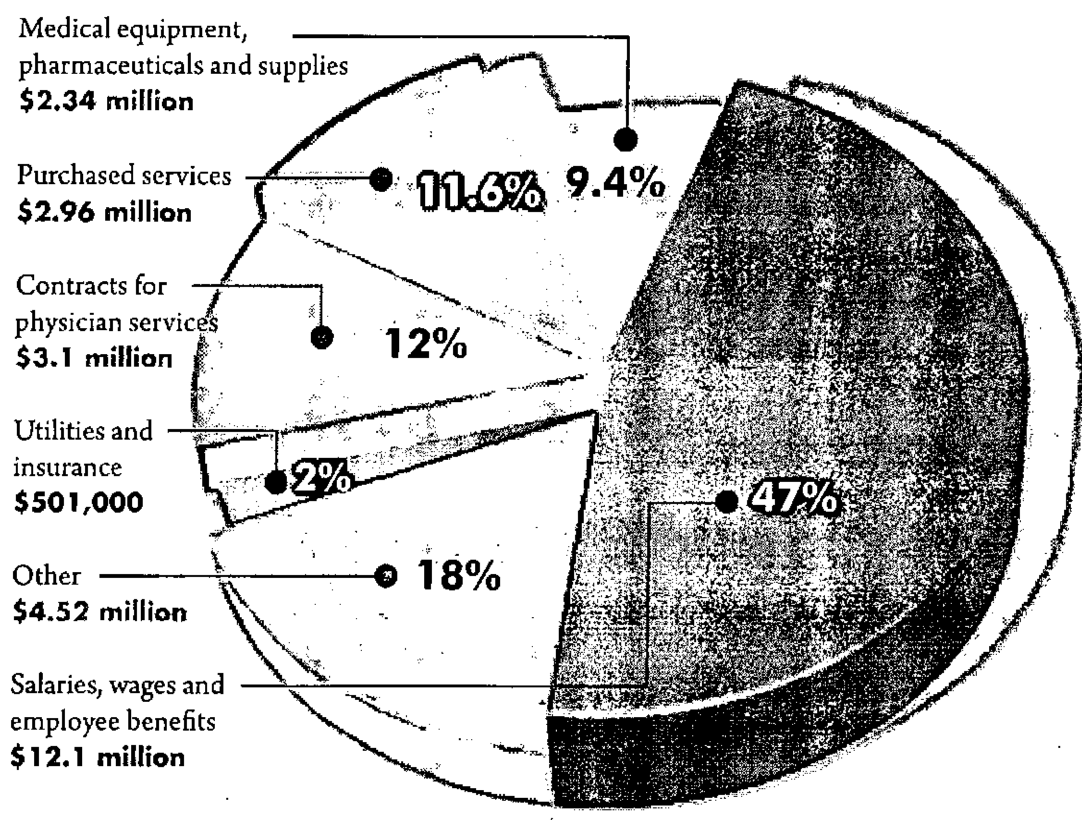
And absorbed:

$276,422
in costs for care for patients who could not pay

$1.5 million
in services not fully reimbursed by Medicaid

The Bottom Line
St. Joseph's invested **more than $1.8 million** in care for the poor and services to the community in fiscal year 2009–2010.

We spent $25.52 million in fiscal year 2009–2010. Here is a breakdown:



We thank the community for entrusting us with their care.

FRIENDS' VAN TRANSPORTATION

From July 2009 through June 2010, the Friends of St. Joseph's van transported 2,245 individuals, accumulated 14,563 miles (9.18% increase) and incurred expenses totaling $29,655 – an average per mile cost of $2.04. The Friends' Van provides transportation to individuals for medical, dental and other personal appointments that encompass a service area within a 20-mile radius of Highland. This includes Highland, Breese, Grantfork, Alhambra, Pocahontas, St. Jacob, Marine, Pierron, Aviston, Trenton and Troy.

Christmas 2009
Connie Sparlin

Alfred Siegrist
Carol Darling
Elvie Gramlich
Billie H. Henry
Jeff Siegrist
Donna Suess
Linnea Vesley

Aloys J. Zurliene
Jerome R. & Carla Zurliene

Anna Oestringer
Bob Lampe
Stu Weider

Barbara Hall
Marlene & Paul Kustermann

Bernice Riggs
Michael Bovee

Betty J. Sutton
Debra J. Weiss

Bill Holshouser
Dennis & Janis Foehner
Daniel & Marie Grandame
Phoebe Hamlin
Dorothy Holshouser
Marge Holshouser
Jerry A. & Stephanie Kapp
Georgiana Kniffin
Frank & Diane Koishor
Leon & Gigi Langhauser
Tim & Tracy Luber
Jimmy & Debra McGrath
Bob & Marie Rehg
Leona Rutz
Dorothy Thake
Jim & Elaine Thurnau
Twin Rivers Community of Christ Church
Clifford & Jane Zbinden

Bill Sackett
Joan Sackett

Burnell Bosshart
City of Highland
Norma Strasen

Dale Kimberlin
Kim Kimberlin

Dave Rehkemper
Robert & Jane Sudhoff
Darren & Karen Twyford

Dolores M. Frey
Basler Electric Company
Ronald & Sara Beam
Darrell & Joann Bellm
Darin & Jami Bellm
Florence Bohnenstiehl
Edward & Susanne Campbell
Al & Shirley Flath
Chuck & Pam Frey
David & Marilyn Frey
Gerald & Dolores Frey
Maury & Kay Frey
Dr. Roger & Debbie Fulton
Bertha Geiger
Celeste Jenny
Janna M. Kamm
Kim Kimberlin & Alan Winkeler
Jack & Gloria Klaus
Steve & Cecil Kloss
Steve & Deb Korte
Scott & Lynn Novak
Robert E. & Paula Redman
Randy & Julie Ribbing
Bob & Lynn Rinella
Stephen & Sally Roberts
Lisa K. Ryan
Janet & Roger Schrage
Rupert J. & Joan Schwarztrauber
James & Linda Splan
Howard & Carol Sweet
Don L. & Rose Tschannen
Norma Wessel
John Zieser

Dorothy Kimberlin
Alberta Jacober
Colleen Poss

Dwight Rogier
Joseph & Joann Geiger
Anton & Sandy Hundsdorfer

Dylan R. Renko
St. Joseph's Hospital of Highland

Eileen F. Clemmons
Jim & Linda Baer
Lester & Joan Bohnenstiehl
Carl Conrad
Shirley Landolt
Delores Merkle
Ruth Steiner

Elda Essenpreis
Bill J. & Rosalie Aschbacher
William & Margaret Basler
Darrell & Joann Bellm
Don & Peggy Bellm-Carnley
Robert Boedeker
Jay & Cathy Boulanger
Janice Brinker
Barry & Shirley Essenpreis
Jerry Frueh
Joseph & Joann Geiger
Daniel & Marie Grandame
Clifford & Judy Gruner
Maurice T. Gutzler
Bill Hemann
Billie H. Henry
Russ & Jean Heuberger
Thomas A. & Bonnie Hill
Jerry & Cheryl Holtzclaw
Don A. & Barb Johannes
Brady & Debbie Kesner
Tom & Lynn Koch
Thomas V. & Marian Korte
Tom & Phyllis Korte
Judy Kunkel
Gerald & Diane Masterson
Jerry & Marylin McDevitt
Homer H. & Sharon Rusteberg
Barry & Carol Schuepbach
Stan & Eileen Schwend
Tom Spengel
Wayne P. & Norma Steiner
William G. & Sue Sullivan
Denis & Mary Thole
William & Judith Wagner
Mildred Weidner

Ellen Ahlmeyer
Thomas & Cheri Lyerla

Florence Radtke
Richard Radtke

George Mateer
George & Dorothy Mateer

Geralyn Rehkemper
Gerald & Paula Rehkemper

Harvey Jakel
St. Joseph's Hospital of Highland

Herbert Talleur
Paul & Dolores Talleur

Karen Cagle
James Cagle

Jeanette Taylor
John & Florence Duncan

Jenifer Scholl
Jim & Nancy Scholl

Jeremy Weiss
Debra J. Weiss

Joan Schwarz
Richard Schwarz

Joetta Korte
Plocher Construction Company

John Wellen
Paul & Dolores Talleur

Kenneth R. Stuckwisch
Gloria Stuckwisch

Kyle Hemann
St. Joseph's Hospital of Highland

Larry D. Stockton
Barbara Sowers

Lawrence Thole
Jane Thole
Mary Ann Thole
Mary M. Thole

Lloyd Landolt
Virgil Wilhelm

Louis Sutton
Debra J. Weiss

Lucille Thole
Anton & Sandy Hundsdorfer

Mary Louise Getz
Edward Getz

Mary M. Thole
Harold & Betty Blumberg
Mary Gnaedinger
Duane & Mary Ellen Gruenenfelder
Maurice T. Gutzler
Virginia & David Hemann
Henrietta Knebel
Bill & Janet Kraus
Marlene & Paul Kustermann
Steve & Janet Lanxon
Linda Marti
Roy & Leona Marti
Daniel & Judy Neier
Dennis & Donna Plocher
Gerald & Paula Rehkemper
Carol Reigle
Theresa Richter
Donna & Gary Schuster
Eloise Seger
Special Services & Quality Assurance Teams of Korte Company
Patricia Steiner
June Strake
Ramsac & Lois Stricker
Bernice Voss
Alan & Shirley Weiss
Dave & Jean Wirz
Lindell & Rose Zimmermann

Maurice Edwards
St. Joseph's Hospital of Highland

Mel Carrillon
Leonard & Mary Jane Landmann

Norma Mueller
Harry & Norma Mueller

Orville Daiber
Delores Daiber-Luczak

Ray & Jim Iberg
Marge Iberg

Raymond Weidner
Mildred Weidner
Pat & Kim White

Richard Rehkemper
Darlene Rehkemper

Rita Barth
Joseph & Joanne Geiger

Roland Tschannen
Betty Tschannen

Ronnie Rehkemper
Darlene Rehkemper

Rosali McCabe
Harold & Betty Blumberg
Jim & Tammy Blumberg
Rosie Hatton
Pete & Jane Korte
Robert E. & Paula Redman
Gene & Kay Weis

Ruth Voegele
Bob & Janet Lampe

Stan Luczak
Delores Daiber-Luczak

William H. Brown
Anton & Sandy Hundsdorfer

DONORS

Contributor (up to $249)

Rick Aholt
Bill & Rosalie Aschbacher
Jim & Linda Baer
Rooney & Diane Barker
Basler Electric Company
Ronald & Sara Beam
Darrell & Joann Bellm
Harold & Betty Blumberg
Jim & Tammy Blumberg
Robert Boedeker
Florence Bohnenstiehl
Lester & June Bohnenstiehl
Jay & Cathy Boulanger
Michael Bovee
Marlise Boyer
Kevin & Judy Brendel
Janice Brinker
Phyllis Brooks
Anthony & Donna Budde
David & Suzanne Butler
William & Kay Butler
James Cagle
Edward & Susanne Campbell
Don & Peggy Carnely
City of Highland
Carl Conrad
Delores Daiber-Luczak
Carol Darling
Carole Deibert
Dave & Jane Deiters
Geraldine Dennison
Connie Donley
Patrick & Janet E. Doyle
John & Florence Duncan
Herbert & Dorothy Durbin
Edward Jones
Carolyn Enboden
Barry & Shirley Essenpreis
Family Care Medical Equipment
Al & Shirley Flath
Dennis & Janis Foehner
Tina Frank
Chuck & Pam Frey
Dolores Frey
Gerald & Dolores J. Frey
Gladys Frey
James Frey
Maury & Kay Frey
Jerry Frueh
Kevin & Amanda D. Fuller
Roger & Debbie Fulton
Jim & Suzie Gallatin
Kenneth & Virginia Gehrig
Kristine Gehrig
Bertha Geiger
Edward Getz
Craig Gnaedinger
Mary Gnaedinger
Elvie Gramlich
Daniel & Marie Grandame
Duane & Mary Ellen Gruenenfelder
Clifford & Judy Gruner
Maurice Gutzler
Tom & Cindy Gutzler
Phoebe Hamlin
Roland & Lorna Harris
Edwin & Cheryl Haselhorst
Rosie Hatton
Bill Hemann
David & Virginia Hemann
Billie Henry
Wilbur & Estelle Hess
Russ & Jean Heuberger
Larry & Diane Hickey
Highland Civic Woman's Club
Dan & Carol Hilmes
Dorothy Holshouser
Inogene Holtgrave
Jerry & Cheryl Holtzclaw
Anne Hundsdorfer
Dennis & Melissa Hutchison
Eileen Iberg
Marge Iberg
Gary & Charlotte Isaak
Alberta Jacober
Joseph & Jean Jacober
Darin & Jami Jansen
Celeste Jenny
Don & Barb Johannes
Janna Kamm
Dan & Melody Kapp
Jerry & Stephanie L. Kapp
C. Peter & Lillian Kerin
Brady & Debbie Kesner
Steve & Ceil Kloss
Philip & Sharon Klostermann
Nelson & Henrietta Knebel
Richard & Debra Knebel
Georgiana Kniffin
William & Sharon Knuf
Tom & Lynn Koch
Clem Koehnemann
Frank & Diane Koishor
Anna Korte
Brent & Heather Korte
Pete & Jane Korte
Steve & Deb Korte
Bill & Janet Kraus
Robert & Janet Kruse
Judy Kunkel
Paul & Marlene Kustermann
Bob & Janet Lampe
Burnell & Pat Landmann
Leo & Carol Landmann
Leonard & Mary Jane Landmann
Shirley Landolt
Jean Landry
Leon & Gigi Langhauser
Steve & Janet Lanxon
Anton & Eleanor Lengermann
Deanna Lentz
Don & Kathy Lohman
Mel & Jeanette Long
George & Susanne Luber
Tim & Tracy Luber
Richard & Jacqueline Mahoney
Linda Marti
Roy & Leona Marti
Gerald & Diane Masterson
George & Dorothy Mateer
Rich & Linda May
Jerry & Marylin McDevitt
McGinley, Inc.
McGinley Kawasaki
Jimmy & Debra McGrath
Bernice McKay
Delores Merkle
Beverly Meyer
Edward Moenster
Patsy Muggridge
Bob & Janet Nagel
Daniel & Judith Neier
Russell Newton
Neill & Janet Nicolaides
Mark & Joyce Niemann
Scott & Lynn Novak
Amelia Okai
John & Peggy Oravec
William Orthwein
Lori Pashia
Clothilda Pattberg
Kevin & Barbara Patton
Norma Pearson
Burnell & Mary Petry
Dennis & Donna Plocher
Colleen Poss
Rankin's Cards and Gifts, Inc
Eileen Reding
Robert & Paula Redman
Bob & Marie Rehg
Gerald & Paula Rehkemper
Carol Reigle
Randy & Julie Ribbing
Gary & Carol Richter
Theresa Richter
George & Juanita Rider
Bernice Riggs
Dennis & Sharon Rinderer
Bob & Lynn Rinella
Stephen & Sally Roberts
Homer & Sharon Rusteberg
Leona Rutz
Lisa Ryan
Joan Sackett
Saline Helvetia Homemakers
Michael & Jennifer Schaible
Jacquelyn Schneider
Roy & Florence Schneider
Jim & Nancy Scholl
Randy & Jeannette Schorfheide
Andrew & Florence Schrage
Roger & Janet Schrage
Barry & Carole Schuepbach
Gary & Donna Schuster
Patsy Schwarm
Richard Schwarz
Rupert & Joan Schwarztrauber
Stan & Eileen Schwend
Eloise Seger
Jeff & Jane Siegrist
Silver Lake Group Ltd.
Fred Singleton
JoAnn Skrobul
Ruth Sparkman
Connie Sparlin
Gerald & Bernadette Sparlin
Special Services & Quality Assurance Teams of Korte Company
Tom Spengel
James & Linda Splan
Florence Spurgeon
Lawrence & Anna St. Cin
St. Joseph's Hospital of Highland
Earl & Betty Steiner
Milton L. & Dorothy Steiner
Patricia Steiner
Ruth Steiner
Bill & Jane Stieb
June Strake
Norma Strasen
Ramsae & Lois Stricker
Robert & Jane Sudhoff
Dan & Donna Suess
Howard & Carol Sweet
Wilma Tabor
Paul & Dolores Talleur
Slavko & Jadranka S. Tasic
Dorothy Thake
Denis & Mary Thole
Jane Thole
Mary Thole
Mary Ann Thole
Jim & Elaine Thurnau
Gretchen Tibbetts
Ken & Gloria Toennies
Roland & Betty Tschannen
Twin Rivers Community of Christ Church
Darren & Karen Twyford
James Vaughan
Linnea Vesley
Edwin & Ruth Voegele
Bernice Voss
Tom & Pat Wehrle
Stu Weider
Mildred Weidner
Gene & Kay Weis
Martha Weis
Alan & Shirley Weiss
Norma Wessel
Stanley & Mary Lou Wessel
Janelle Wesselschmidt
Pat & Kim White
Marilyn Wick
Marguerite Wiegand
Margo Wiess
Virgil Wilhelm
Stan & Joan Wilke
Andrew Winkeler
Dave & Jean Wirz
Clifford & Jane Zbinden
Terrence & Judith Zeisset
John Zieser
Lindell & Rose Zimmermann
Jerome & Karla Zurliene

Associate ($250-$499)

Roland & June Ahlmeyer
American Boiler and Mechanical
Tom & Anita Barker
James & Jacqueline Barth
BKD, LLP
Central Illinois Community Blood Center
Donald Johannes, Attorney at Law
Larry & Kathy Essenpreis
Family Care Pharmacy & Medical Services
Keith & Laurie Frank
Kay Gaines
Joseph & Joanne Geiger
Jon Gould
Bret & Sheila Gruender
Hereford Private Wealth Management Inc
Highland Business & Professional Women's Club
Rosemary Holzinger
Anton & Sandra Hundsdorfer
Robert & Margaret Jakel
Eddea Kamp
Kim Kimberlin & Alan Winkeler
Jack & Gloria Klaus
Brad & Jean M. Korte
Tom & Phyllis Korte
Maurice & Carol Kramper
Kunkel Commercial Group
seph & Kristen Kustermann
omas & Cheri Lyerla
Mazzio's Italian Eatery
Don & Terry McCall
Arnold & Jeanne Meyer
Harry & Norma Mueller
Frank & Teri Musso
National Bank
R.P. Lumber Co., Inc.
Richard Radtke
Darlene Rehkemper
Dave & Jerri Riechmann
Terry & Joan Riffel
Floyd & Eunice Rogier
Daniel & Linda Rose
Rosethal Optometric Associates, Ltd.
Royal Neighbors of America (Imperial Camp 1957)
Raymond & Rosemarie Schrage
Schuette Super Valu Foods
Larry & Casey Schumacher
John & Linda Sedlacek
Shopper's Review
Gordon & Susan S. Smith
Barbara Sowers
State Bank of St. Jacob
David Thayer
The Tin Shed by Kloss
Stephen & Bonnie Thiems
John & Connie Tiemey
H.E. "Gene" Tracy
Tri-County Petroleum
liam & Judith Wagner

Partner ($500-$999)

Adult Medicine of Highland
Darren & Susan Altadonna
Bill & Glory Ambuehl
Susan Bickline
Robert & Susan Bowman
Consumer Collection Management
Vern & Terry Eversgerd
FCB Highland Bank
David & Marilyn Frey
Edwin & Elaine Frisse
Highland Pediatric and Adolescent Medicine
Ron & Janet Hunsche
Thomas & Marian Korte
McDaniels Healthcare Marketing
Med Assist
Emil & Linda Nehrt
Plaza Dental Care
Linda Schwend
Wayne & Norma Ann Steiner
Gloria Stuckwisch
The Smile Shoppe
Michael & Dolores Trame
Tri Ford Mercury Inc.
Gary L. & Debra Weiss
Frank & Barb Zaloga

Sustainer's Circle ($1,000-$2,499)

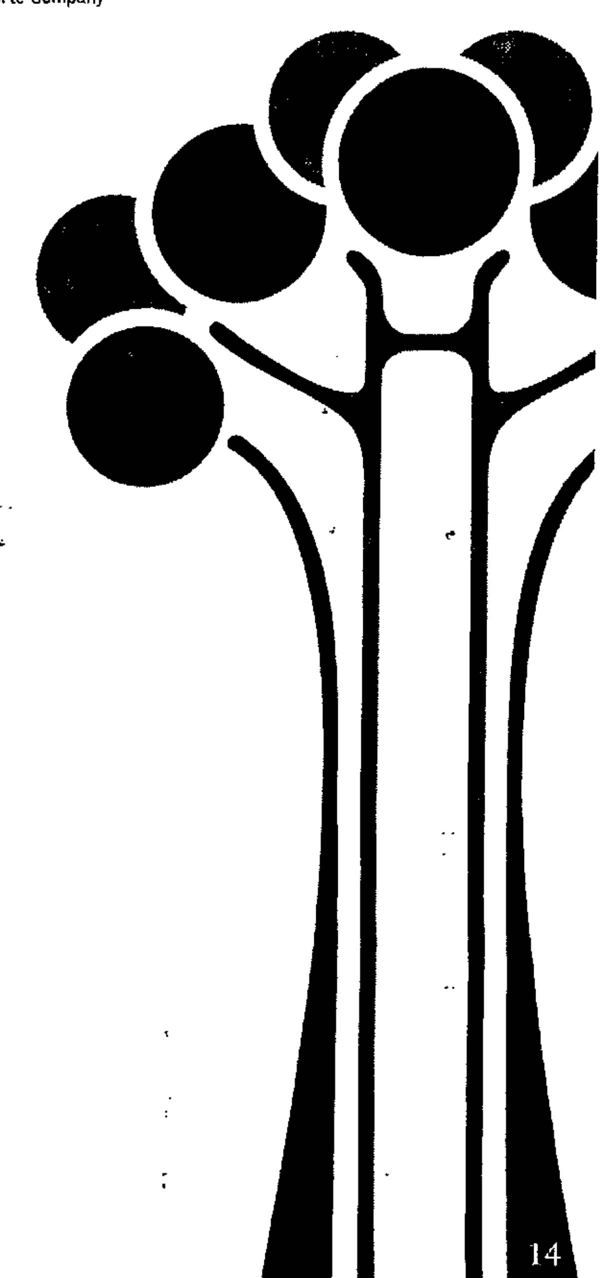
Adams Management Services Corporation
Ameren IP
Joseph & Nancy Jo Barth
James & Barbara Burgett
Edward Jones Investments
Electromek Diagnostic Systems
Greenville Gastroenterology
Highland Area Community Foundation
Highland Associates in Medicine and Surgery
Highland Rotary Club
Highland Rural King
Thomas & Bonnie Hill
Marge Holshouser
Home Telephone Company
Rick Jakel
James & Kim Johnson
John J. & Maxine Johnson
Jay & Stephanie McCutcheon
Midwest Emergency Services, Inc.
Oberbeck Grain Company
Regions Bank
Scheffel & Company
Peggy Sebastian & Tom Jacobson
SEMC Pathology
Spengel-Boulanger Funeral Home
William & Sue E. Sullivan
Terra Properties, Inc.
The Bradford National Bank
Trouw Nutrition USA
Don & Rose Tschannen
Felix Ungacta
VNA Homecare, Inc.
John Wetzel
Wicks Organ Gompany

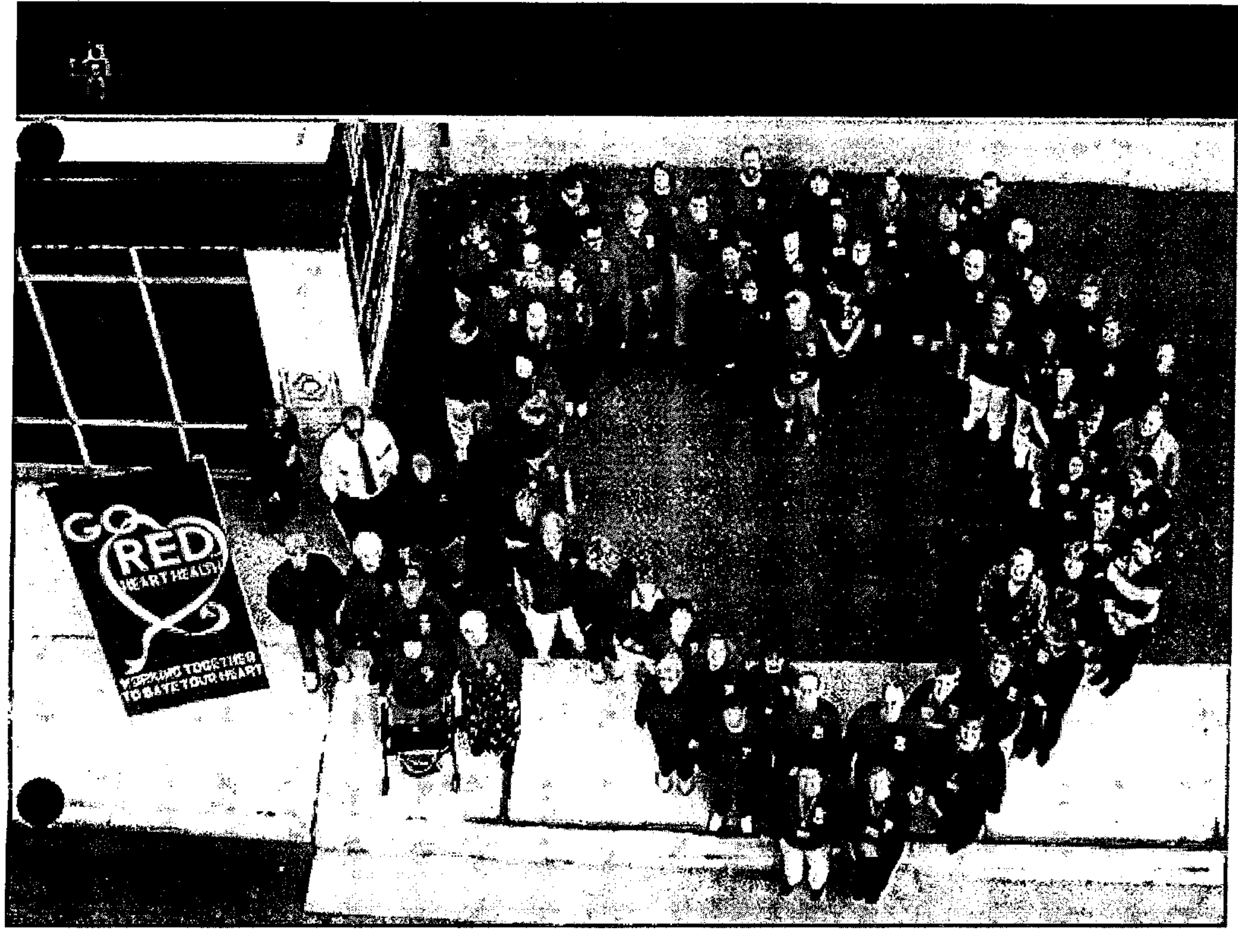
Founder's Circle ($2,500-$4,999)

William & Margaret Basler
Hall, Render, Killian, Heath, & Lyman, PC
Helpler, Broom, MacDonald, Hebrank, True & Nocek, LLP
Highland Lions Club
Highland Machine
Larry & Cheri Lucco
Plocher Construction Company
Rogier Insurance Agency, Inc.
The Bank of Edwardsville

Heritage Circle ($5,000 and above)

William & Linda Corray
Highland Physicians, Ltd.
Mid-America Radiology Associates
The Korte Company





THE BEST PLACE FOR YOUR HEART IS HERE

Along with our sister hospitals St. Joseph's-Breese and St. Elizabeth's-Belleville (which comprise the Southern Illinois Division of Hospital Sisters Health System), St. Joseph's Hospital in Highland celebrated GO RED for Heart Health Month in February 2010. The three hospitals joined together to sponsor events promoting the fact that the days of having to leave our area for excellent cardiac care are behind us.

Combining physicians, technologies and the cardiac capabilities of all three hospitals means impressive care close to home, including a full range of state-of-the-art services for diagnosing, treating and preventing heart disease, and our commitment to superior patient outcomes. Not only do we have the experience and skill needed to determine the most effective, least extreme course of treatment for each patient, but we also take the time to listen and answer your questions, providing the personal attention and care to help put your mind at ease along the way.

Visit www.bettercardiology.com to learn more about the cardiac services available at the best place for your heart in the metro-east region.

ST. JOSEPH'S
HOSPITAL

1515 Main Street
Highland, Illinois 62249
www.StJosephsHighland.org
(618) 651-2600

FINANCIAL ASSISTANCE FORMS

are available on our website:

www.stjosephshighland.org

Brochures are available at Registration and in our waiting areas.

Applications are available at Customer Service.

You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, please contact Customer Service at 651-2553.

UNINSURED?

UNINSURED DISCOUNTS are also available. Please complete the letter provided at Registration, visit our website or contact Customer Service at 651-2553.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization ST JOSEPH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS

Employer identification number 37-0663568

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b If "Yes," is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 125.0000 %	3a	X	
b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other ____%	3b	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Does the organization prepare an annual community benefit report?	6a	X	
b If "Yes," does the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	1	264	276,422.	1,400.	275,022.	1.13
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	1433	1,510,142.		1,510,142.	6.21
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs	2	1697	1,786,564.	1,400.	1,785,164.	7.34
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	2	216	369,113.	85,771.	283,342.	1.17
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total. Other Benefits	2	216	369,113.	85,771.	283,342.	1.17
k Total. Add lines 7d and 7j	4	1913	2,155,677.	87,171.	2,068,506.	8.51

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership developmentand training for community members						
6 Coalition building						
7 Community health improvement advocacy			29,655.		29,655.	.12
8 Workforce development						
9 Other						
10 Total			29,655.		29,655.	.12

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2 Enter the amount of the organization's bad debt expense (at cost)	2	562,924.		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	140,731.		

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	9,710,004.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	11,580,881.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-1,823,007.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

		Yes	No
9a Does the organization have a written debt collection policy?	9a	X	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

34

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST. JOSEPH'S HOSPITAL 1515 MAIN STREET HIGHLAND IL 62249	X				X		X		

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

NOT APPLICABLE AS ST. JOSEPHS HOSPITAL IN HIGHLAND DOES FOLLOW FPG TO DETERMINE ELIGIBILITY FOR PROVIDING CHARITY AND DISCOUNTED CARE TO LOW-INCOME UNINSURED AND UNDERINSURED INDIVIDUALS.

PART I, LINE 6A:

ST. JOSEPHS HOSPITALS (HIGHLAND) COMMUNITY BENEFIT REPORT (WHICH IS INCLUDED AS A PART OF THE HOSPITALS ANNUAL REPORT PUBLICATION) CAN BE ACCESSED AT WWW.STJOSEPHSHIGHLAND.ORG. IN ADDITION, A COPY CAN BE OBTAINED BY CONTACTING THE COMMUNITY RELATIONS DEPARTMENT AT 618-651-2590 OR BY SENDING A WRITTEN REQUEST TO:

ST. JOSEPHS HOSPITAL
ATTN: COMMUNITY RELATIONS
1515 MAIN STREET
HIGHLAND, IL 62249

PART I, LINE 7G:

THE HOSPITAL DOES NOT HAVE SUFFICIENT INFORMATION AT THIS TIME TO

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment**. Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities**. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DETERMINE IF SUBSIDIZED SERVICES EXIST BASED ON THE DEFINITION AND
CALCULATIONS REQUIRED BY THE IRS AND IS WORKING TO PROVIDE SUCH
INFORMATION IN NEXT YEAR'S RETURN.

PART I, LINE 7, COLUMN F:

THE PERCENT OF CHARITY CARE AND CERTAIN OTHER BENEFITS AT COST AS A
PERCENT OF TOTAL EXPENSE LESS BAD DEBT IS 8.52%.

PART I, LINE 7:

OUR CALCULATION OF COST IS BASED ON THE CHARGES FOR THESE SERVICES
TIMES THE OVERALL COST TO CHARGE RATIO BASED ON OUR FINANCIAL
STATEMENTS TO DETERMINE THE ACTUAL COST OF THESE SERVICES.

346

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4:

THE HOSPITAL STRONGLY BELIEVES THAT ITS CHARITY CARE AND THE RELATED COMMUNITY BENEFIT OBTAINED FROM SUCH CARE, IS UNDERSTATED BECAUSE OF THOSE PATIENTS THAT POTENTIALLY QUALIFY FOR CHARITY CARE BUT DO NOT WISH TO APPLY FOR IT. IN ADDITION, SOME CARE IS NOT CLASSIFIED AS CHARITY DUE TO MISSING DOCUMENTATION ON PATIENT RESOURCES. THUS, THE HOSPITAL'S BAD DEBT INCLUDES A PORTION THAT COULD BE CLASSIFIED AS CHARITY CARE IF APPLICATION FOR SUCH CARE WAS SOUGHT AND/OR COMPLETED. CURRENTLY, THE HOSPITAL IS IMPLEMENTING PROCESSES, PROCEDURES AND SYSTEMS TO MORE EFFECTIVELY DETERMINE CHARITY CARE THAT WILL REDUCE A PATIENT'S DOCUMENTATION REQUIREMENTS AND EASE THE PATIENT'S EMOTIONAL BURDEN IN APPLYING FOR CHARITY CARE. THIS WILL PROVIDE A MORE ACCURATE REPORTING OF CHARITY CARE SERVICES PROVIDED BY THE HOSPITAL.

THE BAD DEBT EXPENSE ON THE FINANCIAL STATEMENTS INCLUDES WRITE-OFFS FROM THE PATIENT BILLING SYSTEM LESS BAD DEBT RECOVERIES AND ADJUSTMENTS TO THE BAD DEBT ALLOWANCE ACCOUNT. THE ADJUSTMENTS TO THE ALLOWANCE ACCOUNT ARE NECESSARY TO ENSURE THAT THE ALLOWANCE FOR

347

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BAD DEBTS ON THE BALANCE SHEET ACCURATELY REFLECTS ESTIMATED FUTURE BAD DEBT WRITE-OFFS (NET OF RECOVERIES) FOR THE CURRENT A/R. THE REPORTED TOTAL BAD DEBT AMOUNT MATCHES OUR FISCAL YEAR ENDING 2010 AUDITED FINANCIAL STATEMENT. THE BAD DEBT NUMBER IS THEN REDUCED TO COST BY APPLYING THE HOSPITAL'S COST TO CHARGE RATIO AS CALCULATED ON THE IRS SCHEDULE H - WORKSHEET 2.

AT COST, THE BAD DEBT IS $562,924.

PART III, LINE 8:

THE HOSPITAL CONTINUALLY STRIVES TO PROVIDE EXCELLENT PATIENT CARE IN THE MOST COST EFFECTIVE FASHION. NONETHELESS, THE MEDICARE PROGRAM, IN MANY CASES, DOES NOT PROVIDE PAYMENT THAT COVERS THE FULL COST OF THE CARE PROVIDED. SINCE IT IS THE MISSION OF THE HOSPITAL TO RESPOND TO COMMUNITY NEED, HOSPITAL MANAGEMENT CONTINUALLY ADVOCATES FOR IMPROVED MEDICARE PAYMENT SO THAT THE COST OF QUALITY CARE TO THOSE PATIENTS THAT ARE NOT ABLE TO AFFORD IT IS NOT COMPROMISED AND IS FAIRLY SUBSIDIZED BY ALL PAYERS. WHILE THIS SHORTFALL IN MEDICARE PAYMENTS IS NOT CLASSIFIED AS COMMUNITY BENEFIT BY THE IRS, WE

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NONETHELESS BELIEVE IT IS AN IMPORTANT CONTRIBUTION MADE BY THE HOSPITAL TO THE HEALTH AND WELL BEING OF THE COMMUNITY. OUR MISSION CALLS US TO SERVE ALL PATIENTS WITH THE HIGHEST POSSIBLE QUALITY AND EFFICIENCY, EVEN IF WE ARE NOT PAID FULLY FOR DOING SO.

AT COST, THE MEDICARE SHORTFALL IS $1,068,166.

PART III, LINE 9B:

LISTED BELOW ARE THE PROCESSES EMPLOYED BY ST. JOSEPHS HOSPITAL IN HIGHLAND WITH REGARD TO DEBT COLLECTION POLICIES RELATING TO CHRISTIAN/CHARITY CARE AND FINANCIAL ASSISTANCE PROVISIONS:

CHRISTIAN/CHARITY CARE PROVISIONS =

1. APPLICANT WILL BE NOTIFIED IN WRITING THAT THEY ARE ELIGIBLE AND WHAT AMOUNT OF ASSISTANCE HAS BEEN ALLOWED.

2. ADJUSTMENT WILL BE MADE TO BILL AND PAYMENT PLAN WILL BE ESTABLISHED ON REMAINING BALANCE, IF ONE EXISTS.

3. APPLICATION WILL BE HELD ON FILE AND WILL REMAIN FOR SIX (6)

34C

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MONTHS FOR FUTURE VISITS.

FINANCIAL ASSISTANCE PROVISIONS =

1) APPLICANT WILL BE NOTIFIED IN WRITING THAT HE/SHE HAS BEEN APPROVED FOR FINANCIAL ASSISTANCE, AND THE DEGREE OF ASSISTANCE GRANTED.

2) THE DESIGNATED AMOUNT WILL BE SUBTRACTED FROM THE BILL.

3) FINANCIAL ARRANGEMENTS TO PAY ANY REMAINING BALANCE (INCLUDING APPROVED PAYMENT PLANS) MUST BE MADE WITHIN 10 DAYS OF RECEIPT OF PATIENTS ACCEPTANCE LETTER.

PART V:

THE HOSPITAL DOES NOT HAVE ANY HEALTHCARE FACILITIES THAT ARE NOT REGISTERED AS A HEALTHCARE FACILITY UNDER STATE LAW.

NEEDS ASSESSMENT:

ST. JOSEPHS HOSPITAL (SJH) IN HIGHLAND MAINTAINS CONSISTENT COMMUNICATION WITH THE ILLINOIS DEPT. OF PUBLIC HEALTH THROUGH THE

350

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MADISON COUNTY (IL) HEALTH DEPT. MS. AMY YEAGER, COMMUNITY HEALTH COORDINATOR, IS ONE OF OUR MAIN CONTACTS IN THIS AGENCY. THROUGH THE MADISON COUNTY (IL) PUBLIC HEALTH DEPARTMENT, SJH SENIOR LEADERS AND MANAGERS PARTICIPATE IN FOCUS GROUPS AND PLANNING SESSIONS TO EVALUATE AND PLANS TO ADDRESS COMMUNITY HEALTH NEEDS. ONE INSTRUMENT THROUGH THE HEALTH DEPARTMENT THAT SJH USES IS THE I PLAN.

IN ADDITION TO MS. YEAGER IN THE MADISON COUNTY HEALTH DEPT., ST. JOSEPHS HOSPITAL ALSO COLLABORATES WITH NON-PROFIT AGENCIES SUCH AS THE HIGHLAND PREGNANCY CARE CENTER, HIGHLAND AREA COMMUNITY FOUNDATION, OTHER CIVIC ORGANIZATIONS, AS WELL AS PUBLIC/CIVIC ENTITIES TO EVALUATE THE HEALTH CARE NEEDS OF THE CONSTITUENTS WITHIN THE HOSPITALS SERVICE AREA.

IN RESPONSE TO THE NEEDS ASSESSMENTS THROUGH THE ABOVE MENTIONED ENTITIES, DIABETES MANAGEMENT, ACCESS TO PRIMARY HEALTH CARE SERVICES, AND SENIOR MENTAL HEALTH COUNSELING ARE THREE (3) EXAMPLES OF NEEDS THAT SJH HAS DEVELOPED PROGRAMS/SERVICES TO ADDRESS SUCH PROBLEM AREAS AS IDENTIFIED IN VARIOUS COMMUNITY NEEDS SURVEYS.

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ONE SUCH KEY INITIATIVE AT SJH IS THE DIABETES CONVERSATION MAPS PROGRAM (WHICH HAS OBTAINED NATIONAL CERTIFICATION BY THE AMERICAN DIABETES ASSOCIATION) TO HELP PATIENTS LIVING WITH DIABETES. THE INCIDENCE OF DIABETES IS ON THE RISE NATIONALLY AND ESPECIALLY WITHIN MADISON COUNTY. TERRY EVERSGERD, SJH DIRECTOR OF EDUCATION, HAS COORDINATED THIS PROGRAM SINCE ITS INCEPTION IN OCTOBER 2008. SINCE THAT TIME, MORE THAN 126 INDIVIDUALS HAVE COMPLETED THIS PROGRAM WHICH CONSISTS OF FOUR, 2-HOUR SESSIONS THAT USES A BOARD GAME TO HELP INDIVIDUALS LEARN MORE ABOUT AND DISCUSS THEIR DAILY ACTIVITIES AROUND NUTRITION, DAY-TO-DAY LIVING ACTIVITIES, GLUCOSE MANAGEMENT, AND DISEASE CONTROL. INITIALLY, THIS PROGRAM WAS OFFERED AS A FREE SERVICE. NOW, THE PROGRAM REQUIRES A FEE TO PARTICIPATE WHICH IS COVERED MOSTLY BY MEDICARE. THERE ARE SOME PRIVATE INSURANCE PLANS THAT ALSO PROVIDE REIMBURSEMENT MEANS TO PARTICIPANTS.

A SECOND NEED THAT SJH RESPONDED TO DURING FY2009/2010, WAS ESTABLISHING HIGHLAND PRIORITY CARE WHERE PATIENTS HAVE ACCESS TO EXPERIENCED PHYSICIANS, NURSES, LAB AND X-RAY TECHS, ALONG WITH

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identity all states with which the organization, or a related organization, files a community benefit report.

CLERICAL STAFF ON A WALK-IN BASIS AS WELL AS SCHEDULED APPOINTMENTS.
WHEN THERE IS A MINOR INJURY OR ILLNESS THAT NEEDS IMMEDIATE
ATTENTION, HIGHLAND PRIORITY CARE WAS THE ANSWER FOR 6,673 PATIENTS
ON A WALK-IN BASIS FROM NOV. 23, 2009 TO NOV. 23, 2010. NO
APPOINTMENTS ARE NEEDED, AND MOST WALK-IN PATIENTS SPEND ABOUT 45
MINUTES AT THE FACILITY FROM THE TIME THEY WALK IN UNTIL THE TIME
THEY LEAVE. PLUS, THE STAFF AUTOMATICALLY SENDS ALL INFORMATION AND
TEST RESULTS FOR PATIENTS TO THEIR PRIMARY CARE PHYSICIANS, UNLESS
OTHERWISE INSTRUCTED BY THE PATIENT. ALSO, HIGHLAND PRIORITY CARE HAS
FULLY LICENSED LAB AND X-RAY FACILITIES STAFFED BY EXPERIENCED LAB
AND X-RAY TECHS. THAT MEANS IMMEDIATE TEST RESULTS. PRIORITY CARE
DOCTORS CAN THEN WRITE PRESCRIPTIONS, MAKE REFERRALS AND TAKE OTHER
STEPS FOR FOLLOW-UP AS NEEDED. IN ADDITION, HIGHLAND PRIORITY CARE
CAN ALSO SERVE AS A PATIENTS PRIMARY CARE PROVIDER. INDIVIDUALS WHO
DONT HAVE A PRIMARY CARE PHYSICIAN MAY SCHEDULE APPOINTMENTS IN
ADVANCE AND EXPECT THE SAME HIGH-QUALITY CARE AND SERVICE. SCHEDULED
APPOINTMENTS MAY BE MADE 8:00 A.M. TO 4:30 P.M. A MAJOR BENEFIT OF
HIGHLAND PRIORITY CARE IS THAT PATIENTS ARE NOT BILLED AS IF VISITING
AN EMERGENCY DEPARTMENT OR AN URGENT CARE CENTER. PATIENTS ARE BILLED

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PHYSICIAN OFFICE VISIT CHARGES SO AS NOT TO RECEIVE EXPENSIVE
EMERGENCY DEPARTMENT OR URGENT CARE COMPONENT BILLING WHERE THEY
WOULD RECEIVE A BILL FOR USING THE FACILITY AND ANOTHER FOR THE
PHYSICIANS PROFESSIONAL FEE. ST. JOSEPHS HOSPITAL MADE A CONSCIOUS
DECISION TO MAKE VISITS AFFORDABLE FOR THE PEOPLE OF HIGHLAND.

A THIRD INITIATIVE SJH IMPLEMENTED DURING FY 2009/2010 DUE TO AN
IDENTIFIED COMMUNITY NEED IS SENIOR RENEWAL, AN OUTPATIENT COUNSELING
SERVICE THAT HELPS SENIORS WHO FACE UNIQUE EMOTIONAL PROBLEMS THAT
CAN MAKE LIFE ABNORMALLY DIFFICULT. COVERED BY MEDICARE, SENIOR
RENEWAL WAS CREATED TO HELP SENIORS, AND THEIR FAMILIES, TO HAVE
PURPOSEFUL, HEALTHY AND INDEPENDENT LIVES. THE PROGRAM OPERATES UNDER
THE PHILOSOPHY THAT, EVEN THOUGH LOSS MAY BE A NORMAL PART OF AGING,
EMOTIONAL DESPAIR DOES NOT HAVE TO BE AN ACCEPTABLE CONDITION. SENIOR
RENEWAL TREATS A VARIETY OF EMOTIONAL PROBLEMS, INCLUDING DIFFICULTY
COPING WITH CHANGE, TROUBLE ADJUSTING TO RETIREMENT, LONELINESS AND
ISOLATION, DETERIORATION OF DAILY LIVING SKILLS AND MORE. CLIENTS ARE
THEN EVALUATED BY A BOARD CERTIFIED PSYCHIATRIST. THOSE ADMITTED INTO
THE PROGRAM RECEIVE A CUSTOMIZED TREATMENT PLAN INVOLVING COUNSELING

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND GROUP/FAMILY THERAPY. SENIOR RENEWAL AT SJH TREATED MORE THAN 72 PATIENTS DURING THE FIRST YEAR OF ITS EXISTENCE.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

ST. JOSEPHS HOSPITAL (SJH) IN HIGHLAND PROMINENTLY DISPLAYS A WALL-MOUNTED FINANCIAL ASSISTANCE & UNINSURED NOTICE IN THE FOLLOWING AREAS:

- THREE (3) REGISTRATION/ADMITTING ROOMS (LOCATED IN THE MAIN LOBBY OF THE HOSPITAL)
- CUSTOMER SERVICE OFFICE
- BILLING OFFICE

THIS NOTICE IS BROUGHT TO THE ATTENTION OF ALL PATIENTS (AND THEIR REPRESENTATIVES IF NECESSARY) WHEN DISCUSSIONS CONCERNING PAYMENTS, CHARGES, AND OTHER BILLING INFORMATION TAKE PLACE.

IN ADDITION TO THE ABOVE-MENTIONED NOTICES BEING PROMINENTLY DISPLAYED IN THOSE THREE (3) PUBLIC AREAS, THE FOLLOWING ADDITIONAL

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BROCHURES, NOTICES, AND FORMS ARE AVAILABLE AND DISPLAYED IN
WALL-MOUNTED FIXTURES NEXT TO THE FINANCIAL ASSISTANCE & UNINSURED
NOTICE:

- FINANCIAL ASSISTANCE PROGRAM BROCHURE (THIS PUBLICATION OUTLINES INCOME GUIDELINES AND CRITERIA ASSOCIATED WITH FINANCIAL SUPPORT BASED ON PAYMENT CAPABILITY WITH REGARD TO SJH CHRISTIAN CARE ELIGIBILITY AND UNINSURED INCOME ELIGIBILITY)
- CHRISTIAN CARE PROGRAM BROCHURE (THIS PUBLICATION PROVIDES INSTRUCTIONS ON HOW TO APPLY FOR SJHS CHRISTIAN CARE PROGRAM IN ADDITION TO PROVIDING INFORMATION FOR THOSE WHO DO AND DONT QUALIFY)
- UNINSURED DISCOUNT NOTICE (THIS NOTICE IS GIVEN TO UNINSURED PATIENTS OUTLINING INSTRUCTIONS ON HOW TO APPLY FOR DISCOUNTS AS WELL AS NOTIFICATION ON HOW THE PROGRAM WORKS)
- ILLINOIS DEPARTMENT OF HUMAN SERVICES REQUEST FOR CASH/MEDICAL/FOOD STAMP ASSISTANCE FORM (THIS 10-PAGE FORM IS PROVIDED TO HELP PATIENTS TO HELP THEM APPLY FOR FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICAL SERVICES)

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN ADDITION TO ALL OF THE ABOVE MENTIONED INFORMATION BEING DISPLAYED IN PUBLIC AREAS OF THE HOSPITAL, PATIENTS (AND THEIR REPRESENTATIVES) CAN ALSO LEARN ABOUT (AND DOWNLOAD BROCHURES, FORMS, NOTICES, APPLICATIONS RELATING TO) FINANCIAL ASSISTANCE AND UNINSURED DISCOUNT PROGRAMS AT SJH BY VISITING THE HOSPITALS WEB SITE AT WWW.STJOSEPHSHIGHLAND.ORG.

FINALLY, ALL BILLING STATEMENTS GENERATED FROM SJH CONTAIN INFORMATION INFORMING PATIENTS (AND THEIR REPRESENTATIVES) OF THE HOSPITALS FINANCIAL ASSISTANCE AND UNINSURED DISCOUNT PROGRAMS AND HOW TO GO ABOUT OBTAINING THAT INFORMATION.

IN SUMMARY, SJH PERSONNEL IN REGISTRATION/ADMITTING, CUSTOMER SERVICE, AND BILLING DEPARTMENTS, AS A MATTER OF STANDARD PROTOCOL, PROVIDE A COMPREHENSIVE REVIEW OF SJH FINANCIAL/PAYMENT/BILLING POLICIES AND PROCEDURES AT TIME OF ADMITTANCE/REGISTRATION OR WHENEVER A PATIENT (OR DESIGNATED REPRESENTATIVE/ADVOCATE) CONTACTS THE HOSPITAL (VIA PHONE, IN-PERSON, ETC.,) WITH QUESTIONS. SJH FINANCIAL COUNSELORS, CUSTOMER SERVICE STAFF, AND BILLING OFFICE

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PERSONNEL REVIEW ELIGIBILITY REQUIREMENTS, PROCEDURES, AS WELL AS
OFFER ASSISTANCE IN COMPLETING APPLICATIONS/ELIGIBILITY REQUIREMENTS
TO PATIENTS WHO ARE INTERESTED IN UTILIZING THESE RESOURCES.

358

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY INFORMATION:

ST. JOSEPHS HOSPITAL (SJH) HAS A TOTAL POPULATION OF 32,462 (2009) RESIDENTS LOCATED WITHIN ITS SERVICE AREA THAT INCLUDES THE FOLLOWING TOWNS:

HIGHLAND;
POCAHONTAS;
ALHAMBRA;
TRENTON;
ST. JACOB;
MARINE;
PIERRON;
NEW DOUGLAS;

SJH SERVICE AREA IS PROJECTED TO INCREASE ALMOST 5% DURING THE NEXT 5 YEARS TO HAVE A TOTAL POPULATION OF 34,056 RESIDENTS. IN 2014, OVER 40% OF THE POPULATION IS PROJECTED TO FALL IN THE 45-64 AND 65+ AGE COHORTS. GROWTH IS PROJECTED FOR ALL AGE COHORTS (<18 AT 1.5%, 18-44 AT 2%, 45-64 AT 7% AND 65+ AT 13%). THE NUMBER OF WOMEN FALLING

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BETWEEN THE AGES OF 15 AND 44 IS ALSO PROJECTED TO INCREASE SLIGHTLY DURING THIS TIME (1%).

AGE GROUP	# OF RESIDENTS	YEAR
UNDER 18 YEARS OLD	7,549	2009
18-44 YEARS OLD	11,415	2009
45-64 YEARS OLD	8,694	2009
65+ YEARS OLD	4,804	2009

AGE GROUP	# OF RESIDENTS	YEAR
UNDER 18 YEARS OLD	7,653	2014
18-44 YEARS OLD	11,682	2014
45-64 YEARS OLD	9,310	2014
65+ YEARS OLD	5,411	2014

COMMUNITY BUILDING ACTIVITIES:

IN JANUARY 2010, THE ISLAND NATION OF HAITI SUFFERED A DEVASTATING EARTHQUAKE THAT REDUCED LIVING CONDITIONS IN THIS 3RD WORLD COUNTRY TO EVEN LOWER DEPTHS THAN BEFORE THE EARTHQUAKE HAPPENED. BASIC

Part VI **Supplemental Information**

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NECESSITIES SUCH AS RUNNING WATER, ELECTRICITY, PLUMBING, FOOD AND OTHER RESOURCES AND SUPPLIES WERE EITHER DECIMATED OR HAD INVENTORIES DEPLETED DUE TO THE EARTHQUAKE'S POWER. THE HOSPITAL SISTERS OF ST. FRANCIS, WHICH IS THE SPONSORING CONGREGATION OF HOSPITAL SISTERS HEALTH SYSTEM (HSHS), OF WHICH ST. JOSEPH'S HOSPITAL IN HIGHLAND IS AN AFFILIATE, HAS A MISSION OUTREACH PROGRAM LOCATED IN THIS COUNTRY.

IN THE AFTERMATH OF THE EARTHQUAKE, THE HOSPITAL SISTERS COMMUNICATED TO THE COLLEAGUES IN THE UNITED STATES THAT BASIC HYGIENE SUPPLIES WERE IN GREAT DEMAND (AMONG OTHER NECESSITIES). IN RESPONSE TO THEIR REQUEST FOR SUPPORT, ST. JOSEPH'S HOSPITAL IN HIGHLAND PARTNERED WITH THE HIGHLAND CHAPTER OF ROTARY INTERNATIONAL TO "BUILD" 2,000 HYGIENE KITS THAT CONSISTED OF A HAND TOWEL, TOOTH BRUSH, TOOTH PASTE, BAR SOAP, FINGER NAIL CLIPPERS, AND A HAIR COMB THAT WERE THEN SENT TO THE HOSPITAL SISTERS MISSION TO BE DISTRIBUTED TO THOSE AFFECTED BY THE EARTHQUAKE.

OTHER INFORMATION:

ST. JOSEPHS HOSPITAL IN HIGHLAND OFFERS HOPE TO OUR COMMUNITY IN THE TRADITION OF THE HOSPITAL SISTERS OF ST. FRANCIS. AS A HEALING

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MINISTRY OF THE CATHOLIC CHURCH AND AN AFFILIATE OF THE HOSPITAL SISTERS HEALTH SYSTEM (HSHS), ST. JOSEPHS HOSPITAL IS COMMITTED TO DELIVERING HIGH QUALITY, COMPASSIONATE, AND COST-EFFECTIVE HEALTH CARE SERVICES TO ALL. THE HOSPITAL WAS FOUNDED OVER 133 YEARS AGO TO BRING A HEALING PRESENCE AND IMPROVE THE HEALTH OF OUR COMMUNITY, ESPECIALLY FOR PEOPLE WHO ARE SICK, POOR, AND DISADVANTAGED.

BECAUSE OF THE HOSPITALS PURPOSE AND TRADITION, IT IS ORGANIZED TO PROMOTE THE HEALTH OF HIGHLAND, IL AND SURROUNDING AREAS. THE HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS, THE MAJORITY OF WHICH IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATIONS PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE HOSPITAL (NOR FAMILY MEMBERS THEREOF). THE BOARD ENSURES THAT ST. JOSEPHS HOSPITAL IS RESPONDING TO COMMUNITY NEED IN ACCORDANCE WITH THE PROCESS DESCRIBED UNDER ITEM #2 ABOVE. IN ADDITION, VOLUNTEER ENTITIES OF ST. JOSEPHS HOSPITAL SUCH AS ADVISORY COUNCILS, FRIENDS OF FOUNDATION, AND THE HOSPITALS AUXILIARY ALSO ENSURE THAT THE MISSION OF THE HOSPITAL ARE EFFECTIVELY AND EFFICIENTLY DEMONSTRATED ON A DAILY BASIS. ALSO CONSISTENT WITH ITS EXEMPT PURPOSE, ST.

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

JOSEPHS HOSPITAL HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA. IN ADDITION, THE HOSPITAL OPERATES AN EMERGENCY DEPARTMENT THAT IS OPEN 24 HOURS TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY.

AS A NOT-FOR-PROFIT HOSPITAL, ST. JOSEPHS HOSPITAL REINVESTS SURPLUS FUNDS INTO THE MISSION OF THE ORGANIZATION AND HEALTH OF THE COMMUNITY RATHER THAN DISTRIBUTING THEM AS PROFITS TO SHAREHOLDERS OR INDIVIDUALS. FUNDS NOT COMMITTED TO ONGOING OPERATIONS ARE GENERALLY USED TO UPGRADE FACILITIES, SECURE NEW TECHNOLOGIES, IMPROVE PATIENT CARE, AND SUPPORT INITIATIVES DESIGNED TO PROMOTE HEALTH AND ENSURE ACCESS FOR ALL.

FOR EXAMPLE, ST. JOSEPHS HOSPITAL IS CURRENTLY WORKING WITH ITS PARENT ORGANIZATION, HOSPITAL SISTERS HEALTH SYSTEM, TO CONTINUOUSLY ENHANCE QUALITY AND IMPROVE COORDINATION OF CARE BOTH INSIDE THE HOSPITAL AND WITH A GROWING NUMBER OF PHYSICIAN PARTNERS. SUPPORTED BY INVESTMENTS IN INFORMATION TECHNOLOGY, THIS CARE INTEGRATION STRATEGY IS DESIGNED TO BETTER COORDINATE CARE, IMPROVE HEALTH

Part VI Supplemental Information

Complete this part to provide the following information.

1. Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
5. **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
6. Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
7. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
8. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUTCOMES, CREATE NEW EFFICIENCIES, AND HELP ENSURE THAT PATIENTS (ESPECIALLY THOSE WITH CHRONIC CONDITIONS) GET WELL AND STAY WELL.

ST. JOSEPHS HOSPITAL ALSO DEVOTES SIGNIFICANT RESOURCES TO ACCESS FOR PATIENTS WHO CANNOT AFFORD CARE, ALONG WITH OTHER COMMUNITY BENEFITS. IN FISCAL YEAR 2010, ST. JOSEPHS HOSPITAL PROVIDED MORE THAN $1.8 MILLION IN COMMUNITY BENEFIT SERVICES, INCLUDING CHARITY CARE AT COST, UNPAID COSTS OF MEDICAID AND OTHER PUBLIC PROGRAMS, AND A RANGE OF DIVERSE PROGRAMS DESIGNED TO ENHANCE ACCESS AND IMPROVE COMMUNITY HEALTH.

RESPONDING TO COMMUNITY NEED

THE RANGE OF BENEFITS PROVIDED BY ST. JOSEPHS HOSPITAL FLOWS FROM OUR MISSION AND LONGSTANDING COMMITMENT TO OUR COMMUNITY. IN MANY CASES, THESE PROGRAMS WOULD BE UNLIKELY TO EXIST WITHOUT THE LEADERSHIP ROLE PLAYED BY ST. JOSEPHS HOSPITAL, AND THEY OFTEN RELIEVE A BURDEN THAT WOULD OTHERWISE BE CARRIED BY GOVERNMENT.

BASED ON THE ASSESSMENT OF COMMUNITY NEEDS DESCRIBED UNDER #2 ABOVE,

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ST. JOSEPHS IS FOCUSING ON THE FOLLOWING PRIORITIES: DIABETES MANAGEMENT, PRIMARY HEALTH CARE ACCESS, SENIOR MENTAL HEALTH COUNSELING.

* *

ST. JOSEPHS HOSPITAL (SJH) IS A 25-BED CRITICAL ACCESS HOSPITAL (CAH) THAT HAS BEEN PROVIDING RESIDENTS OF HIGHLAND AND SURROUNDING COMMUNITIES WITH HIGH-QUALITY, PROVENEFFECTIVE CARE FOR MORE THAN 133 YEARS. ESTABLISHED IN 1878, OUR MISSION HAS ALWAYS BEEN TO BE THE PRIMARY HEALTH CARE RESOURCE FOR THE COMMUNITY. SJH OFFERS HOPE TO OUR COMMUNITY IN THE TRADITION OF THE HOSPITAL SISTERS OF ST. FRANCIS. AS A HEALING MINISTRY OF THE CATHOLIC CHURCH AND AN AFFILIATE OF THE HOSPITAL SISTERS HEALTH SYSTEM (HSHS), SJH IS COMMITTED TO DELIVERING COMPASSIONATE AND COST-EFFECTIVE HEALTH CARE SERVICES TO ALL -- ESPECIALLY PEOPLE WHO ARE SICK, POOR, AND DISADVANTAGED.

ST. JOSEPHS HOSPITAL ALSO PROVIDES NUMEROUS OPPORTUNITIES TO OUR SERVICE AREA RESIDENTS TO GAIN ACCESS TO WELLNESS AND HEALTH CARE

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INFORMATION AND SERVICES. ON A MONTHLY BASIS, SJH PROVIDES THE FOLLOWING SUPPORT GROUPS/ACTIVITIES/EVENTS AS EXAMPLES OF COMMUNITY BENEFIT:

DIABETES SUPPORT GROUP;

ALZHEIMERS SUPPORT GROUP;

DIABETES SELF-MANAGEMENT SERIES;

CANCER SUPPORT GROUP;

BLOOD DRIVE SPONSORSHIP;

LOOK GOOD, FEEL BETTER CANCER SUPPORT GROUP;

FIRST AID & CPR TRAINING SESSIONS;

NEW DAY GRIEF SUPPORT GROUP;

ALSO, SJH SPONSORS ANNUAL HEALTH FAIRS, IMMUNIZATION CLINICS AND COMMUNITY HEALTH/WELLNESS GUEST SPEAKERS OPEN TO THE PUBLIC IN ADDITION TO HOLDING HEALTH FAIRS AND IMMUNIZATION CLINICS FOR LOCAL EMPLOYERS AND ORGANIZED LABOR GROUPS.

AFFILIATED HEALTH CARE SYSTEM ROLES:

ST. JOSEPH'S HOSPITAL IS AN AFFILIATE OF HOSPITAL SISTERS HEALTH

366

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SYSTEM. THE FOUNDATIONAL MISSION PRINCIPLES OF HOSPITAL SISTERS HEALTH SYSTEM (HSHS) EMBODY THE BELIEF THAT EVERY LIFE IS A SACRED GIFT AND EVERY HUMAN BEING IS A UNITY OF BODY, MIND AND SPIRIT. OUR HEALTH CARE MINISTRY CALLS ON US TO FOSTER HEALING, SERVE WITH COMPASSION, AND PROMOTE WELLNESS FOR ALL PERSONS, WITH SPECIAL ATTENTION TO OUR NEIGHBORS WHO ARE SICK, POOR, UNDERSERVED, AND MOST VULNERABLE.

THESE PRINCIPLES HAVE MADE IT POSSIBLE FOR HSHS TO PROVIDE HIGH QUALITY, COST-EFFECTIVE AND COMPASSIONATE HEALTH CARE FOR MILLIONS OF PEOPLE IN ILLINOIS AND WISCONSIN. OUR HEALTH CARE MINISTRY CONSISTS OF 13 HOSPITALS AND NUMEROUS PHYSICIAN PARTNERS COMMITTED TO CONTINUING THE HEALING MINISTRY OF JESUS CHRIST.

BEYOND FUNCTIONING AS A PRIMARY SOURCE FOR HEALTH CARE IN THE 12 PRIMARY COMMUNITIES WE SERVE, HSHS ALSO PROVIDES A WIDE ARRAY OF COMMUNITY BENEFITS THAT EXPAND RESIDENTS' ACCESS TO HEALTH CARE, ENHANCE THEIR OVERALL HEALTH STATUS, AND FURTHER MEDICAL EDUCATION. IN THE FISCAL YEAR THAT ENDED JUNE 30, 2010, HSHS HOSPITALS PROVIDED

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

$152.2 MILLION IN COMMUNITY BENEFITS (OR 8.5% OF TOTAL EXPENSES), AN INCREASE OF $28 MILLION FROM FY 2009. OF THIS AMOUNT, $32.3 MILLION WAS PROVIDED FOR CHARITY CARE AND $89.2 MILLION WAS THE AMOUNT OF UNREIMBURSED CARE PROVIDED UNDER THE MEDICAID PROGRAM.

IN ADDITION, HSHS HOSPITALS PROVIDED $159.3 MILLION IN HEALTH CARE SERVICES PRIMARILY TO THE ELDERLY BENEFICIARIES OF THE MEDICARE PROGRAM IN EXCESS OF GOVERNMENTAL AND MANAGED CARE CONTRACT PAYMENTS. HSHS HOSPITALS ALSO RECORDED $95 MILLION IN UNCOLLECTIBLE ACCOUNTS.

HSHS IS COMMITTED TO SUSTAINING AND STRENGTHENING THE HEALTH OF OUR COMMUNITIES BY CONTINUALLY REINVESTING ANY SURPLUS REVENUE FROM OPERATIONS AND INVESTMENTS INTO NEW MEDICAL TECHNOLOGY, FACILITY INFRASTRUCTURE AND HEALTH CARE SERVICES. THESE ONGOING ENHANCEMENTS ENSURE THAT OUR HOSPITALS CAN CONTINUE TO PROVIDE HIGH QUALITY, COMPASSIONATE CARE TO OUR PATIENTS.

DURING FISCAL YEAR 2010, HSHS CONTINUED TO PURSUE A CARE INTEGRATION STRATEGY DESIGNED TO CONTINUOUSLY ENHANCE QUALITY AND IMPROVE

368

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COORDINATION OF CARE BOTH INSIDE THE HOSPITAL AND WITH A GROWING NUMBER OF PHYSICIAN PARTNERS. SUPPORTED BY THE SYSTEM INVESTMENTS IN INFORMATION TECHNOLOGY, THIS STRATEGY IS DESIGNED TO BETTER COORDINATE CARE, IMPROVE HEALTH OUTCOMES, CREATE NEW EFFICIENCIES, AND HELP ENSURE THAT PATIENTS (ESPECIALLY THOSE WITH CHRONIC CONDITIONS) GET WELL AND STAY WELL. THE CARE INTEGRATION STRATEGY INCLUDES, AMONG OTHER EFFORTS, THREE "MEDICAL HOME" PILOT PROJECTS, THE COORDINATION OF CARE FOR CARDIAC PATIENTS LIVING IN RURAL COMMUNITIES THROUGH THE USE OF TELEMEDICINE, AND DEVELOPMENT OF A "CLINICAL INTEGRATION NETWORK" THAT WILL HELP INDEPENDENT PHYSICIANS IMPROVE QUALITY AND THE PATIENT EXPERIENCE BY BENCHMARKING THEIR CARE AGAINST BEST PRACTICES.

HSHS ALSO PLACED A SPECIAL EMPHASIS ON INVESTING IN INTEROPERABLE HEALTH INFORMATION TECHNOLOGIES AND ROBUST HEALTH INFORMATION EXCHANGES. WE RECOGNIZE THAT OUR INVESTMENTS IN INFORMATION TECHNOLOGY WILL HAVE A POSITIVE IMPACT ON THE QUALITY, SAFETY AND EFFICIENCY OF HEALTH CARE. THESE INVESTMENTS ALSO ENSURE THAT THE PATIENT IS AT THE CENTER OF A HIGH QUALITY, HIGHLY INTEGRATED,

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMPASSIONATE HEALTH CARE DELIVERY SYSTEM.

EXPANDING ACCESS TO HEALTH CARE

AT THE HEART OF OUR HEALTH CARE MINISTRY IS THE COMMITMENT TO CARE FOR EVERY PATIENT WHO SEEKS OUR HELP. BECAUSE NOT ALL PATIENTS HAVE HEALTH INSURANCE, HSHS HOSPITALS HAVE GENEROUS CHARITY CARE PROGRAM GUIDELINES THAT COVER 100% OF HOSPITAL CHARGES FOR INDIVIDUALS AND FAMILIES WHO EARN LESS THAN 250% OF THE FEDERAL POVERTY LEVEL. UNDER THESE GUIDELINES A FAMILY OF FOUR WITHOUT HEALTH INSURANCE THAT HAS AN ANNUAL HOUSEHOLD INCOME OF $55,125 OR LESS IS ELIGIBLE FOR A 100% DISCOUNT ON THEIR HOSPITAL BILL. HSHS CHARITY CARE PROGRAMS HAVE A SLIDING SCALE, IN SOME INSTANCES PROVIDING UP TO A 60% DISCOUNT ON CHARGES FOR THOSE EARNING UP TO 600% OF THE FEDERAL POVERTY LEVEL. HOSPITALS HAVE CREATED A SIMPLE TWO PAGE FORM FOR THOSE WISHING TO APPLY FOR CHARITY CARE AND ASSIGN COUNSELORS TO VISIT WITH INPATIENTS WHO ARE UNINSURED TO LET THEM KNOW ABOUT OUR CHARITY CARE POLICIES AND PROVIDE ASSISTANCE FILLING OUT APPLICATIONS FOR FINANCIAL ASSISTANCE OR ENROLLMENT IN PUBLICLY FUNDED HEALTH CARE PROGRAMS.

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE GRATITUDE OF THE PEOPLE WHO HAVE BENEFITTED FROM OUR CHARITY CARE PROGRAM (SOMETIMES REFERRED TO AS CHRISTIAN CARE) IS REFLECTED IN SOME OF THE THANK YOU LETTERS SENT TO ST. ANTHONY'S MEMORIAL HOSPITAL IN EFFINGHAM, IL. COMMENTS INCLUDED:

"WHEN I OPENED YOUR LETTER TODAY AND READ THAT YOU GAVE ME A 100% CHRISTIAN CARE ADJUSTMENT, I GASPED AND STARTED CRYING. I AM SO GRATEFUL. I COUNT THIS AS AN UNEXPECTED MIRACLE FROM GOD WORKING THROUGH PEOPLE WILLING TO SHOW HIS LOVE TO OTHERS." - D.K. THE KING WILL REPLY, "I TELL YOU THE TRUTH, WHATEVER YOU DID FOR ONE OF THE LEAST OF THESE BROTHERS OF MINE, YOU DID FOR ME." - MATTHEW 25:40.

"WE JUST WANT TO TAKE A MOMENT TO EXPRESS OUR DEEPEST GRATITUDE! YOUR GENEROSITY HAS EASED OUR MINDS, HEARTS & POCKET BOOK!! THANK YOU, THANK YOU, THANK YOU! GOD BLESS YOU ALL! I PRAY SOMEDAY I WILL BE ABLE TO HELP SOMEONE IN SUCH A GENEROUS WAY! YOU HAVE NO IDEA WHAT A RELIEF THIS IS FOR US! THANK YOU SEEMS TOO SIMPLE OF WORDS!" - S.L. AND C.S.

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

"I WANT TO SAY AT ALL THOSE WHO HAVE MADE IT POSSIBLE TO HELP US PAY MY HOSPITAL BILLS - THANK YOU! I DON'T HAVE WORDS TO THANK YOU FOR ALL THE WORRY THAT YOU HAVE TAKEN AWAY. A THOUSAND "THANKS." MAY GOD BLESS YOU." - L.B. (TRANSLATED BY N.R. AND W.R.)

"MY HUSBAND K. AND I WOULD LIKE TO EXPRESS OUR DEEPEST GRATITUDE FOR YOUR ASSISTANCE WITH HIS MEDICAL BILL FROM THE HOSPITAL. WE CANNOT THANK YOU ENOUGH FOR THE HELP AND HOW THIS EASED A FINANCIAL BURDEN THAT WE FACED. KEEPING THIS GIFT IN MIND, WE WILL STRIVE TO HELP OTHERS WHO ARE IN NEED IN WHATEVER WAY WE CAN TO 'PAY IT FORWARD.' THANK YOU AND BLESS YOU ALL!" - K.S. AND L.S.

OUR CHARITY CARE PROGRAMS ARE ONLY ONE ASPECT OF OUR COMMITMENT TO INCREASING ACCESS TO HEALTH CARE SERVICES IN ILLINOIS AND WISCONSIN.

IN MANY OF OUR COMMUNITIES, HSHS COLLABORATES WITH FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) TO PROVIDE GREATER ACCESS TO HEALTH CARE SERVICES FOR LOW-INCOME RESIDENTS. FOR EXAMPLE, ST. ELIZABETH'S HOSPITAL IN BELLEVILLE, IL HOSTS A FQHC PRIMARY CARE CLINIC ADJACENT

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO ITS EMERGENCY DEPARTMENT AND ST. JOHN'S HOSPITAL IN SPRINGFIELD, IL COORDINATES SPECIALTY PHYSICIAN REFERRALS WITH THE LOCAL FQHC AND PROVIDES FREE HEALTH CARE TO ITS CLIENTS.

HSHS HOSPITALS WORK COLLABORATIVELY IN THEIR COMMUNITIES TO SUPPORT THE VARIOUS SOCIAL SERVICES THAT TOGETHER MAKE UP THE FABRIC OF THE HEALTH CARE SAFETY NET.

SACRED HEART HOSPITAL IN EAU CLAIRE, WI PROVIDES LEADERSHIP, STAFF SUPPORT AND LABORATORY AND RADIOLOGY SERVICES FOR THE CHIPPEWA VALLEY FREE CLINIC. DURING FY2010 SACRED HEART'S LAB PERFORMED 676 TESTS FOR PATIENTS FROM THE CLINIC

ST. MARY'S HOSPITAL MEDICAL CENTER IN GREEN BAY, WI SUPPORTS A WOMEN'S PLACE, WHICH PROVIDES HEALTH CARE SERVICES AND REFERRALS FOR MEN AND WOMEN IN THE LATINO COMMUNITY. "BECAUSE OF LANGUAGE BARRIERS, ERRATIC WORK SCHEDULES AND THE LACK OF INSURANCE AND TRANSPORTATION, MANY IN THE LATINO COMMUNITY AREN'T ABLE TO ACCESS OUR HEALTH SYSTEM," EXPLAINS PROGRAM DIRECTOR CAROL PONCE. "I FEEL IT IS

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IMPORTANT TO OVERCOME THOSE BARRIERS AND BUILD BRIDGES FOR PEOPLE IN THE LATINO COMMUNITY TO ACCESS HEALTH CARE AND OTHER SERVICES THAT CONTRIBUTE TO THEIR WELL-BEING. OUR PROGRAMS NOT ONLY BRING HEALTH CARE TO THE LATINO COMMUNITY BUT JOY AND CONNECTION TO OTHER PEOPLE FROM MEXICO, HONDURAS, NICARAGUA, PERU AND PUERTO RICO."

IN RURAL ILLINOIS, PRAIRIE HEART INSTITUTE OF ILLINOIS (PHII), A PHYSICIAN GROUP AFFILIATED WITH HSHS, IS BRINGING A HIGHER LEVEL OF CARDIOVASCULAR CARE TO PATIENTS IN THEIR COMMUNITIES THROUGH EXTENSIVE COLLABORATION WITH LOCAL HOSPITALS AND PHYSICIANS. THROUGH REGULARLY SCHEDULED CLINICS AND SHARING OF PROTOCOLS AND BEST PRACTICES, RURAL HOSPITALS ACROSS CENTRAL AND SOUTHERN ILLINOIS CAN MORE RAPIDLY AND ACCURATELY IDENTIFY HEART ATTACK PATIENTS AND SPEED TREATMENT TO MINIMIZE DAMAGE TO THE HEART MUSCLE. MEANWHILE, ACCESS TO CLINICAL TRIALS PROVIDES OPPORTUNITIES FOR PATIENTS IN RURAL AREAS TO HAVE ACCESS TO DRUGS AND TREATMENTS AVAILABLE ONLY THROUGH PHII. "THE RESULT OF THIS UNIQUE COMMITMENT IS THAT REGARDLESS OF WHERE A PATIENT LIVES, THEY WILL HAVE ACCESS TO CARE DESIGNED TO DETECT HEART DISEASE EARLIER. WE CAN ALSO OFFER PREVIOUSLY UNAVAILABLE

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LIFE-SAVING TECHNIQUES AND DRUGS AND ENSURE A RETURN TO A QUALITY OF LIFE," EXPLAINS JIM ZITO, PHII CEO. THE BENEFITS OF THIS TYPE OF COLLABORATION ARE MANY, INCLUDING THE STANDARDIZATION OF QUALITY ASSURANCE MEASURES, THE SHARING OF SUCCESSFUL PATIENT SAFETY STRATEGIES, THE ADDITION OF CLINICAL RESEARCH, WORKFORCE DEVELOPMENT AND INTERNAL BENCHMARKING.

ENHANCING THE HEALTH STATUS OF THE COMMUNITY

A SPIRIT OF COLLABORATION IS PERVASIVE FOR HSHS HOSPITALS IN ALL THE COMMUNITIES WE SERVE. OUR HOSPITALS WORK CLOSELY WITH A WIDE ARRAY OF PUBLIC AND PRIVATE ORGANIZATIONS THAT SHARE OUR COMMITMENT TO ENHANCING HEALTH AND WELLNESS. WE KNOW THAT BY WORKING TOGETHER, WE CAN CAPITALIZE ON SHARED RESOURCES, REDUCE DUPLICATION OF SERVICES, AND MAKE IT EASIER FOR RESIDENTS TO GET THE SERVICES AND KNOWLEDGE THEY NEED TO LIVE HEALTHIER LIVES.

ST. JOSEPH'S HOSPITAL IN CHIPPEWA FALLS, WI LEADS THE CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIP (CHIP). THIS COLLABORATIVE ENDEAVOR STRIVES TO ENHANCE THE QUALITY OF LIFE OF THE RESIDENTS OF CHIPPEWA COUNTY,

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THROUGH EDUCATIONAL AND PREVENTATIVE INITIATIVES PROMOTING WELLNESS AND GOOD HEALTH. CHIP IDENTIFIES HEALTH NEEDS AND ESTABLISHES PRIORITIES FROM WHICH COLLABORATIVE ACTIVITIES ARE CREATED TO HELP IMPROVE THE HEALTH STATUS AND QUALITY OF LIFE IN THE COMMUNITY.

RECOGNIZING THE SPECIAL AND DIVERSE NEEDS OF THEIR COMMUNITY, COLLEAGUES FROM ST. NICHOLAS HOSPITAL IN SHEBOYGAN, WI SERVE ON THE HMONG HEALTH ADVISORY COMMITTEE AND THE REFUGEE TASK FORCE. AS A PARTNER WITH THE PUBLIC HEALTH DEPARTMENT, SAFE HARBOR AND SAFE KIDS, AMONG OTHERS, ST. NICHOLAS PROVIDES THE HMONG COMMUNITY WITH ACCESS TO FREE PREVENTATIVE HEALTH EDUCATION PROGRAMS SUCH AS STROKE AWARENESS, CAR SEAT SAFETY, NUTRITION AND FOOT CARE AND SCREENINGS SUCH AS BLOOD PRESSURE AND BLOOD SUGAR, BONE DENSITY AND DIABETES. "REACHING OUT AND HELPING OUR COMMUNITY IS WHAT ST. NICHOLAS STANDS FOR," EXPLAINS PROGRAM DEVELOPMENT SPECIALIST MARY PALUCHNIAK. ST. NICHOLAS ALSO OFFERS ALCOHOL, DRUG AND PRESCRIPTION DRUG ABUSE PROGRAMS IN THE COMMUNITY, AND WITH THE ASSISTANCE OF A GRANT FROM THE COUNTY WAS ABLE TO ESTABLISH A PERMANENT 24/7 PRESCRIPTION DRUG DROP-OFF BOX AT THE POLICE DEPARTMENT TO ALLEVIATE THE

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MISAPPROPRIATION OF PRESCRIPTION DRUGS AND ENVIRONMENTAL DAMAGE CAUSED BY DISPOSING OF PRESCRIPTIONS DRUGS IN HOUSEHOLD TRASH OR THE PUBLIC WATER STREAM.

WITH MORE THAN A QUARTER OF ILLINOIS' POPULATION CLASSIFIED AS "OBESE" BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, ST. JOHN'S HOSPITAL IN SPRINGFIELD, IL IS WORKING COLLABORATIVELY TO TEACH CHILDREN AND THEIR PARENTS ABOUT HEALTHY LIFESTYLE HABITS. ST. JOHN'S IS AN ANCHOR PARTNER OF GENERATION H (H IS FOR HEALTHY), A NEWLY FORMED COALITION THAT WORKS TO IMPROVE CHILDREN'S HEALTH AND COMBAT THE CHILDHOOD OBESITY EPIDEMIC THROUGH PROGRAMS FOCUSED ON BETTER NUTRITION AND INCREASED PHYSICAL ACTIVITY. ON A QUARTERLY BASIS, ST. JOHN'S OFFERS CONTINUING PARENT EDUCATION SESSIONS AT AREA SCHOOLS ON TOPICS SUCH AS CHILDHOOD WELLNESS, EATING HEALTHY ON A BUDGET AND SUMMER EXERCISE AND SAFETY. IN ADDITION, ST. JOHN'S ORGANIZES FAMILY HEALTH FAIRS FOR CATCH SCHOOLS PROVIDING A VARIETY OF FREE SCREENINGS AND EDUCATIONAL BOOTHS, A VALUABLE RESOURCE TO SCHOOL NURSES AND PRINCIPALS. ST. JOHN'S ALSO ORGANIZES THE 100 YEAR HEART SCHOOL HEALTH FAIRS AT WHICH EACH STUDENT SPENDS 10 MINUTES

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

APIECE IN SEVEN BOOTHS GEARED TOWARD TEACHING HEART HEALTH SUCH AS SMOKING PREVENTION AND ANAEROBIC EXERCISE.

AT ST. MARY'S HOSPITAL IN STREATOR, IL DIETICIANS OFFER BI-MONTHLY NUTRITIONAL PROGRAMS TO EDUCATE THE PUBLIC ON TOPICS SUCH AS DIABETES MANAGEMENT AND SALT INTAKE. THEY ALSO WORK WITH CHILDREN TO TEACH THEM ABOUT HEALTHY EATING HABITS.

SKIN CANCER IS THE MOST PREVALENT TYPE OF CANCER AND ANNUALLY MORE THAN ONE MILLION CASES OF SKIN CANCER ARE DIAGNOSED IN THE UNITED STATES. IN RESPONSE, ST. JOSEPH'S HOSPITAL IN HIGHLAND, IL, ST. JOSEPH'S HOSPITAL IN BREESE, IL, AND ST. ELIZABETH'S HOSPITAL IN BELLEVILLE, IL PARTNERED WITH NEW DIMENSIONS COSMETIC AND RECONSTRUCTIVE SURGERY TO OFFER EDUCATIONAL PROGRAMS AND FREE SKIN CANCER SCREENINGS AT CLINICS THROUGHOUT THE METRO-EAST AREA. BY PLANNING MAJOR HEALTH PROMOTIONS IN PARTNERSHIP WITH AREA CLINICIANS, THE HOSPITALS ARE INCREASING CHANNELS FOR PEOPLE TO ACCESS HEALTH CARE AS WELL AS CAPITALIZING ON SHARED RESOURCES AND EXPERTISE AND REDUCING DUPLICATION OF SERVICES.

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COLLEAGUES AT ST. MARY'S HOSPITAL IN DECATUR, IL NOTED THAT MANY
PEOPLE IN THE COMMUNITY RELY ON OXYGEN. THE COMBINATION OF HEAVY
INDUSTRY AND FARMING IN THE AREA IS BELIEVED TO CONTRIBUTE TO POOR
AIR QUALITY. TO ADDRESS THIS CONCERN, A COLLEAGUE STARTED A MONTHLY
COPD SUPPORT GROUP THAT CONSISTS OF SIX PHYSICIANS, FIVE NURSES, AND
TWO RESPIRATORY THERAPISTS. TOGETHER THIS GROUP IS WORKING WITH THE
AMERICAN LUNG ASSOCIATION TO PROVIDE TWO ANNUAL HEALTH FAIRS - ONE ON
WORLD COPD DAY IN NOVEMBER AND ONE FOR WORLD HEALTH DAY IN APRIL. AS
A RESULT OF ST. MARY'S LEADERSHIP, THE WORD CONTINUES TO SPREAD ABOUT
THE BREATH OF LIFE CLUB AND ITS MEMBERSHIP IS GROWING. ST. MARY'S IS
ALSO IN THE PROCESS OF PLACING THE COPD LEARN MORE BREATHE BETTER®
RESOURCE KIT IN ALL THEIR PHYSICIAN OFFICES. IN JUNE, THE JOINT
COMMISSION RECOGNIZED ST. MARY'S WITH A DISEASE-SPECIFIC
CERTIFICATION FOR COPD, AN ACKNOWLEDGMENT OF THE WORK DONE TO ADDRESS
THIS DISEASE.

BECAUSE MORE THAN 400 BABIES DIE ANNUALLY, MAINLY THROUGH MISCARRIAGE
IN THEIR COUNTY, COLLEAGUES AT ST. NICHOLAS HOSPITAL IN SHEBOYGAN, WI

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RECOGNIZED THE NEED TO PROVIDE SUPPORT FOR THOSE WHO HAD EXPERIENCED A MISCARRIAGE, ECTOPIC, STILLBIRTH OR EARLY NEWBORN LOSS. ST. NICHOLAS' HOPE AFTER LOSS ORGANIZATION (HALO) PROGRAM WAS CREATED TO SUPPORT PARENTS AND THEIR FAMILIES IN THE COMMUNITY WITH RESOURCES AND COUNSELING REGARDLESS OF WHEN OR WHERE THE DEATH OCCURRED. HALO PROVIDES BEREAVEMENT COUNSELING VIA EMAIL, TELEPHONE, ONE-ON-ONE OR AT MONTHLY HALO SUPPORT GROUP MEETINGS. IN ADDITION, HALO INVITES PARENTS TO PARTICIPATE IN MEMORIAL SERVICES WHICH INCLUDE A BALLOON RELEASE TO HONOR AND REMEMBER THE BABIES; SIBLINGS, EXTENDED FAMILY MEMBERS AND FRIENDS ARE WELCOME.

HSHS HOSPITALS RECOGNIZE THAT THE HEALTH OF OUR COMMUNITY DEPENDS ON A HEALTHY ENVIRONMENT. THAT'S WHY WE EMBRACE "GREEN INITIATIVES" AND STRIVE TO INCORPORATE ENVIRONMENTALLY FRIENDLY DESIGN ELEMENTS AS UPGRADES TO OUR FACILITIES. WHEN THE ST. VINCENT REGIONAL CANCER CENTER AT ST. MARY'S HOSPITAL MEDICAL CENTER IN GREEN BAY, WI BUILT A STATE-OF-THE-ART ADDITION, THEY INCLUDED A THIRD FLOOR LIVING ROOF GARDEN THAT IS THE LARGEST GREEN ROOF IN WISCONSIN. THIS EXPANSION WAS BUILT WITH THE ENVIRONMENT IN MIND AS IT MAXIMIZES USE OF DAY

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LIGHT. NINETY PERCENT OF RAINWATER IS RECYCLED AS IRRIGATION AND ALL
STORM WATER PASSES THROUGH A BIO-FILTRATION SYSTEM TO PURIFY RUNOFF
WATER. WATER-SAVING TECHNOLOGY IS USED THROUGHOUT THE BUILDING AND
MATERIALS ARE LOW-PVC OR PVC-FREE WITH NATURAL FINISHES OF WOOD AND
STONE. ENERGY EFFICIENT HEATING AND COOLING WAS INSTALLED WITH HEAT
RECLAMATION DEVICES IN PLACE.

AT ST. ELIZABETH'S HOSPITAL IN BELLEVILLE, IL EVERY HAND IS WORKING
TO HEAL OUR EARTH. ANNUALLY ST. ELIZABETH'S COLLEAGUES RECYCLE 286
TONS, ALMOST 1/3 OF THEIR WASTE. THE HOSPITAL'S ENVIRONMENTAL
SERVICES DEPARTMENT INITIATED SINGLE STREAM RECYCLING OF ALUMINUM
CANS AND PLASTIC BOTTLES. LAUNDRY MEANWHILE SENT 1,073 POUNDS OF
LINENS TO BE MADE INTO RAGS AND PHARMACY PROCESSES EXPIRED
MEDICATIONS THUS KEEPING THEM OUT OF THE AIR AND WATER SUPPLIES.
SUPPORTING MEDICAL EDUCATION AND RESEARCH
AT HSHS, WE WORK TO ENSURE THE ADVANCEMENT OF MEDICAL KNOWLEDGE
THROUGH OUR SUPPORT OF RESEARCH AND EDUCATION. IN FISCAL YEAR 2010
WE CONTRIBUTED MORE THAN $13 MILLION IN RESEARCH AND EDUCATION. OUR
HOSPITALS SUPPORT AND HOST SCORES OF CONTINUING MEDICAL EDUCATION

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COURSES WHICH ARE ATTENDED BY HUNDREDS OF PHYSICIANS EACH YEAR.

ST. JOHN'S COLLEGE, DEPARTMENT OF NURSING IN SPRINGFIELD, IL IS AFFILIATED WITH ST. JOHN'S HOSPITAL THE COLLEGE OFFERS AN UPPER DIVISION BACCALAUREATE NURSING DEGREE PROGRAM AND CONTINUING EDUCATION PROGRAMS TO SERVE NURSES AND ALLIED HEALTH PROFESSIONALS IN CENTRAL AND SOUTHERN ILLINOIS. THE COLLEGE IS TRANSFORMING ITSELF FROM A TRADITIONAL EDUCATIONAL INSTITUTION TO ONE THAT OFFERS INNOVATIVE AND LEADING EDGE PROGRAMS DESIGNED TO PREPARE CANDIDATES TO CARE FOR INDIVIDUALS THROUGHOUT LIFE IN AN INTEGRATED HEALTHCARE SYSTEM. ACCREDITED BY THE NATIONAL LEAGUE FOR NURSING ACCREDITATION COMMISSION, THE COLLEGE OFFERS COURSES THAT ARE EXPRESSIONS OF OUR MISSION.

HSHS' INVESTMENT IN EDUCATION AND TRAINING IS HELPING IMPROVE CLINICAL QUALITY AND PATIENT CARE. ONE EXAMPLE OF THIS COMMITMENT IS TRAINING THAT OCCURRED WITH THE DEPLOYMENT OF THE EVIDENCE-BASED MEDICINE (EBM) PROGRAM AND CORRESPONDING ORDER SETS AT OUR HOSPITALS. STANDARDIZING EBM SUPPORTS ENHANCED EFFICIENCY AND LEADS TO IMPROVED

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUTCOMES OF CARE BY REDUCING VARIATION IN PRACTICE AND BY SUPPORTING PROVEN PRACTICE APPROACHES IN ORDER TO MEET OR EXCEED COMMUNITY STANDARDS OF CARE. STANDARDIZING BOTH CONTENT AND PROCESSES FOR CLINICAL CARE DECISIONS ALSO AIDS IN THE MIGRATION TO COMPUTERIZE PROVIDER ORDER ENTRY (CPOE).

ANOTHER EXAMPLE IS OUR WORK SHARING BEST PRACTICES WITH OTHER HEALTH CARE PROVIDERS. PRAIRIE HEART INSTITUTE OF ILLINOIS (PHII) PROVIDES RURAL HOSPITALS WITH A CONGESTIVE HEART FAILURE (CHF) TOOLKIT THAT INCLUDES STANDARDIZED PROTOCOLS, PATIENT TEACHING AIDS, STAFF TRAINING MATERIALS AND METHODS TO MEASURE THE COMPARATIVE EFFECTIVENESS OF TREATMENTS FOR CHF. NATIONALLY A FEW UNIQUE PROGRAMS EXIST TO ADDRESS THE COST AND QUALITY OF TREATING THE CHF PATIENT. "WE'VE DEVELOPED A COMPREHENSIVE APPROACH THAT INVOLVES A MULTIDISCIPLINARY TEAM WORKING TOGETHER TO TREAT PATIENTS WITH CHF. WE WANT TO SHARE OUR SUCCESSES WITH OTHER HOSPITALS BECAUSE WE RECOGNIZE THAT WE CAN IMPROVE PEOPLE'S LIVES AND SIMULTANEOUSLY MAKE OUR HEALTH CARE SYSTEM MORE EFFICIENT," EXPLAINS FRANK MIKELL, MD, HSHS CHIEF PHYSICIAN EXECUTIVE. THE CHF TOOLKIT WAS INTRODUCED TO

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ALL 13 HOSPITALS. ST. ANTHONY'S HOSPITAL IN EFFINGHAM, ST. MARY'S HOSPITAL IN DECATUR, ST. ELIZABETH'S HOSPITAL IN BELLEVILLE AND ST. FRANCIS HOSPITAL IN LITCHFIELD ARE MAKING STRIDES TO ADOPT PORTIONS OF THE CHF TOOLKIT INCLUDING THE PATIENT TEACHING AIDS AND THE STANDARDIZED PROTOCOLS FOR PHYSICIANS IN THE ER.

COMMITMENT TO CARE

HSHS IS WORKING TIRELESSLY TO BRING TOGETHER THE VARIOUS ELEMENTS OF HEALTH CARE SERVICES TO CREATE BETTER, MORE EFFICIENT CARE FOR OUR PATIENTS. OUR COMMITMENT TO HIGH QUALITY, COST-EFFECTIVE CARE IS BASED ON OUR FRANCISCAN AND CATHOLIC VALUES. THESE VALUES INCLUDE COVERAGE AND ACCESS FOR ALL AND SPECIAL ATTENTION TO THE SICK, POOR AND VULNERABLE.

THE MORE THAN 14,000 COLLEAGUES IN WISCONSIN AND ILLINOIS WHO ARE HSHS REMAIN DEDICATED TO CONTINUING THE HEALING MINISTRY BEGUN BY THE HOSPITAL SISTERS OF ST. FRANCIS MORE THAN 135 YEARS AGO.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

IL,

CHARITY CARE INFORMATION

XII.
Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for St. Joseph's Hospital, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

ST. JOSEPH'S HOSPITAL

	FY2008	FY2009	FY2010
Net Patient Revenue	$21,247,127	$22,489,957	$23,730,968
Amount of Charity Care (charges)	$ 528,869	$ 453,247	$ 516,388
Cost of Charity Care	$ 262,424	$ 238,951	$259,804
Ratio of Charity Care to Net Patient Revenue (Based on Charges)	2.49%	2.02%	2.18%
Ratio of Charity Care to Net Patient Revenue (Based on Costs)	1.24%	1.06%	1.09%

2. This chart reports data for St. Joseph's Hospital, which is a member of Hospital Sisters Health System. The charity costs and patient revenue are not consolidated.

3. Because St. Joseph's Hospital is an existing facility, the data are reported for the latest three audited fiscal years.