



Advocate Christ Medical Center

4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

12-066

December 15, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson (Second Floor)
Springfield, Illinois 62762

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Dear Ms. Avery:

Re: Notification of Reduction of Neonatal Intensive Care Beds

In December 2012, The Illinois Health Facilities and Services Review Board (IHFSRB) approved Advocate Christ Medical Center's (Advocate Christ, Medical Center) Project 12-066. This project includes the construction of a new 7-level patient tower, a connection to an existing patient tower and the remodeling of space vacated when services were moved to the new Ambulatory Building or new construction in the tower project. This many-phased project was estimated to be completed in July 2019.

The final phase of the project included increasing the number of neonatal intensive care beds from 37 to 64, enlarging the departmental square footage assigned to the unit, and modernizing the space. The space for the expanded neonatal intensive care unit (NICU), not only included the existing NICU space, but also the vacated C-Section Suite, the Phase I obstetrical recovery rooms, and the LDRs.

The original 64-bed plan was developed during the project's schematic design phase. When the Medical Center's planning team working with the architects and engineers were in the more definitive design development phase, they encountered two factors that had changed between the earlier schematic design phase and the design development phase. They required reducing the number of neonatal beds in the project from 64 to 61.

- Unlike the current NICU which is an open ward concept, the modernized NICU will be developed with all private rooms grouped in three neighborhoods with each group of rooms being served by local service support. The neighborhoods will not be specific to acuity. Rather all 61 beds will be equipped to care for neonates at all





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levels of care. Once admitted to a room, the baby will remain in that room for their entire stay and the nurse staffing will be adjusted based on the acuity of the baby.

Research related to private neonatal intensive care rooms has shown improved medical and neurobehavioral outcomes because of the increased developmental support and maternal care and better infection control than open wards. In addition, the private room design is more operationally efficient, but requires more square footage.

- The private room/ neighborhood design also involves important modernization considerations. It is more phase-able than an open ward design so that a minimum number of beds can be maintained throughout the various modernization phases; however, it requires more space per bed than an open ward design. Second, the architects and engineers found multiple existing column grids and less than ideal column spacing in the existing space that is to be modernized that resulted in inefficiencies in the NICU layout.

Together, these factors – the adoption of the private room/neighborhood design concept and the inefficiencies related to column grids and spacing – reduced space available for neonatal beds. Despite several attempts to design the unit with approved 64 beds, 61 is the maximum that could be achieved.

Advocate Christ Medical Center is fully aware that the reduction of the number of neonatal intensive care beds approved in Permit 12-066 requires an alteration to the permit. However, while the redesign and start-up modernization has been underway, the Medical Center leadership realized that other alterations to the project are necessary. For example, more pediatric intensive care beds are needed and the only logical location will require the displacement of at least 16 medical surgical beds. Several initiatives are being developed to minimize the decrease in medical surgical beds, including the relocation of the Outpatient Psych Department. Because of these interrelated projects, the Medical Center, with technical assistance from State Staff, will be filing a single alteration that will address all of these changes. It is also possible that a Permit Renewal will also be filed.





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An alteration with greater detail on all identified changes will be filed with the IHFSRB at or by the end of January 2018. The State Staff, however, concurred that it would be prudent to advise the Board of this reduction of neonatal beds since this construction is underway.

If you have any questions about the reduction of neonatal intensive care beds from 64 to 61 or the other alterations to Permit 12-066, please do not hesitate to call me. I can be reached by e-mail at matthew.primack@advocatehealth.com or by telephone at 708-684-5659.

Sincerely,

Matthew Primack
Chief Operating Officer

Cc: Mike Constantino, Supervisor of Project Review
Janet Scheuerman, Prism Healthcare Consulting

