



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-06	BOARD MEETING: November 12, 2014	PROJECT NO: 14-031	PROJECT COST: Original: \$16,993,653
FACILITY NAME: The University of Chicago Medical Center		CITY: Chicago	
TYPE OF PROJECT: Non - Substantive			HSA: VI

PROJECT DESCRIPTION: The applicant (The University of Chicago Medical Center) proposes to relocate its Labor & Delivery Unit from its current location in the existing adult, acute care hospital on campus – Bernard Mitchell Hospital - to the third floor of its Comer Center for Children and Specialty Care. The cost of the project is \$16,993,653. **The anticipated date of completion is December 31, 2017.**

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant (The University of Chicago Medical Center) proposes to relocate its Labor & Delivery Unit from its current location in the existing adult, acute care hospital on campus – Bernard Mitchell Hospital - to the third floor of its Comer Center for Children and Specialty Care. The cost of the project is \$16,993,653. **The anticipated date of completion is December 31, 2017.**
- Currently The University of Chicago Medical Center has 8 Labor/Delivery/Recovery Rooms and 2 C-Section Suites. The applicant is proposing 9 Labor/Delivery/Recovery Rooms, 2 C-Section Suites, five (5) triage rooms, two (2) recovery rooms, and five (5) antepartum rooms.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project proposes to modernize a health care facility when the cost of the proposed project is in excess of the capital expenditure minimum of \$12,670,607 as defined by Illinois Health Facilities Planning Act (20 ILCS 3960(3)).

PURPOSE OF THE PROJECT:

- **According to the applicants the purpose of the project is “to relocate the Labor & Delivery Unit from its current location in Mitchell Hospital to shelled space on the third floor of the Comer Center for Children and Specialty Care which is immediately adjacent to UCMC's Comer Children's Hospital. This Project would relocate and reconfigure the Labor & Delivery Unit ("LDR Unit"), such that there would now be nine (9) Labor/Delivery/Recovery Rooms ("LDRs"), five (5) triage rooms, two (2) operating rooms, two (2) recovery rooms, and five (5) antepartum rooms.”**

BACKGROUND:

- In 2001, State Board approved Permit #01-006 to build The University of Chicago Medical Center's Comer Children's Hospital, which opened in 2005. Comer Children's Hospital is a tertiary pediatric facility operating 155 pediatric, pediatric intensive care and neonatal intensive care beds at a cost of approximately \$128 million.
- In October 2004, the State Board approved Permit #04-054 to construct a pediatric emergency facility adjacent to Comer Children's Hospital on the first floor of a newly constructed four-story building, known as the Comer Center for Children and Specialty Care.
- In July 2006 the State Board approved a Master Design Project as Permit #06-024 for The University of Chicago Medical Center at a cost of approximately \$28 million.
- In October 2007 the State Board approved Permit #07-095 to build out the fourth floor of Comer Center for Children and Specialty Care at a cost of approximately \$28.9 million.
- In January 2008 the State Board approved Permit #07-141 to discontinue an acute mental illness category of service. There was no cost to this project.
- In May 2008 the State Board approved as Permit # 07-153 a major modernization of The University of Chicago Medical Center at a cost of approximately \$786 million.

- In April 2009 the State Board approved as Permit #08-089 the construction and equipment for Pharmacy and Pediatric Infusion and Procedures units in the Comer Center for Children and Specialty Care at a cost of approximately \$19 million.
- In August 2013 the State Board approved as Permit #13-025 the addition of 38 medical surgical beds at as cost of approximately \$3.4 million.
- In August 2014 the State Board approved the modernization of 122 medical surgical beds and 32 ICU beds and the addition 12 ICU beds at Permit #14-013 at a cost of approximately \$ 123.5 million.
- In August 2014 the State Board approved the construction of a medical office building as Permit #14-023 at a cost of approximately \$66.8 million.

NEED FOR THE PROJECT:

- This project is a considered a necessary expansion and modernization of an existing health care facility's clinical services other than a category of service.
- This project is a relocation of existing services from one building on the licensed campus of The University of Chicago Medical Center to another building on the licensed campus. The University of Chicago Medical Center licensed campus consists of the Center for Care and Discovery, the Bernard Mitchell Hospital, the Chicago Lying-In Hospital, the University of Chicago Comer Children's Hospital, and the Duchossois Center for Advanced Medicine.
- Currently The University of Chicago Medical Center has 8 Labor/Delivery/Recovery Rooms and 2 C-Section Suites. The applicant is proposing 9 Labor/Delivery/Recovery Rooms, 2 C-Section Suites, five (5) triage rooms, two (2) recovery rooms, and five (5) antepartum rooms.
- The applicant argues the modernization and expansion is necessary because the existing Labor/Delivery/Recovery Service
 - o Does not meet current standard of care;
 - o Is inefficient and no longer economical; and
 - o Is currently located in a separate building on campus from Comer Children's Hospital.
- Current State Board rules require the applicant to justify the modernization and expansion based upon the historical utilization of the existing clinical services (Labor Delivery/Recovery and C- Section Suites) to be modernized. The applicant is proposing 9 Labor Delivery/Recovery rooms and 2 C-section Suites. Historical Utilization will justify 5 Labor Delivery/Recovery Rooms and 1 C-Section Suite.

PUBLIC COMMENT:

- An opportunity of a public hearing was provided, however no hearing was requested. No letters of opposition were received by the State Board Staff. Letters of support were received from
 - o State Senator Kwane Raoul
 - o State Representative Christian Mitchell

FINANCIAL

- The applicant is funding this project with cash. The applicant provided evidence of an AA – rating from Standard and Poor’s on bonds issued by the Illinois Finance Authority Bonds and An3 rating from Moody’s. As of June 30, 2013 the University of Chicago had cash and cash equivalents of \$164,504,000.

WHAT WE FOUND:

- The applicant addressed a total of 14 criteria and did not meet the following:

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
1110.234 (b) – Projected Utilization	The applicant’s projected utilization does not justify the number of Labor Delivery/Recovery and C-Section rooms being proposed by this project.
1110.234 (e) – Assurances	The applicant could not provide assurance that the proposed modernized services will be at target occupancy by the second year after project completion.
1110.3030 (d) (1) (2) – Service Modernization	Historical utilization does not warrant the number of rooms being proposed for Labor Delivery Recovery (9 rooms) and C- Section Suite (2 rooms)

STATE BOARD STAFF REPORT
The University of Chicago Medical Center
PROJECT #14-031

APPLICATION CHRONOLOGY	
Applicants(s)	The University of Chicago Medical Center
Facility Name	The University of Chicago Medical Center
Location	Chicago, Illinois
Application Received	July 11, 2014
Application Deemed Complete	July 16, 2014
Can applicants request a deferral?	Yes
Review Period Extended by the State Board Staff?	No

I. The Proposed Project

The applicant (The University of Chicago Medical Center) proposes to relocate its Labor & Delivery Unit from its current location in the existing adult, acute care hospital on campus – Bernard Mitchell Hospital - to the third floor of its Comer Center for Children and Specialty Care. The cost of the project is \$16,993,653. The anticipated date of completion is December 31, 2017.

II. Summary of Findings

- A. The State Board Staff finds the proposed project does **not** appear to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicant is The University of Chicago Medical Center is an Illinois not-for-profit corporation. UCMC operates the Center for Care and Discovery, the Bernard Mitchell Hospital, the Chicago Lying-In Hospital, the University of Chicago Comer Children's Hospital, the Duchossois Center for Advanced Medicine, and various other outpatient clinics and treatment areas. The applicant is located at 5841 South Maryland Avenue, Chicago, Illinois in the HSA 6 Hospital Service Area and the A-03 Hospital Planning Area. The Hospital Service Area is comprised of the City of Chicago. A-03 Hospital Planning area consists of the City of Chicago Community Areas of Douglas, Oakland, Fuller Park, Grand Boulevard, Kenwood, Near South Side, Washington Park, Hyde Park, Woodlawn, South Shore, Chatham, Avalon Park, South Chicago, Burnside, Calumet Heights, Roseland, Pullman, South Deering, East Side, Garfield Ridge, Archer Heights, Brighton Park, New City, West Elsdon, Gage Park, Clearing,

West Lawn, West Englewood, Englewood, Chicago Lawn and Greater Grand Crossing.

There are 8 additional hospitals in the A- 03 Hospital Planning Area: Advocate Trinity Hospital, Holy Cross Hospital, Jackson Park Hospital Foundation, Mercy Hospital & Medical Center, Provident Hospital of Cook County, Roseland Community Hospital, South Shore Hospital, and St. Bernard Hospital. The licensee operating entity and the owner of the site is The University of Chicago Medical Center. This is non-substantive project subject to an 1110 and 1120 review. Obligation will occur after permit issuance.

IV. The Proposed Project – Details

The applicant is proposing to relocate its Labor & Delivery/Recovery Unit from Bernard Mitchell Hospital to Comer Center for Children and Specialty Care and reconfigure the Labor & Delivery Unit, which will consist of nine (9) Labor/Delivery/Recovery Rooms ("LDRs"), five (5) triage rooms, two (2) C-Section operating rooms, two (2) recovery rooms, and five (5) antepartum rooms in shell space on the third floor of Comer Center for Children and Specialty Care.

V. Project Costs and Sources of Funds

The cost of the project is \$16,993,653. The project will be funded with cash and securities.

TABLE ONE			
Project Costs and Sources of Funds			
USE OF FUNDS	Clinical	Non Clinical	Total
Site Survey and Soil Investigation	\$11,812	\$3,188	\$15,000
Site Preparation	\$0	\$1,450,000	\$1,450,000
New Construction Contracts	\$7,070,492	\$1,908,508	\$8,979,000
Contingencies	\$689,017	\$185,983	\$875,000
Architectural/Engineering Fees	\$685,079	\$184,921	\$870,000
Consulting and Other Fees	\$200,459	\$39,541	\$240,000
Movable or Other Equipment (not in construction contracts)	\$3,804,959	\$236,694	\$4,041,653
Other Costs To Be Capitalized	\$397,050	\$125,950	\$523,000
TOTAL USES OF FUNDS	\$12,858,868	\$4,134,785	\$16,993,653
SOURCE OF FUNDS	Clinical	Non Clinical	Total
Cash and Securities			\$16,993,653
TOTAL SOURCES OF FUNDS			\$16,993,653

VI. Cost Space Requirement

Below are the cost space requirements for the proposed project. Only the clinical space is being reviewed as part of this project.

TABLE TWO Cost Space Requirements						
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:		
Dept. / Area	Cost	Existing	Proposed	New Const.	As Is	Vacated Space
CLINICAL						
Labor Delivery Recovery	\$9,948,672	18,015	14,124	14,124		18,015
C- Section	\$2,910,196	2,993	3,807	3,807		2,993
TOTAL	\$12,858,868	21,008	17,931	17,931		21,008
NON CLINICAL						
Bldg. System	\$2,850,396	957,040	961,201	4,161	957,040	
Staff Support	\$1,284,389	1,090,700	1,093,742	3,042	1,090,700	
TOTAL	\$4,134,785	2,047,740	2,054,943	7,203	2,047,740	21,008

VII. Section 1110.230 - Purpose of Project, Safety Net Impact Statement and Alternatives – Information Requirements

A) Criterion 1110.230 - Purpose of the Project

The State Board asks all applicants to document the purpose of the project, that the project will provide care to residents of the market area, identify the existing problems the project will address, how the proposed project will address the problems identified, and the goals of the proposed project.

Purpose of the Project

The purpose of the proposed project is to relocate the Labor & Delivery Unit from its current location in Mitchell Hospital to shell space on the third floor of the Comer Center for Children and Specialty Care which is immediately adjacent to UCMC's Comer Children's Hospital. This Project would relocate and reconfigure the Labor & Delivery Unit ("LDR Unit"), such that there would now be nine (9) Labor/Delivery/Recovery Rooms ("LDRs"), five (5) triage rooms, two (2) operating rooms, two (2) recovery rooms, and five (5) antepartum rooms.

The applicant states the following:

"The Project is designed to better meet the clinical needs of UCMC's obstetric population, which is medically complex and unpredictable, with heavy reliance on triage and long lengths of stay overall. UCMC needs to more fully deploy the space available in the CCCSC to create efficiencies and to allow patients to receive care in the most modern facilities available. The need for modern facilities comes at a pivotal time in the delivery of health care for expectant mothers in Chicago's South Side, which has seen both its hospital inventory and its number of deliveries contract over the last several years, as more women seek services outside of the planning area. With this Project, UCMC will be expanding access to high-quality obstetric services to residents of the South Side of Chicago and will improve the overall well-being of the neighborhood by promoting early prenatal care and healthy pregnancies. The Project will also mitigate outmigration in Planning Area A-03 and improve overall access to care."

Service Area

The University of Chicago Medical Center's primary service area serves much of the South Side of the City of Chicago and closely resembles Planning Area A-03. (Planning Area A-03 is roughly bounded by Roosevelt Road (12th Street) to the north, Cicero Avenue to the west, 12th Street to the south, and Lake Michigan/Indiana State line to the east). According to the applicant 69% of UCMC's LDR patients in the past year resided in UCMC's primary service area. In addition, for its highly specialized tertiary and quaternary services, UCMC serves much of the metropolitan area, the state and the Midwest, and even includes international patients. The University of Chicago Medical Center is one of ten Perinatal Centers in the State of Illinois. The University of Chicago Medical Center is a referral center for women with high risk pregnancies and for critically ill infants.

Goals of the Project

The Project would relocate the Labor Delivery Recovery Unit from Mitchell Hospital to Comer Hospital and reconfigure the layout for clinical and workflow efficiencies. The University of Chicago Medical Center's objective is twofold: modernization and increased access.

Specifically, the goals of the Project are:

- *To replace deteriorated facilities and to fully deploy existing shelved space available on UCMC's medical campus.*
- *To co-locate clinical operations for UCMC's most fragile patients, alongside the ancillary diagnostic and treatment modalities required for their medical care.*
- *To alleviate strain on current resources that arise due to long lengths of stay and unpredictable volume of obstetric patients and to decrease the number of high-risk maternal transfers from within UCMC's perinatal network that must be placed at outside hospitals because of the unavailability of an open LDR.*
- *To create clinical efficiencies and capacity for additional growth by modestly expanding UCMC's LDR Unit and by streamlining the delivery of obstetric care to UCMC patients.” See pages 121-126 of the application for permit for complete discussion.*

B) Criterion 1110.230 (b) - Safety Net Impact Statement – Information Requirements

This project is considered a non-substantive project; therefore no Safety Net Impact Statement is required. The applicant did provide charity care information as required.

A safety net impact statement is not required for this application. 20 ILCS 3960 5.4(a) states “General review criteria shall include a requirement that all health care facilities, with the exception of skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, provide a Safety Net Impact Statement, which shall be filed with an application for a substantive project or when the application proposes to discontinue a category of service.”

A substantive project is defined at 20 ILCS 3960/12 (8)

- (a) Projects to construct (1) a new or replacement facility located on a new site or (2) a replacement facility located on the same site as the original facility and the cost of the replacement facility exceeds the capital expenditure minimum, which shall be reviewed by the Board within 120 days; (b) Projects proposing a (1) new service within an existing healthcare facility or (2) discontinuation of a service within an existing healthcare facility, which shall be reviewed by the Board within 60 days; or (c) Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one physical facility or site to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board, whichever is less, over a 2-year period.

TABLE THREE			
Charity Care			
	Year 2011	Year 2012	Year 2013
Net Revenue	\$1,158,990,000	\$1,267,102,000	\$1,303,794,000
CHARITY CARE			
Charity (# of patients)			
Inpatient	597	655	759
Outpatient	15,021	20,446	22,720
Total	15,618	21,101	23,479
Amount of Charity Care (Charges)	\$61,801,000	\$73,064,000	\$100,061,000
Charity (cost in dollars)			
Inpatient	\$7,721,000	\$7,524,000	\$10,633,000
Outpatient	\$6,706,000	\$9,096,000	\$11,367,000
Total	\$14,427,000	\$16,620,000	\$22,000,000
Charity Care % of Net Revenue	1.24%	1.31%	1.69%

C) Criterion 1110.230 (c) - Alternatives to the Proposed Project – Information Requirements

The State Board asks all applicants to provide information on the alternatives to the proposed project that were considered. The applicants considered three alternatives to the proposed project.

The applicant stated the following in regards to the alternatives considered.

1. Project of Greater or Lesser Scope and Cost

The applicant considered renovating the Labor Delivery/Recovery Unit at Bernard Mitchell Hospital. This alternative was rejected because the modernization would have had to be done in four phases since the Labor Delivery/Recovery Unit would need to remain open during modernization. This option would have taken longer and cost more. In addition the modernization of the Labor/Delivery/Recovery Unit at Bernard Mitchell Hospital would have located the unit too far from Comer Hospital, central pharmacy and blood bank services at the Center for Care and Discovery. The costs of this alternative would have been \$23 million.

2. Joint Venture with Other Providers

There are six hospitals with Obstetric beds in Hospital Planning Area A-03. These hospitals are Advocate Trinity Hospital (23 OB Beds), Holy Cross Hospital (16 OB beds), Jackson Park Hosp. Foundation (17 OB Beds), Mercy Hospital & Medical Center (30 OB beds), Roseland Community Hospital (17 OB beds), and

St. Bernard Hospital (22 OB beds). All of these hospitals have sufficient capacity. This alternative would have cost \$17 million if a new facility was built.

The applicant stated: *“One of the reasons for the Project is to modernize UCMC's LDR Unit to be better able to care for UCMC's large percentage of high risk obstetrics patients. Many of UCMC's labor and delivery patients have difficult health conditions and exhibit comorbidities such as obesity, high blood pressure, and diabetes that are associated with high risk pregnancies. Since UCMC operates the only Level III NICU in Planning Area A-03 and is also a member of a designated Perinatal Network consisting of 13 hospitals and receives transfers of high risk pregnancies from members of this network, it is important that UCMC's existing facilities be updated. UCMC also needs to maintain a large enough caseload to properly train obstetrics and anesthesiology residents and fellows, many of whom specialize in high risk patients. For these reasons UCMC chose not to establish a joint venture with other area providers”.*

3. Utilize Other Available Health Resources

This alternative was rejected because no other hospital in Planning A-03 hospital operates Level III NICU beds. The University of Chicago Medical Center has both Level II and III NICU beds. In addition the University of Chicago Medical Center is asked to deliver care for these high-risk deliveries. This alternative would require some expansion, modernization and equipment upgrades with costs estimated to be \$12 Million.

4. Proposed Alternative

The applicant stated: *“by utilizing the existing shell space in the CCCSC, the cost for the Project would only be \$17 Million. Moreover, vital adjacencies can also be achieved by using this location. UCMC's Level III NICU is located on the 2nd Floor of the adjacent and connected Comer Hospital. The high risk obstetrics clinic located in the outpatient facility is connected via a bridge at Comer Hospital's 3rd Floor and patients could reach the LDR Unit quickly through Comer Hospital. Neonatologists and their clinical team can quickly come to the CCCSC, located on Comer Hospital's 3rd Floor, where the new LDR Unit will be located to assist delivered infants who require their special services. Comer Hospital's OR's are also located on the 3rd Floor so surgeons are very close by to assist when needed in difficult deliveries. For example, recently a mass was detected in utero that would have obstructed an infant's airway once the infant was delivered. A pediatric surgeon and his team were set up in a LDR and operating room to quickly address this life threatening problem and a successful outcome was achieved. The Project presents a unique opportunity to move LDR services proximate to a tertiary-level pediatric hospital. This trend of co-locating such services has shown great potential in providing expeditious and effective patient care.”*

VIII. Section 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space

A) Criterion 1110.234 (a) - Size of Project

The applicant shall document that the physical space proposed for the project is necessary and appropriate.

To demonstrate compliance with 77 IAC 1110.234(a) Size of the Project the applicant provided the departmental gross square footage for all areas being modernized.

This Project would relocate and reconfigure the Labor & Delivery Unit ("LDR Unit"). The applicant is proposing nine (9) Labor/Delivery/Recovery Rooms ("LDRs"), five (5) triage rooms, two (2) operating rooms, two (2) recovery rooms, and five (5) antepartum rooms. The State Board has departmental gross square footage standards for labor delivery recovery and C-Section suites. See table below. As can be seen by the table the applicant has met the requirement of this criterion. See pages 131-133 of the application for permit.

TABLE FOUR Size of Project					
	Number of Rooms Proposed	State Board Standard		Proposed	Met Standard?
Labor Delivery Recovery	9	1,120-1,600 dgsf/room	14,400 dgsf	14,124 dgsf	Yes
C-Section	2	2,075 dgsf/OR	4,150 dgsf	3,807 dgsf	Yes

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION SIZE OF PROJECT (77 IAC 1110.234(a))

B) Criterion 1110.234 (b) - Project Services Utilization

To demonstrate compliance with 77 IAC 1110.234 (b) the applicant provided the historical and projected utilization for the second year of operation after project completion for all services in which the State Board has established utilization standards specified in Appendix B.

Labor Delivery Recovery

To determine if the applicant met the requirements of this criterion the applicant provided 6 years of historical utilization and 5 years of projected utilization until the second year after project completion for labor delivery and recovery rooms.

As seen from the table below the applicant projected utilization will justify 7 LDR rooms and not the 9 LDR rooms being proposed.

TABLE FIVE					
Historical and Projected Utilization Labor Delivery/Recovery Unit⁽¹⁾					
	Rooms	State Board Standard	Historical Deliveries	Projected Deliveries	Number of Rooms Justified
2008	8	400 births/room	2,013		6
2009	8	400 births/room	2,098		6
2010	8	400 births/room	1,600		4
2011	8	400 births/room	1,572		4
2012	8	400 births/room	1,553		4
2013	8	400 births/room	1,799		5
2014	9	400 births/room		1,916	5
2015	9	400 births/room		2,040	6
2016	9	400 births/room		2,173	6
2017	9	400 births/room		2,314	6
2018	9	400 births/room		2,465	7
1. Information provided by the applicant					

The applicant believes the additional LDR's are necessary because the UCMC cares for an inordinate amount of high risk expectant mothers and is a key Level III hospital in a Perinatal Network and is the only tertiary level hospital in the South Side of Chicago and Planning Area A-03.

The applicants noted on pages 140-141 of the application for permit a calculation of the number of LDR rooms needed based upon experienced hours of room utilization by its high risk OB population. Based on the applicant's assumptions and methodology, there is demonstrated a need for 9 LDR's by the second year of operation.

C-Section Rooms

To determine if the applicant met the requirements of this criterion the applicant provided 6 years of historical utilization and 5 years of projected utilization until the second year after project completion for C-Section Rooms. As seen from the table below the applicant projected utilization will justify 1 C-Section room and not the 2 C-Section rooms being proposed.

TABLE SIX Historical and Projected Utilization for C-Section Suite ⁽¹⁾					
Year	State Standard	Historical Utilization	Projected Utilization	Number of Rooms Justified	Met Standard?
2008	800 Procedures/Room	585		1	No
2009	800 Procedures/Room	639		1	No
2010	800 Procedures/Room	510		1	No
2011	800 Procedures/Room	454		1	No
2012	800 Procedures/Room	502		1	No
2013	800 Procedures/Room	498		1	No
2014	800 Procedures/Room		530	1	No
2015	800 Procedures/Room		565	1	No
2016	800 Procedures/Room		602	1	No
2017	800 Procedures/Room		641	1	No
2018	800 Procedures/Room		682	1	No
1. Information provided by the applicant					

The applicant stated the following *“the 2 C-section rooms are necessary in the event two patients simultaneously need a C-section. Given the large number of high risk patients treated by UCMC, having a C-section room available when needed is essential. While C-sections can be scheduled, there often are problems that arise where natural delivery is not possible and a C-section must be performed immediately in order to safely deliver the baby and safeguard the mother's well-being. Among the large high risk population served by UCMC, there are many who are morbidly obese and require much longer times in C-section rooms. While in an extreme emergency a regular OR could be used, moving obstetricians away from the LDR Unit is not good clinical practice since there are often other acutely ill or laboring patients in the LDR Unit who require an obstetrician nearby. There is also the problem of not having the specialized equipment for deliveries available a standard OR.”*

The applicant projected utilization does not justify the number of LDR and C-Section Rooms being proposed by the applicant. See pages 137-142 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT MEET THE CRITERION PROJECTED SERVICES UTILIZATION (77 IAC 1110.234(b))

C) Criterion 1110.234(e) - Assurances
The applicant shall submit the following:

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the end of the second year of operation after the project completion, the applicant will meet or exceed the utilization standards specified in Appendix B.

The applicant provided the following:

“This letter attests that if this Project is approved by the Illinois Health Facilities and Services Review Board, University of Chicago Medical Center ("UCMC") reasonably expects to achieve and maintain the utilization projections we set forth in this application by the second year of operation after project completion. Our ability to achieve or maintain this utilization level could be affected by various factors, however, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems, or other unexpected issues outside of our control. Even in the event of such factor(s), which could have a direct or indirect effect upon our utilization rates, we believe that the project is a clinically responsible course of action.”

The applicant did not provide the necessary assurance that the proposed modernization will be at target occupancy by the second year after project completion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234 (e))

IX. Section 1110.3030 – Clinical Service Areas Other Than Categories of Service

Service Modernization	(b)(1) & (3)	Background of the Applicant
	(d)(1)	Deteriorated Facilities
		and/or
	(d)(2)	Necessary Expansion
		PLUS
	(d)(3)(A)	Utilization – Major Medical Equipment
		or
	(d)(3)(B)	Utilization – Service or Facility

- A) Criterion 1110.3030(b) (1) (3) - Background of Applicant**
An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community.*

To comply with this criterion the applicant must provide a list of all facilities owned by the applicant, a certified listing of any adverse action taken against any facility owned and/or operated by applicant during the three years prior to the filing of the application, and authorization permitting HFSRB and IDPH access to 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.

The applicant provided the license of The University of Chicago Medical Center the only health care facility owned by the applicant and a letter attesting that The University of Chicago Medical Center has been accredited by the Joint Commission. In addition a letter from The University of Chicago Medical Center granting the State Board and the Illinois Department of Public Health access to all records as required. See pages 116 -120 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION BACKGROUND OF APPLICANT (77 IAC 1110.3030 (b) (1) (3))

- B) Criterion 1110.3030(d) - Service Modernization**
The applicant shall document that the proposed project meets the following:

- 1) Deteriorated Equipment or Facilities**
The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.
- 2) Necessary Expansion**
The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand. Documentation shall consist of, but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.

1. Deteriorated Equipment or Facilities

To determine if the applicant's facilities have deteriorated the applicant has provided a narrative documenting that the current Labor & Delivery Recovery Unit and C- Section do not meet current standards of care.

The applicant is proposing to relocate its Labor & Delivery Unit ("LDR") from its current location in the existing adult acute care hospital on campus -Mitchell Hospital - to the third floor of its Comer Center for Children and Specialty Care. This new space is currently shell space located immediately adjacent to its Comer Children's Hospital.

The applicant stated the following: *"Mitchell Hospital was built in 1983. In the 31 years since Mitchell Hospital was built, birthing facilities have evolved from separate labor rooms and delivery rooms to combined labor and delivery rooms with some home-like decor, to LDR rooms that are much larger and more inviting for the patient and family members. The current LDRs were constructed in space previously occupied by the University of Chicago Medical Center's ("UCMC") Level III NICU beds that moved to Comer Hospital in 2005. This steady change in facilities in Mitchell Hospital has resulted in an inefficient and meandering space configuration for UCMC's current LDR Unit. This layout presents physical limitations that cannot be economically or effectively overcome.*

The Standards for operating rooms have also changed. The small size of UCMC's existing operating rooms means that infants have to be brought to another room for any necessary resuscitation. The larger operating rooms in the new LDR Unit will provide space for in-room resuscitation of infants by pediatricians. This will help reduce parental anxiety, which currently occurs when the mother and baby are separated at birth. The current unit is sprawling, with the important clinical areas not configured in a tight pattern for quick access and efficient flow from triage rooms to ante natal rooms to the LDRs. In the new LDR Unit, triage patients sent to "walk" before their next cervical check will be able to walk the perimeter of the unit, rather than having to ambulate through other patient care areas as they do now. With the new design, the triage rooms will also be closer to the operating rooms, allowing for easier transport of patients who need to deliver emergently."

2. Necessary Expansion

To determine if the expansion of the LDR is necessary the applicant provided a methodology based upon the utilization (number of hours of use) of the existing LDR's.

Labor Delivery Recovery

The applicant's methodology *"In order to determine the number of LDRs that were needed, the applicant estimated the number of hours patients occupied an LDR depending on whether labor and delivery was induced or natural. The*

proportion of induction deliveries is expected to increase from 42.3% in 2013 to 52.3% by 2018 as the proportion of high risk cases grows. Multiplying the number of patients by the average time in the room produces 43,639 hours of room time in 2018, the second year after Project completion. Given 8,760 hours per year, per room (24 hours per day x 365 days per year), UCMC would only need five (5) LDRs if all obstetric patients were to arrive at scheduled times. In reality, expectant patients arrive in an unscheduled or random way which is not equally spaced over the day, the week, or the year, yet it is critically important for a bed to be available for obstetric patients that present to UCMC during peak periods. While the State has a standard for the number of delivers per LDR, it does not have a comparable utilization rate. As a result, UCMC, based upon the recommendations of Christner, Inc. calculated its LDR need based upon 60% utilization, which is equivalent to the State's utilization rate for ICU bed use. ICUs have many characteristics in common with LDRs: They have a limited number of beds to serve the most critically ill patients, and there is a high value placed on having a bed available when a patient need arises. This is especially the case for the many high risk obstetrics patients seen at UCMC, where the well-being of the mother and/or infant is at risk. Applying the 60% factor to 5 rooms at 100% utilization produces a need for 8.3 rooms. Rounding up to the next highest digit, as is the CON application convention, produces a need for nine (9) LDR rooms, the number proposed.”

TABLE SEVEN					
Calculation of Number of LDR Rooms Needed ⁽¹⁾					
Delivery Time	Avg. Time (Hours)	2013	2018	Total Hours in 2018	Rooms Justified 60% (2018)
Induction	36	551	927	33,372	
Natural	12	750	856	10,272	
LDR Subtotal				43,644	
C-Section	3	498	682	1,706	
Total		1,799	2,465	45,350	9
1. Methodology provided by the applicant					

In addition the applicant provided the following narrative regarding the necessary expansion of the LDR.

“UCMC cares for an inordinate amount of high risk expectant mothers and is a key Level III hospital in a Perinatal Network, UCMC believes that the number of LDR rooms being requested is justified.

UCMC is also the only tertiary level hospital in the South Side of Chicago and Planning Area A- 03. Many of the community areas UCMC serves exhibit rates of poverty and disease and other unfavorable demographic characteristics that are among the highest of any areas in Illinois. Since 1985, 7 of the 16 hospitals in

Planning Area A-03 have closed and there has been a decrease of 56% of inpatient beds in this community. While some of this diminution of resources reflects a shedding of excess capacity, much of the loss can be attributed to the high level of poverty and its impact on hospital viability. The difficult circumstances in much of Planning Area A-03 are exhibited in the high risk condition of expectant women who come to UCMC for care. Over 69% of UCMC's LDR patients in the past year resided in its primary service area, which corresponds closely with Planning Area A-03. Over 65% of patients treated by UCMC's LDR Unit last year were Medicaid, charity, or self-pay patients. While UCMC incurred losses of \$6 million dollars for its LDR services, it is nevertheless proposing a slight expansion and complete modernization of its LDR Unit. Improved configuration and a slight capacity increase will enable UCMC to provide care to increased numbers of high risk patients.

C-Section

The applicant currently has 2 C-section rooms and is proposing 2 C-Section rooms in the modernization. The State standard is one C-section room for every 800 deliveries. The applicant projects 682 C-sections by 2018 assuming the same ratio of C-section to deliveries as seen in 2013. This amounts to 341 C-section per room for the second year after Project completion. See Table Six above. **The applicant** *“believes that a 2nd room is required in the event two patients simultaneously need a C-section. Given the large number of high risk patients treated by UCMC, having a C-section room available when needed is essential. While C-sections can be scheduled, there often are problems that arise where natural delivery is not possible and a C-section must be performed immediately in order to safely deliver the baby and safeguard the mother's well-being. Among the large high risk population served by UCMC, there are many who are morbidly obese and require much longer times in C-section rooms. While in an extreme emergency a regular OR could be used, moving obstetricians away from the LDR Unit is not good clinical practice since there are often other acutely ill or laboring patients in the LDR Unit who require an obstetrician nearby. There is also the problem of not having the specialized equipment for deliveries available in a standard OR.”*

In order to successfully address this criterion the applicant's historical utilization must justify the number of rooms being proposed for Labor/Delivery/Recovery and C-Section Suites. Historical utilization will justify 5 Labor/Delivery Recovery Rooms and not the nine Labor Delivery Recovery rooms being proposed and 1 C-Section Suite and not the 2 C-Section Suites being proposed.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION SERVICE MODERNIZATION (77 IAC 1110.3030 (1) (2)))

FINANCIAL

X. Section 1120.120 - Availability of Funds

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.

To address this criterion the applicant provided evidence of an AA – rating from Standard and Poor’s on bonds issued by the Illinois Finance Authority Bonds and An3 rating from Moody’s. As of June 30, 2013 the University of Chicago had cash and cash equivalents of \$164,504,000.

TABLE EIGHT		
The University of Chicago Medical Center		
(In thousands of dollars)		
Audited		
Balance Sheet		
	FY 2013	FY 2012
Cash and Cash Equivalents	\$164,504	\$74,308
Total current assets	\$428,715	\$356,442
Total assets	\$2,532,651	\$2,453,848
Total current liabilities	\$232,761	\$190,157
Total Liabilities	\$1,294,961	\$1,324,494
Total Net Assets	\$1,237,690	\$1,129,354
Income Statement		
	FY 2013	FY 2012
Net Patient Service Revenue	\$1,303,787	\$1,267,104
Total Operating Revenue	\$1,337,159	\$1,289,885
Total Operating Expenses	\$1,258,610	\$1,170,723
Total Operating Income	\$78,549	\$119,162
% of operating income to Net Patient Service Revenue	6.02%	9.4%
Non Operating Income	\$62,781	\$21,178
Excess of Revenue over Expenses	\$141,330	\$140,340
% of Excess Revenue over Expenses to Net Patient Revenue	10.83%	11.07%

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE CRITERION AVAILABILITY OF FUNDS (77 IAC 1120.120)

XI. Section 1120.130 - Financial Viability Waiver

The applicant is NOT required to submit financial viability ratios if all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges). This project will be funded with cash.

The applicant has cash and cash equivalents of as of June 30, 2014 of \$164,504,000. The applicant has met the requirements of the financial waiver.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE CRITERION FINANCIAL VIABILITY (77 IAC 1120.130)

XII. Section 1120.140 - Economic Feasibility

- A) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements**
- B) Criterion 1120.140 (b) - Conditions of Debt Financing**

This project is being funded with cash. There is no debt financing.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS AND CONDITIONS OF DEBT FINANCING (77 IAC 1120.140 (a) (b))

- C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs**
The applicant shall document that the estimated project costs are reasonable and shall document compliance with State Board Standards.

See page 114 of the application for permit for a complete itemization of project costs.

Site Survey and Soil Investigation – These costs are \$11,812 and are less than 1% of new construction and contingency costs of \$7,759,509. This appears reasonable when compared to the State Board Standard of 5%.

New Construction and Contingency – These costs are \$7,759,509 or \$432.74 GSF. This appears reasonable when compared to the State Board Standard of \$611.46

Contingency Costs – These costs are \$689,017 and are 8.87% of new construction costs. This appears reasonable when compared to the State Board Standard of 10%.

Architectural and Engineering Fees – These costs are \$685,079 and are 8.82% of new construction and contingency costs. This appears reasonable when compared to the State Board Standard of 6.11-9.17%

Consulting and Other Fees – These costs are \$200,459. The clinical and nonclinical costs include the following: Legal \$15,000, Program Manager \$50,000, Equipment Planner \$25,000, CON Consultant \$40,000, CON Fee \$40,000, Developer Manager \$12,000, City Permit Fees \$18,000, IDPH Review Fees \$40,000. The State Board does not have a standard for these costs.

Movable and Other Equipment – These costs are \$3,804,959. The clinical and non clinical equipment costs include Labor Delivery Recovery Equipment \$2,992,096, C-Section Equipment \$812,863, and Staff/Support Equipment \$236,694. The State Board does not have a standard for these costs.

Other Costs to be Capitalized – These costs are \$397,050. These costs include Environmental Services \$51,000, Movers \$50,000, Plant Shutdowns \$76,000, Window Treatments \$22,000, Cubicle Curtains \$8,000, Art Work \$16,000, Capitalized Staff Salaries \$300,000. The State Board does not have a standard for these costs. The State Board does not have a standard for these costs.

D) Criterion 1120.140 (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 costs mean the fully allocated costs of salaries, benefits and supplies for the service.

The projected direct operating costs are \$2,019 for LDR and \$3,248 for C-Section rooms. These costs appear reasonable when compared to previously approved projects.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 IAC 1120.140 (d))

E) Criterion 1120.140 (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.

The total capital cost per equivalent patient day is \$2.04. This cost appears reasonable when compared to previously approved projects.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS.

Page 23

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Sharon O'Keefe			White	37.1%	Hispanic or Latino:	5.8%
ADMINSTRATOR PHONE	773-702-8908			Black	53.1%	Not Hispanic or Latino:	90.1%
OWNERSHIP:	The University of Chicago Medical Center			American Indian	0.3%	Unknown:	4.1%
OPERATOR:	The University of Chicago Medical Center			Asian	2.4%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	2.3%	IDPH Number:	3897
CERTIFICATION:				Unknown	4.8%	HPA	A-03
FACILITY DESIGNATION:	General Hospital					HSA	6
ADDRESS	5841 South Maryland	CITY: Chicago	COUNTY: Suburban Cook (Chicago)				

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2013	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	338	301	298	15,977	92,827	2,062	5.9	260.0	76.9	86.4
0-14 Years				4	28					
15-44 Years				3,864	20,681					
45-64 Years				6,460	37,456					
65-74 Years				3,151	19,657					
75 Years +				2,498	15,005					
Pediatric	61	61	57	3,053	14,859	791	5.1	42.9	70.3	70.3
Intensive Care	114	109	108	7,758	27,843	111	3.6	76.6	67.2	70.3
Direct Admission				4,328	15,445					
Transfers				3,430	12,398					
Obstetric/Gynecology	46	44	42	2,081	6,443	68	3.1	17.8	38.8	40.5
Maternity				2,081	6,443					
Clean Gynecology				0	0					
Neonatal	47	47	45	732	13,677	0	18.7	37.5	79.7	79.7
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	15					350				
Facility Utilization	606			26,171	155,649	3,382	6.1	435.7	71.9	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	33.3%	27.6%	0.0%	36.2%	0.0%	2.9%	
	8722	7215	0	9471	4	759	26,171
Outpatients	31.5%	17.4%	0.0%	46.2%	0.4%	4.5%	
	159801	88065	0	234193	2246	22720	507,025
<u>Financial Year Reported:</u> 7/1/2012 to 6/30/2013 <u>Inpatient and Outpatient Net Revenue by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	27.6%	22.2%	0.0%	50.3%	0.0%	100.0%	
	206,067,000	165,714,000	0	375,889,000	290,000	747,960,000	10,633,000
Outpatient Revenue (\$)	16.9%	8.0%	0.0%	74.6%	0.5%	100.0%	
	93,836,000	44,274,000	0	414,794,000	2,930,000	555,834,000	11,367,000
							Total Charity Care as % of Net Revenue
							1.7%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	1,799		Level I	Level II	Level II+	Kidney:	52
Number of Live Births:	1,727					Heart:	26
Birthing Rooms:	0	Beds	38	23	0	Lung:	22
Labor Rooms:	0	Patient Days	2,502	5,687	0	Heart/Lung:	0
Delivery Rooms:	0	Total Newborn Patient Days			8,189	Pancreas:	2
Labor-Delivery-Recovery Rooms:	8					Liver:	25
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	127
C-Section Rooms:	3						
CSections Performed:	498						
			</				

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	565	3	3918	6	3924	6.9	2.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	25	7	0	32	3996	4666	15630	9914	25544	3.9	2.1
Gastroenterology	0	0	0	0	12	17	62	53	115	5.2	3.1
Neurology	0	0	0	0	861	216	4409	656	5065	5.1	3.0
OB/Gynecology	0	0	0	0	1124	904	3289	2142	5431	2.9	2.4
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	14	852	33	1226	1259	2.4	1.4
Orthopedic	0	0	0	0	1141	1922	4286	4267	8553	3.8	2.2
Otolaryngology	0	0	0	0	586	1763	2674	4105	6779	4.6	2.3
Plastic Surgery	0	0	0	0	669	643	3655	2035	5690	5.5	3.2
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	354	138	1730	309	2039	4.9	2.2
Urology	0	1	0	1	1075	1234	4867	2154	7021	4.5	1.7
Totals	25	8	1	34	10397	12358	44553	26867	71420	4.3	2.2
<u>SURGICAL RECOVERY STATIONS</u>				Stage 1 Recovery Stations		77	Stage 2 Recovery Stations		0		

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	13	13	2752	11506	2074	8674	10748	0.8	0.8
Laser Eye Procedures	0	0	1	1	0	578	0	578	578	0.0	1.0
Pain Management	0	0	1	1	71	2681	36	1340	1376	0.5	0.5
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
C-sections	0	0	3	3	498	0	1245	0	1245	2.5	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Pediatric
Operating Rooms Dedicated for Trauma Care	Adult
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	63
Persons Treated by Emergency Services:	77,412
Patients Admitted from Emergency:	10,899
Total ED Visits (Emergency+Trauma):	77,412

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	507,025
Outpatient Visits at the Hospital/ Campus:	489,683
Outpatient Visits Offsite/off campus	17,342

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	5
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	2

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	3,340
Diagnostic Catheterizations (0-14)	19
Diagnostic Catheterizations (15+)	1,832
Interventional Catheterizations (0-14):	16
Interventional Catheterization (15+)	395
EP Catheterizations (15+)	1,078

Cardiac Surgery Data

Total Cardiac Surgery Cases:	647
Pediatric (0 - 14 Years):	66
Adult (15 Years and Older):	581
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	101

Diagnostic/Interventional Equipment**Examinations****Therapeutic Equipment****Therapies/ Treatments**

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	20	0	57,968	56,143	0	Lithotripsy	0	0	0
Nuclear Medicine	7	0	4,005	4,716	0	Linear Accelerator	4	0	20,820
Mammography	6	0	96	29,897	0	Image Guided Rad Therapy			17,095
Ultrasound	17	0	10,524	19,794	0	Intensity Modulated Rad Thrp			11,620
Angiography	7	0				High Dose Brachytherapy	1	0	93
Diagnostic Angiography			5,023	3,856	0	Proton Beam Therapy	0	0	0
Interventional Angiography			3,092	3,415	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	139	1,252	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	8	0	15,734	34,026	0				
Magnetic Resonance Imaging	7	0	5,315	15,236	0				