



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-04	BOARD MEETING: November 12, 2014	PROJECT NO: 14-037	PROJECT COST: Original: \$91,883,532
FACILITY NAME: Advocate Good Samaritan Hospital		CITY: Downers Grove	
TYPE OF PROJECT: Non Substantive			HSA: VII

PROJECT DESCRIPTION: The applicants (Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Good Samaritan Hospital) are proposing to convert all medical surgical and pediatric beds to private rooms in new construction at a cost of \$91,883,532. In addition the applicants are decreasing the number of medical surgical beds from 185 to 145 beds and pediatric beds from 16 to 7 beds. **The anticipated project completion date is May 31, 2017.**

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Good Samaritan Hospital) are proposing to convert all medical surgical and pediatric beds to private rooms in new construction at a cost of \$91,883,532. In addition the applicants are decreasing the number of medical surgical beds from 185 to 145 beds and pediatric beds from 16 to 7 beds. **The anticipated project completion date is May 31, 2017.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the cost of the project exceeds the capital expenditure minimum of \$12,670,607

PURPOSE OF THE PROJECT:

- The purpose of this project is to convert all medical surgical and pediatric beds to private rooms and reduce the number of medical surgical beds from 185 to 145 and pediatric beds from 16 to 7 beds.

PUBLIC COMMENT:

- An opportunity for a public hearing was offered no hearing was requested. No opposition letters were received. Support letters were received from:
 - Peter J. Roskam, Member of Congress
 - Ron Sandack, State Representative
 - Patricia R. Bellock, State Representative
 - Sandra Pihos, State Representative
 - Martin T. Tully, Mayor, Village of Downers Grove
 - James G. Jackson, Sr., Fire Chief, Village of Downers Grove
 - Joseph Hasek
 - Bernadette Goers
 - Mike Murphy
 - Stephen H. Swanson, Pastor, St. Paul Lutheran Church
 - Rich Kirchherr, Senior Minister, First Congregational Church
 - Donald Steiner, M.D., President, Medical Staff
 - Michael Kwiecinski, M.D., Governing Council, Medical Executive Council
 - Marjorie A. Maurer, MSN, RN, NEA-BC, Vice President-Operations/Patient Care Services/CNE
 - David R. Weiss, Fire Chief IEMA Director, Westmont
 - Paul DiRienzo, Fire Chief, Lombard Fire Department, Lombard
 - David A. Lambright, Fire Chief, Darien-Woodridge Fire District
 - Rhonda L. Kral, Associate Pastor, Gloria Dei Lutheran Church
 - Stephen M. Rowley, M.D., Cardiologist, Advocate Medical Group
 - Steven S. Louis, M.D., Department Chair, Surgery; Director of Orthopaedic Trauma

NEED FOR THE PROJECT:

- The applicants argue the need for the project is warranted by changes in standard of care and the resultant need to convert all medical surgical pediatric beds to private rooms to improve infection control, aid patient healing and provide for efficient and effective use of space by hospital physicians and nurses.
- The applicants stated the following:“ Good Samaritan's historic utilization of medical-surgical and pediatric beds clearly demonstrates the impact of the hospital's proactive preparation for an accountable care environment. This model emphasizes "value not volume". Of note is the sharp decline in admissions and patient days between 2011 and 2013 during which time Good Samaritan was purposefully decreasing avoidable admissions and readmissions and reducing its length of stay. The shift in admissions and observations in 2012 is now leveling off. Evidence of that leveling off is apparent in the first six months of 2014, which have averaged a daily census of 124 medical-surgical patients.”
- The applicants are proposing 145 medical surgical beds and 7 pediatric beds. The five year average daily census will justify 158 medical surgical beds and 10 pediatric beds.

TABLE ONE								
Historical Utilization								
		CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	5 - Year Average	# of Beds Justified
	Number of Beds	Average Daily Census						Based Upon 5-Year Average at Target Occupancy
Medical Surgical	185	144.1	144.1	139.2	123.6	119.8	134.16	158
Pediatric Beds	16	8.2	8	8.2	5.2	2.8	6.48	10
		Occupancy Percentage						
Medical Surgical	185	77.89%	77.89%	75.24%	66.81%	64.76%	72.52%	
Pediatric Beds	16	51.25%	50.00%	51.25%	32.50%	17.50%	40.50%	

WHAT WE FOUND:

- The applicants addressed a total of 16 criteria and have successfully addressed them all.

APPLICATION CHRONOLOGY	
Applicants(s)	Advocate Health Care Network, Advocate Health and Hospitals Corporation d/b/a Advocate Good Samaritan Hospital
Facility Name	Advocate Good Samaritan Hospital
Location	Downers Grove
Application Received	August 14, 2014
Application Deemed Complete	August 15, 2014
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. The Proposed Project

The applicants (Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Good Samaritan Hospital) are proposing to convert all medical surgical and pediatric beds to private rooms in new construction at a cost of \$91,883,532. In addition the applicants are decreasing the number of medical surgical beds from 185 to 145 beds and pediatric beds from 16 to 7 beds. **The anticipated project completion date is May 31, 2017.**

II. Summary of Findings

- A.** The State Board Staff finds the proposed project appears 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 applicants are Advocate Health and Hospitals Corporation d/b/a Advocate Good Samaritan Hospital and Advocate Health Care Network. The operating entity licensee is Advocate Good Samaritan Hospital and the owner of the site is Advocate Health and Hospitals Corporation. Advocate Health Care Network controls the following hospitals:

TABLE TWO Hospitals controlled by Advocate Health Care Network			
Facilities	City	County	Authorized Beds
Advocate - Good Shepherd Hospital	Barrington	Lake	176
Advocate BroMenn Medical Center	Normal	McLean	221
Advocate Christ Medical Center	Oak lawn	Cook	788
Advocate Condell Medical Center	Libertyville	Lake	273
Advocate Eureka Hospital	Eureka	Woodford	25
Advocate Illinois Masonic Medical Ctr.	Chicago	Cook	408

TABLE TWO Hospitals controlled by Advocate Health Care Network			
Facilities	City	County	Authorized Beds
Advocate Lutheran General Hospital	Park Ridge	Cook	638
Advocate Sherman Hospital	Elgin	Kane	255
Advocate South Suburban Hospital	Hazel Crest	Cook	284
Advocate Trinity Hospital	Chicago	Cook	205
Total			3,273

Advocate Good Samaritan Hospital is located at 3815 Highland Avenue, Downers Grove, Illinois in Health Service Area VII and Health Planning Area A-05. HSA VII includes Suburban Cook and DuPage County. The target occupancy for medical surgical beds for a bed complement of 100-199 beds is 85% and for pediatric beds for a bed complement of 1-30 beds is 65% (77 IAC 1100.520 (c) (1))

This is a **non substantive project** subject to an 1110 and 1120 review. Project obligation will occur after permit issuance. The anticipated completion date is May 31, 2017.

IV. Health Planning Area A-05

HPA A-05 includes DuPage County. The State Board has projected an excess of 239 medical surgical pediatric beds, 10 intensive care beds, and 90 obstetric beds in HPA A-05 by CY 2015. There are six additional acute care hospitals in HPA A-05: Adventist Glen Oaks Center, Glendale Heights, Adventist Hinsdale Hospital, Hinsdale, Central DuPage Hospital, Winfield, Edward Hospital, Naperville, and Elmhurst Memorial Hospital, Elmhurst. There is one psychiatric hospital Linden Oaks Hospital in Naperville, and one rehabilitation hospital Marionjoy Rehabilitation Center in Wheaton.

The State Board is projecting an overall increase in population in DuPage County of approximately 2.3% for the period 2010-2015. In addition the State Board is projecting an increase in the 65 and over population of approximately 4.3% for the period 2010-2015. Table Three below documents the bed occupancy for the A-05 planning area and the payor mix for the A-05 planning area.

TABLE THREE
HPA A-05 Number of Beds Occupancy and Payor Mix

Clinical Service	Medical Surgical Beds	Pediatric Beds	Intensive Care Beds	OB/Gynecology Beds	Neonatal Beds	Long Term Care Beds	AMI Beds	Rehabilitation Beds	Observation Beds
Number of Beds	1,042	58	244	182	45	27	242	116	27
Occupancy	68.70%	39.70%	57.50%	55.10%	71.10%	95.90%	81.30%	85.50%	0.00%
Payor Mix (In thousands 000)									
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Total	Charity Care Expense			
\$619.10	\$116.30	\$4.30	\$1,632.50	\$138.50	\$2,510.70	\$67.10			
24.66%	4.63%	0.17%	65.02%	5.52%	100.00%	2.67%			
1. Information from 2013 Hospital Profiles									

V. The Proposed Project

The applicants are proposing to add three floors over the west wing, and will construct 96 single occupancy medical-surgical patient rooms to replace the existing rooms. The current multiple occupancy rooms will be converted to single-occupancy rooms and non-clinical space. At the conclusion of this project, all medical-surgical and pediatric beds will be in private rooms.

The Hospital currently has 185 medical-surgical beds and 16 pediatric beds. After this Project, there will be 145 medical-surgical beds and 7 pediatric beds resulting in a reduction of 49 medical-surgical and pediatrics beds. The new bed tower and the vacated space will also include non-clinical areas such as administration, visitor and public support, materials support, and building systems. The Project is expected to cost \$91,883,532 with 110,027 square feet of new construction and 13,452 square feet that will be modernized. The building is designed for efficiency in delivery of patient care. It is also designed for energy efficiency and long-term durability of infrastructure. The upgraded, state-of-the-art building systems will improve energy efficiency using LEED guidelines, and targeting LEED Silver certification.

VI. Project Costs and Sources of Funds

The applicants are funding the project with cash of \$22,787, 967 and a bond issue of \$69,095,565. The bond issue has an interest rate of 3.00% to 5.00%, principal payable in varying annual installments through June 2031.

TABLE FOUR Project Costs and Sources of Funds			
	Clinical	Non Clinical	Total
Preplanning Costs	\$32,730	\$40,970	\$73,700
Site Survey and Soil Investigation	\$33,254	\$41,626	\$74,880
Site Preparation	\$259,636	\$324,999	\$584,635
New Construction Contracts	\$23,455,183	\$24,572,911	\$48,028,094
Modernization Contracts	\$0	\$4,091,879	\$4,091,879
Contingencies	\$2,345,518	\$3,071,074	\$5,416,592
Architectural & Engineering Fees	\$1,375,783	\$1,664,217	\$3,040,000
Consulting and Other Fees	\$2,904,879	\$1,877,891	\$4,782,770
Movable Equipment	\$6,234,942	\$2,545,308	\$8,780,250
Bond Issuance Expense	\$347,979	\$342,977	\$690,956
Net Interest During Construction	\$2,840,147	\$2,799,329	\$5,639,476
Other Costs to Be Capitalized	\$6,444,240	\$4,236,060	\$10,680,300
Total Uses	\$46,274,291	\$45,609,241	\$91,883,532
Cash			\$22,787,967
Bond Issue			\$69,095,565
Total Sources			\$91,883,532

VII. Cost Space Chart

Only the clinical space will be reviewed as part of this project. Non clinical space is also being modernized as part of this project. Vacated space will be used for administrative purposes. Clinical services comprise approximately 50% of the project cost and 50% of the gross square footage.

TABLE FIVE Cost Space Chart ⁽²⁾							
Department	Total Costs	Existing	Proposed	New Construction	Modernized	As Is	Vacated Space ⁽¹⁾
Medical Surgical	\$46,274,291	48,319	82,227	54,837	0	27,390	20,929
Total Clinical	\$46,274,291	48,319	82,227	54,837	0	27,390	20,929
Administration	\$5,025,372	12,374	41,693	7,990	400	33,303	0
Visitor/Public Support	\$7,990,412	29,466	42,994	5,760	7,768	29,466	0
Circulation	\$6,192,503	46,963	57,438	5,764	4,711	46,963	0

TABLE FIVE Cost Space Chart ⁽²⁾							
Department	Total Costs	Existing	Proposed	New Construction	Modernized	As Is	Vacated Space ⁽¹⁾
Materials Support	\$10,674,463	35,230	49,182	13,952		35,230	0
Building Systems	\$15,726,491	83,080	105,377	21,724	573	83,080	0
Total Non Clinical	\$45,609,241	207,113	296,594	55,190	13,452	228,042	0
Total	\$91,883,532	255,432	378,821	110,027	13,452	255,432	20,929
1. Note that the 20,929 dgsf vacated space from the medical-surgical and pediatric beds will be utilized for administration. By combining the vacated 20,929 and existing 12,374 for administration, the "as is" for administration is 33,303 dgsf. In the final total, there is no remaining vacated space. 2. Information furnished by the applicants							

VIII. Criterion 1110.230 - Purpose of the Project, Safety Net Impact, and Alternatives

A) Criterion 1110.230 - Purpose of the Project

To be in compliance with this criterion the applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served.

The purpose of this project is to convert all medical surgical and pediatric beds to private rooms and reduce the number of medical surgical beds from 185 to 145 and pediatric beds from 16 to 7 beds. The applicants stated the following:

"A. Single-Occupancy Rooms

Advocate Good Samaritan Hospital is proposing a Project focused on addressing several needs of the population it serves. Heading this list is the need to replace the multiple-occupancy medical-surgical and pediatric rooms with new single-occupancy rooms. Single-occupancy rooms, also known as private rooms, have been demonstrated previously to the Review Board as being advantageous in limiting the spread of infection, reducing the risk of medication errors, enhancing patient privacy, and promoting an environment of healing. As more patients shift to outpatient care, the mix of remaining inpatients becomes more complex requiring the private rooms to manage their care.

B. Right-Sizing the Bed Complement

Advocate Good Samaritan believes that right-sizing its complement of inpatient beds is in alignment with the needs of the communities it serves and clearly demonstrates prudent stewardship of health care resources. With that in mind, the Project proposes to reduce the number of medical-surgical beds and pediatric beds to be consistent with the changing demands for inpatient care. The Project will result in discontinuing 40 medical-surgical beds and 9 pediatric beds. The older existing medical-surgical patient care units will be converted to private rooms and needed administrative space.

C. Operating and Energy Efficiency

The efficiency of operation has been a central theme of the Advocate system, to design a workflow that delivers the right care at the right time with an eye to cost containment. The patient care units are being designed in accordance with the Advocate standards for consistency, predictability, and efficiency. Predictability means when caregivers enter the room, the items they need will be in the same place in each room. This is especially important when a crisis occurs and speed of response is crucial. Efficiency of an upgraded physical plant will also help address energy and water costs. The addition is proposed to meet LEED silver criteria. The Project will feature LED energy efficient lighting, ultra-low flow plumbing fixtures, high efficiency HV AC systems, and state-of-the-art building automation to allow better patient comfort outcomes. All of these will help lower energy and water costs for the life of the building. A modern building automation system will provide controls for better patient comfort, better health outcomes, and increased energy efficiency.

Changes like those proposed in this Project speak to the Hospital's goal to provide the patient with the best care, in a value-conscious environment that is aligned with its Accountable Care Organization initiatives.

The Hospital Health Planning Area is A-05 and is defined as DuPage County. An analysis of the zip codes of the patients admitted in 2012 shows that 75.2% of the patients come from the primary service area, confirming the Hospital is serving the residents of the area.

Advocate Good Samaritan Hospital is a major provider of health care to the residents of the communities of Downers Grove, and surrounding cities and villages. In the late 1960s, a group of DuPage County residents formed the Downers Grove Hospital Association. The group's objective was to assure adequate medical facilities would be available for an expanding population. In 1969, the Association undertook the hospital project and gained support from surrounding communities, the local medical society, neighboring hospitals and other area organizations. In October of 1976, Good Samaritan Hospital, now Advocate Good Samaritan Hospital, opened to address a need in the community for quality health care. Good Samaritan has evolved during the past 38 years from a midsized community hospital to a nationally recognized leader in health care. By leveraging its core competency of building loyal relationships as well as the organizational transformation of "moving from good to great," the hospital has achieved exceptional clinical, service, and financial outcomes. Advocate Good Samaritan Hospital is the only hospital in Illinois that has ever received the Malcolm Baldrige National Quality Award, symbolizing the country's highest Presidential honor for quality and organizational performance excellence. That prestigious recognition was awarded in 2010. As a result, hospitals around the world regularly contact hospital administration to learn what steps they should

take to make the quality improvements that now characterize Advocate Today, the emergency department is the only Level I trauma center in DuPage County. The hospital has level III designation for obstetric, perinatal and neonatal services, which is the highest designation in the state.”

B) Safety Net Impact Statement

All health care facilities, with the exception of skilled and intermediate long-term care facilities licensed under the Nursing Home Act [210 ILCS 45], shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). Safety net services are the services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. [20 ILCS 3960/5.4]

This is a non substantive project and a Safety Net Statement is not required by the applicants. Charity care information was provided as required.

TABLE SIX			
Charity Care Expense			
	2011	2012	2013
Net Patient Revenue	\$405,187,260	\$382,162,261	\$432,943,113
Charity Care as Charges	\$44,290,579	\$36,299,244	\$52,491,322
Cost of Charity Care	\$11,706,000	\$9,122,000	\$13,221,000
Charity Care as a Percentage of Net Revenue	2.89%	2.39%	3.05%

C) Alternatives to the Proposed Project

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The applicants considered the following alternatives:

- 1. Add to existing main bed tower:** One option was to build several stories on top of the existing main bed tower. While additional floors could be added to the older bed tower, the constructability is very expensive and disruptive. The existing tower, built in 1976, would have to be upgraded to the current seismic codes, which would include strengthening existing columns in existing nurse units and adding shear walls that would also disrupt existing nurse units. The floor plate is so narrow, it would not accommodate Advocate standard patient rooms. Approximate Cost: \$123,600,000.
- 2. Build new stand-alone bed tower:** The advantage of option 2 was that it would avoid disruption to the existing building. However, there is insufficient available land on the Good Samaritan Hospital campus that would allow enough space for

*a properly sized new bed tower. Any building would have to be very narrow and tall, losing the efficiency of the standard Advocate cost-efficient design.
Approximate Cost: \$138,000,000*

- 3. Renovate existing nursing units:** *The hospital considered renovating the existing patient rooms. This option would have required construction to be done in multiple phases since there are no empty spaces to relocate nursing units during construction. The following were renovations considered:*
- a) Upgrade existing patient rooms and patient toilets with new finishes.*
 - b) Replace millwork between patient rooms to provide better acoustical separation.*
 - c) Revise core layout to provide a de-centralized nursing model to locate nurses closer to patient rooms.*
 - d) New lighting in patient rooms and core.*
 - e) New plumbing fixtures in patient room toilets.*
 - f) New headwalls in patient rooms to match standards.*
 - g) New nurse call.*
 - h) Cerner smart room technologies.*

On careful consideration it was determined that there are not enough rooms to accommodate the conversion of the needed 152 beds to private rooms. Keeping multiple occupancy rooms would not meet the primary goal of the Project to achieve today's standard of care. Approximate Cost: \$56,750,000

- 4. Pursue a joint venture** *or use another outside provider for medical-surgical beds. This option was not feasible. The service needs to be provided within the hospital. Cost: No estimate was possible.*
- 5. Construct a private room bed tower over the ICU unit built in 2005.** *The dimensions of the base structure would provide adequate floor space to design units of an appropriate working size. The addition of the floors would balance with the height of the existing main bed tower. Access to the proposed beds would be from the existing front entrance. Building on the base structure, and converting the existing multiple-occupancy rooms to private rooms and administrative space made this modernization of the medical-surgical and pediatric beds the most cost-effective alternative. Cost: \$91,883,532*

IX. Section 1110.234 - Project Scope and Size, Utilization and Shell Space

A) Criterion 1110.234 (a) - Size of Project

To document compliance with this criterion the applicants shall document that the physical space proposed for the project is necessary and appropriate and meets State Board Standard per Section 1110 Appendix B.

The applicants are proposing 82,227dgsf for 152 beds or 541 dgsf per bed. The State Board Standard is 500-660 dgsf per bed. Based upon the State Board

Standard for medical surgical and pediatric beds the size of the modernization appears appropriate.

TABLE SEVEN Size of Project						
	Number of Beds	Proposal	State Standard		Difference	Met Standard
Medical Surgical Beds	145	82,227	500-660 dgsf/Bed	95,700		Yes
Pediatric Beds	7		500-660 dgsf/Bed	4,620		Yes
Total	152	82,227		100,320	(18,093)	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 document compliance with this criterion the applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Section 1110 Appendix B.

The applicants are proposing 145 medical surgical beds and 7 pediatric beds for a total of 152 beds. Average Daily Census over the past 5 years will justify 159 medical surgical beds and 10 pediatric beds for a total of 169 beds at the target occupancy of 85% and 65% respectively.

The applicants stated the following regarding the utilization at the hospital. *“The Accountable Care Act has prompted a major shift in health care delivery. Advocate Health Care embraced that change and developed an accountable care organization (ACO) that is recognized at the national level as a model of delivery and ranked the largest in the nation. Known as AdvocateCare, the commercial plan was developed in conjunction with Blue Cross Blue Shield. Advocate now offers a Medicare ACO model and is poised to implement a Medicaid ACO in the last quarter of 2014. Good Samaritan's historic utilization of medical-surgical and pediatric beds clearly demonstrates the impact of the hospital's proactive preparation for an accountable care environment. This model emphasizes "value not volume". Of note is the sharp decline in admissions and patient days between 2011 and 2013 during which time Good Samaritan was purposefully decreasing avoidable admissions and readmissions and reducing its length of stay. The shift in admissions and observations in 2012 is now leveling off. Evidence of that leveling off is apparent in the first six months of 2014, which have averaged a daily census of 124 medical-surgical patients.*

TABLE EIGHT								
Historical Utilization								
		CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	5 - Year Average	# of Beds Justified
	Number of Beds	Average Daily Census						Based Upon 5-Year Average at Target Occupancy
Medical Surgical	185	144.1	144.1	139.2	123.6	119.8	134.16	158
Pediatric Beds	16	8.2	8	8.2	5.2	2.8	6.48	10
		Occupancy Percentage						
Medical Surgical	185	77.89%	77.89%	75.24%	66.81%	64.76%	72.52%	
Pediatric Beds	16	51.25%	50.00%	51.25%	32.50%	17.50%	40.50%	

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PROJECT SERVICE 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 applicants have provided the necessary attestation as required by this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234 (e))

X. Section 1110.530 – Medical Surgical Obstetric, Pediatric, Intensive Care

A) Criterion 1110.530 (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.*

The applicants provided a listing of all health care facilities owned by the applicants and their license number. In addition the applicants have attested that they have not had any adverse action as that term is defined in 77 IAC 1130.140

and have submitted a letter giving the State Board and the Department of Public Health access to any and all information to verify information in the application for permit submitted to the State Board.

B) Criterion 1110.530 (e)(1)(2)(3) - Category of Service Modernization

If the project involves modernization of a category of hospital bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to high cost of maintenance; Non-compliance with licensing or life safety codes; Changes in standards of care (e.g., private versus multiple bedrooms); or Additional space for diagnostic or therapeutic purposes. Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

The reason for the proposed modernization is the changes in standards of care.

The proposed project involves converting all 145 medical-surgical beds in the hospital to private rooms by constructing 96 of the medical-surgical beds in new construction. The remaining 49 medical-surgical and 7 pediatric beds will remain in the existing building in a private room configuration.

Studies cited by the applicants have shown that private rooms will:

- Improve infection control
- Patient length of stays are reduced
- Patient falls are reduced
- Patient Stress is reduced
- Improve therapeutic impact
- Improved efficiency
- Can match the per diem cost of multi-bed rooms because of the higher occupancy rates

The applicants stated the following:

“The new single-occupancy rooms at will enhance patient privacy, provide a quiet and calm environment for healing and accommodate families wishing to stay with the patient, even comfortably spending the night in the patient room. The room size accommodates the increasingly larger equipment needed in the patient rooms. The need for more space in the patient rooms is particularly acute on the orthopedic floor. Many orthopedic patients have large pieces of equipment, which must remain with the patient in the room, to assist in rehabilitation. Currently, when both orthopedic patients in a multiple-occupancy room have

equipment, caregivers are challenged to reach the far side of the patient's bed without constantly moving the equipment and creating a safety hazard. The need for space in the rooms is also seen with patients who are requiring pain management. There are often two or three IV stands with pumps on each one, to provide patient controlled analgesia, fluids, and other medications. Ice packs and compression pumps also require space and electrical service. The single-occupancy patient rooms will also allow more services to be brought to the patient and provided in the room. As an example, portable imaging equipment could be used to perform a study in the patient room, eliminating the patient inconvenience and staff time transporting the patient to and from the imaging department. The rooms will be designed according to the Advocate standard. With standardization, clinicians know the location and availability of equipment and technology, particularly important when time is critical in case of emergency. The new units are designed to support clinicians, nurses and physicians spending more time with the patient. The private room allows physicians and nurses to communicate more openly with patients. The patient room includes work space and computers for nurses and physicians to work and document at the bedside. The new medical-surgical units are designed with clinician workstations (with computers, phones, counter space, etc.) located throughout the unit, one of which is located only a short distance from each room. The proximity allows clinicians to spend less time walking and more time in patient care. It promotes safety, with more clinicians within earshot of more patients on a regular basis. The proximity of the workstations and the overall design of the units are based on Lean principles, enhancing work flow for staff efficiency. The Project will provide more dedicated space for equipment and supply storage, eliminating the need for the current, less desirable hallway storage. Supplies for individual patients will be kept in a server, a closet for each patient room with external access in the hallway outside the patient room for stocking without disturbing the patient or creating opportunities to spread infection and internal access on the opposite side of the closet. Stocking most patient supplies in each patient room server minimizes the time staff must walk to central supply closets and thus improves staff efficiency. The new unit will provide a safer environment for more physically challenged or bariatric patients and the caregivers that serve them. Several rooms on each floor will be equipped with modified beds, furnishings, and toilets to enhance safety for patients and staff. A key principle in the design is flexibility to meet the changing needs of patients and respond to unforeseen changes in the delivery of care.”

Occupancy Target for medical surgical beds for a bed complement of 100-199 beds is 85% and 65% for pediatric beds for a bed complement of 1-30 beds as documented at 77 IAC 1100.520 (c)(1). The applicants can justify 159 medical surgical beds based upon a 5 year average daily census of 135 and at the target occupancy of 85%. The applicants can justify 10 pediatric beds based upon a 5 year average daily census of 7 at 65% occupancy. The applicants are proposing 145 medical surgical beds and 7 pediatric beds.

TABLE NINE								
Historical Utilization								
		CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	5 - Year Average	# of Beds Justified
	Number of Beds	Average Daily Census						Based Upon 5-Year Average at Target Occupancy
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		Occupancy Percentage						
Medical Surgical	185	77.89%	77.89%	75.24%	66.81%	64.76%	72.52%	
Pediatric Beds	16	51.25%	50.00%	51.25%	32.50%	17.50%	40.50%	

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION CATEGORY OF SERVICE MODERNIZATION (77 IAC 1110.530 (e))

C) Criterion 1110.530 (g) - Performance Requirements

1) Medical-Surgical

The minimum bed capacity for a new medical-surgical category of service within a Metropolitan Statistical Area (MSA) is 100 beds.

2) Pediatrics

The minimum size for a pediatric unit within an MSA is 4 beds.

The applicants are proposing 145 medical surgical beds and 7 pediatric beds. The applicants have met the performance requirements of the State Board.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PERFORMANCE REQUIREMENT (77 IAC 1110.530 (g)).

X. Section 1120.120 - Availability of Funds

To determine compliance with this criterion the applicant must document that financial resources are available by documenting an “A” or better bond rating and the applicants have sufficient cash to fund the cash portion of the project.

The applicants have an “A” or better bond rating from Moody’s, Fitch and Standard and Poor’s for the \$75 million Series 2013A Revenue bonds issued by the Illinois Finance Authority for Advocate Health Care Network. The 2013 Advocate Health Care Network and Subsidiaries Audited Financial Statements noted that as of December 31, 2013 the applicants had **\$563,229,000** of cash on

hand and as of December 31, 2012 \$397,945,000 of cash on hand. The applicants have met the requirements of this criterion.

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

XI. Section 1120.130 - Financial Viability

To document compliance with this criterion that the applicants must document that they are financially viable by providing evidence of an “A” or better bond rating from Fitch, Moody’s, and Standard and Poor’s.

The applicants have qualified for the financial waiver by documenting that they have an “A” or better bond rating from Fitch, Moody’s and Standard and Poor’s. Below is financial information for Advocate Health Care Network and subsidiaries for 2013 and 2012. The Advocate Health Care Network cost of providing charity care in 2013 and 2012, as determined using the 2012 Medicare cost-to-charge ratio, was \$126,502 and \$103,636, respectively.

TABLE TEN		
Advocate Health Care Network ⁽¹⁾		
Balance Sheet		
	2013	2012
Cash	\$563,229	\$397,945
Current Assets	\$1,524,917	\$1,292,774
Assets Limited to Use	\$4,734,532	\$4,245,397
Non Current Assets	\$508,034	\$475,334
Property Plant Equipment	\$2,282,463	\$1,763,694
Total Assets	\$9,049,946	\$7,777,199
Current Liabilities	\$1,395,301	\$1,256,713
Non Current Liabilities	\$2,526,210	\$2,255,573
Total Liabilities	\$3,921,511	\$3,512,286
Net Assets	\$5,128,435	\$4,264,913
Income Statement		
Net Patient Revenue	\$4,214,479	\$3,893,366
Total Revenue	\$4,938,002	\$4,595,689
Expenses	\$4,637,807	\$4,297,423
Operating Income	\$300,195	\$298,275
% of Operating Income to Net Patient Revenue	7.12%	7.66%
Non Operating Income	\$465,125	\$373,381
Revenues in Excess of Expenses	\$765,320	\$671,656
% of Revenue in Excess of Expenses to Net Patient Revenue	18.15%	17.25%
1. Information taken from 2013 audited financial statements		

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

XII. Section 1120.140 – Economic Feasibility

A) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements

To document compliance with this criterion the applicant must document that the financing of the project is reasonable by providing evidence of an “A” or better bond rating from Fitch, Moody’s, and Standard and Poor’s.

The applicants are in compliance with this criterion because they have documented an “A” or better bond rating from Fitch, Moody’s and Standard and Poor’s.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENT (77 IAC 1120.140 (a))

B) Criterion 1120.140(b) – Terms of Debt Financing

To document compliance with this criterion the applicants must attest that the debt financing will be at the lowest net cost available to the applicant.

The applicants attested to the following: *“This letter is to attest to the fact that the selected form of debt financing for the proposed Advocate Good Samaritan Hospital project will be at the lowest net cost available, or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term financing costs, and other factors.”* The applicants have met this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION TERMS OF DEBT FINANCING (77 IAC 1120.140 (b))

C) Reasonableness of Project and Related Costs

The applicant shall document that the estimated project costs are reasonable.

Only the clinical costs are being reviewed per 20 ILCS 3960/5.

Preplanning Costs – These costs are \$32,730 and are less than 1% of new construction, contingencies and movable equipment costs. This appears reasonable when compared to the State Board Standard of 1.8% or \$576,642.

Site Survey and Soil Investigation and Site Preparation Costs – These costs are \$292,890 and are less than 1.14% of new construction and contingency costs. This appears reasonable when compared to the State Board Standard of 5% or \$1,290,035.

New Construction and Contingency Costs – These costs are \$25,800,701 and are \$470.50 per GSF. This appears reasonable when compared to the Adjusted State Standard of \$538.94.

Contingencies Costs – These costs are \$2,345,518 and 10% of new construction costs. This appears reasonable when compared to the State Board Standard of 10-15%.

Architectural and Engineering Fees – These costs are \$1,375,783 and are 5.33% of new construction and contingency costs. This appears reasonable when compared to the State Board Standard of 5.52-8.28% or \$1,424,199 - \$2,136,298.

Consulting and Other Fees – These costs are \$2,904,879. The State Board does not have a standard for these costs.

TABLE ELEVEN			
Consulting and Other Fees ⁽¹⁾			
Medical Equipment Planner	\$184,000	Local/Municipal Review/Zoning	\$100,000
Programming and Planning	\$275,000	Elevator Consultant	\$40,000
Commission Agent	\$185,000	Materials Management Consultant	\$50,400
Wayfinding and Signage Consultant	\$115,000	Construction Administration	\$850,000
LEED Consulting	\$276,500	Building Permit Fee	\$265,000
Village and public hearings	\$35,000	Interior Design	\$155,000
Field verification	\$45,000	A&E Reimbursable	\$220,000
IT Equipment Tracking	\$48,500	HVAC Systems Verification	\$30,000
Renderings/models/simulations	\$16,000	Legal/CON	\$78,750
Acoustical Consultant Technology Consultant	\$7,500	Code Consultant	\$45,000
Technology Consultant	\$27,500	CON Fee	\$100,000
Environmental Impact Consultant	\$17,200	Activation/Transition Planning Consultant	\$120,000
Electrical Coordination	\$57,750	Miscellaneous Consultants and Fees	\$1,396,670
Utilities Coordination	\$42,000		
1. Includes non clinical costs			

Movable Equipment Costs – These costs are \$6,234,942. The State Board does not have a standard for these costs.

TABLE TWELVE	
Movable Equipment ⁽¹⁾	
Med Surgical Patient Room and Support	\$4,200,000
Furniture	\$892,500

Modular Nurses Station	\$577,500
Mobile Documentation Station	\$950,000
Miscellaneous Equipment	\$2,160,500
1. Includes non clinical costs	

Bond Issuance Expense – These costs are \$347,979. The State Board does not have a standard for these costs.

Net Interest Expense during Construction – These costs are \$2,840,147. The State Board does not have a standard for these costs.

Other Costs to be Capitalized – These costs are \$6,444,240. The State Board does not have a standard for these costs.

TABLE THIRTEEN Other Costs to be Capitalized ⁽¹⁾	
Security System	\$324,000
Network Infrastructure	\$2,100,000
Cerner Smart Room Technology	\$2,120,000
Modular Headwalls	\$790,000
Miscellaneous Other Costs	\$5,346,300
1. Includes non clinical 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 cost means the fully allocated costs of salaries, benefits and supplies for the service.

Direct operating costs per equivalent by CY 2018 is \$2,677. This appears reasonable when compared to previously approved projects.

THE STATE BOARD STAFFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE 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 projected capital cost per equivalent patient day is \$59.22 per equivalent patient day. This appears reasonable when compared to previously approved projects.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.140 (e))

14-037 Advocate Good Samaritan Hospital - Downers Grove



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<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	David Fox	White	81.5%	Hispanic or Latino:	0.0%
ADMINSTRATOR PHONE	630-275-1901	Black	6.2%	Not Hispanic or Latino:	0.0%
OWNERSHIP:	Advocate Health and Hospitals Corporation	American Indian	0.4%	Unknown:	100.0%
OPERATOR:	Advocate Health and Hospitals Corporation	Asian	5.6%		
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.0%	IDPH Number:	3384
CERTIFICATION:		Unknown	6.2%	HPA	A-05
FACILITY DESIGNATION:	General Hospital			HSA	7
ADDRESS	3815 Highland Avenue	CITY:	Downers Grove	COUNTY:	DuPage County

Facility Utilization Data by Category of Service										
Clinical Service	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	185	185	166	10,257	37,488	6,238	4.3	119.8	64.8	64.8
0-14 Years				0	0					
15-44 Years				1,745	4,957					
45-64 Years				3,260	11,352					
65-74 Years				1,932	7,675					
75 Years +				3,320	13,504					
Pediatric	16	16	6	312	635	376	3.2	2.8	17.3	17.3
Intensive Care	44	44	44	3,326	13,417	207	4.1	37.3	84.8	84.8
Direct Admission				2,622	9,815					
Transfers				704	3,602					
Obstetric/Gynecology	36	36	24	2,006	5,383	23	2.7	14.8	41.1	41.1
Maternity				1,927	5,189					
Clean Gynecology				79	194					
Neonatal	11	11	11	284	4,011	0	14.1	11.0	99.9	99.9
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	41	37	36	1,041	10,507	0	10.1	28.8	70.2	77.8
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
Dedcated Observation	0					0				
Facility Utilization	333			16,522	71,441	6,844	4.7	214.5	64.4	
(Includes ICU Direct Admissions Only)										

(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	39.2%	8.5%	0.0%	41.4%	5.1%	5.8%	
	6475	1409	0	6832	843	963	16,522
Outpatients	32.2%	7.8%	0.0%	51.2%	3.9%	4.9%	
	55926	13612	0	89003	6710	8475	173,726
<u>Financial Year Reported:</u>	1/1/2013 to	12/31/2013	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	29.5%	3.5%	0.0%	53.1%	13.9%	100.0%	
	72,864,280	8,720,399	0	131,253,858	34,494,715	247,333,252	6,691,000
Outpatient Revenue (\$)	14.1%	0.9%	0.0%	68.6%	16.5%	100.0%	
	26,149,403	1,641,451	0	127,281,420	30,537,587	185,609,861	6,530,000
							Total Charity Care as % of Net Revenue
							3.1%

<u>Birth Data</u>		<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	1,783	Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	1,745	Beds	0	0	Heart:	0
Birthing Rooms:	0	Patient Days	3,693	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days		3,693	Heart/Lung:	0
Delivery Rooms:	0				Pancreas:	0
Labor-Delivery-Recovery Rooms:	9				Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	<u>Laboratory Studies</u>			Total:	0
C-Section Rooms:	2	Inpatient Studies		375,208		
CSections Performed:	662	Outpatient Studies		331,259		
		Studies Performed Under Contract		11,093		

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	2	2	316	7	1689	19	1708	5.3	2.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	1171	1171	3169	2158	5327	2.7	1.8
Gastroenterology	0	0	0	0	7	6	10	9	19	1.4	1.5
Neurology	0	0	0	0	180	17	718	53	771	4.0	3.1
OB/Gynecology	0	0	0	0	262	543	651	871	1522	2.5	1.6
Oral/Maxillofacial	0	0	0	0	12	8	36	20	56	3.0	2.5
Ophthalmology	0	0	0	0	5	7	15	10	25	3.0	1.4
Orthopedic	0	0	0	0	1830	1895	6439	5361	11800	3.5	2.8
Otolaryngology	0	0	0	0	74	484	118	1051	1169	1.6	2.2
Plastic Surgery	0	0	0	0	194	738	529	1509	2038	2.7	2.0
Podiatry	0	0	0	0	67	82	106	179	285	1.6	2.2
Thoracic	0	0	0	0	72	26	357	82	439	5.0	3.2
Urology	0	0	0	0	279	419	513	695	1208	1.8	1.7

Totals	0	0	14	14	4469	5403	14350	12017	26367	3.2	2.2
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SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations		18	Stage 2 Recovery Stations		39
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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	6	6	1299	4436	1126	3419	4545	0.9	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	39	513	20	257	277	0.5	0.5
Cystoscopy	0	0	1	1	238	396	285	153	438	1.2	0.4

Multipurpose Non-Dedicated Rooms

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
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
	Adult
Operating Rooms Dedicated for Trauma Care	Not Answered
Number of Trauma Visits:	1
Patients Admitted from Trauma	1,348
Emergency Service Type:	1,200
	Comprehensive
Number of Emergency Room Stations	29
Persons Treated by Emergency Services:	41,112
Patients Admitted from Emergency:	12,637
Total ED Visits (Emergency+Trauma):	42,460

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	173,726
Outpatient Visits at the Hospital/ Campus:	154,430
Outpatient Visits Offsite/off campus	19,296

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	2,128
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	946
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	463
EP Catheterizations (15+)	719

Cardiac Surgery Data

Total Cardiac Surgery Cases:	323
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	323
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	173

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

	Owned	Contract	Inpatient	Outpt	Contract		Owned	Contract	
General Radiography/Fluoroscopy	22	0	25,843	38,380	0	Lithotripsy	0	0	0
Nuclear Medicine	3	0	1,138	2,269	0	Linear Accelerator	2	0	4,120
Mammography	8	0	14	18,001	0	Image Guided Rad Therapy			2,105
Ultrasound	14	0	5,150	13,526	0	Intensity Modulated Rad Thrp			2,105
Angiography	3	0				High Dose Brachytherapy	1	0	67
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,949	1,295	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	380	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	6	0	9,634	16,328	0				
Magnetic Resonance Imaging	4	0	2,447	4,823	0				