



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-07	BOARD MEETING: December 16, 2014	PROJECT NO: 14-051	PROJECT COST: Original: \$14,213,951
FACILITY NAME: Central DuPage Hospital		CITY: Winfield	
TYPE OF PROJECT: Non Substantive			HSA: VII

PROJECT DESCRIPTION: The applicants (CDH-Delnor Health System d/b/a Cadence Health, Central DuPage Hospital Association and Northwestern Memorial HealthCare) are proposing a modernization project that will relocate the pediatrics unit from the 1st floor to the 4th floor of the Women and Children's building on the campus of Central DuPage Hospital and will add 12 pediatrics beds for a total of 22 pediatric beds. The project also expands the NICU Unit on the 1st floor by adding 6 Level II NICU beds and reconfigures the support spaces for the NICU Unit. The cost of the project is \$14,213,951. The anticipated completion date is December 31, 2016

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (CDH-Delnor Health System d/b/a Cadence Health, Central DuPage Hospital Association and Northwestern Memorial HealthCare) are proposing a modernization project that will relocate the pediatrics unit from the 1st floor to the 4th floor of the Women and Children's building on the campus of Central DuPage Hospital and will add 12 pediatrics beds for a total of 22 pediatric beds. The project also expands the NICU Unit on the 1st floor by adding 6 Level II NICU beds and reconfigures the support spaces for the NICU Unit. The cost of the project is \$14,213,951. **The anticipated completion date is December 31, 2016**

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 address the high utilization of the pediatric unit at Central DuPage Hospital.

PUBLIC COMMENT:

- An opportunity for a public hearing was offered no hearing was requested. No opposition or support letters were received regarding this project by the State Board Staff.

NEED FOR THE PROJECT:

- The applicants are justifying the need for this project on the high utilization of the pediatric unit at Central DuPage Hospital for the past 7 years. According to the applicants *“the reason for the high utilization of these services are the result of Cadence Health's major clinical affiliation with Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) and Cadence's commitment to establish a comprehensive regional pediatric care center at Central DuPage Hospital.”*
- The State Board Staff requested a copy of the affiliation agreement Ann & Robert H. Lurie Children's Hospital of Chicago from the applicants but that request was denied.

TABLE ONE							
Central DuPage Hospital's Pediatric Utilization							
CY 2007-CY 2013							
Pediatrics	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Admissions	1,123	1,075	1,191	1,076	1,074	1,845	1,328
Patient Days	3,163	3,083	3,650	3,088	3,236	3,799	3,914
Observation Days	241	289	461	582	595	675	891
Total Days	3,404	3,372	4,111	3,670	3,831	4,474	4,805
ADC	9.3	9.2	11.3	10.1	10.5	12.3	13.2

TABLE ONE
Central DuPage Hospital's Pediatric Utilization
CY 2007-CY 2013

Pediatrics	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Beds	10	10	10	10	10	10	10
Occupancy ⁽¹⁾	93.30%	92.40%	112.60%	100.50%	105.00%	122.60%	131.60%
As Reported on Hospital Profiles	93.30%	92.40%	112.60%	100.50%	105.00%	115.80%	124.00%

1. Reporting limitations associated with IDPH's *Annual Hospital Questionnaires* (the source for *Hospital Profiles*) limit reported patient days for categories of service to 100% occupancy, or 3,650 patient days for a 10-bed unit. The data distortion caused by this restriction has been discussed with IDPH staff. In both CY12 and CY13, Central DuPage *Hospital Profile* lists the maximum of 3,650 patient days for pediatrics when in reality, in CY12 there was a total of 4,474 patient days provided to pediatrics patients (excluding newborns, AMI patients, and obstetrics patients), with that number increasing to 4,805 in CY13. The above table identifies the actual utilization of pediatrics services at COH, including those pediatrics patients placed on another nursing unit because a bed was not available on the pediatrics unit.

- The State Board has projected an excess of 195 medical surgical/pediatric beds in the A-05 Planning Area. The State Board does not have a separate bed need calculation for the pediatric category of service.
- There are a total of 49 pediatric beds in this planning area as can be seen by the chart below.

TABLE TWO
Acute Care Hospitals in the A-05 Planning Area
CY 2013 ⁽¹⁾

Facility	City	Total Beds	Pediatric Beds	Pediatric Utilization
Adventist Glen Oaks Medical Center	Glendale Heights	146	0	
Adventist Hinsdale Hospital	Hinsdale	278	19	12.00%
Advocate Good Samaritan Hospital ⁽²⁾	Downers Grove	284	7	17.30%
Central DuPage Hospital	Winfield	347	10	131.60%
Edward Hospital	Naperville	357	7	66.40%
Elmhurst Memorial Hospital	Elmhurst	259	6	15.20%
Total		1671	49	48.50%

1. Information taken from 2013 Hospital Profiles
2. November 12, 2014 The State Board approved Advocate Good Samaritan Hospital's request to decrease medical surgical beds by 40 bed and pediatric beds by 9. The numbers reported in this table reflect that information.

WHAT WE FOUND:

- The applicants addressed a total of 16 criteria and have not met the following:

State Board Criteria Not Met	
Criteria	Reasons for Non-Compliance
77 IAC 1110.234- Size of Project	The applicants are proposing 18,327 department gross square feet (“DGSF”) of space for the proposed 22 bed pediatric unit. The State Board standard is 660 DGSF per bed or a total of 14,520 DGSF per bed.
77 IAC 1110.530 – Planning Area Need	The applicants are proposing a 22 bed pediatric unit at the hospital. Historical Utilization will justify 16 pediatric beds and not the 22 pediatric beds being proposed by the applicants.

STATE BOARD STAFF REPORT
Central DuPage Hospital

APPLICATION CHRONOLOGY	
Applicants(s)	CDH-Delnor Health System d/b/a Cadence Health, Central DuPage Hospital Association and Northwestern Memorial HealthCare
Facility Name	Central DuPage Hospital
Location	Winfield, Illinois
Application Received	October 1, 2014
Application Deemed Complete	October 9, 2014
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. The Proposed Project

The applicants are proposing a modernization project that will relocate the pediatrics unit from the 1st floor to the 4th floor of the Women and Children's building on the campus of Central DuPage Hospital and will add 12 pediatrics beds for a total of 22 pediatric beds. The project also expands the NICU Unit on the 1st floor by adding 6 Level II NICU beds and reconfigures the support spaces for the NICU Unit. The project also includes modernization of non-clinical components including: a satellite pharmacy, on-call room, public waiting areas, etc. The cost of the project is \$14,213,951. The anticipated completion date is December 31, 2016.

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 applicants are CDH-Delnor Health System d/b/a Cadence Health, Central DuPage Hospital Association and Northwestern Memorial HealthCare. Central DuPage Hospital is located at 25 North Winfield Road, Winfield, Illinois. The operating entity/licensee and owner of the site is Central DuPage Hospital Association. **On July 14, 2014** the State Board approved a change of ownership of Central DuPage Hospital to Northwestern Memorial HealthCare. Northwestern Memorial HealthCare became the sole corporate member of CDH-Delnor Health System d/b/a Cadence Health (Cadence). As such, Northwestern Memorial HealthCare will have the power to direct the management and policies of all Cadence entities.

CDH-Delnor Health System d/b/a Cadence Health is the result of a merger in April of 2011 of Delnor-Community Health System and Central DuPage Health. Central DuPage Health became the sole corporate member of Delnor Community Health System.

The Central DuPage Hospital Association was established in 1958 when citizens from Glen Ellyn, Lombard, Wheaton, Warrenville, Winfield and West Chicago restored the Chicago-Winfield Tuberculosis Sanitarium located on the hospital's current primary site. After an extensive million-dollar renovation project, Central DuPage Hospital opened on September 16, 1964 with 113 beds and 66 physicians. Central DuPage Hospital Association owns the site and is the operating/entity licensee of Central DuPage Hospital.

Northwestern Memorial HealthCare is the sole corporate member of Northwestern Memorial Hospital, Northwestern Medical Faculty Foundation Northwestern Lake Forest Hospital and Northwestern Memorial Foundation (Foundation).

Central DuPage Hospital is a 380 bed acute care hospital in Winfield, Illinois. The hospital is not located within a special flood hazard area, and that the proposed renovation on that site is consistent with Illinois Executive Order #2005-5. The Illinois Historic Preservation Agency provided a letter stating that that no historic, architectural or archaeological sites are within the project area.

Central DuPage Hospital has one certificate of need outstanding permit #13-071 for the addition of 33 AMI beds and renovation of physician office space. The cost of the project is \$20,418,351. The project's anticipated completion date is June 30, 2016

Dean M. Harrison is President and Chief Executive Officer of Northwestern Memorial HealthCare and Brian Lemon is President of Central DuPage Hospital.

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 December 31, 2016.

The applicants are domestic corporations and are in good standing with all of the provisions of the General Not for Profit Corporation Act of the State of Illinois.

IV. **Health Planning Area A-05**

HPA A-05 consists of DuPage County. The State Board has projected an excess of 195 medical surgical pediatric beds in the 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, Advocate Good Samaritan Hospital, Downers Grove, 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 a **decrease in the 0-14 population** of approximately 2.61% 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 A-05 - Planning Area Utilization and Payor Mix Calendar Year 2013 ⁽¹⁾				
Category of Service	Beds	Average Length of Stay	Average Daily Census	Occupancy
Medical Surgical	1,042	4.6	715.7	68.70%
Pediatric	58	3.1	23	39.70%
Intensive Care	244	4.4	140.4	57.50%
Obstetrics	182	2.8	100.3	55.10%
Neonatal	45	11.6	32	71.10%
Long Term Care	27	15.9	25.9	95.90%
Acute Mental Illness	242	7.2	196.8	81.30%
Rehabilitation	116	13.4	99.2	85.50%
Payor Mix				
Medicare	\$619.10	24.66%		
Medicaid	\$116.30	4.63%		
Other Public	\$4.30	0.17%		
Private Insurance	\$1,632.50	65.02%		
Private Pay	\$138.50	5.52%		
Charity Care	\$67.10	2.67%		
Total	\$2,510.70	100.00%		
1. Information taken from 2013 Hospital Profiles				

The six acute care hospitals in the A-05 Planning Area are listed below with their 2013 pediatric utilization.

TABLE FOUR Acute Care Hospitals in the A-05 Planning Area CY 2013 ⁽¹⁾				
Facility	City	Total Beds	Pediatric Beds	Pediatric Utilization
Adventist Glen Oaks Medical Center	Glendale Heights	146	0	
Adventist Hinsdale Hospital	Hinsdale	278	19	12.00%
Advocate Good Samaritan Hospital	Downers Grove	284	7	17.30%
Central DuPage Hospital	Winfield	347	10	131.60%
Edward Hospital	Naperville	357	7	66.40%
Elmhurst Memorial Hospital	Elmhurst	259	6	15.20%
3. Information taken from 2013 Hospital Profiles				

V. The Proposed Project

The applicants are proposing a modernization project that will relocate the pediatrics unit from the 1st floor to the 4th floor of the Women and Children's building on the campus of Central DuPage Hospital and will add 12 pediatrics beds for a total of 22 pediatric beds. The project also expands the NICU Unit on the 1st floor by adding 6 Level II NICU beds and reconfigures the support spaces for the NICU Unit. The project also includes modernization of non-clinical components including: a satellite pharmacy, on-call room, public waiting areas, storage, stairwells, elevator shafts, access corridors for Pediatric Intensive Care Unit and utilities.

VI. Project Costs

The applicants are funding the project with cash of \$14,213,951. Approximately 85% of the costs are for clinical functions.

TABLE FIVE				
Project Costs and Sources of Funds				
Uses of Funds	Clinical	Non Clinical	Total	% of Total Costs
Preplanning Costs	\$187,500	\$62,500	\$250,000	1.76%
Modernization Contracts	\$7,457,006	\$1,592,040	\$9,049,046	63.66%
Contingencies	\$745,701	\$159,204	\$904,905	6.37%
Architectural/Engineering Fees	\$720,000	\$240,000	\$960,000	6.75%
Consulting and Other Fees	\$337,500	\$112,500	\$450,000	3.17%
Movable or Other Equipment (not in construction contracts)	\$2,600,000		\$2,600,000	18.29%
Total	\$12,047,707	\$2,166,244	\$14,213,951	100.00%
Sources of Funds				
Cash	\$12,047,707	\$2,166,244	\$14,213,951	
Total	\$12,047,707	\$2,166,244	\$14,213,951	

VII. Cost Space Requirements

The applicants are proposing to modernize a total of 32,737 GSF of space. 25,595(78.2%) GSF of space will be for clinical purposes. The remainder will be non-clinical space.

TABLE SIX Costs Space Requirements						
Department	Cost	Existing DGSF	Proposed DGSF	Modernization	As Is	Vacated Space
CLINICAL						
Pediatrics	\$5,094,906	6,507	18,327	18,327		1,692
NICU (Level II and Level II)	\$2,362,100	5,542	9,643	7,268	2,375	
Clinical Subtotal	\$7,457,006	12,049	27,970	25,595	2,375	
NON-CLINICAL						
Satellite Pharmacy	\$148,680	0	504	504		
Administrative	\$110,880	0	504	504		
Public Areas	\$190,960	1,698	868	868		
Staff Lounges	\$250,360	862	1,138	1,138		
On-Call Room	\$81,840	0	372	372		
Storage	\$639,320	1,113	2,906	2,906		
Utilities/MEP		357	1,014		1,014	
Elevators/Stairs		1,714	2,035		2,035	
Access Corridor for PICU	\$170,000	0	850	850		
Non-Clinical Subtotal	\$1,592,040	5,744	10,191	7,142	3,049	
TOTAL	\$9,049,046	17,793	38,161	32,737	5,424	

VIII. Section 1110.230 - Purpose of Project, Safety Net Impact Statement and Alternatives

A) Criterion 1110.230 (a) – Purpose of the Project

To be in compliance with the criterion the applicants must provide a narrative of the purpose of the project, the problems to be addressed, and the market area to be served.

The applicants stated the following: *“The purpose of the proposed modernization project, which is limited to CDH's NICU - Level II and pediatrics unit, is to ensure that the hospital maintains the physical capacity to address the needs of the rapidly increasing number of newborns and children seeking care at CDH.*

Utilization of the services proposed to be expanded through the project (pediatrics and Level II NICU) have been extraordinarily high, with demand exceeding the physical capacity of the units, necessitating the placement of pediatrics patients on other units and the "overflow" of Level II newborns to Level III stations. Increases in the pediatric utilization at CDH, while most hospitals are experiencing decreases, are primarily the result of the Cadence Health's major clinical affiliation with Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) and Cadence's commitment to establish a comprehensive regional pediatric care center at CDH.

Between 2007 and 2012, while the number of approved pediatrics beds at CDH has remained constant, the number of pediatrics beds at the other hospitals in Planning Area A-05 (DuPage County) has decreased from 68 to 48 beds. Similarly, the State of Illinois has experienced a 25% decrease in approved pediatrics beds. During that same period, CDH experienced a 31.4% increase in pediatric patient days (with an additional 7.4% increase from 2012 to 2013), while the State has experienced a decrease of 17.6%. The State-wide decrease in pediatric patient days is likely the result of both shorter lengths-of-stay and lower admissions rates. Similarly, the other hospitals in Planning Area A-05 have experienced a decline in pediatric patient days, likely the result of the movement to centralize pediatric services at "centers of excellence."

The need for area residents to travel to large academic pediatric centers such as Lurie Children's and Comer Children's Hospital in Chicago is being lessened, and in many cases eliminated, through Cadence and Lurie Children's joint commitment to locate pediatric specialists and subspecialists at CDH. As a result of this commitment on the part of both organizations, and these projects, response to the facility-related needs resulting from that commitment, the health care and well-being of the western suburbs' pediatric population will continue to improve.

Typically, CDH's market area is DuPage County, with the primary service area of Wheaton, Glen Ellyn, Winfield, Carol Stream, Warrenville, and West Chicago. The primary service area is the source of approximately 75% of CDH's inpatient volumes. However, Cadence's commitment to establish a comprehensive regional pediatric center at CDH is beginning to become realized both by the general recognition in the far western suburbs of Lurie Children's presence at CDH, as well as the hospital's 2013 pediatric patient origin data. The data shows that pediatric patients are now being admitted to CDH from a large number of communities from throughout the far western suburbs.

The goal of the proposed project is to ensure that CDH has the physical capacity to accommodate all pediatric and NICU Level II patients on the pediatrics and/or NICU Level II units. Last year, 157 pediatric inpatients were placed in units other than the pediatrics unit and 32 patients were not accepted as transfers from other hospitals. The addition of both pediatrics and NICU Level II beds will reduce and/or eliminate these conditions."

B) Criterion 1110.230 (b) Safety Net Impact

An applicant proposing a non-substantive project is not required to provide a Safety Net Impact Statement. The proposed project is considered a non-substantive project.

A safety net impact statement is required for projects to construct a new or replacement facility or projects proposing a new category of service within an existing healthcare facility or discontinuation and projects proposing a change in the bed capacity greater than 10% of total bed capacity or greater than 20 beds 20 ILCS 3960/12 (8).

The applicants stated the following “*Central DuPage Hospital is committed to providing care for those who are unable to pay as the 10th largest provider of charity care in Illinois (ranked by dollars). Additionally, Cadence is the largest single provider of inpatient care for Access DuPage enrollees. 56% of all Access DuPage enrollees in need of hospitalization are cared for at Central DuPage Hospital.*”

TABLE SEVEN Central Dupage Hospital Charity Care Information			
	2011	2012	2013
Net Patient Revenue	\$637,910,854	\$732,234,894	\$793,060,812
Amount of Charity Care (charges)	\$62,138,565	\$70,346,122	\$93,114,396
Cost of Charity Care	\$13,595,000	\$16,479,941	\$19,833,966
Charity Care as % of Net Revenue	2.10%	2.30%	2.50%

C) Criterion 1110.230 (c) – Alternatives

To address this criterion the applicants must provide a narrative of the alternatives considered and the estimated costs for each alternative considered.

The applicants stated the following information:

Alternative 1: Do Nothing

*CDH is approved to operate 10 pediatric beds, and has historically operated with a pediatrics average daily census of over 10, necessitating the placement of pediatrics patients on other units. As an alternative to the proposed project, this practice could be continued, without any incremental capital or operating costs. However, doing this would not provide the benefits of placing children on a pediatrics unit, including the specialty-trained staff and non-clinical amenities available on a pediatrics unit. **This option was rejected because it is inconsistent with CDH's desire to provide the best patient experience.***

Alternative 2: Construct a Pediatrics unit with semi-private rooms

The proposed pediatrics unit will consist of all private rooms, consistent with contemporary standards. The concept of providing private patient rooms has become the

industry and Northwestern Medicine standard for a variety of reasons including infection control and patient/family privacy. However, the operating costs associated with a pediatrics unit consisting of semi-private rooms would be approximately 30% lower than that of the proposed project. Additionally, the renovation cost would be approximately \$308,000 less. **This option was dismissed because it was inconsistent with contemporary design standards.**

Alternative 3: Construct a Traditional Level II Nursery

CDH considered the alternative of providing a more traditional Level II newborn nursery, instead of co-locating the Level II and Level III beds together in the NICU. A more traditional Level II nursery would have an open concept, rather than private rooms. Based on extensive research conducted by Northwestern Memorial Hospital during the planning of the new Prentice Women's Hospital, it was determined that given the increasing acuity level of the Level II newborns, an all private bay concept would be better patient care. Consistent with the NMH research, the large open rooms with bright lights, loud monitors, and minimal privacy does not support the neurologic development of the infant or the development of the parent's relationship with the infant. While the operating costs would be approximately the same as the proposed project, the capital cost savings associated with this alternative is approximately \$1 million. **This option was rejected because it does not meet contemporary NICU standards.**

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

A) Criterion 1110.234 (a) - Size of Project

To address this criterion the applicants must provide the gross square footage for the departments or services being constructed or modernized and be in compliance with the standards in 77 IAC 1110 Appendix B.

Pediatric Service

The applicants are proposing 18,327 department gross square feet ("DGSF") of space for the proposed 22 bed pediatric unit. The State Board standard is 660 DGSF per bed or a total of 14,520 DGSF per bed. This exceeds the State Board Standard by 3,807 DGSF. Justification for the GSF overage was provided by the applicants at page 47 of the application for permit. The State Board Staff concludes the applicants have not met DGSF standard for pediatric beds.

The applicants stated the following: "As in the medical/surgical inpatient rooms, the pediatrics rooms at CDH are designed to be patient and family-centered. The patient/family/visitor zone has additional space requirements. The daybed/seating area has been adopted all over the country as a model for providing comfortable seating and overnight sleeping arrangements for family members. This will eliminate the need to move a cot into the patient rooms or providing recliners for family members, neither of which is comfortable, and both are often in the way of providing patient care. There will be one room provided for use by families in need of a private space on the unit to meet and/or rest. There will be one consult room on the unit in order to provide space for the physicians to speak with the family separate from the patient. As mentioned above, a

procedure room will be included to allow for minor procedures to take place on the inpatient unit.

As mentioned above, while not required, the configuration of the unit creates long distances between some of the patient rooms and some of the support spaces on the unit. For that reason, certain support spaces are duplicated in order to provide better access to all patient rooms. Additionally, because of the placement of existing infrastructure, 3 rooms are sized larger than the other rooms on the unit. While a typical unit would have 1 isolation room, there will be 3 isolation rooms on the proposed unit due to the larger size of 3 other rooms.”

Neonatal Intensive Care Beds

The hospital currently has 8 Level III NICU beds and 15 Level II beds. This project proposes to add 6 Level II beds to the existing NICU in space that will be vacated by the relocation of the pediatrics unit to the 4th floor. The Level III NICU beds will remain in their current locations. The applicants are proposing 9,643 DGSF of space for the 21 Level II nursery bassinets and 8 Level III NICU beds.

Level II NICU Beds

The State Board Standard for Level II nursery bassinets is 160 DGSF per obstetric bed. Central DuPage Hospital is currently authorized for 35 obstetric beds. (35 obstetric beds x 160 DGSF = 5,600)

Level III NICU Beds

The State Board Standard for 8 Level III NICU beds is 568 DGSF per bed. The applicants are proposing 4,544 DGSF for the Level III NICU beds.

The total DGSF allowed is 10,144 DGSF. The State Board Staff concludes the DGSF for the Level II and Level III NICU beds meets the 77 IAC 1110 Appendix B standards.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION SIZE OF PROJECT (77 IAC 1110.234 (a))

B) Criterion 1110.234 (b) - Project Services Utilization

To address this criterion the applicants must document for the services in which the State Board has established utilization standards that the applicants will meet or exceed those standards by the second year after project completion.

The applicants are projecting 6,453 pediatric patient days for CY 2018 for the 22 pediatric beds being proposed. Over the past 7 years the applicants have experience an annual growth rate in pediatric patient days of 6.9%. The applicants are projecting a 6.9% increase in pediatric patient days by CY 2018.

The State Board Standard for additional pediatric beds is 80%.

Pediatric Beds

6,453 patient days/ 365 days = 18 ADC
18 ADC/22 beds = 81.8%

The State Board does not have a standard for the Level II NICU Beds. The State Board Staff concludes that if the patient days materialize the applicants will be at the State Board target of 80% for the addition of pediatric beds by CY 2018.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PROJECT SERVICES UTILIZATION (77 IAC 1110.234 (B))

C) Criterion 1110.234 (e) - Assurances

To be in compliance with this criterion the applicants must attest that proposed services will be at target occupancy by the second year of operation after the project completion as specified in 77 1110 Appendix B.

The applicants provided the necessary attestation as required at page 67 of the application for permit.

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

X. Section 1110.530 – Pediatric Beds

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.

To address this criterion the applicants must provide a listing of all health care facilities owned in the State of Illinois, a certificate of good standing, an organizational chart, and an attestation that there has been no adverse actions for any of the health care facilities owned by the applicant for the past three years and permission to access all records and information necessary to verify the information in the application for permit.

The applicants have provided the necessary information as requested by the State Board at pages 27-29 and pages 41-42 of the application for permit. The applicants control the following 10 health care facilities.

TABLE EIGHT	
Facilities controlled by Northwestern Memorial HealthCare	
Northwestern Memorial Hospital	Chicago
Northwestern Lake Forest Hospital	Lake Forest
Central DuPage Hospital	Winfield
Delnor Community Hospital	Geneva
Cadence Health Surgery Center	Warrenville
Tri-Cities Surgery Center	Geneva
CDH Proton Center	Winfield
Grayslake Freestanding Emergency Center	Grayslake
Grayslake ASTC	Grayslake
Grayslake Endoscopy ASTC	Grayslake

B) Criterion 1110.530 (c) (2) (4) - Planning Area Need

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population.

1110.530 (c) (2) - Service to Planning Area Residents

To address this criterion the applicants must provide evidence that 50% of the admissions at their health care facility for the latest 12 month period were from Health Planning Area A-05.

Health Planning Area A-05 includes DuPage County. Below is the patient origin for the latest 12 months by city, zip code and county. In order to determine if 50% of the patients reside within the planning area the State Board Staff compares the DuPage County zip codes to the patient zip codes that were provided by the applicants and found that 45.8% of the patients come from within DuPage County. Another 19.2% were classified as having a zip code with less than 1% of the patients and the State Board Staff

accepted that 19.2% as being from DuPage County. The State Board Staff concludes the applicants have successfully addressed this sub criterion 1110.530 (c) (2) that 50% of the patients reside in the planning area of DuPage County.

TABLE NINE			
Patient zip codes that utilize Central DuPage Hospital			
City	Zip Code	County	%
Addison	60101	DuPage County	1.10%
Bloomingtondale	60108	DuPage County	2.10%
Glen Ellyn	60137	DuPage County	4.00%
Glendale Heights	60139	DuPage County	3.20%
Lombard	60148	DuPage County	1.50%
Roselle	60172	DuPage County	1.40%
West Chicago	60185	DuPage County	9.70%
Wheaton	60187	DuPage County	5.50%
Carol Stream	60188	DuPage County	7.40%
Wheaton	60189	DuPage County	4.60%
Winfield	60190	DuPage County	1.70%
Aurora	60504	DuPage County	1.60%
Warrenville	60555	DuPage County	2.00%
			45.80%
Less than 1%			19.20%
			65.00%

1110.530 (c) (4) - Service Demand – Expansion of Existing Category of Service

To address this criterion the applicants must have exceeded the State Board's occupancy target for the prior two years. The occupancy target for the addition of beds for the pediatric category of service is 80% for a bed complement of 1-99 pediatric beds. As can be seen by the table below the applicants has exceeded the State Board Occupancy Target for the years 2007-2013.

However based upon the average daily census for the past two years of 12.75, the applicants can justify 6 additional beds and not the 12 being requested.

Bed Occupancy

$12.3\text{ADC} + 13.2\text{ADC} = 25.5\text{ ADC}$ Total for 2012 and 2013

$25.5\text{ ADC}/2 = 12.75\text{ ADC}$ – Two Year Average

$12.75\text{ ADC}/80\%$ Target Occupancy = 16 - number of beds warranted at two year average daily census at State Board's Target Occupancy.

If the profile information was used for this calculation the number of beds warranted at the State Board's target occupancy would be 15 beds.

TABLE TEN
Central DuPage Hospital's Pediatric Utilization
CY 2007-CY 2013

Pediatrics	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Admissions	1,123	1,075	1,191	1,076	1,074	1,845	1,328
Patient Days	3,163	3,083	3,650	3,088	3,236	3,799	3,914
Observation Days	241	289	461	582	595	675	891
Total Days	3,404	3,372	4,111	3,670	3,831	4,474	4,805
ADC	9.3	9.2	11.3	10.1	10.5	12.3	13.2
Beds	10	10	10	10	10	10	10
Occupancy ⁽¹⁾	93.30%	92.40%	112.60%	100.50%	105.00%	122.60%	131.60%
As Reported on Profiles	93.30%	92.40%	112.60%	100.50%	105.00%	115.80%	124.00%

1. Reporting limitations associated with IDPH's *Annual Hospital Questionnaires* (the source for *Hospital Profiles*) limit reported patient days for categories of service to 100% occupancy, or 3,650 patient days for a 10-bed unit. The data distortion caused by this restriction has been discussed with IDPH staff. In both CY12 and CY13, Central DuPage *Hospital Profile* lists the maximum of 3,650 patient days for pediatrics when in reality, in CY12 there was a total of 4,474 patient days provided to pediatrics patients (excluding newborns, AMI patients, and obstetrics patients), with that number increasing to 4,805 in CY13. The above table identifies the actual utilization of pediatrics services at COH, including those pediatrics patients placed on another nursing unit because a bed was not available on the pediatrics unit.

C) Criterion 1110.530 (f) - Staffing Availability

To address this criterion the applicant must provide a narrative that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

To determine whether professional staffing needs are being addressed the State Board Staff relies upon the Medicare and Medicaid certification and JCAHO accreditation as the measure to make that determination. We do this because hospitals are surveyed by Medicare and Medicaid (Illinois Department of Public Health) and JACHO accreditation requires certification every three years.

Central DuPage Hospital currently provides services to Medicare and Medicaid eligible patients. This is evidenced by the payor mix reported by the applicants on the 2013 Hospital Profile in which Medicare and Medicaid revenue was reported. The State Board Staff has concluded that professional staffing needs will be met based upon the Hospital's Medicare and Medicaid conditions of participation.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION STAFFING AVAILABILITY (77 IAC 1110.530 (f))

D) Criterion 1110.530 (g) - Performance Requirements

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

Central DuPage Hospital is located in the Chicago-Naperville-Joliet, IL-IN-WI Metropolitan Statistical Area. Central DuPage Hospital is proposing to add 12 pediatric beds for a total of 22 pediatric beds. The State Board Staff concludes the proposed 22 pediatric beds meets the performance requirements of the State Board.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION PERFORMANCE REQUIREMENTS (77 IAC 1110.530 (g))

E) Criterion 1110.530(h) - Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

Brian Lemon, President of Central DuPage Hospital stated “As required by 77 Ill. Adm. Code 1110.530 for the expansion of the Pediatrics category of service, as President of Central DuPage Hospital, I hereby attest that by CY18 (the second year of operation after project completion), CDH plans to achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100.”

The State Board Staff concludes the applicants have successfully addressed the assurance requirements of the State Board.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION ASSURANCE (77 IAC 1110.530 (h))

FINANCIAL

XI. Availability of Funds

A) Criterion 1120.120 – Availability of Funds

The applicants must document that funds are available by providing evidence of an “A” or better bond rating.

The applicants are funding this project with cash of \$14,213,951. Standard & Poor's Ratings Services raised its underlying rating to 'AA-' from 'A+' on the Illinois Health Facilities Authority's series 2002 and 2003 hospital fixed-rate revenue bonds issued for Delnor Community Hospital. Standard & Poor's also affirmed its 'AA' long-term rating on the Illinois Finance Authority's \$240 million series 2009B and \$90 million series 2009 fixed-rate revenue bonds issued for Central DuPage Hospital Assn. The State Board Staff concludes that the applicants have sufficient funds to fund the project.

TABLE ELEVEN		
CDH/Delnor Health System d/b/a Cadence Health & Affiliates		
Audited Financial Information		
June 30		
(in thousands) ⁽¹⁾		
	2013	2012
Cash	\$13,570	\$5,914
Current Assets	\$250,999	\$231,953
Total Assets	\$2,610,158	\$2,473,817
Current Liabilities	\$401,387	\$249,473
Long Term Debt	\$445,984	\$579,424
Total Liabilities	\$946,633	\$946,304
Net Patient Service Revenue	\$1,132,430	\$1,021,735
Total Revenue	\$1,127,210	\$1,006,867
Expenses	\$1,003,605	\$898,665
Revenue in Excess of Expenses	\$123,605	\$103,291
Revenue and Gains in Excess of Gains and Losses	\$147,094	\$103,291
1. Information taken from 2013 CDH/Delnor Health System Audited Financial Statements		

TABLE TWELVE		
Northwestern Memorial HealthCare		
Audited Financial Information		
August 31		
(in thousands) ⁽¹⁾		
	2013	2012
Cash	\$230,326	\$139,343
Current Assets	\$849,794	\$708,273

TABLE TWELVE Northwestern Memorial HealthCare Audited Financial Information August 31 (in thousands) ⁽¹⁾		
Total Assets	\$5,239,895	\$4,701,684
Current Liabilities	\$627,428	\$536,050
Long Term Debt	\$793,819	\$806,155
Total Liabilities	\$2,232,402	\$2,083,110
Net Patient Service Revenue	\$1,592,321	\$1,582,051
Total Revenue	\$1,709,666	\$1,701,540
Expenses	\$1,578,319	\$1,613,232
Revenue in Excess of Expenses	\$131,347	\$88,308
Revenue and Gains in Excess of Gains and Losses	\$309,476	\$121,799
1. Information taken from 2013 Northwestern Memorial HealthCare Audited Financial Statements		

XII. Financial Viability

A) Criterion 1120.130 - Financial Viability

To address this criterion the applicants must provide evidence of an “A” or better bond rating or funding the project with internal funds.

The applicants are funding this project with cash of \$14,213,951. Standard & Poor's Ratings Services raised its underlying rating to 'AA-' from 'A+' on the Illinois Health Facilities Authority's series 2002 and 2003 hospital fixed-rate revenue bonds issued for Delnor Community Hospital. Standard & Poor's also affirmed its 'AA' long-term rating on the Illinois Finance Authority's \$240 million series 2009B and \$90 million series 2009 fixed-rate revenue bonds issued for Central DuPage Hospital Assn. The State Board Staff concludes that the applicants have sufficient funds to fund the project.

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

XIII. Economic Feasibility

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

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

The applicants are funding this project with cash of \$14,213,951. There is no debt financing involved with this project.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 IAC 1120.140 (a) 77 IAC 1120.140 (b))

C) Criterion 1120.140 (c) –Reasonableness of Project Costs

The applicants must document that the project costs are reasonable and in compliance with the State Board Standards at 1120 APPENDIX A.

Preplanning Costs are \$187,500 and are 1.74% of the modernization costs. These costs include evaluation of alternatives and feasibility assessments. These costs appear reasonable when compared to the State Board Standard of 1.8%.

Modernization and contingency costs are \$8,202,707 and are \$320.48 per GSF. The State Board Standard is \$355.60 GSF.

TABLE THIRTEEN Calculation of State Board Standard Cost per GSF					
Service	Modernize GSF	Complexity Ratio	Modernization Costs from RS Means	Total	State Standard Cost per GSF
Pediatric	18,327	1.0738	\$304.48	\$5,992,024.09	
NICU	7,268	1.4052	\$304.48	\$3,109,652.29	
Total	25,595			\$9,101,676.38	\$355.60

Contingency Costs are \$745,701 and are 10% of construction costs. This appears reasonable when compared to previously approved projects.

Architectural Engineering Costs are \$720,000 and are 8.7% of construction and contingency costs. These costs include design services, document preparation, construction/renovation monitoring, interface with review agencies

Consulting and Other fees are \$337,500. These costs include CON consultant, IDPH and municipal fees, pre-architectural facility planning, bid preparation and solicitation process, utilities systems analyses, life safety code consultant, reimbursables, and interior design consultant. The State Board does not have a standard for these costs.

Movable Capital Equipment costs are \$2,600,000 and these costs include equipment, furniture, and furnishings for the proposed project. At this stage, the itemized list of equipment to be purchased is not complete.

D) Criterion 1120.140 (d) - Direct Project Costs

To address this criterion the applicants must provide the direct costs per equivalent patient day for the services being proposed.

The applicants are estimating direct costs per equivalent patient day of \$886.29 for pediatric services and \$879.20 direct costs per equivalent patient day for NICU services.

TABLE FOURTEEN		
Direct Project Costs per Equivalent Patient Day		
	Pediatric	NICU
Total Direct Operating Costs	\$5,666,029	\$7,686,805
Equivalent Patient Days	6,393	8,743
Direct Cost per Equivalent Patient Day	\$ 886.29	\$ 879.20

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION DIRECT PROJECT COSTS (77 IAC 1120.140 (d))

E) Criterion 1120.140 (e) – Project Capital Costs

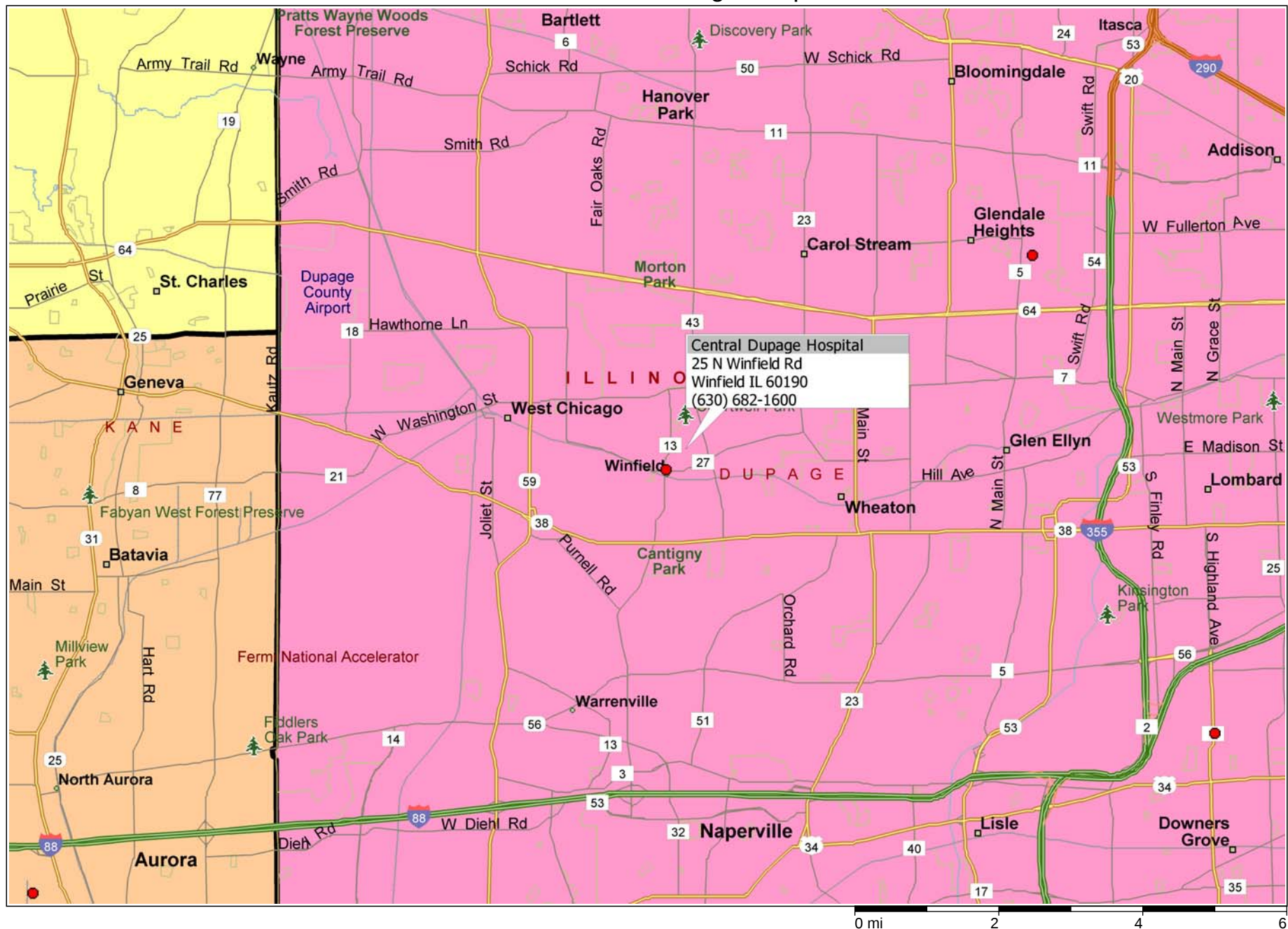
To address this criterion the applicants must provide projected capital costs per equivalent patient day.

The applicants are estimating \$9.32 capital costs per equivalent patient day. The State Board Staff concludes that the projected capital costs are reasonable when compared to previously approved project.

TABLE FIVETEEN	
Project Capital Costs	
Equivalent Patient Days	217,891
Total Project Cost	\$14,213,951
Useful Life (years)	7
Total Annual Depreciation	\$ 2,030,564
Depreciation Cost per Equivalent Patient Day	\$ 9.32

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION PROJECT CAPITAL COSTS (77 IAC 1120.140 (e))

#14-051 Central DuPage Hospital



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<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Maureen Taus			White	85.9%	Hispanic or Latino:	9.8%
ADMINSTRATOR PHONE	630 933 6342			Black	4.9%	Not Hispanic or Latino:	89.1%
OWNERSHIP:	Central Dupage Hospital			American Indian	0.1%	Unknown:	1.1%
OPERATOR:	Central Dupage Hospital			Asian	3.8%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.2%	IDPH Number:	5744
CERTIFICATION:				Unknown	5.2%	HPA	A-05
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	25 North Winfield Road	CITY: Winfield	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	233	233	233	15,267	61,759	6,388	4.5	186.7	80.1	80.1
0-14 Years				0	0					
15-44 Years				2,442	7,620					
45-64 Years				5,382	21,207					
65-74 Years				3,203	13,926					
75 Years +				4,240	19,006					
Pediatric	10	10	10	1,268	3,650	877	3.6	12.4	124.0	124.0
Intensive Care	32	32	32	2,729	10,384	154	3.9	28.9	90.2	90.2
Direct Admission				2,188	7,388					
Transfers				541	2,996					
Obstetric/Gynecology	35	35	35	3,378	9,920	264	3.0	27.9	79.7	79.7
Maternity				3,117	9,189					
Clean Gynecology				261	731					
Neonatal	8	8	8	378	2,920	0	7.7	8.0	100.0	100.0
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	15	15	15	1,292	5,475	5	4.2	15.0	100.1	100.1
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	16					89				
Facility Utilization	333			23,771	94,108	7,777	4.3	279.1	83.8	
(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	32.8%	9.8%	0.1%	41.6%	3.6%	12.1%	
	7797	2329	27	9890	860	2868	23,771
Outpatients	27.9%	13.0%	0.2%	50.6%	3.0%	5.2%	
	229617	106920	1871	415631	24986	42518	821,543
<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 (\$)	25.4%	7.7%	0.1%	63.5%	3.4%	100.0%	
	97,503,781	29,443,993	258,426	243,655,823	12,864,385	383,726,408	8,974,809
Outpatient Revenue (\$)	11.8%	2.5%	0.1%	80.8%	4.7%	100.0%	
	48,426,582	10,401,656	424,919	330,860,013	19,221,232	409,334,402	10,858,558
							Total Charity Care Expense 19,833,367
							Total Charity Care as % of Net Revenue 2.5%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	3,298		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	3,280		Beds	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	7,341	1,637	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		12,840	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	11					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0
C-Section Rooms:	1		Inpatient Studies		799,423		
CSections Performed:	1,172		Outpatient Studies		5,413,716		
			Studies Performed Under Contract		297,907		

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	478	164	2284	355	2639	4.8	2.2
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	18	18	1665	2311	3800	3614	7414	2.3	1.6
Gastroenterology	0	0	0	0	1	5	2	6	8	2.0	1.2
Neurology	0	0	3	3	723	438	3280	1099	4379	4.5	2.5
OB/Gynecology	0	0	3	3	1674	1957	3032	3767	6799	1.8	1.9
Oral/Maxillofacial	0	0	0	0	28	92	49	227	276	1.8	2.5
Ophthalmology	0	0	0	0	8	769	11	1138	1149	1.4	1.5
Orthopedic	0	0	0	0	2662	1894	7661	3723	11384	2.9	2.0
Otolaryngology	0	0	0	0	90	1462	170	2098	2268	1.9	1.4
Plastic Surgery	0	0	0	0	29	464	79	1183	1262	2.7	2.5
Podiatry	0	0	0	0	14	126	24	218	242	1.7	1.7
Thoracic	0	0	0	0	173	54	574	98	672	3.3	1.8
Urology	0	0	1	1	373	831	873	1324	2197	2.3	1.6

Totals	0	0	27	27	7918	10567	21839	18850	40689	2.8	1.8
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SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations		33	Stage 2 Recovery Stations		52
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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	5	5	1195	6549	1301	5991	7292	1.1	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	1	0	1	0	4830	0	3236	3236	0.0	0.7
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

Pulmonary	0	0	1	1	162	163	202	215	417	1.2	1.3
	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
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	Adult
Number of Trauma Visits:	0
Patients Admitted from Trauma	18,752
Emergency Service Type:	1,049
Number of Emergency Room Stations	Comprehensive
Persons Treated by Emergency Services:	60
Patients Admitted from Emergency:	51,828
Total ED Visits (Emergency+Trauma):	16,552
	70,580

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	821,543
Outpatient Visits at the Hospital/ Campus:	669,765
Outpatient Visits Offsite/off campus	151,778

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	2,367
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,336
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	527
EP Catheterizations (15+)	504

Cardiac Surgery Data

Total Cardiac Surgery Cases:	221
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	221
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	164

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

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		<u>Treatments</u>
General Radiography/Fluoroscopy	11	0	36,879	46,797	0	Lithotripsy	0	0	0
Nuclear Medicine	4	0	1,844	4,528	0	Linear Accelerator	2	0	0
Mammography	6	0	0	25,792	0	Image Guided Rad Therapy			3,388
Ultrasound	21	0	5,468	21,270	0	Intensity Modulated Rad Thrp			3,324
Angiography	3	0				High Dose Brachytherapy	1	0	625
Diagnostic Angiography			726	1,088	0	Proton Beam Therapy	1	0	15,761
Interventional Angiography			954	1,430	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	1	847	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	16,887	31,897	0				
Magnetic Resonance Imaging	5	0	4,645	11,771	0				