



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-11	BOARD MEETING: January 27, 2015	PROJECT NO: 14-054	PROJECT COST: Original: \$3,479,095
FACILITY NAME: Passavant Area Hospital		CITY: Jacksonville	
TYPE OF PROJECT: Substantive			HSA: III

PROJECT DESCRIPTION: The applicants (The Passavant Memorial Area Hospital Association, Memorial Health System) are proposing to establish a 10 bed acute mental illness category of service at Passavant Area Hospital in 5,530 GSF of modernized space at a cost of \$3,479,095. **The anticipated project completion date is March 1, 2017.**

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (The Passavant Memorial Area Hospital, Memorial Health System) are proposing to establish a 10 bed acute mental illness category of service at Passavant Area Hospital in 5,530 GSF of modernized space at a cost of \$3,479,095. **The anticipated project completion date is March 1, 2017.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are before the State Board because the applicants are proposing to establish a category of service as defined by the State Board.

PURPOSE OF THE PROJECT:

- Per the applicants *“This project addresses the problem of insufficient access to inpatient acute mental illness beds for adult patients in the primary service area and Health Service Area 3. There are currently 4 hospitals providing some form of AMI services in HSA 3, but all 4 are concentrated at the far eastern and western borders of HSA 3. (3 in Springfield and 1 in Quincy)”*

NEED FOR THE PROJECT:

- The State Board has calculated a need for 144 AMI beds in the HSA 3 AMI planning area by CY 2015. There are currently 222 AMI beds in this planning area resulting in a **calculated excess of 78 acute mental illness beds (222 AMI beds – 144 AMI beds = 78 excess beds)**. There are four facilities that provide AMI service in the HSA 3 AMI planning area. The applicants stated that of the 222 acute mental illness beds in this planning area 113 are dedicated to children and adolescents. (Lincoln Behavioral Health (97)) and Blessing Hospital (16 of 41 AMI beds dedicated to children and adolescents). In 2014 St. John’s Hospital stated that they will provide AMI service to individuals 60 and over only. Per the applicants this lack of adult psychiatric beds has led to access issues in the planning area. There are no available AMI beds within 45 minutes of the proposed project and several of the counties located in HSA 3 including all six of the primary service area counties for the proposed project include areas designated by the Secretary of Health and Human Services, as Medically Underserved Areas and Mental Health Manpower Shortage Areas.

TABLE ONE				
AMI Facilities in HSA 3				
Facility	City	Minutes	AMI Beds	Occ.
Memorial Medical Center	Springfield	50	44	71.5%
Lincoln Prairie Behavioral Center	Springfield	47	97	62.3%
St. John's Hospital	Springfield	48	40	54.9%
Blessing Hospital	Quincy	82	41	69.5%
Total Beds and Average Occupancy			222	64.44%
Dedicated to children and adolescents			113	

TABLE ONE AMI Facilities in HSA 3				
Facility	City	Minutes	AMI Beds	Occ.
Total Available Beds for Adults			109	

The applicants provided an alternative bed need analysis. Using the 2010 census bureau figures, it is estimated that the population of adults, age 18 years and above totaled 95,715 in 2010 in the six county primary service area. In aggregate, that age group is projected to grow by 1.1 % from 2010 to 2017. While the 18-44 and 45-64 age segments are projected to shrink, the segment 65 years of age and over is expected to grow by 14.4%. Based upon this projection, the adult population in 2017 will be 96,754 when this project is completed in this 6 county area.

National case projection coefficients for adult AMI (schizophrenia, mood disorders, delusional disorders, nonorganic psychoses) were used to estimate the number of cases per month (**.000402 for ages 18- 44, .000396 for ages 45-64 and .00537 for ages 65+).** Applying these coefficients to the respective age segments in the 6 primary service area counties yields a projected case volume per month of patients who would require care at the proposed facility. Based on average lengths of stay for each age segment of 7.1 days for ages 18-44, 8.1 days for ages 45-64 and 13.5 days for ages 65+, the number of AMI days and Average Daily Census were calculated. At the State's 85% occupancy standard, this indicates a need for 14.50 beds in 2010 ($12.331 \times .85 = 14.50$) and 15.1 beds ($12.83 \times .85 = 15.1$) in 2017 two years after the project is completed and the target occupancy level is achieved. The applicant chose a more conservative number of beds and chose to develop a 10 bed unit. At 10 beds, the projected utilization for the first two years of operation is shown below assuming that the applicant captures 70% market share in the 6 county primary service area.

TABLE TWO Alternative need for Beds						
Patients Age Group	2010 Census	2017 Projected	National Case projection coefficients	Projected Case volume 2017	Days/ADC 2017	Projected number of beds
18-44	40,712	39,919	.000402	16.03/month	1,366/3.74	$3.74/.85 = 4.4$
45-64	34,614	33,518	.000396	13.27/month	1,290/3.53	$3.53/.85 = 4.2$
65+	20,389	23,317	.00537	12.52/month	2,028/5.56	$5.56/.85 = 6.5$
Total	95,715	96,754		41.82/month	4,684/12.83	$12.83/.85 = 15.1$
1. Information provided by the applicants at pages 61-63 of the application for permit						

BACKGROUND/COMPLIANCE ISSUES

- Neither applicant has outstanding compliance issues with the State Board.

PUBLIC HEARING/COMMENT

- No public hearing was requested and no letters of opposition were received. Letters of support were received from the following:
 - Bruce Carter, MPA, CRADC Executive Director, The Wells Center
 - Janice Gambach, President, Mental Health Centers of Central Illinois
 - Randy Duvendack, Morgan County Sheriff
 - Kenneth G. Reid, President and CEO, Carlinville Area Hospital
 - Sue Campbell, CEO Community Memorial Hospital
 - Deborah Campbell, Administrator, Thomas H. Boyd Memorial Hospital
 - Andy Ezard, Mayor, Jacksonville, Illinois
 - Parvesh Basnet, Center for Psychiatric Health
 - Marshall Hale, MD, Medical Director, Memorial Physician Services, Jacksonville
 - Scott Boston, MD, Emergency Department Medical Director
 - Charles Sheaf, MD, Medical Director, Passavant Area Hospital
 - Kamna Handa, MD, SIU School of Medicine

FINANCIAL AND ECONOMIC FEASIBILITY

- The entirety of the project will be funded through internal sources. A review of the audited financial statements indicates sufficient cash is available to fund the project.

CONCLUSIONS:

- The applicants addressed a total of 18 criteria and did not meet the following:

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance:
Criterion 1110.730 (c) (1) –Planning Area Need	There is a calculated excess of 78 acute mental illness beds in the HSA 3 Acute Mental Illness Planning Area

STATE BOARD STAFF REPORT
Passavant Area Hospital
PROJECT #14-054

APPLICATION CHRONOLOGY	
Applicants	The Passavant Memorial Area Hospital Association, Memorial Health System
Facility Name	Passavant Area Hospital
Location	1600 West Walnut, Jacksonville Illinois
Permit Holder	The Passavant Memorial Area Hospital Association
Operating Entity	The Passavant Memorial Area Hospital Association
Owner of Site	Memorial Health System
Application Received	October 30, 2014
Application Deemed Complete	October 30, 2014
Can Applicants Request Another Deferral?	Yes
Review Period Extended by the Board Staff?	No

I. The Proposed Project

The applicants (The Passavant Memorial Area Hospital, Memorial Health System) are proposing to establish a 10 bed acute mental illness category of service at Passavant Area Hospital in 5,530 GSF of modernized space at a cost of \$3,479,095. **The anticipated project completion date is March 1, 2017.**

II. Summary of Findings

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

III. General Information

The applicants are Memorial Health System and The Passavant Memorial Area Hospital Association. The Passavant Memorial Area Hospital Association is located at 1600 West Walnut Street, Jacksonville, Illinois in the HSA III Service Area and HSA III Acute Mental Illinois Planning Area. The operating entity licensee is The Passavant Memorial Area Hospital Association and the owner of the site is Memorial Health System. Memorial Health System (Parent) is incorporated as a not-for-profit corporation under the laws of the state of Illinois and is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code). Memorial Health System and Subsidiaries (MHS) comprise the following corporations and their subsidiaries. Memorial Health System is the sole corporate member of

- Memorial Medical Center (MMC)
 - Memorial Medical Center Foundation (MMCF)
- Memorial Physician Services (MPS)
 - HealthCare Network Properties, LLC d/b/a Memorial Properties (MP)

- Memorial Home Services NFP (MHSvc)
 - Memorial Home Services of Central Illinois, Inc. (MHSCI)
- The Abraham Lincoln Memorial Hospital (ALMH)
 - Abraham Lincoln Healthcare Foundation (ALHF)
- Mental Health Centers of Central Illinois (MHCCI)
- Memorial Health Ventures (MHV)
- Taylorville Memorial Hospital (TMH)
 - TMH Foundation, Inc. (TMHF)
- The Passavant Memorial Area Hospital

HSA III Acute Mental Illness Planning Area consists of the Illinois Counties of Adams, Brown, Calhoun, Cass, Christian, Greene, Hancock, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Pike, Sangamon, Schuyler, and Scott. There is no land acquisition cost for this project, as the proposed facility will be in modernized space. This is a substantive project subject to both a Part 1110 and Part 1120 review. Project obligation will occur after permit issuance, and the anticipated project completion date is March 1, 2017.

IV. Project Costs and Sources of Funds

The total estimated project cost is \$3,479,095. The estimated start-up costs and operating deficit is \$682,048. The entire project will be financed with cash and securities.

TABLE THREE			
Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Modernization Contracts	\$1,224,066	\$1,274,976	\$2,499,042
Contingencies	\$121,715	\$126,778	\$248,493
Architectural/Engineering Fees	\$150,000	\$61,560	\$211,560
Consulting and Other Fees	\$120,000	\$0	\$120,000
Movable or Other Equipment	\$400,000	\$0	\$400,000
TOTAL USES OF FUNDS	\$2,015,781	\$1,463,314	\$3,479,095
SOURCE OF FUNDS			
Cash and Securities	\$2,015,781	\$1,463,314	\$3,479,095
TOTAL SOURCES OF FUNDS	\$2,015,781	\$1,463,314	\$3,479,095

V. Section 1110.230 - Purpose, Safety Net, Alternatives

A) Criterion 1110.230 (a) – Purpose of Project

The applicants stated the following:

The proposed project to establish the Acute Mental Illness Category of Service at Passavant Area Hospital in Jacksonville, Illinois will improve the health care and wellbeing of the market area population to be served by improving access to necessary inpatient acute mental health services without having to leave the service area. The primary service area for this project is 6 counties in central Illinois - Morgan, Scott, Cass, Greene, Brown and Macoupin. All 6 of these counties are located in Health Service Area 3 (HSA 3), the planning area for the Acute Mental Illness category of service as defined in the Illinois Health Facilities Planning Board Inventory, Illinois Department of Public Health Inventory of Health Care Facility and Services and Need Determinations. HSA 3 encompasses the following 17 counties in central and west-central Illinois: Morgan, Sangamon, Logan, Christian, Montgomery, Macoupin, Greene, Jersey, Adams, Hancock, Pike, Scott, Brown, Menard, Mason, Schuyler and Cass. This project addresses the problem of insufficient access to inpatient acute mental illness beds for adult patients in the primary service area and Health Service Area 3. There are currently 4 hospitals providing some form of AMI services in HSA 3, but all 4 are concentrated at the far eastern and western borders of HSA 3. (3 in Springfield and 1 in Quincy)

The IHFSRB/IIDPH bed need formula calculates a need for 144 total Acute Mental Health beds in HSA 3. There are currently 222 total AMI beds located at the three hospitals in Springfield (Memorial Medical Center, St. John's Hospital and Lincoln Prairie Behavioral Center) and Quincy (Blessing Hospital). Based on this formula, the calculated bed excess is 78 beds ($222 - 144 = 78$). However, ninety-seven (97) of these 222 AMI beds are located at Lincoln Prairie Behavioral Center and are restricted exclusively to adolescents and children requiring inpatient psychiatric treatment. Furthermore, forty-one (41) of the remaining one-hundred twenty-five (125) beds are located at Blessing Hospital in Quincy. Sixteen (16) of these forty-one (41) beds will also be restricted in a distinct, locked bed unit to the treatment of children and adolescents requiring inpatient psychiatric care. On May 12, 2014, St. John's Hospital in Springfield announced plans to restrict its inpatient psychiatric beds to geriatric psychiatry patients. A State Journal Register article quoted St. John's Hospital Chief Executive Officer Chuck Lucore, M.D. describing plans to restrict admission to the hospital's AMI beds to psychiatric patients age 60 years and older. This restriction further exacerbates the shortage of psychiatric beds available to adult patients regardless of age or payer source in HSA 3. Further evidence of the lack of access to adult AMI beds in HSA 3, is provided by the utilization statistics from the Mental Health Centers of Central Illinois Psychiatric Response Team (PRT) which provides psychiatric crisis response services to the emergency departments of four (4) of the fifteen (15) hospitals located within HSA 3. During Fiscal Year 2013, there were 4,284 total adult screenings by the PRT at Passavant Area Hospital (Jacksonville), Memorial Medical Center and St. John's Hospital (Springfield) and Abraham Lincoln Memorial Hospital (Lincoln). This number grew by 12.5% to 4,821 in Fiscal Year 2014. With the increased number of screenings, these hospitals have experienced shortages in resources, forcing patients to be transferred to another facility, held in emergency departments for the entirety of their stay or deflected back to their home or into other community. During Fiscal Year 2013, hospitalizations for Acute Mental Illness for

patients originating in just 4 of the 15 hospitals located in HSA 3 resulted in 358 or 9.3% of hospitalized patients being transferred to a different facility due to a lack of bed capacity and an additional 340 or 8.9% of these patients being held in the emergency department due to a lack of bed capacity or requirement for additional screening. This resulted in a total of 698 or 18% of hospitalized patients with AMI witnessing a sub-standard quality of care during their episode of care with their respective healthcare organization. Another 453 or 11.8% of the AMI patients screened by the PRT were transferred to another hospital for specialized care or other reasons. In total 1,151 or 30% of the AMI patients screened by the PRT in Fiscal Year 2013 at just 4 of the 15 hospitals located in HSA 3 were transferred to another facility due the lack of access to an AMI bed. The AMI access problem is further magnified by the growth in psychiatric patients presenting in the area's hospital emergency departments. Fiscal Year 2014 volumes for the Mental Health Centers of Central Illinois Psychiatric Response Team AMI transfers to a different facility due to a lack of bed capacity to grow by 12.0% or +43 transfers (from 358 to 401 patients) and AMI patients required to be held in the emergency department due to a lack of bed capacity or the need for additional screening grew by 35.9% or 122 patients (from 340 to 462 patients held). Finally, the number of AMI patients screened by the PRT and transferred to another hospital for specialized care or other reasons grew by 6.0% or 27 patients (from 453 to 480 patients transferred). In total, the number of AMI patients screened by the PRT and ultimately transferred or held grew 16.7% from 1,151 to 1,343 (+192 patients) from Fiscal Year 2013 to Fiscal Year 2014. This constitutes an immediate and growing lack of access to AMI care in HSA 3. This lack of access is increasing travel time, delaying care, further stressing impacted families and increasing the costs associated with the care of these individuals. See application for permit pages 42-46.

B) Criterion 1110.230 (b) – Safety Net Impact

The applicants stated the following:

This project will strengthen essential safety net services in the community. Passavant Area Hospital is the sole community hospital located in Jacksonville and Morgan County. The hospital serves as the only safety-net hospital for the residents of Morgan, Cass and Scott counties and is located in a rural area of central Illinois which has limited access to any AMI services. The primary service area for the project includes six rural counties in west central Illinois - Morgan, Cass, Scott, Brown, Greene and Macoupin counties. All six counties are designated Medically Underserved areas and Health Professional Shortage Areas for both Mental Health and Primary Medical Care services by the U.S. Department of Health and Human Services Health Resources and Services Administration.

This project will enhance the applicant safety-net hospital's ability to serve this population of persons who required Acute Mental Illness services. Many of these individuals are now presenting at the Passavant Area Hospital emergency department in psychiatric crisis and encountering long waits, holds and transfers to distant hospitals before receiving inpatient treatment. This project will assist the Passavant Area Hospital emergency department team, other agencies serving those with mental illness and families of mentally ill patients to get the help they need faster and closer to home. The Acute Mental Illness unit at Passavant will be available to all of the residents in the primary service area requiring AMI services. Many of these patients are low-income and

otherwise vulnerable, as documented by their residing in Medically Underserved Areas and/or Health Professional Shortage Areas. This project will have a positive impact on the ability of other providers and the regional health care system to cross-subsidize safety net services by providing a place to refer adult Medicaid, uninsured and underinsured patients requiring Acute Mental Illness services. Currently, many of these patients present to area hospital emergency departments and are held there until a hospital with an AMI unit will accept the patient. This creates both a clinical and financial burden on the local hospitals which are ill-equipped to care for these patients while they are also providing emergency medical treatment to their other patients. This project will have a positive impact on the other non-AMI safety net services provided by other providers and health systems by freeing critical access hospitals in the service area to focus their emergency staff and resources on their patients with other emergency medical and surgical needs. The impact of discontinuation of a facility or service is not applicable since Passavant Area Hospital will not be discontinuing any services. The amount of charity care provided by Passavant Area Hospital for the 3 fiscal years prior to submission of this CON application is provided below. These amounts were calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. The applicant is the sole community hospital provider in Morgan County and serves parts of 3 other contiguous counties that do not have hospitals including Cass, Scott and Brown counties. The applicant serves as the nearest safety net hospital to uninsured, underinsured and Medicaid patients in these counties. These counties are designated primary care Medically Underserved Areas and/or Mental Illness Health Manpower Shortage Areas. The specific designations are listed above in this Attachment 40. This project will enhance Passavant Area Hospital's ability to provide safety net services to these populations.

TABLE FOUR Safety Net Impact Passavant Area Hospital			
CHARITY CARE	2011	2012	2013
Net Patient Revenue	\$84,145,073	\$86,584,967	\$84,814,670
Amount of Charity Care (charges)	\$11,985,876	\$12,006,317	\$15,589,912
Cost of Charity Care	\$4,221,426	\$4,083,348	\$5,425,289
Ratio of Cost of Charity Care to Net Patient Service Revenue	5.00%	4.70%	6.40%
MEDICAID			
Medicaid (# of patients)			
Inpatient	575	571	572
Outpatient	12,948	12,768	12,614
Total	13,523	13,339	13,186
Medicaid (revenue)			
Inpatient	\$2,601,120	\$2,638,099	\$2,808,222
Outpatient	\$10,003,814	\$9,809,274	\$9,720,078
Total	\$12,604,934	\$12,447,373	\$12,528,300
% of Medicaid Revenue to Net Patient Revenue	14.98%	14.38%	14.77%

C) Criterion 1110.230 (c) – Alternatives

Alternatives considered were as follows:

1) Do nothing.

This alternative has no costs but was disregarded because doing nothing would not be in the best interest of our patients and ignoring the real access problems related to adult Acute Mental Illness

beds in the Primary Service Area and in Health Service Area 3 would do nothing to improve the current situation and address the problems identified in the project purpose. There are inpatient adult psychiatry units in Springfield and Quincy, but both are 45 to 90 minutes travel time from Jacksonville and the distance to travel can make it difficult for patients and families. Additionally, the psychiatric units in Springfield are often full and overflow patients are frequently transferred to Quincy, which imposes commuting hardship for the families. There are outpatient psychiatric centers in Jacksonville, but some patients require more the intensive treatment and care of an inpatient setting. Once the decision was made to offer inpatient adult psychiatric services to our community, we evaluated a number of facility alternatives.

2) Build free-standing psychiatric hospital in Jacksonville.

The applicant explored the alternative of building a free-standing psychiatric hospital in Jacksonville at an approximate cost of \$10,000,000. This alternative was rejected because of the high cost associated with duplicating hospital infrastructure such as HVAC, clinical and non-clinical support services and public spaces to constructing such a small (10-bed) facility. The cost of building a stand-alone facility would be much greater than utilizing existing space. Also, due to current buildings and traffic patterns around the hospital, building a freestanding facility would require additional construction of new parking lots, driveways and could require an overall change in traffic flow. Finally, a stand-alone facility would not be attached to the hospital and would not have immediate access to the Emergency Department or other services that may be needed, such as the ancillary departments. The proposed unit of 10 beds is not large enough to justify a freestanding facility.

3) Renovate an existing building to establish a new psychiatric hospital in Jacksonville.

The applicant explored the alternative of purchasing and renovating an existing building in Jacksonville to create a new free-standing psychiatric hospital at an approximate cost of \$7,500,000. This alternative was rejected because of the high cost associated with having to upgrade a commercial building to meet hospital licensing standards and of duplicating hospital infrastructure such as HVAC, clinical and non-clinical support services and public spaces to serve such a small (10-bed) facility. Also, a renovated building located off of the hospital's campus would not have immediate access to the Emergency Department or other services that may be needed, such as the ancillary departments.

4) Partner with Memorial Medical Center (MMC) in Springfield to establish a referral relationship to an expanded MMC psychiatric unit.

On April 1, 2014, Passavant Area Hospital became the fourth hospital affiliate of Memorial Health System which is the parent of Memorial Medical Center in Springfield. (COE Exemption No. E-001-14) MMC operates a 44-bed Acute Mental Illness unit in Springfield. The applicant evaluated the alternative of partnering with MMC to expand the existing MMC AMI unit by 10 beds (from 44 to 54) and entering into an exclusive referral relationship for the admission of adult psychiatric patients requiring inpatient care. Although there would be no cost to Passavant Area Hospital associated with this

alternative, the cost to MMC would have been approximately \$5,200,000 due to the high cost associated with the required "domino effect" to relocate unrelated clinical services in order to accommodate the demolition and renovation of space adjacent to the existing AMI beds. This alternative was rejected due to the high cost, travel times required to transfer patients to Springfield, and the fact that this alternative would continue to concentrate beds in Springfield and Quincy, with no available options in the 6 primary service area counties located in south-central Health Service Area 3.

5) Renovate existing space within the hospital.

Our preferred option is presented in this CON application. It converts the third floor of Passavant Area Hospital that was originally a patient care unit that was remodeled in 1986 to serve as administrative office space back into a patient care unit for psychiatry. The proposed space is the least disruptive and least expensive option at \$3,479,094. Logistically, administrative offices can be vacated and relocated relatively easily, compared to other functional areas. The proposed location also provides good proximity to other inpatient units and ancillary services. The alternative of using the proposed space currently occupied by administrative offices for the adult psych unit can be accomplished without tearing down walls or requiring demolition and was determined to be the most cost effective, reasonable and therefore, the best option.

VI. Section 1110.234 - Project Scope and Size, Utilization

A) Criterion 1110.234 (a) - Size of Project

The applicants are proposing to establish a ten bed acute mental illness category of service in 5,530 GSF or 553 GSF per bed of modernized space. The State Board Standard is 440-550 GSF per bed. The State Board Staff concludes the applicants have exceeded the State Board size standard.

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

B) Criterion 1110.234 (b) - Project Services Utilization

The State Board target occupancy for acute mental illness beds in 85%. The applicants projected the number of patients for 2017 two years after project completion based upon the 2010 census number for the 6 county primary service area and the estimated growth in the population by 2017. The applicants also assumed a 70% share of the market.

Using the 2010 census bureau figures, it is estimated that the population of adults, age 18 years and above totaled 95,715 in 2010. In aggregate, that age group is projected to grow by 1.1 % from 2010 to 2017. While the 18-44 and 45-64 age segments are projected to shrink, the segment 65 years of age and over is expected to grow by 14.4%. Based upon this projection, the adult population in 2017 will be 96,754 when this project is completed in this 6 county area.

National case projection coefficients for adult AMI (schizophrenia, mood disorders,

delusional disorders, nonorganic psychoses) were used to estimate the number of cases per month (.000402 for ages 18- 44, .000396 for ages 45-64 and .00537 for ages 65+). Applying these coefficients to the respective age segments in the 6 primary service area counties yields a projected case volume per month of patients who would require care at the proposed facility. Based on average lengths of stay for each age segment of 7.1 days for ages 18-44, 8.1 days for ages 45-64 and 13.5 days for ages 65+, the number of AMI days and Average Daily Census were calculated. At the State's 85% occupancy standard, this indicates a need for 14.50 beds in 2010 ($12.331 \times .85 = 14.50$) and 15.1 beds ($12.83 \times .85 = 15.1$) in 2017 two years after the project is completed and the target occupancy level is achieved. The applicant chose a more conservative number of beds and chose to develop a 10 bed unit. At 10 beds, the projected utilization for the first two years of operation is shown below assuming that the applicant captures 70% market share in the 6 county primary service area. The State Board Staff has concluded that the applicants have successfully addressed the projected service utilization requirement of the State Board.

TABLE FIVE						
Alternative need for Beds						
Patients Age Group	2010 Census	2017 Projected	National Case projection coefficients	Projected Case volume 2017	Days/ADC 2017	Projected number of beds
18-44	40,712	39,919	.000402	16.03/month	1,366/3.74	$3.74/.85 = 4.4$
45-64	34,614	33,518	.000396	13.27/month	1,290/3.53	$3.53/.85 = 4.2$
65+	20,389	23,317	.00537	12.52/month	2,028/5.56	$5.56/.85 = 6.5$
Total	95,715	96,754		41.82/month	4,684/12.83	$12.83/.85 = 15.1$
2. Information provided by the applicants at pages 61-63 of the application for permit						

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS CONFORMANCE WITH THE CRITERION PROJECTED SERVICE UTILIZATION (77 IAC 1110.234 (b))

VII. Section 1110.730 - Acute Mental Illness – Review Criteria

A) Criterion 1110.730 (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.* (20 ILCS 3960/6)

Proof of the current licensure and accreditation for the health care facility co-applicant, Passavant Area Hospital was provided as required. A letter from Memorial Health System certifying that Passavant Area Hospital and the hospitals and Ambulatory Surgery Treatment Center that are affiliated with Memorial Health System have not had any adverse action taken against them during the past three years and authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in the application for permit.

Memorial Health Systems controls the following health care facilities. All licensure and Accreditation numbers have been provided as required. See list below.

Name and Location of Facility

- Passavant Area Hospital, Jacksonville, Illinois
- Memorial Medical Center, Springfield, Illinois
- Abraham Lincoln Medical Center, Lincoln, Illinois
- Taylorville Memorial Hospital, Taylorville, Illinois
- Orthopaedic Surgery Center of Illinois, Springfield, Illinois

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION BACKGROUND OF APPLICANT (77 IAC 1110.730 (b) (1) (3))

B) Criterion 1110.730 (c) - 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.

- 1) 77 Ill. Adm. Code 1100 (Formula Calculation)**
- 2) Service to Planning Area Residents**
- 3) Service Demand – Establishment of AMI**
- 5) Service Accessibility**

There is an excess of 78 acute mental illness beds in the HSA 3 Acute Mental Illness Planning Area. The applicants have defined their primary market area as a 6 county area in central Illinois - Morgan, Scott, Cass, Greene, Brown and Macoupin. It does appear the applicants propose to serve the population of the planning area as the primary market area is six counties within a 17 county health service area (HSA 3).

Demand for this project is based upon projections provided by the applicants. The applicants have provided an estimate of the number of patient days based upon a projection of the population in this six county area determined by Claritas, an estimate of the cases per month by age cohort, an average length of stay by age cohort, and a predicted 70% market share by the applicants.

There are a total of 222 AMI beds in HSA 3 AMI planning area. However, ninety-seven (97) of these 222 AMI beds are located at Lincoln Prairie Behavioral Center and are restricted exclusively to adolescents and children requiring inpatient psychiatric treatment. Furthermore, forty-one (41) of the remaining one-hundred thirty-four (134) beds are located at Blessing Hospital in Quincy. Sixteen (16) of these forty-one (41) beds will also be restricted in a distinct, locked bed unit to the treatment of children and adolescents requiring inpatient psychiatric care. On May 12, 2014, St. John's Hospital in Springfield announced plans to restrict its inpatient psychiatric beds to geriatric psychiatry patients. A State Journal Register article quoted St. John's Hospital Chief Executive Officer Chuck Lucore, M.D. describing plans to restrict admission to the hospital's AMI beds to psychiatric patients' age 60 years of age. In addition the applicants have identified areas within the health service area and the 6 county primary market area that have been designated to be mental health manpower shortage areas and medically underserved areas. There are no acute mental illness beds within 45 minutes of the 10 bed unit.

The State Board Staff concludes based upon the calculated excess of 78 AMI beds in this planning area the applicants are not in compliance with this criterion.

TABLE SIX				
AMI Facilities in HSA 3				
Facility	City	Minutes	AMI Beds	Occ.
Memorial Medical Center	Springfield	50	44	71.5%
Lincoln Prairie Behavioral Center	Springfield	47	97	62.3%
St. John's Hospital	Springfield	48	40	54.9%
Blessing Hospital	Quincy	82	41	69.5%
			222	64.4%

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION PLANNING AREA NEED (77 IAC 1110.730 (c) (1) (2) (3) (5))

C) Criterion 1110.730 (d) - Unnecessary Duplication/Maldistribution

- 1) Unnecessary duplication.**
- 2) Maldistribution of services.**
- 3) Impact on Other Facilities:**

There are no acute mental illness beds within 30 minutes of the proposed 10 bed unit. There is 1 AMI bed for every 2,732 individuals in the HSA 3 service area. The State of Illinois ratio is 1 AMI bed for every 3,855 individuals. It does not appear there is a surplus of AMI beds in this service area. Because there are no AMI beds located within 30 minutes it does not appear that the proposed 10 bed unit will have an impact on other facilities in the planning area.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION/MALDISTRIBUTION OF SERVICE (77 IAC 1110.730 (d)(1) (2) (3))

D) Criterion 1110.730 (f) - Staffing Availability

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission staffing requirements can be met.

The State Board Staff relies upon compliance with Medicare and Medicaid condition of participation as evidence that appropriate staff will be available should the proposed project be approved. Passavant Area Hospital is in compliance with condition of participation. The State Board Staff concludes that relevant clinical and professional staffing needs will be met should the proposed project be approved

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION STAFFING AVAILABILITY (77 IAC 1110.730 (f))

E) Criterion 1110.730 (g) - Performance Requirements – Bed Capacity Minimums

- 1) The minimum unit size for a new AMI unit within an MSA is 20 beds.
- 2) The minimum unit size for a new AMI unit outside an MSA is 10 beds.

The applicants are proposing a ten bed unit in a hospital outside an MSA; therefore the performance requirements have been met.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PERFORMANCE REQUIREMENTS (77 IAC 1110.730 (g))

F) Criterion (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.

The required attestation has been provided as required of this criterion at page 78 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.730 (h))

VIII. Section 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources.

The proposed project will be funded with cash of \$3,479,095. A review of the applicants' balance sheet indicates that sufficient cash is available to fund the project. In addition Memorial Health System's has an A+ bond rating from Standard & Poor's Ratings Service and A1 Bond Rating from Moody's Investors Service.

TABLE SEVEN Memorial Health System In thousands As of September 30 ⁽¹⁾				
	2013	2012	2011	2010
Financial performance				
Net patient revenue	678,570	676,427	647,862	639,923
Total operating revenue	759,999	754,814	736,065	717,104
Total operating expenses	719,408	701,626	717,015	676,762
Operating income	40,591	53,188	19,05	40,342
Operating margin (%)	5.34	7.05	2.59	5.63
Net non-operating income	13,757	13,502	7,897	-510
Excess income	54,348	66.69	26,947	39,832
Excess margin (%)	7.02	8.68	3.62	5.56
Operating EBIDA margin (%)	12.99	14.85	9.54	11.83
EBIDA margin (%)	14.53	16.35	10.5	11.77
Net available for debt service	111,944	125,621	78,102	84,406
Maximum annual debt service (MADS)	29,202	29,202	29,202	29,202
MADS coverage (x)	3.83	4.3	2.67	2.89
Liquidity and Financial flexibility				
Unrestricted cash and investments	484,703	389,595	323,356	354,305
Unrestricted days' cash on hand	263.3	217.6	174.7	202.4
Unrestricted cash/total long-term debt (%)	185.1	183.4	146.3	156.4
Average age of plant (years)	8	7.1	7.6	8.6
Capital expenditures/Depreciation and amortization (%)	209.2	106.7	199.5	214.5
Debt and liabilities				

TABLE SEVEN Memorial Health System In thousands As of September 30 ⁽¹⁾				
	2013	2012	2011	2010
Total long-term debt	261,803	212,400	220,990	226,570
Long-term debt/capitalization (%)	29	30.4	33.2	35.8
Contingent liabilities	97,005	69,795	77.34	81.659
Contingent liabilities/total/long-term debt (%)	37.1	32.9	35	36
Debt burden (%)	3.76	3.78	3.91	4.03
Defined benefit plan funded status (%)	N.A.	71.52	74.71	67.2
Pro forma ratios				
Unrestricted days' cash on hand	263.28			
Unrestricted cash/total/long-term debt (%)	124.47			
Long-term debt/capitalization (%)	37.74			
1. Information from Standard and Poor's				

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

IX. Section 1120.130 -Financial Viability

The applicants have qualified for the financial waiver because the project is being funded with cash of \$3,479,095.

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

X. Section 1120.140 - Economic Feasibility

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

The applicants are funding this project with cash of \$3,479,095. No debt is being used to finance this project.

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

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

Modernization Contract and Contingencies – these costs total \$1,345,781 or \$243.36 per GSF. This appears reasonable when compare to the State Board Standard of \$273.98.

Contingency Costs – these costs are \$121,715 or 9.94% of modernization costs. This appears reasonable when compared to the State Board Standard of 10-15%.

Architectural and Engineering Fees – these costs are \$150,000 or 11.14% of modernization and contingency costs. This appears reasonable when compared to the State Board Standard of 7.62-11.44%.

Consulting Fees – these costs are \$150,000. The State Board does not have a standard for these costs. These costs include:

Legal Fees	\$25,000
A/E Reimbursable Expense	\$75,000
CON Preparation and Fees	\$20,000

Movable or Other Equipment – these costs are \$400,000. The State Board does not have a standard for these costs. This line item consists of furniture and equipment for patient rooms, common areas and offices to be constructed as a part of this project. The cost is an estimate of what beds, tables, chairs and desks will cost. A detailed list of equipment has not been completed at this point. No single piece of equipment will exceed the capital threshold.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 1120.140 (c))

D) Criterion 1120.140 (d) - Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated costs of salaries, benefits and supplies for the service.

The applicants are estimating \$1,987 operating costs for Passavant Area Hospital and the Adult Psychiatric Program \$428 by CY 2017. The State Board does not have a standard for these costs.

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

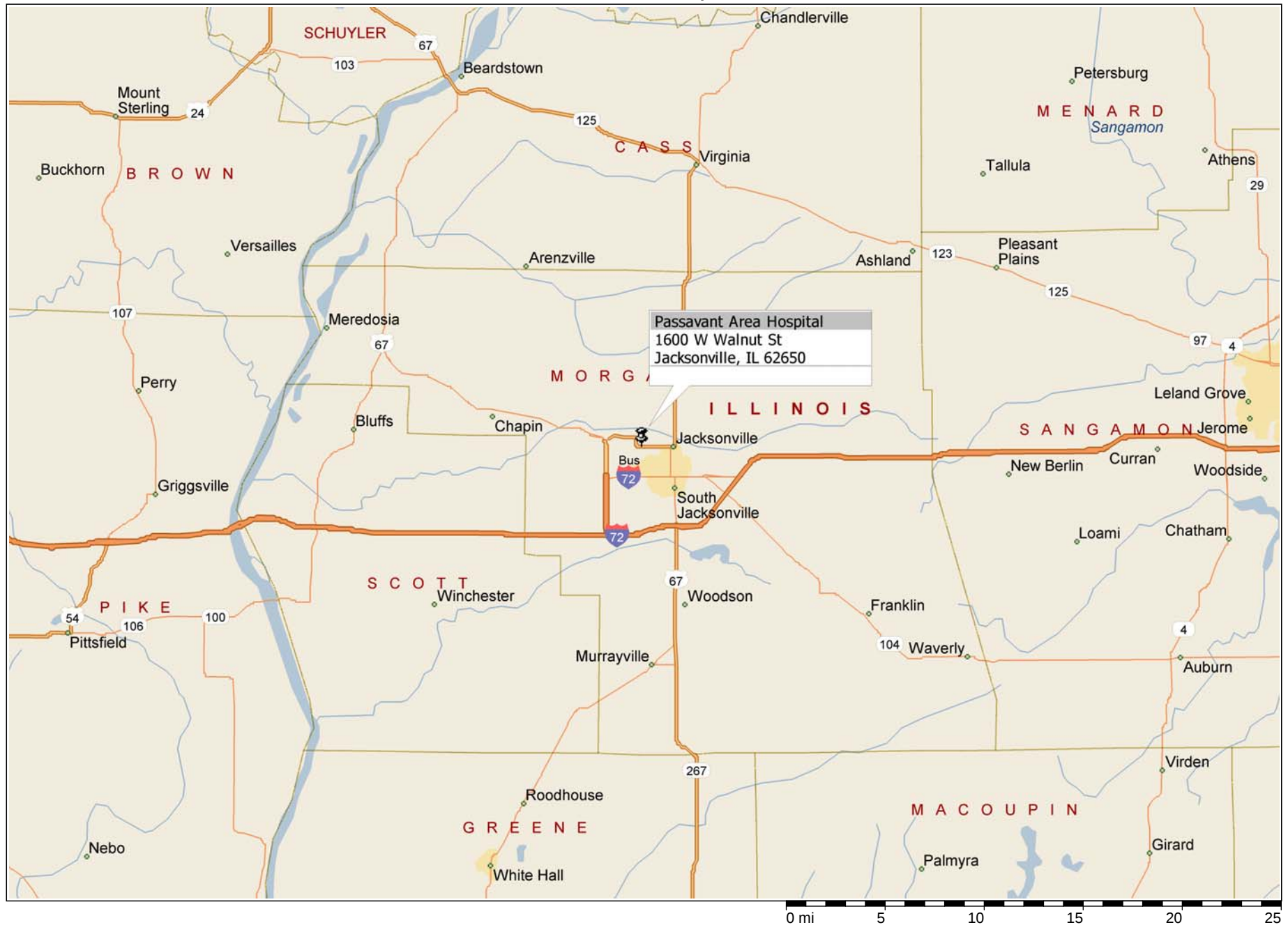
E) Criterion 1120.140 (e) Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

The applicants are estimating projected capital costs by CY 2017 of \$136.41 for Passavant Area Hospital. The State Board does not have a standard for these costs.

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

14-054 Passavant Area Hospital - Jacksonville



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<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Doug Rahn, DBA			White	93.7%	Hispanic or Latino:	1.7%
ADMINSTRATOR PHONE	217-245-9541 ext 3112			Black	6.0%	Not Hispanic or Latino:	95.8%
OWNERSHIP:	Passavant Area Hospital			American Indian	0.0%	Unknown:	2.5%
OPERATOR:	Passavant Area Hospital			Asian	0.1%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.0%	IDPH Number:	1792
CERTIFICATION:				Unknown	0.2%	HPA	E-04
FACILITY DESIGNATION:	General Hospital					HSA	3
ADDRESS	1600 West Walnut Street	CITY:	Jacksonville	COUNTY:	Morgan County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2013	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	101	76	76	2,321	8,464	954	4.1	25.8	25.5	34.0
0-14 Years				70	207					
15-44 Years				230	708					
45-64 Years				595	1,934					
65-74 Years				468	1,688					
75 Years +				958	3,927					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	9	9	9	491	1,003	32	2.1	2.8	31.5	31.5
Direct Admission				319	1,003					
Transfers				172	0					
Obstetric/Gynecology	11	8	8	395	897	61	2.4	2.6	23.9	32.8
Maternity				395	897					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
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	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	121			3,035	10,364	1,047	3.8	31.3	25.8	

(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	58.0%	14.2%	0.0%	18.6%	4.8%	4.3%	
	1760	432	0	566	146	131	3,035
Outpatients	36.1%	20.5%	0.0%	34.3%	6.4%	2.7%	
	30668	17381	0	29136	5465	2316	84,966
<u>Financial Year Reported:</u>	10/1/2012 to	9/30/2013	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	64.4%	10.8%	0.0%	22.5%	2.4%	100.0%	
	16,750,085	2,808,222	0	5,842,361	612,809	26,013,477	1,510,533
Outpatient Revenue (\$)	37.7%	16.5%	0.0%	39.5%	6.3%	100.0%	
	22,204,886	9,720,078	0	23,246,790	3,697,949	58,869,703	3,909,467
							Total Charity Care Expense 5,420,000
							Total Charity Care as % of Net Revenue 6.4%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	368		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	368		Beds	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	0	762	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		762	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	4					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies		97,613	Total:	0
C-Section Rooms:	1		Outpatient Studies		207,986		
CSections Performed:	120		Studies Performed Under Contract		10,337		

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	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	499	1280	935	1541	2476	1.9	1.2
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	1	763	1	427	428	1.0	0.6
Orthopedic	0	0	2	2	312	837	734	1312	2046	2.4	1.6
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	42	260	59	267	326	1.4	1.0
Totals	0	0	7	7	854	3140	1729	3547	5276	2.0	1.1
<u>SURGICAL RECOVERY STATIONS</u>			Stage 1 Recovery Stations		7		Stage 2 Recovery Stations		23		

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	2	2	147	1961	107	1165	1272	0.7	0.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
	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	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	Not Answered
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Basic
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	27,778
Patients Admitted from Emergency:	2,171
Total ED Visits (Emergency+Trauma):	27,778

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	77,720
Outpatient Visits at the Hospital/ Campus:	77,720
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
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:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

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

Diagnostic/Interventional Equipment

<u>Examinations</u>		<u>Therapeutic Equipment</u>		<u>Therapies/</u>	
<u>Owned</u>	<u>Contract</u>	<u>Owned</u>	<u>Contract</u>	<u>Treatments</u>	

General Radiography/Fluoroscopy	13	0	4,691	26,133	0	Lithotripsy	0	2	15
Nuclear Medicine	1	0	102	1,894	0	Linear Accelerator	0	0	0
Mammography	2	0	1	4,648	0	Image Guided Rad Therapy			0
Ultrasound	3	0	368	4,522	0	Intensity Modulated Rad Thrp			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	26	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	1,378	7,801	0				
Magnetic Resonance Imaging	1	0	114	2,625	0				