



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-09	BOARD MEETING: April 21, 2015	PROJECT NO: 15-007	PROJECT COST: Original: \$23,668,969
FACILITY NAME: Herrin Hospital		CITY: Herrin	
TYPE OF PROJECT: Non substantive			HSA: V

PROJECT DESCRIPTION: The applicants (Southern Illinois Hospital Services d/b/a Herrin Hospital, and Southern Illinois Healthcare Enterprises Inc.) are proposing the replacement and expansion of the Surgical Operating Suite and the Surgical Procedure Suites at Herrin Hospital in Herrin, Illinois. The cost of the project is \$23,668,969. The anticipated project completion date is December 31, 2018.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- **The applicants** (Southern Illinois Hospital Services d/b/a Herrin Hospital, and Southern Illinois Healthcare Enterprises Inc.) are proposing the replacement and expansion of the Surgical Suite (Class C Surgical Operating Suite), replacement of endoscopy and minor procedures rooms (Class B Surgical Procedure Suite); replacement and expansion of Post-Anesthesia Recovery Phase I stations (Post-Anesthesia Care Unit (PACU)); replacement and expansion of Surgical Prep (for both A.M. Admits and Same Day Surgery Patients) and Post-Anesthesia Recovery Phase II; and replacement and expansion of Prep/Recovery Phase II for the Class B Surgical Procedure Suite. The cost of the project is \$23,668,969. The anticipated project completion date is December 31, 2018.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project is by or on behalf of a health care facility and the total project cost is in excess of the capital expenditure minimum of \$12,670,607 (20 ILCS 3960/3)

PURPOSE OF THE PROJECT:

- *The purpose of this project is to improve Herrin Hospital's ability to provide essential surgical, endoscopic, and minor procedure services to all the patients it serves, including the uninsured and underinsured residents of Planning Area F-06, the State-defined planning area in which the hospital is located.*

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but none was requested. No letters of opposition were received by the State Board Staff. Letters of support were received and are listed in Section IV of the report.

NEED FOR PROJECT:

- This project is classified as a necessary expansion of clinical services other than categories of service. Under this criterion the applicants must provide the historical utilization for the prior two years as justification of the number of rooms/stations being proposed. The applicants currently have 8 operating rooms (4 Class C and 2 Class B rooms/endoscopy and 2 Class B/minor procedure rooms). Historical utilization will justify 5 operating rooms (Class C), 2 Endoscopy (Class B) procedure rooms and 1 Minor Procedure Room (Class B) **See (77 IAC 1110.3030 (d)(2))**. Projected utilization as outlined below will justify the 7 Class C Operating Rooms, 2 endoscopy procedure rooms and 2 minor procedure rooms being proposed. **(See 77 IAC 1110.234 (b)).**

FINANCIAL AND ECONOMIC FEASIBILITY:

- The applicants are financially viable as evidenced by their balance sheet and the project is economically feasible as the applicants have sufficient cash to fund the project. The applicants provided documentation of an A+ bond rating from Fitch and Standard and Poor's Rating Services and audited financial statements.

CONCLUSIONS:

- The applicants addressed a total of 15 criteria and have not met the following criteria.

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance:
Criterion 1110.3030 (d) (2) – Necessary Expansion	The applicants currently have 8 operating rooms (4 Class C operating rooms, 2 Class B rooms/endoscopy and 2 Class B/minor procedure rooms). The historical utilization will justify 5 operating rooms (Class C), 2 Endoscopy (Class B) procedure rooms and 1 Minor Procedure Room (Class B).
Criterion 1120.140 (c)–Reasonableness of Project Costs	New construction and contingency costs of \$459.65 per GSF exceed the State Board Standard of \$376.62. Modernization and contingency costs of \$344.64 per GSF exceeds the State Board Standard of \$263.63. The applicants provided an explanation for the additional construction costs for this project. <i>“Herrin Hospital is located on the New Madrid Earthquake Fault, as a result of which both the new addition and the existing hospital buildings must meet the current seismic codes for buildings located in an earthquake area. The new construction must meet the current seismic codes which have unique requirements for buildings located in an earthquake area. In addition, existing Herrin Hospital buildings must include structural upgrades that are required to meet the current standards of the seismic code. This project is being constructed over an existing Emergency Department. The structural, mechanical, and electrical tie-ins required for this expansion will have to be coordinated with the operations of the Emergency Department, which will be continued to be operational during the construction period. This project will need to be phased so the construction can take place around the existing operating rooms, patient prep/recovery areas, which will remain in operation during construction. In addition, the construction must include additional infection control measures. The construction will overhang the existing Emergency Department ambulance and walk-in entries. Special care will need to be taken to always keep the entrances open to the Emergency Department. The project site is very tight, which will make the proposed construction difficult. The north side of the hospital property will not be able to be accessed during construction because the property adjacent to the construction site is not owned by the</i>

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance:
	<i>hospital. This project includes the use of pre-cast panels in order to minimize impact on owners of neighboring property.”</i> State Board Staff notes in previous projects submitted from this area of the State construction and modernization costs have exceeded the State Board Standard because of the existing conditions in this area.

STATE BOARD STAFF REPORT
Project #15-007
Herrin Hospital

APPLICATION CHRONOLOGY	
Applicants(s)	Southern Illinois Hospital Services d/b/a Herrin Hospital, Southern Illinois Healthcare Enterprises Inc.
Facility Name	Herrin Hospital
Location	201 South 14th Street, Herrin, Illinois
Permit Holder	Southern Illinois Hospital Services d/b/a Herrin Hospital
Operating Entity/Licensee	Southern Illinois Hospital Services d/b/a Herrin Hospital
Owner of Site	Southern Illinois Healthcare Enterprises Inc.
Application Received	February 4, 2015
Application Deemed Complete	February 4, 2015
Anticipated Completion Date	December 31 ,2018
Review Period Ends	April 5, 2015
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. Project Description

The applicants (Southern Illinois Hospital Services d/b/a Herrin Hospital, and Southern Illinois Healthcare Enterprises Inc.) are proposing the replacement and expansion of the Surgical Suite (Class C Surgical Operating Suite), replacement of endoscopy and minor procedures rooms (Class B Surgical Procedure Suite); replacement and expansion of Post-Anesthesia Recovery Phase I stations (Post-Anesthesia Care Unit (PACU)); replacement and expansion of Surgical Prep (for both A.M. Admits and Same Day Surgery Patients) and Post-Anesthesia Recovery Phase II; and replacement and expansion of Prep/Recovery Phase II for the Class B Surgical Procedure Suite. The cost of the project is \$23,668,969. The anticipated project completion date is December 31, 2018.

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 does **not** appear to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Southern Illinois Hospital Services d/b/a Herrin Hospital and Southern Illinois Health Services. Southern Illinois Healthcare Enterprises, Inc. is the sole corporate member of Southern Illinois Hospital Services. Herrin Hospital is located at 201 South 14th Street, Herrin, Illinois in Health Service Area V and Health Planning Area F-06. Herrin Hospital is a 114 bed hospital with 77 medical surgical beds, 8 intensive care beds, and 29 rehabilitation beds. The operating entity licensee is Southern Illinois

Hospital Services d/b/a Herrin Hospital. The owner of the site is Southern Illinois Healthcare Enterprises, Inc. This is a non substantive project subject to a Part 1110 and Part 1120 review. Project Obligation will occur after permit issuance. The applicants provided a letter attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, because Herrin Hospital's campus is currently located in Zone X, which is a 500 year flood plain. In addition the applicants are in compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.).

Health Service Area V includes the Illinois Counties of Alexander, Bond, Clay, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski, Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White, and Williamson.

Health Planning Area F-06 includes Franklin, Williamson, Johnson, and Massac Counties; Pope County Townships of Jefferson #4, Webster #5, Golconda #1 and Golconda #3. There are three other hospitals in the F-06 Health Planning Area:

- Franklin Hospital, Benton, 25 beds - Critical Access Hospital
- Heartland Regional Medical Center, 98 beds, Marion
- Massac Memorial Hospital, Metropolis 25 beds – Critical Access Hospital

IV. Letters of Support

Letters of support were received from the following:

- | | |
|---|--|
| • State Senator David Luechtefeld, Assistant Minority Leader | • Carl W. Goodwin, Herrin resident |
| • Marlene Simpson, Herrin City Clerk | • Pramote Anantachai, MD., SIH Medical Group |
| • Kelly Green, Chief Information Officer First Southern Bank | • Michael W. Monchino, Herrin resident |
| • Gardner Kenny, MD, Southern Illinois Health Services | • State Representative Terri Bryant |
| • State Representative John E. Bradley | • Mike Dreith, PHD, John A. Logan College |
| • Barbara Jacobs, Vice President and Trust Officer The Bank of Herrin | • Tim Daughtery, PHD John A. Logan College |
| • Vickie King | • Marlyn Palaster, MSN, RN John A. Logan College |
| • Kevin Oestmann, M.D. | • Mike Hudson President and CEO Bank of Herrin |
| • State Senator Gary Forby | • Brent Newell, MD Southern Illinois Healthcare |
| • Robert and Cheryl Trench, Herrin Resident | • Michael C. Cerutti, Herrin Resident |
| • Terence P. Glennon, MD. | • David Hesterberg, Herrin Resident |
| • Frank King, Herrin resident | • Frederick W. Edwards, Marion Resident |
| • State Representative Brandon W. Phelps | • United State Senator Richard Durbin |
| • Kent Smith, Owner South Side Lumber | • Joe Neenerts, Johnson City Resident |
| • Mike Kochan Herrin Resident | • Mike Moneyham, Herrin Resident |
| • Randy J. Dunn President SIU University | • Nabil Al-Sharif, MD |
| • Edwin Gast, CEO Marshall Browning Hospital | • Lisa Lukens, Energy Resident |
| • Mark G. Collins, PHD Superintendent | • U.S. Congressman Mike Bost |
| • Charlotte Delaney, Herrin Resident | • James J. Helleny Jr President, Moneta Enterprises, LLC |
| • Marylyn S. Cairatti, Herrin Resident | • Tom Harness, Herrin Resident |
| • Chris J. Trapani, Herrin Resident | • Mike Murphy, Herrin Resident |
| • Kevin D. Frost, CLU | • Joshua J. Miksanek, MD |
| • U.S. Senator Mark Kirk | • Brad McCormick, Vice President John A. Logan College |
| • Michelle Jenkins, MD | • Teresa L/ Camarato, Herrin Resident |
| | • Keith Camarato, Herrin Resident |

- Deborah Payne, PHD
- Dean Connor, Zeigler Resident
- Peggy Kirk, Chief Clinical Operating Officer
- Christa Chancey-McCoy, Benton Resident
- Richard K. Buchman, MD
- Stephen P. Miller, Bridgemark Healthcare
- Anne Lougeay Barrett, Herrin Resident
- Liz Lively, Executive Secretary Herrin Chamber of Commerce
- Cesar Coello, MD
- Dennon Davis, MD
- Barry M. Vesciglio, PhD
- Jennifer Lee, Hospice of Southern Illinois
- Kathy Lively,
- Peter B. Bondioli, Herrin Resident
- Frank Columbo, Herrin Resident
- Brad McCormick, John A, Logan College
- Rodney Miller, MD
- Carol Emery, MSN, RN
- Stephen P. Miller, Bridgemark Healthcare
- John G. Markley, CEO Centerstone
- George Connor, Zeigler Resident
- Edwin H Tresnak, Herrin Resident
- Jeffrey Cooper, CFO
- Angela Kochan, Herrin Resident
- Deepu Sudhakaran, MD
- Naresh Ahuja, MD
- Jeffrey D. Parks, MD
- Rebecca J. Wisdom, Hospice of Southern Illinois
- Jennifer Vinyard, Eldorado Resident
- Deborah Hogg, Herrin Chamber of Commerce
- Robert L. Mees, Ph.D
- Jane Herman, OD Herrin Resident
- Carla Shasteen, Herrin Resident
- Delores Arnsmeier, Herrin Resident
- Ralph Brandon, Carterville Resident
- Nina Helleny, Herrin Resident
- Rev. Dr. Troy D. Benitone

V. **Project Description**

The project will consist of the construction of an addition to the hospital that will be constructed on top of a one-story building and the modernization of space that is adjacent to the newly constructed addition. The addition will be mostly on the second floor, and it will include an entrance on the first floor and a Mechanical Penthouse on the third floor.

The project includes the following Clinical Service Areas:

- Replacement and expansion of the Surgical Suite (Class C Surgical Operating Suite), including an increase of 3 general (multi-specialty) operating rooms;
- Replacement of Endoscopy and Minor Procedures (Class B Surgical Procedure Suite);
- Replacement and expansion of Post-Anesthesia Recovery Phase I (Post-Anesthesia Care Unit (PACU));
- Replacement and expansion of Surgical Prep (for both A.M. Admits and Same Day Surgery Patients) and Post-Anesthesia Recovery Phase II;
- Replacement and expansion of Prep/Recovery Phase II for the Class B Surgical Procedure Suite.

This project will also include the following Non-Clinical Service Areas:

- Administrative Offices;
- Storage Closet;
- Entrances, Lobbies, Central Public Space;
- Interdepartmental Circulation Space;
- Mechanical/Electrical Space and Equipment, including a Mechanical Penthouse and an Emergency Generator;
- Stairwells;
- Mechanical/Electrical/Data Shafts; Data Closet;
- Housekeeping Closet;
- Demolition and Replacement of the Emergency Department Canopy.

VI. Project Cost and Sources of Funds

The project is being funded with cash of \$23,668,969. There are no start-up costs or operating deficit.

TABLE ONE			
Project Costs and Sources of Funds			
Use of Funds	Clinical	Nonclinical	Total
Preplanning Costs	\$88,958	\$38,125	\$127,083
Site Preparation	\$40,314	\$17,278	\$57,592
Off Site Work	\$0	\$234,389	\$234,389
New Construction Contracts	\$5,641,611	\$2,555,919	\$8,197,530
Modernization Contracts	\$5,150,747	\$1,570,057	\$6,720,804
Contingencies	\$1,079,235	\$412,596	\$1,491,831
Architectural/Engineering Fees	\$691,877	\$296,519	\$988,396
Consulting and Other Fees	\$458,668	\$196,572	\$655,240
Movable or Other Equipment (not in construction contracts)	\$4,541,022	\$0	\$4,541,022
Other Costs To Be Capitalized	\$8,000	\$647,082	\$655,082
Total Use of the Funds	\$17,700,432	\$5,968,537	\$23,668,969
Source of Funds	Clinical	Nonclinical	Total
Cash and Securities	\$17,700,432	\$5,968,537	\$23,668,969
Total Sources of Funds	\$17,700,432	\$5,968,537	\$23,668,969

VII. Cost Space Chart –Clinical

The applicants are proposing 13,501 GSF of new construction and 16,140 GSF of modernized space for clinical services.

TABLE TWO
Cost Space Chart - Clinical

Clinical Components	Costs	Existing	Total	New	Modernized	As Is	Vacated ⁽¹⁾
Surgical Suite (Class C)	\$10,333,588	8,347	15,913	12,830	3,083	0	7,280
Endoscopy/Minor Procedure (Class B)	\$1,288,038	2,488	2,294	0	2,294	0	2,240
Post-Anesthesia Recovery Phase I	\$1,063,366	1,388	1,827	0	1,827	0	1,388
Surgical Prep/Post-Anesthesia Recovery Phase II for Class C	\$3,615,773	1,684	6,672	671	6,001	0	1,684
Prep/Post-Anesthesia Recovery Phase II for Class B	\$1,399,667	2,807	3,235	0	3,235	0	2,279
Total Clinical Components	\$17,700,432	16,714	29,941	13,501	16,440	0	14,871

1. Use of the vacated space is itemized on page 59 of the application for permit

A) Criterion 1110.230 (a) - Purpose of Project

The applicants stated the following regarding the purpose of the project:

“This project will improve the health care and well-being of the market area population by expanding and modernizing surgical, endoscopic, minor procedures, and related clinical service areas at Herrin Hospital, a hospital that provides health care to residents of Southern Illinois with a wide range of services. This project is designed to accomplish the following:

- Replace and expand the Surgical Suite (Class C Surgical Operating Suite), including the replacement of the 4 existing general (multi-specialty) operating rooms and the addition of 3 general operating rooms;*
- Replace Endoscopy and Minor Procedures (Class B Surgical Procedure Suite), including the replacement of the 2 existing endoscopic procedure rooms and the 2 existing minor procedure rooms;*
- Replace and expand Post-Anesthesia Recovery Phase I (Post-Anesthesia Care Unit, (PACU));*
- Replace and expand Surgical Prep (for both A.M. Admits and Same Day Surgery Patients) and Post-Anesthesia Recovery Phase II in order to provide appropriate facilities for the current mix of inpatient/outpatient surgical patients and to meet current Illinois Hospital Licensing Requirements;*
- Construct Prep/Recovery Phase II for the Class B Surgical Procedure Suite.*

As a result, this project will improve Herrin Hospital's ability to provide essential surgical, endoscopic, and minor procedure services to all the patients it serves, including the uninsured and underinsured residents of Planning Area F-06, the State-defined planning area in which the hospital is located. Planning Area F-06 includes Franklin, Williamson, Johnson, and Massac Counties and the following townships of Pope County: Jefferson #4; Webster #5; Golconda #1; and Golconda #3. Herrin Hospital's market area is a 7-county area in Southern Illinois (consisting of Franklin, Jackson, Johnson,

Perry, Saline, Union and Williamson Counties) that includes part or all of the State-designated Planning Areas F-05, F-06, and F-07.

This project is a necessary modernization of existing services at Herrin Hospital. The project includes the following Clinical Service Areas, all of which currently exist at Herrin Hospital (Herrin Hospital).

- Surgery*
- Endoscopy*
- Minor Procedures*
- Post-Anesthesia Recovery Phase I (Post-Anesthesia Care Unit, PACU)*
- Surgical Prep (for both AM. Admits and Same-Day Surgery Patients) and*
- Post-Anesthesia Recovery Phase II.*
- Prep/Post-Anesthesia Recovery Phase II for the Class B Surgical Procedure Suite*

The need for this project is based upon the following.

- This project is needed to modernize and expand existing services for the patients who receive care at Herrin Hospital.*
- This project is needed to modernize and expand existing services for the increasing acuity levels of patients who receive inpatient care at Herrin Hospital.*
- This project is needed to modernize and expand existing services for patients who reside in Herrin Hospital's market area but who currently travel outside the market area, often leaving the State of Illinois to travel to Missouri, Kentucky, and Indiana to receive medical care.*
- This project is needed to modernize and expand existing services for residents of Herrin Hospital's 7-county market area in Southern Illinois, all of which has been designated as Health Professional Shortage Areas and much of which has been designated as Medically Underserved Areas.*
- Many of the patients that receive care at Herrin Hospital are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care.*

There are a number of federally-designated Health Professional Shortage Areas in Herrin Hospital's market area. As of December 30, 2014, the federal government designated all 7 counties in the market area as being Health Professional Shortage Areas (HPSAs).

*Franklin County
Jackson County
Johnson County
Perry County
Saline County
Union County
Williamson County*

Many of the patients that receive care at Herrin Hospital are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas or being

part of Medically Underserved Populations. There are a number of federally-designated Medically Underserved Areas and Medically Underserved Populations in Herrin Hospital's market area, as identified below. The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete underservice and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over). The designation of a Medically Underserved Population (MUP) by the federal government is based upon applying the IMU to an underserved population group within its area of residence. Population groups requested for designation as MUPs should be those with economic barriers (low-income or Medicaid-eligible populations) or cultural and/or linguistic access barriers to primary medical care services.

The designation of a MUP is based upon the same assessment as the determination of a MUA, except that the population assessed is the population of the requested group within the area rather than the total resident civilian population of the area, and the number of FTE primary care physicians would include only those serving the requested population group. There are also provisions for a population group that does not meet the established criteria of an IMU less than 62.0 to be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented and if the designation is recommended by the State in which this population resides. The federal government has designated the following Medically Underserved Areas (MUAs) in the market area for this project.

Franklin County

Jackson County

Johnson County

Beaucoup and Cutler Precincts in Perry County

Union County

Blairsville, Carterville, and Williamson Service Areas in

Williamson County

The federal government has designated the following Medically Underserved Population (MUP) in the market area for this project. **Low income population in Saline County**

This project will have a positive impact on essential safety net services in Herrin Hospital's market area, which includes part or all of Planning Areas F-05, F-06, and F-06, because the patients that will be served by this facility, a significant percentage of whom are elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive care in modernized and expanded facilities. This project is needed to modernize and expand Herrin Hospital's facilities.

During the recent 12-month period of September, 2013, through August, 2014, nearly 95% of Herrin Hospital's patients resided within its market area, and more 72.50% of its patients resided in Planning Area F-06, the planning area in Herrin Hospital are

located. During FY12, 80% of Herrin Hospital's discharges resided in zip codes in which 1 % or more of the year's discharges resided. Most of these zip codes are located in Planning Area F-06. Herrin Hospital's 7-county market area had a 2013 population of 242,697 and accounted for more than 92% of the discharges to the SIHS hospitals: Herrin Hospital in Herrin; Herrin Hospital in Carbondale; and St. Joseph Memorial Hospital in Murphysboro. The SIHS hospitals' market share penetration in its market area is significant. During the year ending June 30, 2012, these hospitals had a 50% market share of all inpatient discharges within the 7 -county market areas.”

- B) Criterion 1110.230 (b) - Charity Care Information**
Non-substantive projects are by statute not required to submit a safety net impact statement. The applicants provided charity care information as required.

TABLE THREE			
Charity Care Information			
	2012	2013	2014
Net Patient Revenue	\$111,240,187	\$114,469,305	\$125,131,014
Amount of Charity Care	\$11,212,705	\$12,250,466	\$14,168,026
Cost of Charity Care	\$3,205,768	\$3,545,886	\$3,672,371
Ratio of Charity Care to Net Revenue	10.08%	10.70%	11.32%
Ratio of Charity Care to Net Revenue	2.88%	3.10%	2.93%

- C) Criterion 1110.230 – Alternatives to Project**
The applicants stated the following regarding the alternatives considered.
The following alternatives to the proposed project were considered and found to be infeasible and less desirable than the alternative that is the subject of this CON application. The applicants stated the following:

1. **Modernize** and expand the departments included in this project by constructing a one-story addition adjacent to the existing hospital on the site of the hospital's chapel and the Herrin Medical Arts Building, both of which would be demolished to accommodate the new addition. This alternative was rejected because this alternative would result in higher costs than the selected project because the existing tenants in the 3-story Medical Arts Building would need to be relocated in order to demolish that building since it sits on the site proposed in this alternative. This project would take longer to complete because of the time necessary to relocate the tenants in the 3-story Medical Arts Building and to demolish the Medical Arts Building and hospital chapel prior to the initiation of the construction of the new addition could begin. Implementation of this alternative would result in the Surgical Suite and post-anesthesia recovery facilities being located too far from the hospital's Emergency Department, Intensive Care Unit, and inpatient nursing units. **Capital Costs: \$32,000,000**
2. **Modernize** and expand the departments included in this project by constructing the new addition to the north of the existing hospital, rather than to the south of the existing hospital building, as proposed. This alternative was rejected because of the additional

costs required to purchase and demolish a funeral home that is currently located on property north of the Herrin Hospital campus, the site proposed for this alternative
Capital Costs: \$26,000,000

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

A) Criterion 1110.234 (a) - Size of Project

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

The applicants are proposing 7 Class C Surgery Rooms 2 Endoscopy Procedure Rooms and 2 Minor Procedure Rooms in a combined Class B Surgical Procedure Suite, 9 Recovery Phase I and 34 Recovery Phase II stations. The space for this project is reasonable when compared to the State Board standards at **Section 1110 Appendix B.**

State Board Definitions 77 IAC 1100.220

- Operating Room (Class B)" or "Surgical Procedure Room (Class B)" means a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral or intravenous sedation or under analgesic or dissociative drugs.
- Operating Room (Class C)" means a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.
- Post-Anesthesia Recovery Phase I" means the phase in surgical recovery that focuses on providing a transition from a totally anesthetized state to one requiring less acute interventions. Recovery occurs in the post-anesthesia care unit (PACU). The purpose of this phase is for patients to regain physiological homeostasis and receive appropriate nursing intervention as needed.
- Post-Anesthesia Recovery Phase II" means the phase in surgical recovery that focuses on preparing the patient for self care, care by family members, or care in an extended care environment. The patient is discharged to phase II recovery when intensive nursing care no longer is needed. In the phase II area, sometimes referred to as the step-down or discharge area, the patient becomes more alert and functional.

TABLE FOUR Size of the Project					
Clinical Services	Proposed	Proposed	State Standard		Met Standard
	Room/Station	DGSF	Room/Station	Total	
Surgery Class C	7	15,913 DGSF	2,750 DGSF	19,250	Yes
Endoscopy/Minor Procedure	4	2,294 DGSF	1,100 DGSF	4,400	Yes
Recovery Phase I	9	11,734 DGSF	180 DGSF	15,200	Yes
Recovery Phase II	34		400 DGSF		

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

B) Criterion 1110.234 (b) - Project Services Utilization

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B.

The applicants are proposing 7 Class C Surgery Rooms 2 Endoscopy Procedure Rooms and 2 Minor Procedure Rooms in a combined Class B Surgical Procedure Suite, 9 Recovery Phase I and 34 Recovery Phase II stations. If the procedures materialize the applicants can justify the number of rooms/stations being proposed. The applicants currently have 4 Class C operating rooms, 2 Class B/endoscopy procedure rooms, 2 Class B minor procedure rooms.

TABLE FIVE Projected Service Utilization							
Clinical Service Areas	Historic		Projected		Rooms Justified	State Standard	Met Standard
	CY12	CY13	FY19	FY20			
Total Surgery Cases	3,285	2,997	3,342	3,392			
Total Surgery Hours	6,951	7,282	9,060	9,187	7	1,500 hours per operating room (OR)	Yes
Total Endoscopy Cases	1,739	1,944	2,169	2,220			
Total Endoscopy Hours	1,996	2,538	2,832	2,898	2	1,500 hours per procedure room	Yes
Total Minor Procedures Cases	1,680	1,068	2,601	2,650			
Total Minor Procedures Hours	1,050	1,142	3,006	3,061	3	1,500 hours per procedure room	Yes

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

C) Criterion 1110.234 (e) - Assurances

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

Rex P. Budde, President and CEO Southern Illinois Hospital Services d/b/a Herrin Hospital attested by the end of the second year of operation after project completion, Herrin Hospital

will meet or exceed the utilization standards specified in 77 IAC 1110 Appendix B for the clinical service areas included in this project.

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

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

Criterion 1110.3030 (b) (1) (3) - Background of Applicants

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]

Herrin Hospital is owned and operated by Southern Illinois Hospital Services. Southern Illinois Hospital Services owns and operates the following:

- Herrin Hospital, Herrin
- Memorial Hospital of Carbondale, Carbondale
- St. Joseph Memorial Hospital, Murphysboro (Critical Access Hospital)
- Physicians Surgery Center, LLC, Carbondale (ASTC)

Herrin Hospital and Memorial Hospital of Carbondale are certified by The Joint Commission. A notarized letter was provided from Rex P. Budde, President and CEO of Southern Illinois Hospital Services and of Southern Illinois Healthcare, the sole corporate member of Southern Illinois Hospital Services. The letter documents that Herrin Hospital and the other health care facilities owned or operated by Southern Illinois Hospital Services have not had any adverse action taken against them during the past three years and authorizes the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted to the State Board.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH BACKGROUND OF APPLICANTS (77 IAC 1110.3030 (b) (1) (3))

B) Criterion 1110.3030 (d) (2) - Service Modernization- Necessary Expansion

The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand.

The applicants provided an explanation for the modernization of these service areas which is provided below.

1. Surgery (Surgical Operating Suite Class C)

This project proposes to replace and expand the Surgical Suite in order to accommodate the current and proposed utilization in the Surgery Service. Expansion of the Surgery Suite is necessary because Herrin Hospital has too few operating rooms to accommodate the hospital's surgical utilization. Herrin Hospital currently has a total of 4 operating rooms, which are too few operating rooms to accommodate the historic surgical volume. Total surgical cases at Herrin Hospital increased by 21 % since 2010. Total surgical hours at Herrin Hospital increased annually since 2010, increasing by 67% during the 4 year period from 2010 through 2013. Herrin Hospital's current operating rooms need to be replaced in order to be appropriately sized and configured to meet current standards of care and to accommodate contemporary surgical equipment. An increase in the number of operating rooms at Herrin Hospital is necessary to enable the hospital to handle its anticipated future increases in surgical volume. The expansion of Herrin Hospital's surgical capacity is particularly important because, as a result of recruiting additional surgeons, Herrin Hospital will be able to reduce outmigration from its market area for both inpatient and outpatient surgical care. The reduction of outmigration is particularly important because of the designation of Herrin Hospital's entire market area as a Health Professional Shortage Area and the designation of much of its market area as Medically Underserved Areas. The replacement of Herrin Hospital's Surgical Suite will result in additional surgical capability in the area since one of the new operating rooms will be designed to convert to a hybrid imaging/operating room in the future. A hybrid room combines a standard operating room with advanced imaging functions, thereby incorporating both the imaging and surgical technologies required for a range of both minimally invasive and open surgical procedures on high-risk patients. As a result, a surgical patient will be able to undergo required imaging procedures during surgery without having to be moved to a different room.

2. Endoscopy/Minor Procedures (Surgical Procedure Suite Class B)

This project proposes to replace and expand the Endoscopy/Minor Procedures Rooms in a consolidated Class B Surgical Procedure Suite in order to accommodate the current and proposed utilization of these services. Herrin Hospital needs to replace its 2 existing Endoscopy Procedure Rooms and its 2 existing Minor Procedures Rooms in order to create a Class B Surgical Procedure Suite with the procedure and recovery rooms located contiguous with each other. The procedure rooms are too small. The Endoscopy Procedure Rooms and Minor Procedure Rooms are not located in a combined suite with prep/recovery areas at the present time. Two of the procedure rooms open directly on a public corridor and lack access to appropriate patient and staff support space. There is inadequate space for instrument cleaning for endoscopy instruments. The support space is inadequate. Herrin Hospital's endoscopy utilization is projected to continue to increase in the future.

Herrin Hospital's minor procedures utilization is projected to continue to increase based on the following factors. Pain Management cases, which were moved from the Minor Procedures Rooms in 2013, will not be performed in Herrin Hospital's minor procedures rooms once these rooms are replaced as part of this project. Herrin Hospital's minor

procedures utilization is projected to continue to increase in the future. When this project is completed, the number of procedures cases performed in the Minor Procedures Rooms will increase because of the proposed transfer of a number of the cases currently performed in the operating rooms to the new minor procedure rooms that will become part of the Surgical Procedures Suite. Surgical and administrative staff at Herrin Hospital and Southern Illinois Healthcare reviewed the hospital's surgical caseload and identified cases that could be performed in the Minor Procedure Rooms. The following procedures that are currently being performed in Herrin Hospital's operating rooms were identified as procedures that could appropriately be performed in the Minor Procedure Rooms:

- Closed Reductions;
- Hip Injections;
- Minor Skin Lesion Removal;
- Pacemakers;
- PETS (ENT Tubes);
- Port Placement;
- Stimulator Lead Changes and/or Battery Changes.

3. Post-Anesthesia Recovery Phase I (Post-Anesthesia Care Unit, PACU)

This project proposes to replace Herrin Hospital's existing PACU for the following reasons. The PACU must be relocated to maintain its adjacency to the Surgical Suite, as required by the Illinois Department of Public Health's (IDPH's) Hospital licensing Requirements. The number of post-anesthesia recovery stations must be increased to meet IDPH's Hospital licensing Requirements that there be a minimum of 1 PACU station per operating room. The number of post-anesthesia recovery stations must be increased beyond the minimum requirements because of the hospital's experience with its caseload. The new PACU will provide appropriately sized and configured postsurgical facilities for Herrin Hospital's surgical patients in a location that is adjacent to the new Surgical Suite. The contiguity of the Surgical Suite and the PACU is mandated under Illinois Hospital Licensing Requirements. .

4. Surgical Prep (for both A.M. Admission of Surgical Inpatients and Same Day Surgical Patients) and Post-Anesthesia Recovery Phase" for Surgical Suite and Prep/Recovery Phase" for Class B Surgical Procedure Suite Replacement and expansion of these functions is needed for the following reasons. This department is located across a public corridor from the Surgical Suite and needs to be relocated for patient privacy and patient flow. The current number of Phase II recovery stations for post-surgical patients does not meet the requirements specified in the IDPH Hospital Licensing Requirements because it has only 15 stations, and additional stations are required. Historic increases in outpatient endoscopic and minor procedures have resulted in a need to construct a Phase II Recovery Department for patients undergoing these procedures. Many of the stations in this department lack direct visual observation from the nursing station.

The applicants currently have 8 operating rooms (4 Class C operating rooms, 2 Class B rooms/endoscopy and 2 Class B/minor procedure rooms). The historical utilization will justify 5 operating rooms (Class C), 2 Endoscopy (Class B) procedure rooms and 1 Minor Procedure Room (Class B). See Table Six below.

TABLE SIX						
Historical Surgery, Endoscopy and Minor Procedure Hours						
	Existing Rooms	Proposed	Hours			Rooms Justified
			Historical			
Clinical Service Areas			CY12	CY13	Ave.	
Surgery (Class C) ⁽²⁾	4	7	6,951	7,282	7,117	5
Endoscopy (Class B)	2	2	1,996	2,538	2,267	2
Minor Procedure Rooms (Class B) ⁽¹⁾	2	2	1,050	1,142	1,096	1
1. Operating Room (Class B)" or "Surgical Procedure Room (Class B)" means a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral or intravenous sedation or under analgesic or dissociative drugs. 2. Operating Room (Class C)" means a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.						

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT TO BE IN CONFORMANCE WITH CRITERION MODERNIZATION-NECESSARY EXPANSION (77 IAC 1110.3030 (d) (2))

X. Section 1120.120 - Availability of Funds

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

The applicants are funding this project with cash in the amount of \$23,668,969. The applicants have provided evidence of an A+ Bond Rating from Fitch and Standard and Poor's Rating Services. The applicants have sufficient cash to fund this project.

TABLE SEVEN Southern Illinois Health Services Audited Information In thousands (000)		
	2014	2013
Net Patient Revenue	\$460,410	\$432,809
Total Operating Revenue	\$472,206	\$440,260
Total Operating Expense	\$459,226	\$423,144
Operating Income	\$12,980	\$17,116
Operating Margin	2.75%	3.89%
Days Cash on Hand	300.4	308
Average Age of Plant	8.2	8.3
Long Term Debt	\$125,180	\$128,517

TABLE SEVEN Southern Illinois Health Services Audited Information In thousands (000)		
Long Term Debt/Capitalization	20.50%	22.60%

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

XI. Section 1120.130 - Financial Waiver

The applicants can qualify for the financial waiver if the project is being funded from internal sources or the applicants have an A or better bond rating.

The applicants have qualified for the financial waiver because they are funding this project from internal sources and have an A or better bond rating.

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

XII. Section 1120.140 - Economic Feasibility

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

B) Criterion 1120.140 (b) - Conditions of Debt Financing – Review Criterion

The applicants must document that the debt financing and terms of the financing are reasonable.

The applicants are funding this project with cash. No debt is being used to fund the project.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 IAC 1120.140 (a) (b))

C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs

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

Preplanning Costs are \$ 88,958 and are less than 1% of construction, modernization, contingencies, and equipment. This appears reasonable when compared to the State Board Standard of 1.8%. These costs include:

Program/Planning Services	\$42,700
Pre Construction Services	<u>\$46,258</u>
Total	\$88,958

Site Preparation Costs are \$40,314 and are less than 1% of construction, modernization and contingency. This appears reasonable when compared to the State Board Standard of 5%. These costs include \$40,314 in excavation and grading costs.

New Construction Costs and a Proportionate Share of Contingencies is \$6,205,727 and are \$459.65 per GSF. This appears **HIGH** when compared to the State Board Standard of \$376.62.

Cost Figure (From RS MEANS)	\$355
Inflation	3.00%
Midpoint of construction	2016
Number of Years to inflate	2
Adjusted Costs	\$376.62
Modernization 70%	\$263.63

Modernization Costs and a Proportionate Share of Contingencies is \$5,665,866 and are \$344.64 per GSF. This appears **HIGH** when compared to the State Board Standard of \$263.63

Contingencies Costs are \$1,079,235 and are 10% of construction and modernization. This appears reasonable when compared to the State Board Standard of 10-15%.

Architectural and Engineering Fees are \$691,877 and are 6.41% of new construction and modernization costs. This appears reasonable when compared to the State Board Standard of 5.90-8.86%.

Architectural and Engineering	\$656,877
Interior Design	\$21,000
Architectural and Engineering Reimbursement	<u>\$14,000</u>
Total	\$691,877

Consulting and Other Fees are \$458,668. The State Board does not have a standard for these costs. These costs include the following:

Inspection and Testing	\$13,374
Commissioning	\$84,000
CON Planning and Consultation	\$52,500
CON Application and Processing Fee	\$38,500
CON Plan Review Fee	\$14,000

SIH Management Fee	\$218,494
Construction Auditing	\$12,600
Builders Risk Insurance	<u>\$25,200</u>
Total	\$458,668

Movable or Other Equipment Costs are \$4,541,022. The State Board does not have a standard for these costs.

Medical Equipment	\$4,122,106
System and Modular Furniture	\$58,500
Furniture and Fixtures	\$206,603
Telecom Equipment	\$5,000
Information System Equipment	\$128,913
Artwork and Plants	<u>\$19,500</u>
Total	\$4,541,022

Other Costs to be Capitalized is \$8,000. The State Board does not have a standard for these costs. These costs include temporary department relocation.

The applicants provided an explanation for the additional construction costs for this project. *“Herrin Hospital is located on the New Madrid Earthquake Fault, as a result of which both the new addition and the existing hospital buildings must meet the current seismic codes for buildings located in an earthquake area. The new construction must meet the current seismic codes which have unique requirements for buildings located in an earthquake area. In addition, existing Herrin Hospital buildings must include structural upgrades that are required to meet the current standards of the seismic code. This project is being constructed over an existing Emergency Department. The structural, mechanical, and electrical tie-ins required for this expansion will have to be coordinated with the operations of the Emergency Department, which will be continued to be operational during the construction period. This project will need to be phased so the construction can take place around the existing operating rooms, patient prep/recovery areas, which will remain in operation during construction. In addition, the construction must include additional infection control measures. The construction will overhang the existing Emergency Department ambulance and walk-in entries. Special care will need to be taken to always keep the entrances open to the Emergency Department. The project site is very tight, which will make the proposed construction difficult. The north side of the hospital property will not be able to be accessed during construction because the property adjacent to the construction site is not owned by the hospital. This project includes the use of pre-cast panels in order to minimize impact on owners of neighboring property.”*

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 1120.140 (c))

D) Projected Operating Costs

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

FY19 Operating Expenses:

Salaries	\$41,702,100
Benefits	\$15,998,084
Supplies	\$13,488,328
Total	\$81,572,857

Equivalent Patient Day = 66,584

Projected Operating Costs per equivalent patient day = \$1,225.11

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

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.

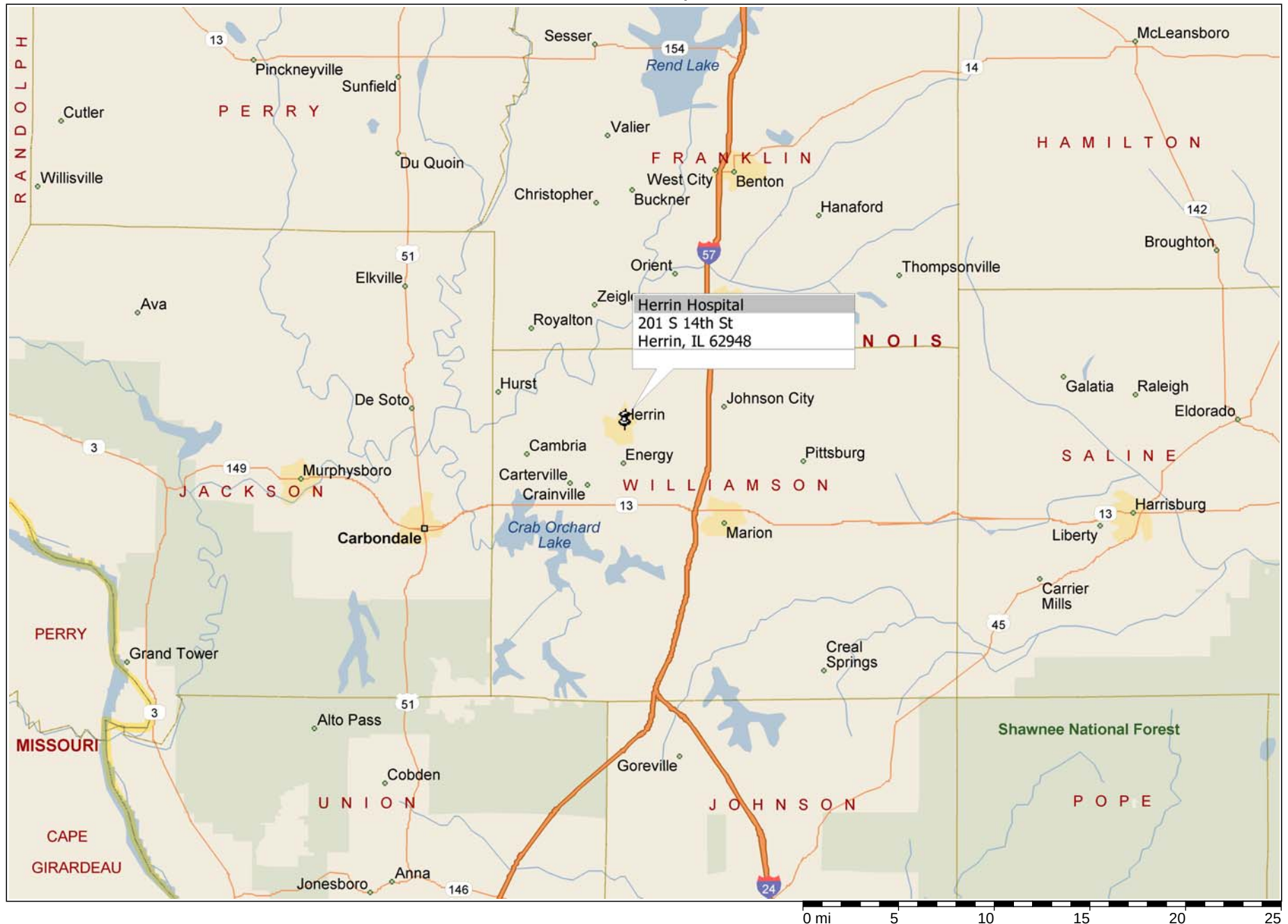
FY19 Projected Capital Costs:

Depreciation	\$6,897,863
Amortization	\$98,704
Interest	\$2,147,400
Total	\$9,143,337
Equivalent Patient Day	66,584

The projected capital costs per equivalent patient day is \$137.32

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

15 007 Herrin Hospital Herrin



<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Terence Farrell			White	97.5%	Hispanic or Latino:	0.2%
ADMINSTRATOR PHONE	618-942-2171 x35188			Black	1.9%	Not Hispanic or Latino:	99.4%
OWNERSHIP:	Southern Illinois Hospital Services			American Indian	0.0%	Unknown:	0.4%
OPERATOR:	Southern Illinois Hospital Services			Asian	0.2%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.0%	IDPH Number:	0935
CERTIFICATION:				Unknown	0.4%	HPA	F-06
FACILITY DESIGNATION:	(Not Answered)					HSA	5
ADDRESS	201 South 14th Street	CITY:	Herrin	COUNTY:	Williamson 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	77	77	77	4,432	16,696	2,783	4.4	53.4	69.3	69.3
0-14 Years				6	13					
15-44 Years				595	1,504					
45-64 Years				1,294	4,522					
65-74 Years				955	3,740					
75 Years +				1,582	6,917					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	8	8	8	787	2,162	0	2.7	5.9	74.0	74.0
Direct Admission				583	1,396					
Transfers				204	766					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
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	29	29	29	597	7,243	1	12.1	19.8	68.4	68.4
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	114			5,612	26,101	2,784	5.1	79.1	69.4	

(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	66.8%	11.1%	1.3%	15.8%	2.9%	2.1%	
	3748	621	72	888	163	120	5,612
Outpatients	44.6%	17.8%	0.3%	32.2%	3.8%	1.3%	
	59890	23936	343	43200	5141	1791	134,301
<u>Financial Year Reported:</u>	4/1/2012 to	3/31/2013	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	66.2%	3.7%	0.8%	29.3%	0.0%	100.0%	
	33,693,009	1,892,443	431,753	14,900,638	13,167	50,931,010	1,361,545
Outpatient Revenue (\$)	20.1%	7.4%	0.2%	72.0%	0.3%	100.0%	
	12,754,944	4,711,616	147,416	45,730,769	193,551	63,538,296	2,184,341
							Total Charity Care as % of Net Revenue
							3.1%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	0		Beds	0	0	Heart:	0
Birthing Rooms:	0		Patient Days	0	0	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		0	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0		<u>Laboratory Studies</u>			Total:	0
C-Section Rooms:	0		Inpatient Studies		411,828		
CSections Performed:	0		Outpatient Studies		874,719		
			Studies Performed Under Contract		70,644		

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	2	0	5	0	5	2.5	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	613	820	1518	1398	2916	2.5	1.7
Gastroenterology	0	0	0	0	10	5	10	7	17	1.0	1.4
Neurology	0	0	0	0	3	9	6	19	25	2.0	2.1
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	1	0	1	0	1	1.0	0.0
Ophthalmology	0	0	0	0	0	97	0	46	46	0.0	0.5
Orthopedic	0	0	0	0	674	219	1930	504	2434	2.9	2.3
Otolaryngology	0	0	0	0	17	195	20	346	366	1.2	1.8
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	44	155	64	545	609	1.5	3.5
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	76	77	85	91	176	1.1	1.2
Totals	0	0	4	4	1440	1577	3639	2956	6595	2.5	1.9
<u>SURGICAL RECOVERY STATIONS</u>			Stage 1 Recovery Stations		4		Stage 2 Recovery Stations		15		

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	443	1501	525	1528	2053	1.2	1.0
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>											
Minor Procedures	0	0	2	2	215	1633	196	902	1098	0.9	0.6
	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	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Basic
Number of Emergency Room Stations	15
Persons Treated by Emergency Services:	26,261
Patients Admitted from Emergency:	3,717
Total ED Visits (Emergency+Trauma):	26,261

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	134,301
Outpatient Visits at the Hospital/ Campus:	124,594
Outpatient Visits Offsite/off campus	9,707

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**Examinations****Therapeutic Equipment****Therapies/ Treatments****Owned Contract****Inpatient****Outpt****Contract****Owned Contract**

General Radiography/Fluoroscopy	10	0	5,720	25,401	0	Lithotripsy	0	1	29
Nuclear Medicine	3	0	1,119	3,028	0	Linear Accelerator	0	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therapy			0
Ultrasound	3	0	1,473	5,589	0	Intensity Modulated Rad Thrp			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			22	20	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	1,383	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,092	16,562	0				
Magnetic Resonance Imaging	1	0	620	3,903	0				