



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-08	BOARD MEETING: June 2, 2015	PROJECT NO: 15-017	PROJECT COST: Original: \$10,039,720
FACILITY NAME: Advocate Condell Ambulatory Surgery Center		CITY: Libertyville	
TYPE OF PROJECT: Substantive			HSA: VIII

PROJECT DESCRIPTION: Advocate Condell Ambulatory Surgery Center, LLC, Advocate Condell Medical Center, Advocate Health and Hospitals Corporation, Advocate Health Care Network, Evangelical Hospitals Corporation, SCA Surgery Holdings, LLC, SCA-Illinois, LLC, Advocate SCA Partners, LLC, and Surgical Care Affiliates, LLC (the "Applicants") propose to establish a multi-specialty ambulatory surgical treatment center ("ASTC"), in Libertyville. The anticipated date of completion is March 31, 2017, and the project cost is \$10,039,720

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- Advocate Condell Ambulatory Surgery Center, LLC, Advocate Condell Medical Center, Advocate Health and Hospitals Corporation, Advocate Health Care Network, Evangelical Hospitals Corporation, SCA Surgery Holdings, LLC, SCA-Illinois, LLC, Advocate SCA Partners, LLC, and Surgical Care Affiliates, LLC (the "Applicants") propose to establish a multi-specialty ambulatory surgical treatment center ("ASTC") with 2 surgical suites, 5 pre-operative stations, and 8 recovery stations. The facility will be located on the campus of Advocate Condell Medical Center, in Libertyville a cost of \$10,039,720.
- Advocate-SCA Partners, LLC will hold a 51% interest in the Advocate Condell Ambulatory Surgery Center, LLC. The physician members of the Advocate Condell Ambulatory Surgery Center, LLC will have a combined interest of 49%, and none of them will hold 5% or more ownership. Advocate-SCA Partners, LLC is comprised of SCA-Illinois, LLC with 51 % interest and Advocate's for-profit corporation, Evangelical Services Corporation, with the other 49% interest.
- **The anticipated completion date is March 31, 2017.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project proposes to establish a health care facility as defined by Illinois Health Facilities Planning Act (20 ILCS 3960(3)).

PURPOSE OF THE PROJECT:

- The applicants stated the purpose of the proposed project is “*to meet the community needs for access to high quality, cost efficient, and easily accessible, outpatient surgical care*”. The facility will be established on the campus of Advocate Condell Medical Center in Libertyville, to facilitate accessibility for both patients and medical staff, and will “*perform procedures that are appropriate for an ASTC, to be performed in a setting that has been demonstrated to be less costly, more efficient, and more convenient for both patients and families.*” The applicants provided research that outlines the benefits of outpatient surgical services, compared to those performed in an inpatient setting, and identified a service area similar to that of the service area for Advocate Condell Medical Center (Lake County/Libertyville).

NEED FOR THE PROJECT:

- The applicants note Advocate Condell Medical Center is the only Level I Trauma Center in Lake County, and the hospitals outpatient procedures are often rescheduled, due to emergency or trauma patients having priority for time in the surgical suites.
- The applicants have found that as a result of the “re-prioritizations”, patients requiring outpatient surgery have intentionally sought these services outside of the primary service area, in an effort to seek care in a more efficient, lower cost setting.
- The applicants note the purpose of the project is to “*provide the right care, at the right time, in the right place.*” The applicants note the proposed ASTC will provide improved patient access, increased patient satisfaction, higher physician/staff efficiencies, and decreased costs for surgical care. The proposed ASTC will follow the Medical Center’s charity care policies.
- Within the 45-minute travel radius, the applicants identified 16 hospitals (See Table 5), and 27 ASTCs (See Table 6). Of the 16 hospitals, 6 (37.5%) are not operating at the 80% target occupancy. Of the 27 ASTCs, 7 (70%), are not operating at the target occupancy.
- The applicants state that **all cases will come from the Advocate Condell Medical Center and that the proposed project will not affect other hospitals and ASTC’s in the 45 minute geographic service area.** The Medical Center currently has 12 operating rooms and in 2014 had 20,894 hours which will justify 14 operating rooms at 80% target occupancy.
- **State Board Staff Notes** it has been the State Board Staff’s experience that ASTC’s provide little care to Medicaid or Charity Care Patients. While the proposed facility states that it will follow the charity policy of the Medical Center, referrals are done by physicians and not the Medical Center and if the physicians do not refer Medicaid or Charity Care Clients to the proposed facility no Medicaid or Charity Care will be provided.
- **Further**, if this project is approved the Medical Center **could add** surgery capacity without State Board approval. Because one of the purposes of the CON program is to avoid “unnecessary duplication of service” it appears appropriate that if the proposed project is approved the applicants will not add surgical capacity without approval of the State Board no matter the cost.

PUBLIC COMMENT:

- A public hearing was offered on this project no hearing was requested. **Nine letters of support** were received from the following:
 - Terry Link, Illinois State Senator, 30th District
 - Aaron Lawlor, Lake County Board Chairman, District 18 Representative
 - Sam Yingling, State Representative, 62nd District
 - Julie A. Morrison, Illinois State Senator, 29th District
 - T.E. Sashko, Fire Chief, Village of Mundelein
 - Terry Link, Illinois State Senator, 30th District
 - Jeff Steingart, Fire Chief, Countryside Fire Department
 - Terry L. Wepler, Mayor, Village of Libertyville
 - Megan McKenna Meija, Executive Director, Mano a Mano Family Resource Ctr.
- **Letters of opposition** were received from:.

Barbara A. Martin CEO of Vista Health System stated “Vista Medical Center, through Waukegan Illinois Hospital Company holds a majority interest in Lindenhurst Surgery Center, located 13.8 miles/23 minutes (MapQuest) from the Advocate Condell campus. The revenue generated through Waukegan Illinois Hospital Company's ownership interest in Lindenhurst Surgery Center is used to subsidize the safety net services provided by Vista in Waukegan and throughout Lake County. Thirteen of the twenty surgeons that have documented their desire to invest in Advocate Condell Ambulatory Surgery Center currently perform cases at Lindenhurst Surgery Center. With the loss of cases from Lindenhurst Surgery Center that will inevitably result from the establishment of the proposed ASTC, the subsidizing of Vista's safety net services will be diminished, and therefore Vista's ability to provide the volume of safety net services that it currently provides will be jeopardized.”

- **David Zoelick, MD** stated “Lindenhurst Surgery Center is a multi-specialty surgery center located 20-25 minutes to the north of Advocate Condell Medical Center. During 2014 2,459 surgical cases were performed at Lindenhurst, and the facility performed at 31.8% utilization. Of the 2,459 cases, 824 were performed by surgeons that have documented both their intent to bring cases to the Advocate Condell ASTC as well as to invest in Advocate Condell Ambulatory Surgery Center. Lindenhurst is a long-established ASTC that not only has the capacity to meet the needs of the patients to be referred to the Advocate Condell ASTC, but is being used by the surgeons intended to refer cases to the Advocate Condell ASTC.”
- **Alan Gegeheimer, MD** stated “While, as stated in the application, Advocate Condell ASTC's charity care policies may mirror those of the hospital, the thirteen physicians providing letters in support of the project who are on staff at LSC have not referred any charity care patients to LSC over the past two years, though LSC has a charity care policy that would allow the referral of qualified patients. Therefore, and given the fact that the Advocate Condell ASTC will be organized as a for-profit entity (like virtually all ASTCs), it is difficult to believe that the Advocate Condell ASTC will have a payer mix substantially different than other ASTCs in the area.”

WHAT WE FOUND:

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

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
1110.1540 (h) – Unnecessary Duplication of Service	Because all existing facilities in the proposed geographic service area are not operating at target occupancy it would appear that unnecessary duplication of service may result with the approval of this facility.
1120.140(c) Reasonableness of Project and Related Costs	The applicants have exceeded the prescribed State standards for Site Survey/Site Preparation Costs, New Construction/Contingencies, and Moveable or Other Equipment.

STATE BOARD STAFF REPORT
Advocate Condell Ambulatory Surgery Center
PROJECT #15-017

APPLICATION CHRONOLOGY	
Applicants(s)	Advocate Condell Ambulatory Surgery Center, LLC Advocate Condell Medical Center Advocate Health and Hospitals Corporation Advocate Health Care Network Evangelical Hospitals Corporation SCA Surgery Holdings, LLC SCA-Illinois, LLC Advocate SCA Partners, LLC Surgical Care Affiliates, LLC
Facility Name	Advocate Condell Ambulatory Surgery Center, LLC
Location	Libertyville, Illinois
Permit Holder	Advocate Condell Ambulatory Surgery Center, LLC
Operating Entity/Licensee	Advocate Condell Ambulatory Surgery Center, LLC
Owner of the Site	Advocate Condell Medical Center
Application Received	March 16, 2015
Application Deemed Complete	March 16, 2015
Can applicants request a deferral?	Yes

I. The Proposed Project

Advocate Condell Ambulatory Surgery Center, LLC, Advocate Condell Medical Center, Advocate Health and Hospitals Corporation, Advocate Health Care Network, Evangelical Hospitals Corporation, SCA Surgery Holdings, LLC, SCA-Illinois, LLC, Advocate SCA Partners, LLC, and Surgical Care Affiliates, LLC (the "Applicants") propose to establish a multi-specialty ambulatory surgical treatment center ("ASTC") with 2 operating rooms, 5 pre-operative stations, and 8 recovery stations in a medical office building, located on the campus of Advocate Condell Medical Center, Libertyville. Project cost: \$10,039,720.

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 Advocate Condell Ambulatory Surgery Center, LLC, Advocate Condell Medical Center, Advocate Health and Hospitals Corporation, Advocate Health Care Network, Evangelical Hospitals Corporation, SCA Surgery Holdings,

LLC, SCA-Illinois, LLC, Advocate SCA Partners, LLC, and Surgical Care Affiliates, LLC. Each has submitted necessary verification for licensure in the State of Illinois. The facility will be located at 825 South Milwaukee, in Libertyville, on the campus of Advocate Condell Medical Center.

The project is a substantive project and is subject to Part 1110 and Part 1120 review. Obligation will occur after permit issuance. **The anticipated project completion date is March 31, 2017.**

IV. The Proposed Project – Details

The applicants are Advocate Condell Ambulatory Surgery Center, LLC, Advocate Condell Medical Center, Advocate Health and Hospitals Corporation, Advocate Health Care Network, Evangelical Hospitals Corporation, SCA Surgery Holdings, LLC, SCA-Illinois, LLC, Advocate SCA Partners, LLC, and Surgical Care Affiliates, LLC. The applicants propose to establish a multi-specialty ambulatory surgical treatment center ("ASTC") with 2 surgical operating rooms, 8 recovery stations, and 5 pre-operative stations. The facility will be located on the campus of Advocate Condell Medical Center in 10,979 GSF of newly constructed space, at a cost of \$10,039,720.

V. Project Costs and Sources of Funds

The applicant is funding the project with cash of \$5,813,879 and a lease with a FMV of \$4,225,841. Estimated start-up costs and operating deficit is \$713,218.

TABLE ONE			
Project Costs and Sources of Funds			
Uses of Funds	Clinical	Non-Clinical	Total
Preplanning Costs	\$34,461	\$21,039	\$55,500
Site Preparation	\$3,105	\$1,895	\$5,000
New Construction	\$3,414,814	\$2,084,855	\$5,499,669
Contingencies	\$308,142	\$188,131	\$496,272
A&E Fees	\$355,489	\$217,038	\$572,527
Consulting Fees	\$205,415	\$125,413	\$330,828
Movable or Other Equipment	\$1,654,286	\$772,789	\$2,427,075
Other Costs to be Capitalized	\$167,390	\$102,197	\$269,587
Acquisition of Building & Other Property	\$34,266	\$20,921	\$55,187
Total	\$6,381,074	\$3,658,646	\$10,039,720
Sources of Funds			
Cash	\$3,757,196	\$2,056,684	\$5,813,879
Leases (FMV)	\$2,623,878	\$1,601,963	\$4,225,841
Total	\$6,381,074	\$3,658,646	\$10,039,720

VI. Cost/Space Requirements

The State Board asks applicants to provide the cost and the gross departmental square footage for each department/service being proposed by the project. For each department the applicants specifies the amount of existing, the proposed gross square footage, the gross square footage that is new construction, modernized, remains as is and the amount of vacated space. The applicant is proposing 10,979 GSF of newly constructed space for the proposed facility.

TABLE TWO							
Cost Space Requirements							
Clinical	Total Cost	Existing	Proposed	New Construction	Mod	As Is	Vacated
Clinical							
Surgery/ Recovery	\$3,278,445	0	3,487	3,487	0	0	0
Clinical Support	\$3,102,629	0	3,330	3,330	0	0	0
Sub Total	\$6,381,074	0	6,817	6,817	0	0	0
Non Clinical							
Administration	\$1,167,391	0	1,328	1,328	0	0	0
Visitor/Public	\$893,125	0	1,016	1,016	0	0	0
Materials/ Mechanical	\$987,184	0	1,123	1,123	0	0	0
Circulation	\$610,946	0	695	695	0	0	0
Sub Total	\$3,658,646	0	4,162	4,162	0	0	0
Total	\$10,039,720	0	10,979	10,979	0	0	0

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

A) **Criterion 1110.230 (a) - Purpose of the Project**

The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served.

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

Purpose of the Project

The applicants stated the purpose of the proposed project is “to meet the community needs for access to high quality, cost efficient, and easily accessible,

outpatient surgical care”. The facility will be established on the campus of Advocate Condell Medical Center in Libertyville, to facilitate accessibility for both patients and medical staff, and will “perform procedures that are appropriate for an ASTC, to be performed in a setting that has been demonstrated to be less costly, more efficient, and more convenient for both patients and families.”

Service Area

The Applicants identified a service area that encompasses much of central and northwestern Lake County. The primary service area includes Round Lake, Mundelein, Grayslake, Waukegan, Libertyville, Gurnee, Vernon Hills, Lake Villa, Antioch, Lake Bluff, and Lake Forest. The applicants identified a secondary service area that includes: suburban Waukegan, Zion, Ingleside, Wauconda, North Chicago, Fox Lake, Buffalo Grove, Lincolnshire, and Wadsworth

Need for Project

The applicants note Advocate Condell Medical Center is the only Level I Trauma Center in Lake County, and the hospitals outpatient procedures are often rescheduled, due to emergency or trauma patients having priority for time in the surgical suites. The applicants have found that as a result of the “re-prioritizations”, patients requiring outpatient surgery have intentionally sought these services outside of the primary service area, in an effort to seek care in a more efficient, lower cost setting. The applicants note the purpose of the project is to “*provide the right care, at the right time, in the right place.*” The applicants note the proposed ASTC will provide improved patient access, increased patient satisfaction, higher physician/staff efficiencies, and decreased costs for surgical care.

See pages 114-117 of the application for permit for a complete discussion of the purpose of the project.

B) Criterion 1110.230 (b - Safety Net Impact Statement

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

The applicant stated the following to address the Safety Net Impact Statement:

“The proposed project will not have a negative impact on the existing safety net services available to the community. The proposed new ASTC will develop and implement a charity care policy to mirror the charity care policy of Advocate

Condell Medical Center. This includes seeing Medicare, Medicaid, and charity care patients.” The applicants note seeing a higher percentage of charity cases as a result of the patients that present in the Emergency Department and Urgent Care.

The applicant’s projected payor mix for the Advocate Condell Medical Center is 23.7% Medicare, 8.6% Medicaid, 59.2% commercial insurance, 5.9% from other sources, and 2.6% charity care. Table Three shows Charity Care Data for the years 2011, 2012, and 2013.

TABLE THREE			
Safety Net Information per 96-0031			
Advocate Condell Medical Center, Libertyville			
CHARITY CARE			
Charity (# of patients)	2011	2012	2013
Inpatient	560	770	714
Outpatient	5,334	2,935	2,853
Total	5,894	3,705	3,567
Charity (cost in dollars)			
Inpatient	\$5,997,000	\$6,056,000	\$8,548,000
Outpatient	\$3,572,000	\$6,056,000	\$5,372,000
Total	\$9,569,000	\$12,112,000	\$13,920,000
MEDICAID			
Medicaid (# of patients)	2011	2012	2013
Inpatient	2,861	2,876	2,403
Outpatient	40,286	40,381	37,104
Total	43,147	43,257	39,507
Medicaid (revenue)			
Inpatient	\$24,331,619	\$17,781,997	\$20,689,925
Outpatient	\$11,970,979	\$11,275,418	\$14,282,512
Total	\$36,302,598	\$29,057,415	\$34,972,437

- C) Criterion 1110.230 (c) - Alternatives to the Proposed Project**
The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

To address this criterion the applicant considered four other alternatives to the proposed project. They are as follows:

1. Modernize Existing Surgery Suite, Adding Dedicated Area for Outpatient Procedures

While considering this alternative, the applicants determined that access would be marginally improved, but not the level of improvement that a stand-alone ASTC would provide. Although it was determined that the quality of the surgical service would be the same, the estimated cost of the project would be \$15,000,000, which led to the applicants rejection of this alternative.

2. Establish a Dedicated Outpatient Surgical Area Within Current Hospital

The Applicants took this alternative under consideration, but realized this alternative would not improve overall patient access, and reduce flexibility of room utilization. The applicants identified a lower cost with this alternative (\$7,000,000), but realized the loss of 2 ORs with this alternative, resulting in the reduced room flexibility. The applicants rejected this alternative, citing the issue of reduced patient access

3. Acquire and Existing or Enter into a Joint Venture with an Existing ASTC

In examining this alternative, the applicants determined the quality of care would be appropriate, and access could possibly be improved. However, this alternative would not provide sufficient access to Ancillary services available on the campus of Advocate Condell Medical Center. For this reason, this alternative was rejected. The applicants were unable to determine a projected cost for this alternative.

4. Utilize Other Health Care Resources to Serve Population

The applicants did not take this option under consideration, due to an inability to control the quality of care, and the inability of Advocate patients to have access to the hospital of their choice. The applicants did not identify a cost with this alternative.

5. Build a Dedicated ASTC on the Campus of Advocate Condell Medical Center

Being the chosen option, the applicants found this alternative to be the most cost-effective for them, while improving access to a surgical service where quality and costs could be effectively monitored to provide a level of service deserving of their patient base. Cost of this alternative: \$10,039,720.

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

A) Criterion 1110.234(a) - Size of Project

The applicant shall document that the physical space proposed for the project is necessary and appropriate. To address this criterion the applicant provided the proposed gross square feet for the 2 procedure rooms and 4 recovery stations being proposed.

The applicant is proposing 3,487 gross square feet of space for 2 operating rooms, 5 pre-operative bays, and 8 recovery stations. The State Board Standard is 1660-2200 GSF per operating room. The applicants spatial configuration is 1,743 GSF per room. The proposed facility is appropriately sized and in compliance with the Section 1110 Appendix B. See Table Two.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION SIZE OF THE 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. To address this criterion the applicant provided the number of the procedures expected to perform in Year 1 and Year 2 after project completion and the average procedure time and total surgical hours expected.

The applicant provided the necessary documentation to successfully address this criterion. The applicant is projecting that by the second year after project completion the facility will exceed the State standard of 1,500 hours per procedure room.

The applicant stated the proposed project will actually increase utilization of Advocate Condell Medical Center's outpatient surgery by 5.75% annually, resulting in 2,706 hours of projected utilization in the first year, and 2,862 projected hours of utilization by the second year after project completion. It appears the applicants have met the requirements of this criterion.

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

IX. Section 1110.1540 - Non-Hospital Based Ambulatory Surgical Treatment Center Services

A) Criterion 1110.1540 (a) - Introduction

Ambulatory Surgical Treatment Centers required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5] are defined as healthcare facilities subject to the requirements of the Health Facilities Planning Act [20 ILCS 3960/3] and HFSRB rules (77 Ill. Adm. Code 1100, 1110, 1120 and 1130).

B) Criterion 1110.1540 (b) - Background of the Applicant

An applicant shall document the qualifications, background, character and financial resources to adequately provide a proper service for the community

and also demonstrate that the project promotes the *orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities or service.* [20 ILCS 3960/2]

The application contains a listing of all hospital facilities owned by Advocate Health Care Network, and a listing of all Illinois Ambulatory Surgery Treatment Centers (ASTCs), owned by Surgical Care Affiliates. The applicants supplied certified attestation that there have been no adverse actions taken against them in the three years prior to the filing of this application.

The proposed project call for the establishment of a non-hospital based Ambulatory Surgery Treatment Center (ASTC), to be constructed on the campus of Advocate Condell Medical Center, Libertyville. The project is a cooperative venture between Advocate Condell Medical Center and Surgical Care Affiliates. The facility will be contain 2 surgical operating rooms, 8 recovery stations, and 5 pre-operative stations. The facility will be located in 10,979 GSF of newly constructed space, at a cost of \$10,039,720. The facility will provide the following surgical services: Orthopedics, General Surgery, Neurosurgery, Urology, and Otolaryngology.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION BACKGROUND OF APPLICANT (77 IAC 1110.1540 (b))

C) Criterion 1110.1540 (c) - Geographic Service Area Need

The applicant shall document that the ASTC services and the number of surgical/treatment rooms to be established, added or expanded are necessary to serve the planning area's population.

The applicant's proposed geographic service area is 45 minutes in all directions, encompasses a population of 6,548,257 residents, and 275 zip codes (application, p. 137). Twenty area physicians have committed to referring 1,361 surgical cases to the facility, culminating in a total of 2,559 surgical hours (application, p. 129). Based on these data, it appears that an ASTC with 2 surgical rooms is warranted, and a positive finding results for this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION GEOGRAPHIC SERVICE AREA NEED (77 IAC 1110.1540 (c))

D) Criterion 1110.1540 (d) - Service Demand – Establishment of an ASTC Facility or Additional ASTC Service

The applicant shall document that the proposed project is necessary to accommodate the service demand experienced annually by the applicant, over the latest two-year period, as evidenced by historical and projected referrals.

To address this criterion the applicant must provide historical referral data. The applicants supplied outpatient referral data from Advocate Condell Medical Center's outpatient surgery program, attesting to the referral of 2,230 patients from within zip codes in the 45-minute radius, and 39 additional surgical patients from outside the 45-minute radius (application, pgs. 137-147). The application also contains referral data from 20 area physicians, committing to refer 1,361 cases (2,862 surgical hours), during the second year after project completion (application, p. 129).

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION SERVICE DEMAND (77 IAC 1110.1540 (d))

E) Criterion 1110.1540 (f) - Treatment Room Need Assessment

The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume.

The applicant is proposing 2 surgical operating rooms, 8 recovery stations, and 5 pre-operative stations at the proposed facility. Based upon the projected referrals the applicant can justify the 2 rooms being proposed.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE CRITERION TREATMENT ROOM NEED ASSESSMENT (77 IAC 1110.1540 (f))

F) Criterion 1110.1540 (g) - Service Accessibility
The proposed ASTC services being established or added are necessary to improve access for residents of the GSA.

To address this criterion the applicant must document one of the following:

- 1) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;
- 2) The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;
- 3) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies;
- 4) The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital.

Within the 45-minute travel radius, the applicants identified 16 hospitals (See Table 5), and 27 ASTCs (See Table 6). Of the 16 hospitals, 10 (62.5%) are operating at sufficient surgical capacity. Of the 27 ASTCs, 7 (30%), are operating at sufficient surgical capacity.

The applicant stated the following:

Advocate Condell Medical Center is currently providing outpatient surgical services to the population of the geographical service area defined for ASTCs in a 45 minute drive time. The applicants note having served 2,269 patients in the previous year, with 2,230 (98%), of these patients being from within the geographical service area. Advocate Condell Medical Center reports having performed a combined (inpatient and outpatient) total of 20,178 surgical hours in 2012, 20,877 surgical hours in 2013, and 20,894 surgical hours in 2014. The applicants currently employ 12 multi-purpose (inpatient/outpatient) surgical rooms, and the historical and projected utilization data justifies the establishment of 14 surgical rooms. While there appears to be an excess of surgical rooms in the general service area, Advocate Condell Medical Center can better meet operational needs through the establishment of this outpatient facility.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT_IN CONFORMANCE WITH THE CRITERION SERVICE ACCESSIBILITY (77 IAC 1110.1540(g))

G) Criterion 1110.1540 (h) - Unnecessary Duplication/Maldistribution

The applicant shall document that the project will not result in an unnecessary duplication or maldistribution of service. The applicant shall document that, within 24 months after project completion, the proposed project will not impact other providers.

To address this criterion the applicant must provide

- 1. the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and**
- 2. the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.**
- 3. a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average;**
- 4. historical utilization (for the latest 12-month period prior to submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or**
- 5. insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards specified in 77 Ill. Adm. Code 1100.**
- 6. will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and**
- 7. will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.**

Proposed Geographic Service Area

The applicants identified a geographical service area consisting of a 45 minute travel radius. Within this radius the applicants identified 16 hospitals (See Table 5), and 27 ASTCs (See Table 6). Of the 16 hospitals, 10 (62.5%) are operating at sufficient surgical capacity. Of the 27 ASTCs, 7 (30%), are operating at sufficient surgical capacity. It does appear that the proposed number of procedures could be accommodated at other underutilized facilities in the proposed geographic service area and that an unnecessary duplication of service could result within the proposed geographic service area.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN
CONFORMANCE WITH THE CRITERION UNNECESSARY
DUPLICATION MALDISTRIBUTION (77 IAC 1110.1540(h))**

TABLE FIVE Hospitals within the Proposed Geographic Service Area ⁽¹⁾						
Name	City	Adjusted Minutes (2)	Operating Rooms	OR Room Hours	Number of OR's Justified	Met Standard for OR's
Northwestern Lake Forest Hospital	Lake Forest	13	8	11,793	8	Yes
Highland Park Hospital	Highland Park	21	11	13,408	9	No
Glenbrook Hospital	Glenview	24	9	12,234	9	Yes
Presence Holy Family Hospital	Des Plaines	26	5	1,986	2	No
Vista Medical Center East	Waukegan	27	12	10,728	8	No
Advocate Lutheran General Hospital	Park Ridge	28	24	44,677	30	Yes
Advocate Good Shepherd Hospital	Barrington	31	11	19,670	14	Yes
Skokie Hospital	Skokie	33	10	11,439	8	No
Presence Resurrection Medical Ctr.	Chicago	36	14	12,023	9	No
Northwest Community Hospital	Arlington Heights	36	14	21,867	15	Yes
Midwestern Regional Medical Center	Zion	36	4	5,795	4	Yes
Centegra Hospital-McHenry	McHenry	37	10	13,731	10	Yes
Alexian Brothers Medical Center	Elk Grove Villa	39	15	21,222	15	Yes
Evanston Hospital	Evanston	40	16	23,603	16	Yes
Gottlieb Memorial Hospital	Melrose Park	42	9	8,639	6	No
St. Alexius Medical Center	Hoffman Estates	43	11	23,096	16	Yes
(1) Utilization information taken from 2013 Annual Hospital Questionnaire						
(2) Adjusted minutes determined by 77 IAC 1110.510 (d)						

TABLE SIX
Ambulatory Surgical Treatment Centers ⁽¹⁾

Facility	City	Adjusted Minutes (4)	Type of ASTC	Operating Rooms	Hours	Number of OR's Justified	Met Requirement
Ritacca Laser Center	Vernon Hills	5	Multi	2	1,847	2	Yes
Hawthorne Surgery Center*	Vernon Hills	6		3	0	N/A	No
Winchester Endoscopy Center*	Libertyville	7	Endoscopy	2	0	N/A	No
North Shore Endoscopy Center^	Lake Bluff	9	Endoscopy	2	2,587	2	Yes
Lake Forest Endoscopy Center^	Grayslake	16	Endoscopy	2	1,933	2	Yes
Grayslake Outpatient Center	Grayslake	16	Multi	4	1,148	1	No
Foot & Ankle Surgical Center	Des Plaines	26	Multi	3	1,248	1	No
Victory Ambulatory Surgery Treatment Center	Lindenhurst	27	Multi	4	1,723	2	No
The Glen Endoscopy Center	Glenview	27	Endoscopy	3	3,535	4	Yes
Chicago Surgical Clinic, Ltd.	Arlington Heights	28		2	0	N/A	No
Ravine Way Surgery Center	Glenview	28	Single	3	2,909	2	No
Golf Surgical Center	Des Plaines	31	Multi	5	4,165	3	No
IL Sports Medicine & Orthopedic Surgery Center	Morton Grove	33	Multi	4	3,735	3	No
Apollo Health Center	Des Plaines	35		2	0	N/A	No
Hart Road Pain & Spine Institute	Barrington	36	Single	3	1,508	2	No
Northwest Community Day Surgery	Arlington Heights	36	Multi	10	9,315	7	No
Northwest Surgicare	Arlington Heights	37	Multi	4	1,593	2	No
North Shore Same Day Surgery Center	Lincolnwood	39	Multi	3	2,667	2	No
Albany Medical Surgical Center	Chicago	39	Single	2	2,915	2	Yes
Illinois Upper Hand & Extremity	Arlington	40	Single	1	1,068	1	Yes

TABLE SIX
Ambulatory Surgical Treatment Centers ⁽¹⁾

Facility	City	Adjusted Minutes (4)	Type of ASTC	Operating Rooms	Hours	Number of OR's Justified	Met Requirement
Center	Heights						
Poplar Creek Surgical Center	Schaumburg	40		5	0	N/A	No
Six Corners Same Day Surgery	Chicago	41	Multi	4	304	1	No
Novamed Surgery Center	Chicago	42	Multi	1	1,520	2	Yes
Swedish Covenant Surgery Center	Chicago	43	Multi	3	1,263	1	No
Resurrection Health Care Surgery Ctr.	Chicago	43	Multi	4	1,822	2	No
Alden Center for Day Surgery	Addison	42	Multi	4	1,082	1	No
Hoffman Estates Surgery Center	Hoffman Estates	43	Multi	4	2,917	2	No

(1) Utilization information taken from 2012 ASTC annual survey.

(2) Apollo Health Center was approved by the State Board on July 21, 2011 as Permit # 11-002 to establish a multi-specialty ASTC performing gastroenterology, obstetric/gynecology, and urology. The facility was licensed on March 17, 2014 no data available.

(3) Aiden Center for Day Surgery and Ashton Center for Day Surgery reported gastro procedures but did not report gastro procedure rooms.

(4) Adjusted minutes determined by 77 IAC 1110.510 (d)

H) Criterion 1110.1540 (i) - Staffing

To be in compliance with this criterion the applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that the staffing requirements of licensure and the Joint Commission or other nationally recognized accrediting bodies can be met.

To address this criterion the applicant attested that “*Advocate Condell Medical Center has a long history of staffing its hospital surgery department. The Advocate system uses a web-based method of recruiting and maintains a list of possible candidates, which facilitates the hiring of qualified staff*”. The applicants anticipate hiring a lead administrator and director of nursing, to initiate the recruiting process.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION STAFFING (77 IAC 1110.1540 (i))

I) Criterion 1110.1540 (j) - Charge Commitment

To be in compliance with this criterion the applicant must provide a statement of all charges, except for any professional fee (physician charge); and a commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The applicants provided a listing of procedures to be performed at the proposed facility (application, p. 160-162), and the necessary attestation on page 159 of the application for permit stating that these charges will not be increased for a period of two years.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION CHARGE COMMITMENT (77 IAC 1110.1540 (j))

J) Criterion 1110.1540 (k) - Assurances

To be in compliance with this criterion the applicant shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated. In addition the applicant shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

The applicant has successfully addressed this criterion at page 163 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.1540 (k))

FINANCIAL

X. Section 1120.120 - Availability of Funds

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

The applicants are proposing to fund this project with cash of \$5,813,879, and leases with a fair market value of \$4,225,841. The applicant provided the following as evidence of the availability of funds:

Audited Financial Statements for years 2013 and 2014 for Advocate Health care Network, that memorializes the attests to a strong financial position (application, p. 261).

A non-binding letter of intent was provided from **Advocate Condell Medical Center** for the lease of 11,912 GSF of space for 10 years. **See pages 165-168 of the application for permit for the non binding letter of intent.**

A Form 10-K from the United States Securities and Exchange Commission for Surgical Care Affiliates, Inc. (application, p. 332).

State Board Staff requested that the applicants supply documentation that supports their identifying the FMV of leases as a Source of Funds, but not as a Use of Funds (application, p. 24). A letter was received from Arnstein & Lehr, LLP, dated May, 13, 2015, stating that the \$4,225,841 identified as the debt component is a reflection of the FMV of the lease, costs for site preparation, and building construction. Included in this amount is the applicants respective share of the architectural & engineering fees. A copy of the above mentioned letter is contained in the project file.

TABLE FOUR Advocate Health Care Network and Subsidiaries Audited Financial Statements December 31st (in thousands)		
	2014	2013
Cash	\$272,912	\$563,229
Current Assets	\$1,322,268	\$1,524,917
Total Assets	\$9,534,180	\$9,049,946
Current Liabilities	\$1,439,058	\$1,380,596
LTD	\$1,458,375	\$1,452,109
Net Patient Service Revenue	\$4,786,197	\$4,468,468
Total Revenue	\$5,231,393	\$4,938,002
Expenses	\$4,900,793	\$4,637,807
Operating Income	\$330,600	\$300,195
Revenues in Excess of expenses	\$369,607	\$765,320

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

XII. Section 1120.130 - Financial Viability

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion

The applicants qualify for the financial viability waiver because the project is being funded with cash and securities totaling \$5,813,879, and the Fair Market Value of Leases totaling \$4,225,841 (internal sources).

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

XIII. Section 1120.140 - Economic Feasibility

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

The applicant shall document the reasonableness of financing arrangements.

The applicants are proposing to fund the project with \$5,813,879 in cash and securities, and the fair market value (FMV) of leases totaling \$4,225,841. The instruments employed to finance the project appear reasonable when compared to previously approved projects.

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

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

The applicant shall document that the conditions of debt financing are reasonable.

The applicants are proposing to fund the project with \$5,813,879 in cash and securities, and the fair market value (FMV) of leases totaling \$4,225,841. The instruments employed to finance the project are not considered debt financing, and this criterion does not apply.

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

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

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

State Board staff notes that all costs identified in this criterion are classified as being clinical

Preplanning Costs – These costs total \$34,461, and comprise .6% of the new construction, contingencies, and equipment costs. This appears reasonable when compared to the State Board Standard of 1.8%.

Site Survey/Site Preparation – These costs are \$206,812 and 5.5% of construction and contingencies costs. This appears **high** when compared to the State Board Standard of 5%

New Construction and Contingencies – These costs are \$3,722,956 or \$546.12 per GSF ($\$3,722,956/6817=\546.12). This appears **high** when compared to the State Board Standard of \$368.63 per GSF (Cost per GSF for the year 2016).

Contingencies Costs – These costs are \$308,142 and are 9% of new construction costs. This appears reasonable when compared to the State Board Standard of 10%.

Architectural and Engineering Fees – These costs are \$355,489 and are 9.5% of new construction and contingencies. This appears reasonable when compared to the State Board Standard of 6.42%-9.64%.

Consulting Fees – These costs are \$205,415. The State Board does not have a standard for these costs.

Movable of Other Equipment – These costs are \$1,654,286 and this appears **high** when compared to the State Board Standard of \$448,185.79 per operating room.

Other Costs to be Capitalized – These costs are \$167,390. The State Board does not have a standard for these costs.

Acquisition of Building/Other Property – These costs are \$34,266. The State Board does not have a standard for these costs.

It appears that the applicants have exceeded the acceptable State Board Standards for Site Survey/Site Preparation Costs, New Construction/Contingencies, and Moveable or Other Equipment. A negative finding results for this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT 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 cost means the fully allocated costs of salaries, benefits and supplies for the service.

The projected operating costs per procedure are \$1,529 per patient day. The operating cost appear reasonable when compared to previously approved projects.

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

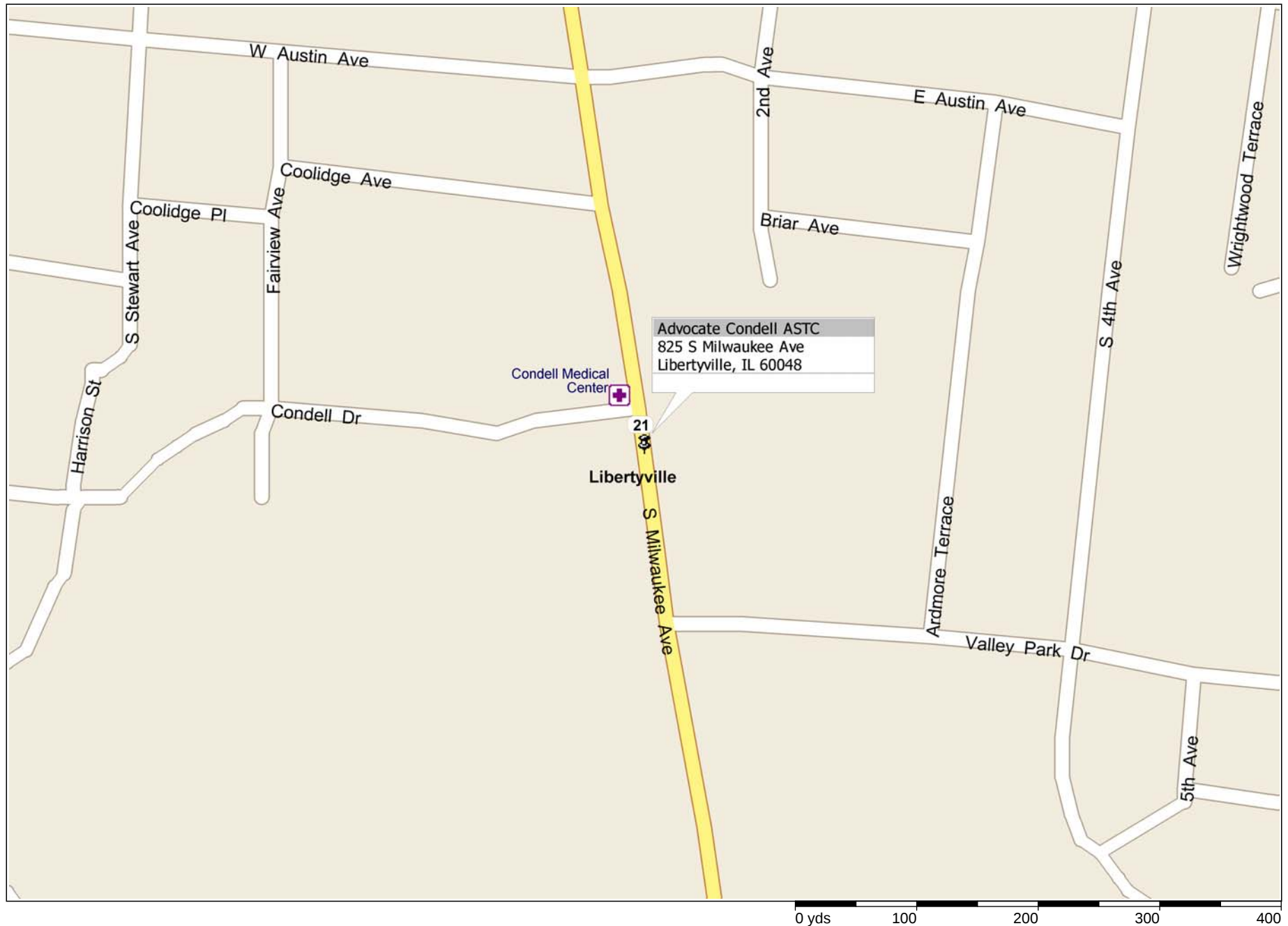
E) Criterion 1120.140 (e) - Total Effect of the Project on Capital Costs

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

The total effect of project on capital costs per procedure is \$331.00 per patient day. The capital costs appear reasonable when compared to previously approved projects.

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

15-017 Advocate Condell ASTC



<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Dominica Tallarico			White	71.9%	Hispanic or Latino:	16.9%
ADMINSTRATOR PHONE	847-990-5202			Black	6.6%	Not Hispanic or Latino:	82.3%
OWNERSHIP:	Advocate Health and Hospitals Corporation			American Indian	6.8%	Unknown:	0.8%
OPERATOR:	Advocate Health and Hospitals Corporation			Asian	3.2%		
MANAGEMENT:	Church-Related			Hawaiian/ Pacific	0.1%	IDPH Number:	5579
CERTIFICATION:				Unknown	11.5%	HPA	A-09
FACILITY DESIGNATION:	General Hospital					HSA	8
ADDRESS	801 South Milwaukee Avenue	CITY: Libertyville	COUNTY: Lake 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	214	204	196	11,739	51,346	7,537	5.0	161.3	75.4	79.1
0-14 Years				0	0					
15-44 Years				1,889	6,519					
45-64 Years				3,387	14,073					
65-74 Years				2,232	10,081					
75 Years +				4,231	20,673					
Pediatric	16	16	10	516	1,055	391	2.8	4.0	24.8	24.8
Intensive Care	17	17	17	1,777	4,431	0	2.5	12.1	71.4	71.4
Direct Admission				1,284	2,880					
Transfers				493	1,551					
Obstetric/Gynecology	26	26	26	2,395	5,721	195	2.5	16.2	62.3	62.3
Maternity				2,324	5,598					
Clean Gynecology				71	123					
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	12					638				
Facility Utilization	273			15,934	62,553	8,761	4.5	195.4	71.6	

(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	43.1%	15.1%	1.2%	34.3%	1.8%	4.5%		
	6865	2403	195	5471	286	714	15,934	
Outpatients	25.7%	17.9%	1.5%	50.0%	3.6%	1.4%		
	53191	37104	3043	103586	7385	2853	207,162	
<u>Financial Year Reported:</u>	1/1/2013 to	12/31/2013	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	43.0%	12.5%	0.8%	43.6%	0.1%	100.0%		13,920,000
	71,029,749	20,689,925	1,355,008	72,017,002	155,723	165,247,407	8,548,000	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	17.9%	10.4%	0.6%	70.5%	0.5%	100.0%		4.6%
	24,573,849	14,282,512	888,127	96,528,444	651,158	136,924,090	5,372,000	

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	2,324		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	2,306		Beds	26	0	Heart:	0
Birthing Rooms:	0		Patient Days	2,862	1,607	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		6,613	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	9					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies		356,587	Total:	0
C-Section Rooms:	2		Outpatient Studies		300,442		
CSections Performed:	693		Studies Performed Under Contract		10,454		

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	439	85	1447	131	1578	3.3	1.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	1240	1649	2401	2120	4521	1.9	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	664	444	1544	607	2151	2.3	1.4
OB/Gynecology	0	0	0	0	183	480	366	464	830	2.0	1.0
Oral/Maxillofacial	0	0	0	0	15	10	54	14	68	3.6	1.4
Ophthalmology	0	0	0	0	2	688	3	643	646	1.5	0.9
Orthopedic	0	0	0	0	865	1127	1708	1774	3482	2.0	1.6
Otolaryngology	0	0	0	0	22	516	34	549	583	1.5	1.1
Plastic Surgery	0	0	0	0	35	89	170	139	309	4.9	1.6
Podiatry	0	0	0	0	18	51	21	70	91	1.2	1.4
Thoracic	0	0	0	0	91	18	159	23	182	1.7	1.3
Urology	0	0	0	0	401	561	570	587	1157	1.4	1.0

Totals	0	0	12	12	3975	5718	8477	7121	15598	2.1	1.2
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SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations		26	Stage 2 Recovery Stations		22
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Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	1441	3760	911	2001	2912	0.6	0.5
Laser Eye Procedures	0	0	1	1	0	98	0	48	48	0.0	0.5
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

Multipurpose Non-Dedicated Rooms

PAIN MGMT	0	0	1	1	46	139	40	118	158	0.9	0.8
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	1 Adult and Pediatric
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	1,849
Patients Admitted from Trauma	1,264
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	32
Persons Treated by Emergency Services:	53,890
Patients Admitted from Emergency:	9,417
Total ED Visits (Emergency+Trauma):	55,739

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	207,162
Outpatient Visits at the Hospital/ Campus:	144,320
Outpatient Visits Offsite/off campus	62,842

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	2,063
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,238
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	482
EP Catheterizations (15+)	343

Cardiac Surgery Data

Total Cardiac Surgery Cases:	188
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	188
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	96

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

	Owned	Contract	Inpatient	Outpt	Contract		Owned	Contract	
General Radiography/Fluoroscopy	8	0	25,083	42,652	0	Lithotripsy	0	2	200
Nuclear Medicine	2	0	1,090	2,067	0	Linear Accelerator	1	0	5,232
Mammography	4	0	6	11,640	0	Image Guided Rad Therapy			0
Ultrasound	11	0	5,133	23,164	0	Intensity Modulated Rad Thrp			1,264
Angiography	1	0				High Dose Brachytherapy	0	1	15
Diagnostic Angiography			225	306	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,405	1,804	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	4	386	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	10,931	21,372	0				
Magnetic Resonance Imaging	2	0	2,339	6,078	0				