



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-01	BOARD MEETING: June 2, 2015	PROJECT NO: 15-019	PROJECT COST: Original: \$3,538,200
FACILITY NAME: Adventist Bolingbrook Hospital		CITY: Bolingbrook	
TYPE OF PROJECT: Substantive			HSA: IX

PROJECT DESCRIPTION: The applicants (Adventist Bolingbrook Hospital, Adventist Midwest Health, Adventist Health System Sunbelt Healthcare Corporation, Adventist Health System/Sunbelt Inc., Alexian Brothers-AHS Midwest Region Healthcare Corporation) are proposing the establishment of a 24 bed acute mental illness category of service at Adventist Bolingbrook Hospital, in Bolingbrook. Project cost: \$3,538,200. The anticipated completion date is March 31, 2016. **Please note** that Alexian Brothers-AHS Midwest Region Health Co. is operating under the assumed name of “AMITA Health”.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants are proposing the establishment of a 24 bed acute mental illness category of service at Adventist Bolingbrook Hospital. The project also involves discontinuation of 24 beds from its 106-medical/surgical bed complement. The project cost is \$3,538,200, and the anticipated completion date is March 31, 2016.
- In December 2014 the State Board approved a joint venture that allowed the Adventist's four Illinois hospitals and each of the three Illinois hospitals owned by Ascension Health to operate under the governance of a joint operating company not known as “AMITA Health.”.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

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

PURPOSE OF THE PROJECT:

- The purpose of the proposed project is to establish an Acute Mental Illness Category of Service at Adventist Bolingbrook Hospital, programmed specifically to treat adults and older adults requiring inpatient psychiatric care. The proposed project will address a current need for 31 additional beds in the health planning area.

NEED FOR THE PROJECT:

- The April 2015 Update to the bed inventory shows there is a calculated need for 31 additional acute mental illness beds in the HSA IX A-13 Acute Mental Illness planning area. Currently, there are two facilities that provide AMI services in the HSA IX AMI planning area, for a total of 45 AMI beds.
- The applicants provided a letter from Dr. Carlos Martinez, M.D., Director of Emergency Medical Services at Adventist Bolingbrook Hospital, attesting to the referral of 506 patients from ABH's Emergency Department, to inpatient psychiatric facilities at other hospitals (application, p. 70).
- Currently Adventist Bolingbrook Hospital is referring all patients that present themselves at the hospital's emergency department to other hospitals in the service area for inpatient psychiatric care. The applicants are projecting 966 patients will be referred to the 24 bed unit within 12-24 months after project completion. Because of the calculated need for acute mental illness beds in this planning area the State Board Staff does not believe an unnecessary duplication of service or a surplus of beds will result with the approval of this proposal. Further it does not appear that the proposed project will have a material impact on the utilization of other facilities in the 30 minute area should this project be approved. There are 8 hospitals in the 30 minute service area that provide AMI services. Only one of the 8 hospitals is currently at the target occupancy of 85%.

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 Board Staff. Letters of support were received by the State Board Staff from the following:
 - Pat McGuire, State Senator, District 43
 - Roger Claar, Mayor of Bolingbrook
 - John Cicero, Executive Director, Will County Health Department
 - Lawrence M. Walsh, Will County Executive
 - John Noak, Mayor of Romeoville
 - Teena Mackey, President, and Sue Meyers, Treasurer, NAMI of Will/Grundy Counties
 - Brian Reaves, Mayor, Village of Lemont

CONCLUSION:

- The applicants addressed a total of 19 criteria and failed to meet the following:

STATE BOARD STAFF REPORT
Project #15-019
Adventist Bolingbrook Hospital

APPLICATION CHRONOLOGY	
Applicants(s)	Adventist Bolingbrook Hospital Adventist Midwest Health Adventist Health System Sunbelt Healthcare Corporation Adventist Health System/Sunbelt Inc. Alexian Brothers-AHS Midwest Region Healthcare Corporation
Facility Name	Adventist Bolingbrook Hospital
Location	500 Remington Boulevard, Bolingbrook, Illinois
Application Received	April 17, 2015
Application Deemed Complete	April 20, 2015
Approved for Expedited Review	Yes
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes

I. Project Description

The applicants are proposing the establishment of a 24 bed acute mental illness category of service on the campus of Adventist Bolingbrook Hospital, at a cost of \$3,538,200. This project will also occur in conjunction with the discontinuation of 24 beds from their 106-bed Medical/Surgical Unit. The anticipated completion date is March 31, 2016.

II. Summary of Findings

- A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Adventist Bolingbrook Hospital, Adventist Midwest Health, Adventist Health System Sunbelt Healthcare Corporation, Adventist Health System/Sunbelt Inc., and Alexian Brothers-AHS Midwest Region Healthcare Corporation. The applicants propose to establish a 24-bed Adult AMI unit on the campus of Adventist Bolingbrook Hospital, in space formerly utilized by medical/surgical beds. No new beds will be added to the bed complement. Project cost: \$3,538,200.

IV. Detailed Project Description

The applicants are proposing to establish a 24 bed acute mental illness category of service. To establish the 24 bed unit the applicants are proposing to renovate space formerly used as a medical/surgical unit. The project will involve the modernization of

11,807 gross square feet of existing space, and the discontinuation of 24 beds from the 106-bed complement of medical/surgical beds. The total bed complement, before and after project completion, are illustrated in Table two.

TABLE TWO Bed Complement at Adventist Bolingbrook Hospital			
Category of Service	Existing Bed Count	Bed Count After Completion	Difference
Medical/Surgical	106	82	(24)
Obstetrics	20	20	0
Intensive Care	12	12	0
Acute Mental Illness	0	24	24
Total	138	138	0

V. Project Costs and Sources of Funds

The applicants are proposing to fund the project in its entirety with cash of \$3,538,200.

TABLE THREE Project Costs and Sources of Funds			
Use of Funds	Clinical	Non-Clinical	Total
Modernization	\$1,753,600	\$940,530	\$2,694,130
Contingencies	\$87,680	\$76,790	\$164,470
Architectural/Engineering Fees	\$154,560	\$85,440	\$240,000
Consulting Fees	\$74,060	\$40,940	\$115,000
Moveable Equipment	\$255,200	\$44,400	\$299,600
Total	\$2,341,200	\$1,197,000	\$3,538,200
Sources of Funds			
Cash & Securities	\$2,341,200	\$1,197,000	\$3,538,200
Total	\$2,341,200	\$1,197,000	\$3,538,200

VI. Section 1110.230 - Purpose of the Project, Safety Net Impact, and Alternatives

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

The applicants must provide a narrative of the purpose of this project.

The applicants note the primary purpose for the proposed project is to improve patient access to acute mental illness (AMI) inpatient services, especially for those who rely on Adventist Bolingbrook Hospital. The applicants report having a sizeable number of AMI patients who present to Adventist's ED, sent to other hospitals with inpatient AMI units outside of the immediate service area. Secondly, the applicants will be addressing a

current need for 31 additional AMI beds in HSA-09 Planning area A-13, per the April 2015 update to the bed inventory. The applicants note their facility serves both DuPage and Will Counties, and has served patients from Grundy, Kendall, and Kankakee counties as well.

B) Criterion 1110.230 (b) – Safety Net Impact

This is a substantive project a safety net impact statement is required.

The applicants note the service area is currently in need of additional AMI beds, and will address the provision of safety net services in a material way. The demand for mental health programming in all modalities continues to grow, particularly in the area of adult/geriatric patients. Adventist Bolingbrook Hospital has functioned in the absence of such services, resulting in the direct referral/transfer of AMI patients to facilities both inside and outside of the service area. The applicants propose to eliminate these out-transfers, by establishing a category of service needed in their community/service area.

TABLE FOUR Safety Net Impact			
	2011	2012	2013
Net Patient Revenue	\$116,615,477	\$116,714,846	\$125,224,770
Charity Care (charges)	\$13,979,626	\$19,412,447	\$17,979,036
Cost of Charity Care	\$3,644,118	\$4,345,538	\$3,568,713
Charity Care (# of Patients)			
Inpatients	281	275	160
Outpatients	1,139	1,273	889
Total	1,420	1,548	1,049
Charity Care (costs)			
Inpatients	\$1,510,054	\$1,976,748	\$1,456,514
Outpatients	\$2,134,064	\$2,368,790	\$2,112,199
Total	\$3,644,118	\$4,345,538	\$3,568,713
Medicaid (# of Patients)			
Inpatients	1,232	1,232	1,243
Outpatients	26,634	25,592	22,364
Total	27,866	26,824	23,607
Medicaid (Revenue)			
Inpatients	\$6,584,216	\$5,742,006	\$7,548,460
Outpatients	\$3,653,185	\$4,264,707	\$5,309,485
Total	\$10,237,401	\$10,006,713	\$12,857,945

C. Criterion 1110.230 (c) –Alternatives to Proposed Project

There were two alternatives considered, outside of the one chosen for the proposed project:

1. Do nothing, Continue Transfers/Referrals:

The applicants rejected this alternative, due to the lack of accessibility that would continue to exist, and the unmet need for inpatient for additional AMI beds in the service area. The applicants could not identify any capital costs with this alternative, but cited the continued compromise in accessibility as the motivating factor to reject this alternative.

2. Establish AMI Unit that Provides Care to a Broader Age Range

The applicants chose to focus on clinical care for adults and older adults presenting with AMI related illnesses, due to the availability of programs geared toward younger patient already in the area. The applicants note the inter-mingling of age groups for psychiatric care/programming is considered clinically inappropriate, and determined the adult AMI population as having the greater need. For this reason, the applicants rejected this alternative.

VII. Section 1110.234 - Size of Project, Utilization, Assurance

A) Criterion 1110.234 (a) – Size of Project

The size of the project must be in conformance with the State Board Standards published in Section 1110 Appendix B.

The applicants are proposing 8,678 GSF of modernized clinical bed space for this 24 bed unit or 361.5 GSF per room. The State Board standard is 440-560 GSF per room. The applicants are in compliance with the State Board Standard by 198 GSF per bed or 4,752 GSF.

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

B) Criterion 1110.234 (b) – Projected Utilization

The applicants must provide documentation that they will be at target occupancy of 85% by the second year after project completion.

The applicants are projecting to refer approximately 968 AMI patients in the second year after project completion. Taking into account doctors attestations of 521 patient referrals, had ABH had an established AMI unit, and another 447 patients referred from Adventist Bolingbrook Hospital's ER, to facilities both in and outside the service area.

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

C) Criterion 1110.234 (e) – Assurances

The applicants must attest that by the second year after project completion that they will be at the target occupancy of 85%.

The applicants provided the necessary attestation as required by this criterion.

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

VIII. Section 1110.730 - Acute Mental Illness

A) Criterion 1110.730 (b) (1) (3) - Background of Applicant

An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6]

The applicants have supplied the necessary licensing information to determine their ability to provide Ami service in Illinois. The applicants have given permission for the State Board and the Department of Public Health to access any documents or records to verify the information provided in the application for permit.

On December 16, 2014 the IHFSRB approved Certificate of Exemption applications which joined the four Illinois hospitals controlled by Adventist Health System Sunbelt Healthcare Corporation and the three Illinois hospitals controlled by Ascension Health under a joint operating company, Alexian Brothers-AHS Midwest Region Health Co. That joint operating company “**AMITA Health**” has been named as an applicant for the proposed project. The seven hospitals are:

- Adventist Bolingbrook Hospital, Bolingbrook, Illinois
- Adventist GlenOaks Hospital, Glendale Heights, Illinois
- Adventist Hinsdale Hospital, Hinsdale, Illinois
- Adventist La Grange Memorial Hospital, La Grange, Illinois
- Alexian Brothers Behavioral Health Hospital, Hoffman Estates, Illinois
- AlexianBrothers Medical Center, Elk Grove Village, Illinois
- St. Alexius Medical Center, Hoffman Estates, Illinois

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

B) Criterion 1110.730 (c) - Planning Area Need

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

- (c) (1) – Planning Area Need
- (c) (2) - Service to Planning Area Residents
- (c) (3) - Service Demand – Establishment of AMI
- (c) (5) -Service Accessibility

The applicants have identified a need for an Adult AMI service in their hospital/service area, based on referral letters from physicians, and historical transfer data of AMI patients from ABH's ER. Board Staff notes there is a current need for 31 additional AMI beds in HSA-09 Planning area A-13, based on the April 2105 update to the bed inventory. The State Board has determined that service access will be improved with the establishment of this category of service as the State Board has **projected a need for an additional 31 acute mental illness beds in the 9 A-13 acute mental illness service area.**

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PLANNING AREA NEED (77 IAC 1110.730 (c) (1) (2) (3) (5))

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

- 1) The applicant shall document that the project will not result in an unnecessary duplication.**
- 2) The applicant shall document that the project will not result in maldistribution of services.**
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:**

There are two facilities providing acute mental illness services in the HSA IX acute mental illness planning area, and 8 facilities providing inpatient AMI services in a 30-minute radius. Of the facilities, one is operating in excess of the State Standard of 85% (See Tables One and Five). The ratio of acute mental illness beds to population in the State of Illinois is 1 bed for every 3,215 residents. In the 30 minute planning area the ratio of acute mental illness beds to population is 1 bed for every 4,133 residents. Because the ratio of beds in this 30 minute service area is not 1.5 times the State of Illinois ratio there is no surplus of beds in the 30 minute service area. The proposed 24 bed service will reduce average utilization of the existing 8 facilities by approximately 2.8%. It does not appear that the proposed 24 bed acute mental illness service will materially impact other facilities in the 30 minute area.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION (77 IAC 1110.730 (d))

TABLE FIVE Facilities with AMI Service in a 30- Minute Radius				
Name	City	AMI	Time Minutes ⁽¹⁾	Utilization ⁽²⁾
Linden Oaks Hospital	Naperville	108	17	82.1%
Silver Cross Hospital	New Lenox	14	22	92.7%
Advocate Good Samaritan Hospital	Downers Grove	41	22	70.2%

TABLE FIVE Facilities with AMI Service in a 30- Minute Radius				
Name	City	AMI	Time Minutes ⁽¹⁾	Utilization ⁽²⁾
Adventist Hinsdale Hospital	Hinsdale	17	24	79%
Presence St. Joseph Medical Center	Joliet	31	26	70%
Palos Community Hospital	Palos Heights	43	29	42.7%
MacNeal Hospital	Berwyn	62	29	77.9%
Adventist Glen Oaks Hospital	Glendale Heights	61	29	83.5%
1. Minutes determined by MapQuest and adjusted by 1.15 x per 77 IAC 1100.510 (d) 2. Information taken from 2013 IDPH Hospital Questionnaire				

D) Criterion 1110.730 (e) - Staffing Availability

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

Adventist Bolingbrook Hospital is has recruitment policies in place to seek out the most qualified in-house candidates first, before recruiting from the community. The applicants note a board certified psychiatrist will be named to the position of medical director, and will participate in the process of hiring unit staff.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION STAFFING AVAILABILITY (77 IAC 1110.730 (e))

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

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

The proposed 24-bed acute mental illness unit is being developed in accordance with the minimum size requirements addressed in section 1110.730(f).

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION PERFORMANCE REQUIREMENTS – BED CAPACITY MINIMUMS (77 IAC 1110.730 (f))

F) Criterion 1110.730 (g) - Assurances

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

The applicants have provided the necessary attestation that they will achieve and maintain the 85% target occupancy standard for AMI service (application p. 87).

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.730 (g))

FINANCIAL

A) Criterion 1120.120 – Availability of Funds

The applicants must provide evidence that sufficient funds are available to fund the project.

The applicants are funding the project in its entirety with cash of \$3,538,200. A review of the audited financial statement (application, p. 90) indicates sufficient cash is available to fund the cash portion of the project.

TABLE SIX Adventist Health System (In thousands) December 31		
	2014	2013
Patient Service Revenue	\$8,470,249	\$7,666,256
Total Revenue	\$8,383,380	\$7,597,799
Expenses	\$7,819,088	\$7,097,420
Excess of Revenue over expenses	\$612,796	\$578,818
Cash	\$1,079,253	\$966,141
Current Assets	\$6,381,137	\$5,959,259
Property and Equipment	\$5,092,867	\$4,872,811
Current Liabilities	\$1,870,763	\$1,672,701
LTD	\$3,179,634	\$3,400,199

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

B) Criterion 1120.130 – Financial Viability

If an applicant has an A or better bond rating or is funding the project from internal sources the applicant qualifies for the financial waiver.

The applicants are funding the project in its entirety with cash of \$3,538,200. A review of the audited financial statement (application, p. 90) indicates sufficient cash is available to fund the cash portion of the project. The internal funding makes the applicants eligible for the financial viability waiver.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 IAC 1120.120)

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

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

The applicants must provide documentation that the financing arrangements and terms of the financing are reasonable.

The applicants are funding the project in its entirety through cash and securities totaling \$3,538,200. Audited financial statements are supplied on page 90 of the application, that proves the applicants financial viability. The two mentioned criteria are not applicable to this project.

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

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

The cost of the project must be reasonable and in compliance with State Board Standards. All identified costs are classified as being clinical.

Preplanning Costs – These costs total \$16,100, which is .7% of the modernization, contingencies, and equipment costs. This appears reasonable compared to the State standard of 1.8%.

Modernization and Contingency Costs - These costs are \$1,841,280 or \$21.00 per GSF (\$1,841,280/8,768=\$210.00/GSF). This appears reasonable when compared to the State Board Standard of \$249.66

Contingency Costs – These costs are \$87,680 and are 5% of modernization costs. This appears reasonable when compared to the State Board Standard of 10-15%.

Architectural and Engineering Fees – These costs \$154,560 and are 8.3% of modernization and contingency costs. This appears reasonable when compared to the State Board Standard of 7.4%-11.12%.

Consulting Fees – These costs are \$74,060. The State Board does not have a standard for these costs.

Movable of Other Equipment – These costs are \$255,200. The State Board does not have a standard for these costs.

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

D) Criterion 1120.140 (d) – Direct Project Costs

The applicants must provide documentation of the direct project costs of the proposed project.

The applicants are projecting \$1,185.28 of direct project costs by equivalent patient day by the second year after project completion. The State Board does not have a standard for these costs.

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

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

The applicants must provide documentation of the effect of the project on capital costs.

The applicants are projecting capital costs of \$180.22 per equivalent patient day by the second year after project completion. The State Board does not have a standard for these costs.

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

15-019 Adventist Bolingbrook Hospital - Bolingbrook



<u>Ownership, Management and General Information</u>			<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Rick Mace		White	68.4%	Hispanic or Latino:	17.2%
ADMINSTRATOR PHONE	(630) 312-6001		Black	18.8%	Not Hispanic or Latino:	73.7%
OWNERSHIP:	Adventist Bolingbrook Hospital		American Indian	0.1%	Unknown:	9.1%
OPERATOR:	Adventist Bolingbrook Hospital		Asian	3.4%		
MANAGEMENT:	Church-Related		Hawaiian/ Pacific	0.2%	IDPH Number:	5496
CERTIFICATION:			Unknown	9.1%	HPA	A-13
FACILITY DESIGNATION:	General Hospital				HSA	9
ADDRESS	500 Remington Blvd	CITY: Bolingbrook	COUNTY:	Will 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	106	106	58	3,706	14,537	3,153	4.8	48.5	45.7	45.7
0-14 Years				42	59					
15-44 Years				1,020	3,220					
45-64 Years				1,079	4,224					
65-74 Years				596	2,691					
75 Years +				969	4,343					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	12	12	12	683	2,138	7	3.1	5.9	49.0	49.0
Direct Admission				683	2,138					
Transfers				0	0					
Obstetric/Gynecology	20	20	17	1,028	2,532	60	2.5	7.1	35.5	35.5
Maternity				978	2,421					
Clean Gynecology				50	111					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	138			5,417	19,207	3,220	4.1	61.4	44.5	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	39.9%	22.9%	0.6%	30.0%	3.5%	3.0%	
	2164	1243	35	1626	189	160	5,417
Outpatients	15.3%	26.5%	0.7%	51.0%	5.5%	1.1%	
	12924	22364	596	43013	4616	889	84,402
<u>Financial Year Reported:</u>	1/1/2013 to	12/31/2013	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	38.3%	13.9%	0.4%	34.2%	13.2%	100.0%	
	20,874,732	7,548,460	197,185	18,631,778	7,190,286	54,442,441	1,456,514
Outpatient Revenue (\$)	12.4%	7.5%	0.4%	61.2%	18.5%	100.0%	
	8,746,368	5,309,485	286,314	43,343,565	13,096,597	70,782,329	2,112,199
							Total Charity Care as % of Net Revenue
							2.8%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	936		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	915		Beds	20	10	Heart:	0
Birthing Rooms:	0		Patient Days	1,369	570	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		2,559	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	6					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies		142,055	Total:	0
C-Section Rooms:	2		Outpatient Studies		161,541		
CSections Performed:	321		Studies Performed Under Contract		13,016		

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	409	645	872	1150	2022	2.1	1.8
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	127	318	272	452	724	2.1	1.4
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	6	190	9	228	237	1.5	1.2
Orthopedic	0	0	0	0	262	467	800	1027	1827	3.1	2.2
Otolaryngology	0	0	0	0	32	298	87	444	531	2.7	1.5
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	60	374	129	792	921	2.2	2.1
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	94	159	138	205	343	1.5	1.3
Totals	0	0	6	6	990	2451	2307	4298	6605	2.3	1.8
<u>SURGICAL RECOVERY STATIONS</u>				Stage 1 Recovery Stations		13	Stage 2 Recovery Stations		21		

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	551	1514	560	1595	2155	1.0	1.1
Laser Eye Procedures	0	0	1	1	0	98	0	56	56	0.0	0.6
Pain Management	0	0	1	1	4	1515	3	923	926	0.8	0.6
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
Minor Procedures	0	0	1	1	1	28	2	9	11	2.0	0.3
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	Adult
Number of Trauma Visits:	0
Patients Admitted from Trauma	530
Emergency Service Type:	258
Number of Emergency Room Stations	Comprehensive
Persons Treated by Emergency Services:	23
Patients Admitted from Emergency:	33,516
Total ED Visits (Emergency+Trauma):	3,741
	34,046

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	56,521
Outpatient Visits at the Hospital/ Campus:	48,130
Outpatient Visits Offsite/off campus	8,391

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	243
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	125
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	104
EP Catheterizations (15+)	14

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	13	0	7,148	21,567	0	Lithotripsy	2	2	68
Nuclear Medicine	1	0	564	1,171	0	Linear Accelerator	0	0	0
Mammography	1	0	1	4,839	0	Image Guided Rad Therapy			0
Ultrasound	9	0	2,195	12,813	0	Intensity Modulated Rad Thrp			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			262	786	0	Proton Beam Therapy	0	0	0
Interventional Angiography			58	86	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	153	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,267	9,081	0				
Magnetic Resonance Imaging	1	0	680	2,081	0				