

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET ITEM NUMBER: G-05	BOARD MEETING: March 29, 2016	PROJECT NUMBER: E-036-15						
EXEMPTION APPLICANT(S): Loyola University Health System, Loyola University Medical Center and Trinity Health Corporation								
FACILITY NAME and LOCATION: Loyola University Medical Center, Maywood								

1. Public Act 99-0154

Public Act 99-0154 became law July 29, 2015 and is effective immediately. This Act requires that a discontinuation of a health care facility or a category of service be exempt from certificate of need.

The Act states upon a finding that an application to discontinue of a category of service is complete and provides the requested information, as specified by the State Board, an exemption shall be issued. No later than 30 days after the issuance of the exemption, the health care facility must give written notice of the discontinuation of the category of service to the State Senator and State Representative serving the legislative district in which the health care facility is located. The Illinois Health Facility Planning Act 20 ILCS 3960/5.4) requires that a Safety Net Impact Statement be provided when the application proposes to discontinue a category of service.

The applicants have submitted the required information per PA 99-0154; therefore PA 99-0154 requires that the State Board approve the discontinuation.

2. The Transaction

The applicants (Loyola University Health System, Loyola University Medical Center (Loyola) and Trinity Health Corporation) propose to discontinue a thirty two (32) bed inpatient Comprehensive Physical Rehabilitation service at Loyola University Medical Center located at 2160 South 1st Avenue in Maywood Illinois. There is no cost to this project and the anticipated completion date is July 1, 2016.

In conjunction with this discontinuation the applicants are proposing the establishment of a twenty (20) bed comprehensive physical rehabilitation unit at Gottlieb Memorial Hospital (Gottlieb) as **Project # 15-060** – **March 2016 Agenda Item H-01**. Gottlieb is owned by Trinity Health Corporation and is approximately ten (10) minutes from Loyola in the same A-6 Hospital Planning Area

3. Reasons for Discontinuation

The applicants stated the reason for the discontinuation is to facilitate the establishment of the Comprehensive Physical Rehabilitation category of service at Gottlieb.

According to the applicants "the discontinuation of the service at Loyola can only be understood in the context of the planned establishment of the comprehensive physical

rehabilitation service at Gottlieb." According to the applicants "Gottlieb is an appropriate facility to accommodate the proposed Comprehensive Physical Rehabilitation service for the following reasons:

- The proposed Comprehensive Physical Rehabilitation service will align services with other post-acute care programs now at Gottlieb. These programs include a thirty four (34) bed Transitional Care Unit, home health care, adult day care and geriatric behavioral health. Strategically this collection of programs will create a robust post-acute care continuum of clinical services that enhances Loyola's ability for service bundling to reduce post-acute care costs, consistent with directives of the Affordable Care Act.
- The proposed comprehensive physical rehabilitation service at Gottlieb will consolidate those clinical services overseen by Marianjoy Medical Group. Loyola and Marianjoy entered into a collaborative agreement for medical leadership of inpatient rehabilitation in 2014. Marianjoy also oversees the Transitional Care Unit at Gottlieb Memorial Hospital." (See Exemption Application pages 32-34 for a complete discussion)

4. Safety Net Impact Statement

The applicants stated:

This Safety Net Impact Statement describes how the discontinuation of the inpatient physical rehabilitation service at Loyola University Medical Center Project addresses the following areas:

- 1. Safety net services at Loyola University Medical Center
- 2. The capability at affiliated health care organization, Gottlieb Memorial Hospital, to provide safety net services
- 3. Impact on the ability of other area hospitals/health care providers to provide safety net Services
- 4. No discontinuation of any safety net services
- 5. LUMC charity care and Medicaid volumes
- 6. LUMC broader community benefit engagement

Safety Net Services at LUMC

Loyola University Medical Center, a fully accredited health care institution, continues to receive recognition for quality care. LUMC earned an "A" rating in hospital safety by the Leapfrog Group, an organization that provides the only national, public comparison of hospitals across safety, quality and efficiency of care dimensions. LUMC was one of 50 hospitals in Illinois to receive this grade in 2015.

Safety net services provided by LUMC include Level II Trauma Center, Loyola Access to Care clinic and Oral Health clinic. These services are considered safety net services because reimbursements for these services do not cover the cost of care provided.

LUMC is the only academic medical center located outside the City of Chicago and is designated by the state of Illinois as a Level I Trauma Center for both adult and pediatric patients. Additionally, the American College of Surgeons has verified LUMC's Level II Trauma Center status. The emergency department cared for and treated 43,420 in FY 2015. LUMC is an original member of the EMS network and is designated a resource hospital for region 8 that is composed of 14 hospitals. As a resource hospital LUMC provides continuing education to staff at local fire/EMS/police departments. In addition, LUMC inspects EMS ambulances, fire engines trucks as required by IDPH. Loyola University Medical Center is the only hospital outside the City of Chicago to operate a burn unit; in the City, burn units are located at Stroger Hospital and University of Chicago Hospitals and Clinics. LUMC also offers a subsidized primary care clinic for the uninsured and disadvantaged population. The Loyola Access to Care clinic is located in Maywood and services over 2,000 disadvantaged individuals annually. The Loyola Oral Health clinic provides dental care serving the community and including those who are uninsured. The dental clinic provides about 14,500 visits annually.

Reimbursement for the trauma care and outpatient care clinics does not cover the cost of care. The services are subsidized by other services provided at LUMC.

Impact of the proposed project on LUMC safety net services:

The discontinuation and re-location of the inpatient rehabilitation unit to Gottlieb Memorial Hospital will not impact the subsidized programs provided through LUMC or at GMH. Inpatient rehabilitation services will continue to serve patients referred for this care.

Safety Net Services at other area hospitals and health care providers

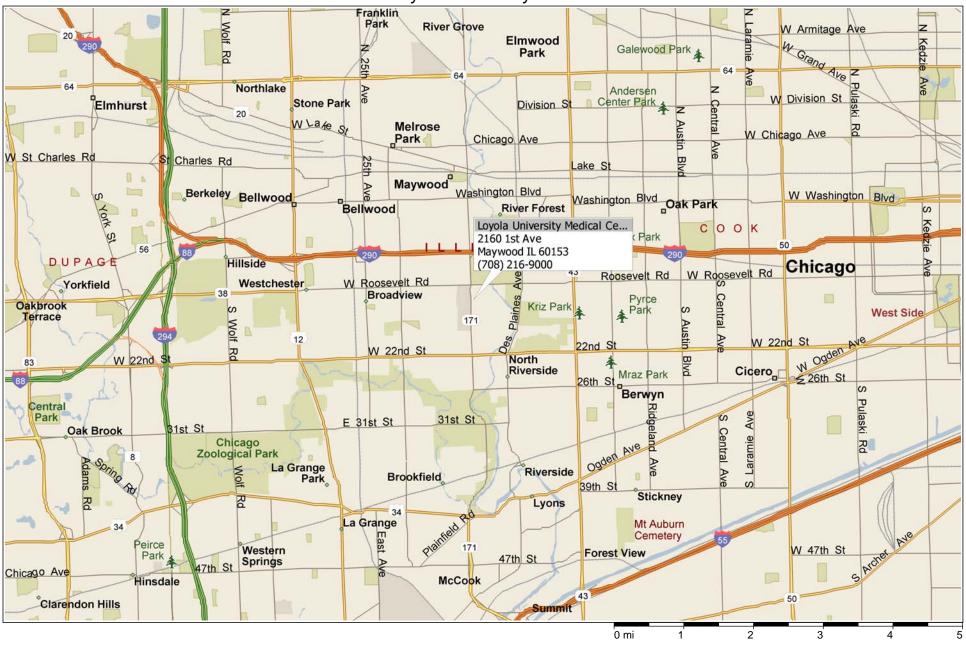
The proposed project will not have a negative impact on essential safety net services at other health care providers in the community. This project will not impact the ability of other providers to cross-subsidize safety net services. LUMC does not plan to add any services that are not currently provided and there is no anticipated impact on area providers to continue to offer safety net services.

Discontinuation of Safety Net Services

While the relocation project involves the discontinuation of the Comprehensive Physical Rehabilitation unit at LUMC, no safety net service is discontinued, nor are any of the safety net services impaired within the LUHS system. The re-location of the rehabilitation inpatient unit will enhance the Loyola University Health System's ability to provide excellent care in a lower cost setting. The safety net programs now offered through LUMC will continue to serve the community.

TABLE ONE								
Safety Net Infor	mation per PA	96-0031						
	2013	2014	2015					
Net Patient Revenue	\$763,178,390	\$885,697,993	\$894,581,157					
CHARITY CARE								
Charity (# of patients)								
Inpatient	577	440	231					
Outpatient	1,963	1,918	2,476					
Total	2,540	2,358	2,707					
Charity (cost In dollars)								
Inpatient	\$8,147,389	\$7,954,908	\$7,093,770					
Outpatient	\$7,535,865	\$8,320,443	\$7,237,078					
Total	\$15,683,254	\$16,275,351	\$14,330,848					
MEDICAID								
Medicaid (# of patients)								
Inpatient	6,146	7,355	8,026					
Outpatient	31,579	39,812	45,526					
Total	37,725	47,167	53,552					
Medicaid (revenue)								
Inpatient	\$42,028,479	\$82,840,057	\$96,149,380					
Outpatient	\$19,267,948	\$28,485,517	\$35,702,022					
Total	\$61,296,427	\$111,325,574	\$131,851,402					
% of Charity Care to Net Revenue	2.05%	1.84%	1.60%					
% of Medicaid Revenue to Net Revenue	8.03%	12.57%	14.74%					

E-36-015 Loyola University Medical Center



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Hospital Profile - C			niversity Me	edical Cer	nter		Mayw	/ood		Page 1		
		d General Inforn	<u>nation</u>							by Ethnicity		
ADMINISTRATOR NAI	•	Larry M. Goldberg				White 62.2%			lispanic or Latino			
ADMINSTRATOR PHO		6-3215				ack			lot Hispanic or La			
OWNERSHIP:	Loyola	University Health	n System		American Indian 0.0% Unknow				Inknown:	3.6%		
OPERATOR:	Loyola	University Health	n System			ian						
MANAGEMENT:	Not for	Profit Corporatio	Ha	waiian/ Pacific		0.0%	IDPH Number:	5801				
CERTIFICATION:	None				Un	known	12	2.1%	HPA	A-06		
FACILITY DESIGNATI		al Hospital							HSA	7		
ADDRESS	2160 S	South 1st Avenue CITY: Maywood COUNTY: Suburban Cook Count Facility Utilization Data by Category of Service						County				
	A 41		-	ition Data by	y Category	of Service			0011	00.50		
	Authoriz CON Be				Inpatient	Observation	Average Length	Average Daily	CON Occupancy	Staffed Bed Occupancy		
Clinical Service	12/31/20	•	Census	Admissions	Days	Days	of Stay	Census	Rate %	Rate %		
Medical/Surgical	292	272	260	18,735	85,287	2,518	4.7	240.6	82.4	88.4		
0-14 Years				4	8							
15-44 Years				4,181	15,811							
45-64 Years				7,536	34,223							
65-74 Years				3,613	19,223							
75 Years +				3,401	16,022							
Pediatric	34	34	29	2,546	6,658	1,104	3.0	21.3	62.5	62.5		
ntensive Care	121	111	101	6,765	33,053	195	4.9	91.1	75.3	82.1		
Direct Admission				5,288	25,375							
Transfers				1,477	7,678							
Obstetric/Gynecology	30	30	16	1,691	5,362	123	3.2	15.0	50.1	50.1		
Maternity	00	00	10	1,691	5,362	120	0.2	10.0	00.1	00.1		
Clean Gynecology				0	0							
Neonatal	50	50	37	280	9,749	0	34.8	26.7	53.4	53.4		
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	32	32	28	625	7,419	0	11.9	20.3	63.5	63.5		
Long-Term Acute Care	e 0	0	0	0	0	0	0.0	0.0	0.0	0.0		
Dedcated Observation	19					2388						
Facility Utilization	559)		29,165	147,528	6,328	5.3	421.5	75.4			
•			(Includes ICU	Direct Admis	sions Only)						
			<u>Inpatier</u>	nts and Outp	oatients Se	erved by Payo	r Source					
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Ch	arity Care	Totals		
	37.1%	25.2%	0.9%	1	32.6%	2.7%			1.5%			
Inpatients	10816	7355	268		9499	787			440	29,165		
	19.0%	17.3%	2.1%		54.3%	6.5%			0.8%			
Outpatients	43533	39812	4774	1	24615	14814			1918	229,466		
										Total Charity		
Financial Year Reporte		3 <i>to</i> 6/30/20	14 <u>inpatie</u>	nt and Outp	atient Net	Revenue by F	<u> ayor Sou</u>	<u>rce</u>	Charity (Care Expense		
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Totals	Care	16,275,351		
Inpatient	47.9%	19.1%	4.4%		28.4%	0.2%	1	00.0%	Expense			
Revenue (\$)	207,186,516	82,840,057	18,895,544	123,	068,268	912,501	432,9	02,886	7,954,908	Total Charity		
Outpatient	24.4%	6.3%	1.6%		67.5%	0.3%		100.0%		Care as % of Net Revenue		
D (A)	10,263,614	28,485,517	7,027,221	305.8	334,496	1,184,259		95,107	8,320,443	1.8%		
		-,,-	,- ,		•		•	, -				
	irthing Data			New		ery Utilization	-		_	splantation		
Number of Total Birth			038		Level I	Level II	Le	vel II+	Kidney:	70		
Number of Live Births	:	Ç	995 Beds		16	6	0	8	Heart:	12		
Birthing Rooms:			0 Patient	Days	1,115	5	0	151	Lung:	51		
Labor Rooms:			7 Total N	lewborn Pati	ent Days			1,266	Heart/Lung:	0		
Delivery Rooms:	D		0		ahoratari	Studios			Pancreas:	0		
Labor-Delivery-Recov	•	- D	7	_	.aboratory	otuales		0.040	Liver:	40		
Labor-Delivery-Recov	ery-Postpartun	n Kooms:	•	nt Studies				8,818	Total:	173		
C-Section Rooms:			2 Outpat	ient Studies			1,28	4,828				

Outpatient Studies Studies Performed Under Contract 1,284,828 97,125

375

C-Section Rooms:
CSections Performed:

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations Stage 2 Recovery Stations

5.0

3.6

Totals

<u>Dedicated and Non-Dedicated Procedure Room Utilzation</u>												
		Procedure Rooms			<u>Surgic</u>	al Cases	5	Surgical Hours			Hours per Case	
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	6	6	2014	10070	2720	13596	16316	1.4	1.4	
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0	
Pain Management	0	4	0	4	0	810	0	470	470	0.0	0.6	
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0	
Multipurpose Non-Dedicated Rooms												
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	

Emergency/Trauma	<u>Care</u>		Cardiac Catheterization Labs	
Certified Trauma Center Level of Trauma Service Operating Rooms Dedicated for Tra Number of Trauma Visits: Patients Admitted from Trauma	Level 1 n Adult and Pediauma Care	Yes Level 2 1 1,017 778	Total Cath Labs (Dedicated+Nondedicated labs): Cath Labs used for Angiography procedures Dedicated Diagnostic Catheterization Lab Dedicated Interventional Catheterization Labs Dedicated EP Catheterization Labs	9 0 0 0 4
Emergency Service Type: Number of Emergency Room Static Persons Treated by Emergency Se		Comprehensive 31 42,572	Cardiac Catheterization Utilization Total Cardiac Cath Procedures:	5,336
Patients Admitted from Emergency: Total ED Visits (Emergency+Trauma): Free-Standing Emergency Center		9,099 43,589	Diagnostic Catheterizations (0-14) Diagnostic Catheterizations (15+) Interventional Catheterizations (0-14):	10 2,564 0
Beds in Free-Standing Centers Patient Visits in Free-Standing Centers Hospital Admissions from Free-Standing	ters		Interventional Catheterization (15+) EP Catheterizations (15+) <u>Cardiac Surgery Data</u> Total Cardiac Surgery Cases:	931 1,831 1,261
Outpatient Service Total Outpatient Visits Outpatient Visits at the Hospital/ Outpatient Visits Offsite/off camp	Campus:	1,425,903 806,832 619,071	Pediatric (0 - 14 Years): Adult (15 Years and Older): Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases:	0 1,261 299

Diagnostic/Interventional Equipment			Examinations		<u>ns</u>	Therapeutic Equipment	Therapies/		
	Owned Co	ontract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	27	0	52,897	95,265	0	Lithotripsy	1	0	1
Nuclear Medicine	16	0	1,705	10,147	0	Linear Accelerator	3	3 0	29,823
Mammography	6	0	4	20,038	0	Image Guided Rad Therapy		8,175	
Ultrasound	14	0	4,400	18,593	0	Intensity Modulated Rad Thrp		9,495	
Angiography	4	0				High Dose Brachytherapy	1	0	259
Diagnostic Angiography			0	0	0	Proton Beam Therapy	(0	0
Interventional Angiography			1,808	1,342	0	Gamma Knife	1	0	344
Positron Emission Tomography (PET)	1	1	30	1,492	225	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	8	0	10,813	26,759	0				
Magnetic Resonance Imaging	8	0	4,760	16,601	0				