



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-11	BOARD MEETING: January 24, 2017	PROJECT NO: 16-048	PROJECT COST: Original: \$37,353,666
FACILITY NAME: Ferrell Hospital		CITY: Eldorado	
TYPE OF PROJECT: Non-Substantive			HSA: V

DESCRIPTION: The applicants (Ferrell Hospital Community Foundation and Deaconess Regional Healthcare Network Illinois, LLC) are proposing to expand and modernize Ferrell Hospital in 55,008 square feet of new space and 17,370 square feet of modernized space at a cost of \$37,353,666 in Eldorado, Illinois. The estimated completion date is March 31, 2019.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Ferrell Hospital Community Foundation and Deaconess Regional Healthcare Network Illinois, LLC) are proposing the modernization of Ferrell Hospital a twenty-five (25) bed critical access hospital located in Eldorado, Illinois at a cost of \$37,353,666. The expected completion date is March 31, 2019.
- Ferrell Hospital was approved for a change of ownership in October 2004 from Southern Illinois Healthcare Services d/b/a Ferrell Hospital. The purchase price was \$2,873,000 for the fixed assets and building. A USDA Rural Development Loan of \$5,600,000 was used to finance the purchase. The remaining amount of \$2,272,000 was used to fund ongoing operations. The new licensed operating entity is Ferrell Hospital Community Foundation.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project proposes the modernization of a hospital in excess of the capital expenditure minimum of \$12,950,881.

PURPOSE OF THE PROJECT:

- The purpose of this project is the modernization of a twenty-five (25) bed critical access hospital.

PUBLIC HEARING/COMMENT:

- No public hearing was requested and letters of support were received from the following:
 - Gary Forby, State Senator
 - Brandon Phelps, State Representative – 118th District
 - John Shimkus, Illinois Congressman
 - Pat Schou, Illinois Critical Access Hospital Network Executive Director.
 - Rocky James, Eldorado Mayor
 - Olivia Bradley, Saline County Chamber of Commerce - President
 - Ryan Hobbs, Eldorado Community School District Superintendent
 - Keith Oglesby, Eldorado Community School District Board Member
 - Albert Bledig, M.D., Ferrell Hospital Physician
 - Joseph Jackson, M.D., Ferrell Hospital Physician
 - Nate Oldham, M.D., Ferrell Hospital Physician
 - Elliot Partridge, M.D., Ferrell Hospital Physician
- Those in support of the project felt the proposed modernization is warranted based upon the condition of the hospital and the modernization would allow Ferrell Hospital to better meet the healthcare needs of Saline County.
- Two (2) letters of opposition were received from the following:
- Harrisburg Medical Center Board of Directors, David Disney, Chairman who stated in part *“Harrisburg Medical Center is located less than 9 miles from Ferrell Hospital in Eldorado, and we operate an Outpatient Clinic in Eldorado, which we established several years ago because of concerns in the community that Ferrell Hospital would close and leave its residents without access to outpatient medical care. Harrisburg Medical Center and Ferrell Hospital are both located in Saline County. The cities are connected by U.s. Highway 45, which is a four lane divided highway. The travel time between the two hospitals is about 13 minutes. Part of our concern about this project is that if Ferrell Hospital were to be approved and were to undertake this project, and if it were then to lose its designation as a CAH, the hospital could experience severe financial difficulties. If the modernization and expansion had already taken place before this occurred and the predicted negative impact on Harrisburg Medical Center's utilization were*

to have taken place, both hospitals could fail. Such an event would be catastrophic for the provision of healthcare in southeastern Illinois. Now is not the time to approve a \$37,000,000 project from Ferrell Hospital that would either be funded by taxpayers through the high reimbursement rates of the CAH program or would need to be funded through normal patient revenues, in which case the applicant might be unable to meet debt service.”

- Rodney D. Smith, President/CEO, Harrisburg Medical Center, who stated in part:
“We do have several concerns about the scope and size of this project, some of which is excessive and some of which duplicates existing outpatient services that are already provided in Eldorado, Furthermore, we are concerned about the cost impact of this \$37 million capital expenditure for a Critical Access Hospital on the southeastern Illinois region as well as the healthcare system in general. We understand that, if it is to remain in operation, Ferrell Hospital needs to upgrade its physical plant. However, we have the following concerns regarding the excessive scope and size of the proposed project and its high capital costs.”
- Alisa Coleman, CEO Ferrell Hospital stated in response *“Harrisburg claims "the scope and size of this project exceeds the scope and size of a project necessary to correct Ferrell Hospital deficiencies ... ". In fact, Ferrell proposes to essentially update existing facilities through its modernization project and provide adequate facilities for Ferrell's community and service area. Two General Radiology rooms are necessary to provide back-up due to routine maintenance and/or equipment failure. Two OR suites are proposed due to scheduling and contaminated case consideration (quality of care/infection control) and the proposed ED stations are based on peak demand. The opposition letter explicitly indicates certain existing imaging services, (MRI, CT, Nuclear Medicine, Mammography, and Ultrasound) not be replaced/modernized as proposed in the Project. Each of these services, excepting mammography, provide inpatient services. Why would Ferrell Hospital deny these services to their patients? Harrisburg, by their opposition, proposes to interfere with the practice of medicine in Eldorado similar to their developing an outpatient facility in our community several years ago. It is within the Review Boards purview to judge our capital cost, not another provider. The facility component itself approximates 58 percent of the project cost, and we believe the cost per sq. ft. to be within the Board's guidelines. If the proposed project cost is excessive, or unfeasible, we do not believe the USDA would consider its funding. [Letter dated January 3, 2017]*
- **Reviewer Note:** A Determination of Reviewability was submitted to the State Board on April 4, 2016 by Harrisburg Medical Center. That request asked the State Board Staff for a determination on the modernization of the construction of two (2) one-story additions to the hospital, one for an expansion of the Surgical Suite and the second for the replacement of Cardiac Rehabilitation, support services for Outpatient Services, and the hospital lobby at a cost of approximately \$9.9 million required a certificate of need. The modernization did not require a certificate of need because the costs were below the capital expenditure minimum of \$12,797,313, did not establish a category of service, did not substantially change the scope or functional operation of the facility or increase the number of beds by the more than 10% of total bed capacity or 20 beds whichever is less.

CONCLUSION:

- The State Board Staff reviewed the application for permit and supplemental information provided by the applicants and note the following:
- To determine if there is a need for the modernization of a healthcare facility, the State Board must determine if the facility has deteriorated and in need of modernization. The State Board Staff relies upon CMS Conditions of Participation surveys and architectural studies to determine if the modernization is warranted. The extent of the modernization is based upon the applicants' historical utilization. **Reviewer Note:** The calculated need for beds is not taken into consideration when reviewing the modernization of an existing hospital.

- The funds for this project will be a USDA Community Facility Loan and the applicants are in the process of preparing the loan package to be submitted to the USDA. As of the date of this report the USDA Rural Development Marion Area Office has determined the applicants “*eligible for funding by this agency and can compete with similar applications from other applicants.*”[Application for Permit page 193] The decision on the obligation of this project will be made by the USDA in Washington, DC. No application has been submitted to date and the direct loan has not been approved.
- Ferrell Hospital is a critical access hospital and has been designated a “necessary provider” by the Illinois Department of Public Health. [See Page 8-9 of this report for discussion]
- The applicants addressed a total of eighteen (18) criteria and failed to meet the following:

Criteria	Reasons for Non-Compliance
77 IAC 1110.234 (a) – Size of the Project	The applicants exceed the State Board square footage standard in Part 1110 Appendix B for Endoscopy, PACU I and PACU II. [See Pages 17-18 of this Report]
77 IAC 1110.234 (b) – Projected Utilization	The applicants projected utilization does not warrant the number of general radiology units (2), the number of emergency department stations (8) and the number of operating rooms (2). [See Pages 18 of this Report]
77 IAC 1110.234 (e) – Assurances	The applicants provided the necessary statement that hospital will be at target occupancy within two years after project completion; however that statement conflicts with projected utilization at Criterion 1110.234 (b). [See Page 19 of this Report]
77 IAC 1110.530 (e) (1) (2) (3) (4) – M/S Beds - Modernization	The number of medical surgical beds being requested (25 beds) is not warranted based upon historical utilization. The applicants’ historical utilization justifies twelve (12) M/S Beds. [See Pages 19-20 of this Report]
77 IAC 1110.3030 Clinical Services Other Than Categories of Service	The applicants’ historical utilization does not warrant the number of general radiology units (2), operating rooms (2), and emergency department stations (8). [See Page 20-21 of this Report]
77 IAC 1120.120 – Availability of Funds	Ninety-nine percent (99%) of the project funding will be a Direct Loan from the USDA Rural Development Agency. That loan has not been approved as of the date of this report. [See Page 25 of this Report]
77 IAC 1120.130 – Financial Feasibility	The applicants’ historical and projected financial information does not meet the State Board Ratio Standards in Part 1120 Appendix A. [See Page 25-26 of this Report] Jared Heim, CPA with EideBailey CPA Firm stated “ <i>The past three fiscal years, and the current year-to-date financial information, of the Hospital has been very positive, generating operating income between \$700,000 and \$900,000 annually, and cash available for debt service between \$1,350,000 and \$1,650,000 annually. Additionally, as part of the Project, the Hospital is anticipating refinancing portions of their current long-term debt for more favorable rates and terms, which will also contribute to their overall financial strength going forward. While we have not fully completed our examined financial forecast, our work performed to date, indicates that the Hospital would generate cash</i>

Criteria	Reasons for Non-Compliance
	<i>available for debt service equal to over twice their annual debt service requirement. Typically long-term debt financing would require a coverage of one and a halftimes annual debt service; therefore, the Hospital being well above this target would indicate strong financial health, their ability to satisfy their debt payments, all while providing them with adequate cash to continue to reinvest in their operations.” [See Page 26 of this Report]</i>

STATE BOARD STAFF REPORT
Project #16-048
Ferrell Hospital

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	Ferrell Hospital Community Foundation and Deaconess Regional Healthcare Services Illinois, LLC
Facility Name	Ferrell Hospital
Location	1201 Pine Street, Eldorado, Illinois
Application Received	November 4, 2016
Application Deemed Complete	November 10, 2016
Permit Holder	Ferrell Hospital Community Foundation
Operating Entity/Licensee	Ferrell Hospital Community Foundation
Owner of the Site	Ferrell Hospital Community Foundation
Project Financial Commitment Date	January 24, 2019
Gross Square Footage	88,479 GSF
Project Completion Date	March 31, 2019
Review Period Ends	January 10, 2017
Request a Deferral?	No

I. The Proposed Project

The applicants are proposing the modernization of Ferrell Hospital in Eldorado at a cost of approximately \$37,353,666. The expected completion date is March 31, 2019.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is **not** in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project is **not** in conformance with the provisions of Part 1120.

III. General Information - Background

The applicants are Deaconess Regional Healthcare Services Illinois, LLC and Ferrell Hospital Community Foundation (“Ferrell Hospital”). The sole member of Deaconess Regional Healthcare Services Illinois, LLC is Deaconess Regional Healthcare Services Illinois, Inc.

Deaconess Health System, the parent of Regional Healthcare Services Illinois, LLC and Deaconess Regional Healthcare Services Illinois, Inc., is an integrated multi-facility health system providing comprehensive health care services to southern Indiana, southeastern Illinois and western Kentucky. Deaconess Health System (DHS) provides Level II Trauma for the State of Illinois and is a State of Illinois designated Trauma Center. DHS also chairs the Region five State Trauma program. Deaconess is also a resource hospital under the State of Illinois for 3 EMS services. Additionally, DHS serves as the primary Stroke Center for southern Illinois. (http://www.dph.illinois.gov/topics-services/emergency-preparedness-response/ems/res_sysListing and information provided by

the applicants dated January 3, 2017). Shawn McCoy, CEO of Deaconess Health System, in a letter dated January 3, 2016 attested to the following: *“Ferrell remains an independent community hospital and Deaconess has no other "control" over Ferrell. Neither DHS nor any of its affiliated entities owns Ferrell, guarantees any Ferrell debt, nor is providing any long-term financial support to Ferrell or the project for which Ferrell is seeking certificate of need approval.”* [Letter dated January 3, 2017]

Ferrell Hospital is located at 1201 Pine Street, Eldorado, Illinois in Saline County. In 1925, Ferrell Hospital began as a small hospital on the 2nd floor of a business building. Ferrell Hospital then moved into its own building in 1928. Since then, Ferrell Hospital has undergone two major renovations; one occurring in 1958 and the second in 1973. Part of the proposed project will include the demolition of the original 1928 building.

Ferrell Hospital entered into a management agreement with Deaconess Regional Healthcare Services Illinois, LLC effective January 1, 2016. Management services provided to the Hospital consist of management personnel including a CEO and CFO, facility planning, strategic planning, recruiting, and several other support and oversight services. The initial term of the agreement is for a five (5) year period. Ferrell Hospital will reimburse the management service provider the actual cost of providing the management services on a monthly basis. For the years ended March 31, 2016 and 2015, management fees incurred were \$120,000 and \$104,163, respectively. For the year ended March 31, 2016, the management service organization of the Hospital made a one-time contribution in the amount of \$510,000 in support of the Hospital's mission.

Ferrell Hospital is located in Health Service Area V and Hospital Planning Area F-05. Health Service Area V includes the Illinois Counties of Alexander, Bond, Clay, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski, Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White, and Williamson. F-05 Hospital Planning Area includes Hamilton, White, Gallatin, Hardin, and Saline Counties; Pope County Townships of Eddyville #6 and Golconda #2. As of January 2017 there is a calculated excess of sixty-five medical surgical beds in the F-05 Hospital Planning Area.

There are thirty (30) hospitals in the HSA V Service Area. There are four (4) hospitals in the F-05 Hospital Planning Area:

TABLE ONE				
Hospitals in the F-05 Hospital Planning Area				
Hospital	City	Minutes	Beds	Type of Hospital
Ferrell Hospital	Eldorado	0	25	CAH
Harrisburg Medical Center	Harrisburg	13	77	General
Hamilton Memorial Hospital	McLeansboro	23	25	CAH
Hardin County General Hospital	Rosiclare	40	25	CAH

1. CAH – Critical Access Hospital
Source: Page 152 of the Application for Permit

The table below outlines the payor mix for Ferrell Hospital for CY 2015.

TABLE TWO Ferrell Hospital CY 2015				
Payor Source	Patients	Percentage	Revenue	Percentage
Medicare	9,608	41.33%	\$6,849,831	44.85%
Medicaid	7,593	32.66%	\$3,149,403	20.62%
Other Public	80	0.34%	\$1,408,375	9.22%
Private Insurance	5,646	24.29%	\$3,709,178	24.29%
Private Pay	319	1.37%	\$155,780	1.02%
Total	23,246	100.00%	\$15,272,567	100.00%
Charity Care Expense	214	0.92%	\$234,513.00	1.54%
Source: 2015 Annual Hospital Survey				

The proposed project is a non-substantive project subject to Part 1110 and Part 1120 review and requires a sixty (60) day review. Financial commitment will occur after permit issuance.

Ferrell Hospital is a 25-bed critical access hospital. To be designated a Critical Access Hospital a hospital must meet the following criteria:

- o Be located in a state that has established a State Flex Program;
- o Be located in a rural area or be treated as rural under a special provision that allows qualified hospital providers in urban areas to be treated as rural for purposes of becoming a CAH;
- o Furnish 24-hour emergency care services, using either on-site or on-call staff;
- o Provide no more than 25 inpatient beds that can be used for either inpatient or swing bed services; however, a CAH may also operate a distinct part rehabilitation or psychiatric unit, each with up to 10 beds;
- o Have an average annual length of stay of 96 hours or less (excluding beds that are within distinct part units [DPU]); and
- o Be located either more than 35 miles from the nearest hospital or CAH or more than 15 miles in areas with mountainous terrain or only secondary roads OR prior to January 1, 2006 were State certified as a “necessary provider” of health care services to residents in the area.

Congress passed the Medicare Rural Hospital Flexibility Grant Program/original balanced budget act in 1997, the critical access hospital program was created and rural hospitals could convert to CAH status if they could meet the thirty-five (35) miles or greater definition. Subsequently, CMS/Congress learned that most small hospitals were located less than thirty-five (35) miles from another facility, especially in the Midwest, so they passed the necessary provider provision in 1999 as part the Balanced Budget Refinement Act. The necessary provider provision allowed the states to determine their own criteria to become a CAH and also had to develop a plan for implementing the CAH program, called the Rural Health Plan, which then had to be approved by CMS. Illinois’ plan was approved by CMS in May 1999.

Since all Illinois small rural hospitals are less than thirty-five (35) miles from another hospital (regardless of state lines,) each Illinois hospital applying for CAH status had to be approved by IDPH as a “necessary provider” of health care services for its

community. All small hospitals had to first be located in a state or federal designated area and then meet one of the following criteria to be designated as a necessary provider:

- In a health professional shortage area (HPSA); or
- In a state physician shortage area (PSA);
- In an county where there was a greater percentage of residents 65 years or older than the state average; or
- In a county where there was a greater percentage of residents 200% or more of the federal poverty level than the state average.

The original IDPH plan for implementation of the CAH program (Rural Health Plan) was approved by CMS in May 1999. The plan was updated in 2009. Congress passed the Medicare Modernization Act in 2005 which discontinued the “necessary provider” program for the states, grandfathered all the CAHs approved under the “necessary provider” provision, and changed the criteria for CAH conversion to thirty-five (35) miles or greater by any type of road and fifteen (15) miles or greater by secondary road. Federal criteria for conversion to CAH status required a hospital to be part of a network and in Illinois, the hospital were approved based on the hospital being part of an EMS network. There were fifty-two (52) hospitals approved as a “necessary provider” critical access hospital prior to December 31, 2005. White County Hospital closed in December 2005. There are fifty-one (51) CAHs in Illinois. Ferrell Hospital was approved as a “necessary provider” of health care services in September 2002 and then approved as a CAH in February 2003. See Table Fourteen at the end of this report for complete list of Illinois Critical Access Hospitals. [Source: IDPH Center for Rural Health and Illinois Critical Access Hospital Network]

Ferrell Hospital's designation as a Critical Access Hospital allows for reimbursement for inpatient and outpatient services provided to Medicare patients. Cost base reimbursement provides significant financial advantages to Ferrell Hospital which allows payment at 101% of allowable costs on all of the Medicare patients served. However, since sequestration, Ferrell Hospital only receives 99% reimbursement for allowable costs associated with Medicare patients. [Application for Permit page 117]

IV. Project Details

The proposed project will consist of 55,008 square feet of new construction, 17,370 square feet of modernized space and 16,100 square feet will remain as is for a total of 88,478 square feet. The applicants are proposing to double the size of the existing hospital with the proposed project. New spaces will be developed for an emergency department, diagnostic imaging, front lobby and waiting area, exterior front canopy, registration, lab, phlebotomy, cafeteria, surgery department, post-anesthesia care unit, ambulatory care unit, central sterile unit and an addition for chemotherapy services. The project will also correct and adjust facility deficiencies as identified in past CMS Conditions of Participation and facility assessments conducted in October 2014 and June 2016.

V. Project Uses and Sources of Funds

The total project costs are \$37,353,666. The project is expected to be funded by a USDA Loan of \$36,843,666 and gift and bequests of \$510,000.

TABLE THREE			
Project Uses and Sources of Funds			
Project Uses	Clinical	Non Clinical	Total
Preplanning	\$38,043	\$23,317	\$61,360
Site Survey and Soil Investigation	\$12,381	\$7,589	\$19,970
New Construction Contracts	\$12,861,805	\$7,238,305	\$20,100,110
Modernization Contracts	\$693,032	\$1,020,166	\$1,713,198
Contingencies			
New Construction	\$1,286,181	\$723,830	\$2,010,011
Modernization	\$103,955	\$153,025	\$256,980
Architectural/Engineering Fees	\$818,217	\$501,488	\$1,319,705
Consulting and Other Fees	\$743,014	\$410,199	\$1,153,213
Movable or Other Equipment	\$4,002,732	\$460,440	\$4,463,172
Bond Issuance Expense	\$2,628,919	\$1,611,273	\$4,240,192
Net Interest Expense	\$1,049,576	\$643,289	\$1,692,865
Other Costs to be Capitalized	\$200,192	\$122,698	\$322,890
Total	\$24,438,047	\$12,915,619	\$37,353,666
Sources of Funds			
Cash			\$0.00
Gifts and Bequests			\$510,000
Bond Issue			\$36,843,666
Total			\$37,353,666
Source: Application for Permit page 23			
See Table 15 at the end of this report for itemization of project costs.			

VI. Cost Space Requirements

The current facility has a total of 42,225 square feet (SF) and the applicants are proposing to increase the SF to 88,479 GSF or an increase of approximately forty-eight percent (48%). Of the 88,479 SF approximately 56,630 SF will be clinical space or approximately sixty-four percent (64%) dedicated to clinical services. See Table Sixteen at the end of this report for departmental cost and square footage.

VII. Background of the Applicants

A) Criterion 1110.510 (b) (1) (3) Background of the Applicants

To demonstrate compliance with this criterion the applicants must document any adverse action taken against the applicants in the three (3) years prior to the filing of the application for permit; a listing of all health care facilities owned and operated by the applicants, and authorization allowing the State Board and the Illinois Department of Public Health access to any documentation to verify information in the application for permit. An adverse action is defined as “a disciplinary action taken by IDPH, CMMS, or any other State or federal agency against a person or

entity that owns or operates or owns and operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois [77 IAC 1130.140 – Definitions].”

1. Ferrell Hospital Community Foundation owns and operates a fully licensed Critical Access Hospital and two Rural Health Clinics which are both located in Eldorado, Illinois: Ferrell Hospital, Ferrell Hospital Family Practice, and Eldorado Family Medicine
2. There has been no adverse action taken against any facility owned and/or operated by the applicants during the three (3) years prior to the filing of the application. Authorization permitting HFSRB and Illinois Department of Public Health access to any documents necessary to verify information that have been submitted with the application for permit was provided as required.
3. Certificates of Good Standing were provided for the applicants: Ferrell Hospital Community Foundation and Deaconess Regional Healthcare Services Illinois, LLC.
4. The applicants attest that the proposed expansion and modernization project will not be in a flood plain area and that the hospital lies outside the 500 year flood plain zone. The applicants are in compliance with Executive Order # 2006-5.
5. The Illinois Historic Preservation Agency has provided a letter stating *“that on Wednesday, December 21, 2016, Cultural Resources Manager, David Halpin, conducted a site visit that included meeting and an inspection of the entire property. Mr. Halpin observed that the interior of the hospital has been rehabilitated and updated as needed, leaving very little architectural integrity. Similarly, the exterior has been altered by numerous additions and repairs. Based upon this information we have determined that while the history of Ferrell Hospital remains important to the community, the property does not exhibit sufficient physical integrity for listing on the National Register of Historic Places. We, therefore, have no objection to the undertaking proceeding as planned.”* [Additional information provided December 22, 2016 by email by David Halpin, Illinois Historic Preservation Agency]
6. The applicants have provided evidence of site ownership at page 52 of the application for permit.
7. The applicants have submitted all reports required by the HFSRB and the Illinois Department of Public Health.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 IAC 1110.530 (b) (1) (3))

VIII. Purpose of the Project, Safety Net Impact Statement, Alternatives to the Proposed Project

A) Criterion 1110.230 (a) Purpose of the Project

To determine compliance with this criterion the applicants must document that the project will provide health services that improve the health care or well-being of the market area population to be served, define the planning area or market area, identify the existing problems, and how the proposed project will address these problems.

1. The purpose of the project is to modernize Ferrell Hospital. Ferrell Hospital has provided healthcare services to residents in three (3) counties (Saline, Gallatin, and White) in Southern Illinois since 1925. These counties, Saline, Gallatin, and White are designated by the US Department of Health and Human Services as Medically Underserved Areas. The Illinois Department of Public Health is projecting a decrease in the total population in these three (3) counties of approximately 6.7% over the next ten (10) years, and an increase in the over sixty-five (65) population of 11% for this same period.

TABLE FOUR
Estimated Population Growth for Three (3) County
Area
2015-2025

	2015	2020	2025	% Change
Saline	24,455	23,894	23,300	-4.72%
Over 65	4,909	5,312	5,614	14.36%
Gallatin	5,263	4,953	4,650	-11.65%
Over 65	1,215	1,198	1,174	-3.37%
White	14,000	13,416	12,855	-8.18%
Over 65	3,192	3,325	3,545	11.06%
Total	43,718	42,263	40,805	-6.66%
Over 65	9,316	9,835	10,333	10.92%

Projected population information at <https://www.illinois.gov/sites/hfsrb>

2. The three (3) county service areas encompass twelve (12) zip codes. Approximately forty-four percent (44%) of Ferrell Hospital's 2015 discharges originated in the Eldorado zip code (62930). The Hospital's Service Area accounted for approximately eighty-five percent (85%) of Ferrell Hospital's 2015 discharges. Approximately twenty-one percent (21%) of the market area's population is currently sixty-five (65) or older, and by 2021 this number is anticipated to climb to approximately twenty-three percent (23%). As the population in the Service Area continues to age, the renovation and expansion of the facility will allow for quality care that is accessible.

TABLE FIVE
2015 Ferrell Hospital Discharges

Zip Code	City	County	# Patients	% of total
62930	Eldorado	Saline	269	44.10%
62946	Harrisburg	Saline	52	8.52%
62984	Shawneetown	Gallatin	39	6.39%
62869	Norris City	White	36	5.90%
62979	Ridgway	Gallatin	32	5.25%
62934	Equality	Gallatin	23	3.77%
62935	Galatia	Saline	18	2.95%
62977	Raleigh	Saline	14	2.30%
62917	Carrier Miles	Saline	14	2.30%
62954	Junction	Gallatin	9	1.48%
62871	Omaha	Gallatin	6	0.98%
62965	Muddy	Saline	5	0.82%
Primary Service Area			517	84.75%
Secondary Service Area			93	15.25%
Total			610	100.00%

Source Page 79 of the Application for Permit

3. Problems to be addressed by the Proposed Project

The applicants stated the following as clinical deficiencies to be addressed by the proposed project.

- The emergency department does not have clear separation from other departments.
- There is inadequate waiting space in the clinic and no central waiting room for the hospital.
- There is a lack of ambulatory access to the emergency department, except through the ambulance ramp entrance.
- Concrete site work is needed to repair sidewalks, ramps, curb and gutter, and building entrances, as well as asphalt repair to assist in flow of traffic around the facility.
- Exterior aesthetic maintenance is needed throughout (aluminum-framed windows to replace wood-framed windows, caulking everywhere, mortar replacement, paint, stucco repair, signage, etc.). The 1958 and 1973 Building have mostly original exterior finishes.
- A roof that needs immediate maintenance, as at least 30 leaks have been reported. At least 31,000 SF of the total 38,000 SF roof needs to be replaced as the average age is 18 years old. The last 7,000 SF of roof is in the oldest building from 1958 and was reported to be 10 years old.
- Facility maintenance and upgrades to mechanical, electrical, and plumbing equipment has not been properly maintained. A lot of the equipment is original from 1958 or from 1973. It was reported that the Facility loses a portion of power once a week, which causes the Emergency Generator to run weekly.

As evidence of the existing conditions at the Hospital, the applicants provided copies of the Illinois Department of Public Health Medicare Recertification survey at Ferrell Hospital Community Foundation conducted on April 14, 2016 which included both health surveillance and a life safety code survey for the Condition of Participation for Critical Access Hospitals. The survey found Ferrell Hospital was not in compliance with the Medicare Condition of Participation for Critical Access Hospitals (42 CFR 485.41 - Physical Environments). In addition the applicants provided a facility survey conducted by David E. Johnson Architects and Adams. These documents can be found at pages 82-112 and 157-178 of the application for permit respectively.

B) Criterion 1110.230 (b) – Safety Net Impact Statement

The proposed project is considered a non-substantive project. A non-substantive project by statute does not require a safety net impact statement be provided. However, the applicants chose to provide a safety net impact statement for the State Board's review.

The applicants stated the following:

“Ferrell Hospital Community Foundation, which does business as Ferrell Hospital, proposes to modernize their current campus at 1201 Pine Street in Eldorado, Illinois. The 25-bed Critical Access Hospital does not propose to increase their licensed beds, but rather to modernize their existing services, address code and safety issues, and update the facility. The Applicant provides healthcare services that are essential to their patients within the Service Area. The current population within Ferrell Hospital's Service Area is aging and has limited access to locally based hospital facilities besides from Ferrell Hospital. If modernization to the Ferrell Hospital facility is not approved, the hospital will continue to provide existing services; no service discontinuation is proposed. However, modernization of the current facility will allow Ferrell Hospital to provide quality care in a more contemporary facility. Ferrell Hospital is a Critical Access Hospital, and, as a result, is located distant from other community hospitals in the region. The majority of the care Ferrell Hospital provides is to the population of the immediate surrounding community. The patients expected to use the services provided by Ferrell Hospital are all local community residents that see Ferrell Hospital as their hometown healthcare provider. Therefore, the proposed

modernization project is not expected to have any impact on another provider's ability to provide safety net services. Ferrell Hospital will continue to provide, as it does today, safety net service to its community and Service Area. No service discontinuation is anticipated. The Applicant proposes a modernization project."

TABLE SIX				
Charity Care Patients and Charity Care Expense and Medicaid Patients and Medicaid Revenue				
		2013	2014	2015
Net Patient Revenue		\$16,580,217	\$16,347,058	\$17,721,488
Charity				
	Inpatient	17	7	6
	Outpatient	801	207	208
Total		818	214	214
Charity \$				
	Inpatient	\$218,155	\$7,171	\$56,283
	Outpatient	\$650,987	\$172,103	\$178,230
Total		\$869,142	\$179,274	\$234,513
% Charity Expense/Net Revenue		5.24%	1.10%	1.32%
Medicaid				
	Inpatient	112	126	122
	Outpatient	2,912	7,681	7,471
Total		3,024	7,807	7,593
Medicaid \$				
	Inpatient	\$425,571	\$282,284	\$456,663
	Outpatient	\$2,527,810	\$1,192,049	\$2,692,740
Total		\$2,953,381	\$1,474,333	\$3,149,403
Medicaid Revenue/Net Revenue		17.81%	9.02%	17.77%

Source: Application for Permit pages 208-209

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

To determine compliance with this criterion the applicants must 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.

The applicants rejected the following alternatives:

1. Ferrell Hospital developed two (2) alternative modernization projects (**Option 1 and Option 2 - the proposed project**) to address the deficiencies of the current facility as documented by IDPH and others.

Option 1 includes the modernization of the:

- Emergency Department - 2 Cardiac Trauma Rooms and 6 Intermediate Treatment Rooms,
- Surgery Department - 2 Operating Rooms and 1 Minor Procedure Room
- Post-Anesthesia Care Unit
- Ambulatory Care Unit
- Imaging Department - 1 CT, 1 Nuclear Medicine, 2 X-Ray, 1 Mammogram, 1 Bone Density, 1 Ultrasound
- Registration, Lab, Phlebotomy, Central Sterile, Cafeteria, Lobby, Waiting, and Entry Canopy.

The modernization of the departments listed above would result in an addition of approximately 36,000 square feet. The applicants rejected this alternative because the inpatient wing and physical therapy unit of the facility would not be fully addressed and modernized. Chemotherapy services would not be incorporated and the modernizations of staff spaces would not be addressed; those spaces include Material Management, Environmental Services, Plant Operation, Staff Training Room, Human Resources, Medical Records, Information Technology, and Administration. The cost of the Option 1 alternative would be approximately \$24,000,000.

2. Pursuing a joint venture or similar arrangement with one or more providers

Per the applicants *“throughout 2013 and 2014, Deaconess moderated a discussion between Ferrell Hospital and Harrisburg Medical Center (located approximately 13 minutes away) regarding merging and constructing a new centrally-located facility. In 2014 the respective governing boards did not see a path toward a merger, even with the assistance of Deaconess Illinois. Again in 2016, under new Ferrell Hospital leadership, the furtherance of discussions regarding merging services or facilitating more substantive discussions between Ferrell Hospital and Harrisburg Medical Center did not result in either hospital agreeing to a plan to move forward with a formal proposal. As a result, no formal plans for a new hospital were developed. It is difficult to conclude what the cost a new combined Ferrell Hospital CON hospital would be on the two communities. It is likely a new hospital cost would be in the range of \$40 to \$50 million, which exceeds Ferrell Hospital's proposed renovations of \$37,353,666.”*

3. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project.

Per the applicants *“Historically Ferrell Hospital has taken pride in being a local, independent health care provider. The Contribution Agreement between Deaconess Illinois and Ferrell Hospital allows for the independent decision making to remain with the local Board of directors. Ferrell Hospital maintains transfer agreements with Harrisburg Medical Center, Herrin Hospital, Deaconess Hospital, and others as required by the Critical Access Hospital regulations so that patients can be stabilized and transferred to higher levels of care.”*

4. Vacate the market

This alternative was rejected for the following reasons:

- It would have an adverse effect on the quality of life for patients without the ability to travel.
- Inability of the next closest hospital to have excess capacity to handle additional patient volumes, particularly for emergencies.
- The economic impact that Hospital has on the local communities would add to the unemployment rate, ability to recruit, and maintain local businesses in and around the Primary Service Area.
- Currently Ferrell is capable of producing a positive net income.

Ferrell Hospital's designation as a Critical Access Hospital is reason enough to exclude vacating the market as a reasonable alternative. Vacating a market would leave a large region of Southeast Illinois facing a lack of health care providers and would force an aging community to travel for care. Ferrell Hospital for the prior Fiscal Year 3/31/16 reported \$3,307,699 in Long-Term Debt, Net of Current Maturities. If Ferrell Hospital were to cease operations these debts would still have to be paid, with the costs of

demolition and clean up totaling to approximately \$2,368,112 the price of vacating the market amounts to approximately \$5.7M. As well, Ferrell Hospital has historically operated with revenue in excess of expenses, therefore adding to the local economies, maintaining 200 healthcare jobs and allowing for the continuation of providing healthcare services to the local communities.

5. Reasons why the chosen alternative was selected

The proposed project would result in the more expansive modernization of Ferrell Hospital that also includes the addition of chemotherapy services. **Option 2** was selected for the following reasons:

1. The relationship with Deaconess Illinois has afforded Ferrell Hospital with additional resources such as:
 - a. Access to Informational Technology to take advantage of the Meaningful Use incentives and being enrolled in the Next Gen Medicare Accountable Care Organization.
 - b. Access to the Purchasing Alliance to purchase supplies at a much lower cost.
 - c. Management services that provide onsite expertise in health care management and fiscal oversight.
 - d. The ability to recruit needed physicians from the Deaconess Family Practice Residency Program and access to specialists from Deaconess interested in expanding their scope to Ferrell's Service Areas.
2. Interest rates for financing being near historic lows.
3. The Applicant's status as a 340-B hospital that receives substantial discounts on the purchase of most drugs.
4. The cost-reimbursement associated with the designation as a Critical Access Hospital allows for a majority of the costs to be covered associated with this project.
5. The ability to address the deficiencies associated with the facility, and allow for these issues to be addressed and allow for continued growth through a comprehensive and thoughtful expansion plan.
6. Additional new services can be added and continued for General Surgery, Endoscopy, Chemotherapy and additional physicians.

Ferrell Hospital currently faces code deficiencies within their building that will be addressed. Anything less than the full modernization plan continues to leave fragmented and unorganized space that is not conducive to modern patient care. During the modernization of Ferrell Hospital, services will be consolidated and arranged in a manner that allows for a more productive workforce, as well as a better environment and throughput for the patient. The contemporary rooms that will come as a result of the modernization, paired with less traffic through the patient corridors will allow for a better experience for the patient and add to the security and safety of staff, patients and visitors. Ferrell Hospital resides within a Medically Underserved Area (MUA). The addition of

Chemotherapy services, coupled with expanded Surgery and Emergency Departments at Ferrell Hospital will help to better address the medical needs of the community Ferrell Hospital serves.

From both a long-term and short-term financial benefits perspective it appears that going forward with the selected alternative, modernization project is the best option. Ferrell Hospital's 340-B designation will assist with the purchase of chemotherapy drugs provided to patients. The complete project will allow for repurposing vacated spaces within Ferrell Hospital that will house non-clinical functions that will be more strategically located to improve productivity and accessibility to staff those services.

Reviewer Note: Congress created the 340B program in November 1992. The law protected specified clinics and hospitals from drug price increases and gave them access to price reductions. This law requires pharmaceutical manufacturers participating in the Medicaid program to enter into an agreement with the Secretary of Health and Human Services - a pharmaceutical pricing agreement (PPA) — under which the manufacturer agrees to provide statutorily specified discounts on "covered outpatient drugs" purchased by government-supported facilities, known as covered entities, that are expected to serve the nation's most vulnerable patient populations. These discounts only apply to purchases of covered outpatient drugs. Although the ceiling prices are proprietary, Medicare Payment Advisory Commission estimated that, on average, hospitals in the 340B program receive a minimum discount of 22.5 percent (22.5%) of the average sales price for drugs paid under the outpatient prospective payment system. <http://www.medpac.gov>

IX. Size of the Project, Projected Utilization, Assurances

A) Criterion 1110.234 (a) – Size of the Proposed Project

To determine compliance with this criterion the applicants must document that the amount of physical space proposed for the proposed project is necessary and not excessive. The applicants must meet the gross square footage standards publish in Part 1110 Section B.

The table below documents the departments that the State Board has developed gross square footage standards as documented in Part 1110 Section B. The applicants do not meet the size standards for endoscopy, PACU I and PACU II.

TABLE SEVEN
Size of Project

Departments	Proposed BGSF	Existing Beds/Units/Rooms	Proposed Beds/Units/Rooms	GSF/State Standard		Difference	Met Standard?
				Per Bed/Unit/Room	Total GSF		
	(1)	(2)	(3)	(4)	(5) (3) x (4)	(1) – (5)	(6)
Medical/Surgical	12,785	25	25	660	16,500	-3,715	Yes
Emergency Department	5,371	4	8	900	7,200	-1,829	Yes
Nuclear Medicine	400	1	1	1,600	1,600	-1,200	Yes
MRI	469	1	1	1,800	1,800	-1,331	Yes
CT Scan	500	1	1	1,800	1,800	-1,300	Yes
Ultrasound	120	1	1	900	900	-780	Yes

TABLE SEVEN
Size of Project

Departments	Proposed BGSF	Existing Beds/Units/Rooms	Proposed Beds/Units/Rooms	GSF/State Standard		Difference	Met Standard?
Mammography	91	1	1	900	900	-809	Yes
General Rad.	620	1	2	1,300	2,600	-1,980	Yes
Operating Suite	3,860	1	2	2,750	5,500	-1,640	Yes
Endoscopy	1,357	1	1	1,100	1,100	257	No
Phase I (PACU)	1,197	4	4	180	720	477	No
Phase II	1,351	2	2	400	800	1,151	No

Source Application for Permit page 124

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

B) Criterion 1110.234 (b) – Projected Utilization

To demonstrate compliance with this criterion the applicants must document that the proposed services to be modernized will be at target occupancy by the second year after project completion in accordance with Part 1110 Appendix B.

The table below outlines the services to be modernized in which the State Board has utilization standards. Of these services to be modernized, the applicants do not meet the standard for medical surgical beds, general radiology, operating rooms, and emergency department. The applicants are also proposing new construction/modernization for laboratory, EKG, Holter, EEG, respiratory therapy, cardio rehabilitation, physical therapy, pharmacy, rural health clinic, pain management and the oncology infusion area. The State Board does not have utilization standards for these services.

TABLE EIGHT
Projected Utilization

Department	State Board Standard/days/ procedures/visits	Existing Beds/Unit s/Rooms	Proposed Beds/Units /Rooms	2014	2015	2020	2021	Beds/Rooms /Units Justified	Met Standar d?
M/S/Beds	60%/days	25	25	2,557	2,399	3,296	3,492	10 beds	No
Gen. Rad.	8,000 proc.	2	2	5,848	5,857	6,239	6,298	1Unit	No
Mammography	5,000 visits	1	1	607	560	429	400	1Unit	Yes
Ultrasound	3,100 visits	2	1	1,111	1,276	1,263	1,271	1 Unit	Yes
CT scan	7,000 visits	1	1	2,076	2,110	2,714	2,869	1 Unit	Yes
Nuclear Med.	2,000 visits	1	1	153	156	154	150	1 Unit	Yes
OR's	1,500 hours	1	2	459	360	883	999	1 Unit	No
MRI	2,500 proc	1	1	614	514	722	773	1 Unit	Yes
Emergency Dept	2,000 visits	4	8	6,579	7,054	7,929	8,201	5 Rooms	No

Source: Application for Permit page 133

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION PROJECTED UTILIZATION (77 IAC 1110.234 (b))

C) Criterion 1110.234 (e) – Assurances

To determine compliance with this criterion the applicants must attest that by the second year after project completion the services proposed to be modernized will be at target occupancy in accordance with Part 1110 Appendix B.

Alisa Coleman, CEO Ferrell Hospital stated, “We hereby state that it is our understanding, based upon information available to us at this time, that by the second year of operation after project completion, Ferrell Hospital reasonably expect to operate all clinical services included in this application for which there utilization targets at the State Agency utilization specified in 77 Ill Adm. Code 1110 Appendix B.” [Application for Permit page 189]

Reviewer Note: The information provided at Criterion 1110.234 (b) – Projected Utilization and submitted at page 189 of the application for permit does not support the statement above. The applicants projected utilization for FY 2021 does not support the number of medical surgical beds being requested, the number of units for general radiology, the number of operating rooms, and the number of emergency stations. The State Board Staff notes it is difficult for a critical access hospital to meet the State Board Utilization Standards because of its rural location and the small population the critical access hospital is serving.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234 (e))

X. Medical Surgical Modernization

A) Criterion 1110.530 (e) 1) 2) 3) 4) – Modernization

To determine compliance with this criterion the applicants must document that the medical surgical beds are deteriorated or functionally obsolete and need to be replaced or modernized. Additionally the applicants must document that the proposed modernization of medical surgical beds is justified based upon historical utilization.

Medical Surgical Beds

The Illinois Department of Public Health conducted a Medicare Recertification survey at Ferrell Hospital Community Foundation on April 14, 2016 which included both health surveillance and a life safety code survey for the Condition of Participation for Critical Access Hospitals. The survey found Ferrell Hospital was not in compliance with the following Medicare Condition of Participation for Critical Access Hospitals (42 CFR 485.41 - Physical Environments). [Application for Permit pages 157-178]

The applicants are proposing 12,785 square feet for twenty-five (25) Medical/Surgical beds. The State Board standard for medical surgical beds is 500-660 square feet per bed, in which Ferrell Hospital proposes 511.4 square feet per bed. Ferrell Hospital is proposing twenty (20) rooms for the twenty-five (25) Medical/Surgical beds. Fifteen (15) rooms will be private, single-bed rooms and five (5) rooms will be 2-bed rooms. As part of the modernization of Ferrell Hospital 9,075 square feet of the proposed Medical/Surgical department will be new construction, 840 square feet will be modernized, and 2,870 square feet will be left as is. The average daily census at Ferrell Hospital for Fiscal Year 2016 is currently 7.1 or (28.4%), with spikes in utilization reaching the upper teens. The State Board standard for the modernization of medical/surgical of sixty percent (60%) is not met. By 2021 Ferrell Hospital's average daily census is projected to be 9.6, or (38.4%) which assuming spikes in utilization will result in a daily census often reaching the mid-to-upper teens.

The proposed modernization of medical surgical beds appears justified based upon the survey conducted by the Illinois Department of Public Health and architectural reports provided by the applicants at pages 82-112 and pages 157-178 of the application for permit; however the number of medical surgical beds being requested (25 beds) is not warranted based upon historical utilization.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION MEDICAL SURGICAL MODERNIZATION (77 IAC 1110.530 (e) 1)2)3)4))

B) Criterion 1110.530 (g) - Performance Requirements

To determine compliance with this criterion the applicant must document that the proposed modernization of the medical surgical beds located within a Metropolitan Service Area (MSA) will have one hundred (100) medical surgical beds.

Ferrell Hospital is located in Eldorado, Illinois and Eldorado is included in the Illinois-Indiana-Kentucky Tri-State Area and is a bedroom community in the Harrisburg Micropolitan Statistical Area. The State Board does not have performance requirements for the modernization of medical surgical beds not located in a MSA. The applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PERFORMANCE REQUIREMENTS (77 IAC 1110.530 (g))

XI. Clinical Services Other than Categories of Service

A) Criterion 1110.3030 d)1)2)3) – Service Modernization

These criteria are applicable only to those projects or components of projects (including major medical equipment), concerning Clinical Service Areas (CSAs) that are not "Categories of Service", but for which utilization standards are listed in Part 1110 Appendix B. To determine compliance with this criterion the applicants must document that the clinical service areas are deteriorated or functionally

obsolete and need to be replaced or modernized. Additionally the applicants must document that the proposed modernization of clinical service areas is justified based upon historical utilization.

The applicants have provided documentation in the application for permit that Ferrell Hospital is in need of modernization and many of the services being proposed to be modernized are in need of replacement or modernization or both.

The Illinois Department of Public Health conducted a Medicare Recertification survey at Ferrell Hospital on April 14, 2016 which included both health surveillance and a life safety code survey for the Condition of Participation for Critical Access Hospitals. The survey found Ferrell Hospital was not in compliance with the following Medicare Condition of Participation for Critical Access Hospitals (42 CFR 485.41 - Physical Environments). [Application for Permit pages 157-178]

The services listed in the table below that are being proposed to be modernized have utilization standards in Part 1110 Appendix B. The applicants' historical utilization does not meet the standards in Part 1110 Appendix B for general radiology, operating rooms, and emergency department.

General Radiology

The applicants are proposing two (2) units in new construction to be located adjacent to the emergency department. The applicants' historical utilization justifies one (1) unit and not the two (2) units being proposed. The applicants state that the two (2) units are necessary to provide services at Ferrell Hospital. Potential down-time of a unit due to maintenance would limit the healthcare services to the community the applicants serve. General Radiology services are often scheduled ahead of time by the patient, and therefore Ferrell Hospital would like to limit scheduling conflicts to ensure convenient and accessible care for their patients.

Mammography

The applicants are proposing one (1) mammography unit in new construction. Mammography growth was projected using Ferrell Hospital internal data from Fiscal Year 3/31/14 through Fiscal Year 3/31/16. Compound annual growth rate was applied to the Applicant's utilization to project future utilization. Through 2021 an annual growth rate of -6.9% was applied. Historical utilization of 584 exams will justify the one (1) unit being requested.

Ultrasound

The applicants are proposing one (1) ultrasound unit in new construction. Ultrasound growth was projected using Ferrell Hospital internal data from Fiscal Year 3/31/14 through Fiscal Year 3/31/16. Compound annual growth rate was applied to the Applicant's utilization to project future utilization. Through 2021 an annual growth rate of .6% was applied. The proposed Ultrasound unit meets the State standards for review. The Ultrasound functional area will be vacated in its entirety. All 120 square feet that will comprise the Mammography in new construction. Historical utilization of 1,194 exams will justify the one (1) unit.

CT Scan

The applicants are proposing one (1) CT Scan unit in new construction. Historical utilization of 2,093 exams will justify the one (1) unit. CT Scan growth was projected using Ferrell Hospital internal data from Fiscal Year 3/31/14 through Fiscal Year 3/31/16. Compound annual growth rate was applied to the Applicant's utilization to project future utilization. Through 2021 an annual growth rate of 5.7% was applied. The proposed CT Scan unit meets the State standards for review. All 500 square feet that will comprise the CT Scan key room will be new construction.

Nuclear Medicine

The applicants are proposing one (1) Nuclear Medicine unit in new construction. Historical utilization of 155 exams will justify the one (1) unit. Nuclear Medicine growth was projected using Ferrell Hospital internal data from Fiscal Year 3/31/14 through Fiscal Year 3/31/16. Through 2021 an annual growth rate of -2.5% was applied. The proposed Nuclear Medicine unit meets the State standards for review. All 400 square feet that will comprise the Nuclear Medicine will be new construction.

MRI

The applicants are proposing one (1) MRI. Historical utilization of 564 procedures will justify the one (1) room in new construction. The applicants are forecasting through 2021 an annual growth rate of 7.0% for this service.

Surgery Rooms

The applicants are proposing two (2) surgery rooms in new construction. Historical utilization will justify one (1) room and not the two (2) being proposed. The applicants state that three (3) general surgeons are now on the staff of the hospital and the applicants expect demand for surgery at the hospital will increase. The applicants do not want to allow potential scheduling conflicts to prevent patients who are seeking care to travel further for care, especially since many of the patients that will be seeking surgery services from Ferrell Hospital will be older and lacking the mobility to travel for care.

Procedure Room (Endoscopy)

The applicants are proposing one (1) procedure room to perform endoscopy procedures in new construction. Historical utilization of sixty-four (64) hours will justify the one (1) room.

Emergency Department

The applicants are proposing eight (8) stations in the emergency department in new construction. Historical utilization will justify four (4) stations and not the eight (8) being requested. The applicants stated that they are proposing the current Emergency Department to ensure that no patient in need of immediate care is not given the care they need in a timely manner.

The State Board does not have utilization standards for the following services to be modernized:

- Four (4) PACU I and Two (2) PACU II
- Laboratory
- EKG, Holter, EEG
- Respiratory Therapy
- Cardio Therapy,
- Physical Therapy
- Occupational Therapy
- Pharmacy
- Rural Health Clinic
- Pain Management
- Oncology Infusion

Reviewer Note: As can be seen by the table below the applicants are proposing one (1) room/unit for all but three (3) departments: general radiology, surgery and the emergency department. It has been the practice of the State Board to accept one (1) procedure or visit as justification for one (1) room, unit or station.

TABLE NINE
Clinical Services Other than Categories of Service
Historical Utilization 2014-2015

Department/Services	State Board Standard Unit/Room/Station	Existing Rooms Units	Proposed Rooms Units	CY 2014	CY 2015	Average 2014- 2015	Met Standard
General Radiology	8,000 procedures	2	2	5,848	5,857	5,853	No
Mammography	5,000 visits	1	1	607	560	584	Yes
Ultrasound	3,100 visits	2	1	1,111	1,276	1,194	Yes
CT scan	7,000 visits	1	1	2,076	2,110	2,093	Yes
Nuclear Medicine	2,000 visits	1	1	153	156	155	Yes
MRI	2,500 procedures	1	1	614	514	564	Yes
Surgery Rooms	1,500 hours/room	1	2	459	360	410	No
Procedure Rooms	1,500 hours/room	1	1	62	65	64	Yes
Emergency Department	2,000 visits/station	4	8	6,579	7,054	6,817	No

Source: 2014 and 2015 information taken from 2014 and 2015 Annual Hospital Questionnaire

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN
CONFORMANCE WITH CRITERION CLINICAL SERVICES OTHER THAN
CATEGORIES OF SERVICE (77 IAC 1110.530 (d) 1)2)3))**

XII. Financial Viability

A) Criterion 1120.120 – Availability of Funds

To determine compliance with this criterion the applicants must document that funds are available to fund the proposed project.

The total project costs are \$37,353,666. The project is to be funded by a USDA Rural Development Loan of \$36,843,666 and gift and bequests of \$510,000 from the hospital's management company, Deaconess Regional Healthcare Services Illinois, LLC.

The USDA Rural Development has reviewed Ferrell Hospital's pre-application for Federal Assistance for a Community Facility Loan to build a new facility. The offer is subject to the availability of FY 2017 direct loan funding. The project may require either private loan or a guaranteed Community Facility loan leveraged funds or other outside grant funds. Due to the size and scope of the project, a feasibility study per Community Facility guidelines is required. There will need to be an examined forecast with an applicable CPA opinion letter.

The project is being funded almost entirely with a USDA Rural Development Loan and to date the loan has not been approved. Because the financing of the project is unclear the State Board Staff is unable to make a positive finding on this criterion.

TABLE TEN
Ferrell Hospital Community Foundation
Audited Financials Year Ended March 31

	2016	2015
Cash	\$206,242	\$247,262
Current Assets	\$3,606,538	\$3,498,517
Total Assets	\$8,149,677	\$7,158,745
Current Liabilities	\$2,440,908	\$2,885,245
LTD	\$3,307,699	\$3,324,921
Total Liabilities	\$5,748,607	\$5,210,166
Net Patient Service Revenue	\$17,721,466	\$16,347,058
Total Revenue	\$17,564,468	\$15,912,818
Operating Expenses	\$16,633,844	\$15,144,357
Operating Income	\$930,624	\$768,461
Other Income	11,866	35,051
Excess Revenue over Expenses	\$942,490	\$803,512
Contribution ⁽¹⁾	\$510,000	\$0

1. Management firm contribution explained above
Source: Application for Permit page 215-216

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 IAC 1120.120)

B) Criterion 1120.130 – Financial Viability

To determine compliance with this criterion the applicants must provide the financial viability ratios for the prior three (3) years and the first full fiscal year at target utilization. The applicants' financial ratios must meet the State Board Standards published in Part 1120 Appendix A.

Ferrell Hospital has not met all of the State Board's financial ratio standards for the years presented below. From the information provided in the application for permit, the applicants are projecting a compounded annual increase in net patient revenue of approximately 8% for the period 2016-2022 and an average collection period of 55 days

Should this project be approved and the applicants are able to secure the necessary financing, for FY 2022, the first full year at target utilization, the Hospital's current ratio and Days Cash on Hand are in compliance with the State Board's Standards. The remaining four (4) ratios for FY 2022 do not meet the State Board Standards.

The applicants are forecasting a small profit for FY 2022 as the amount of principle and interest expense increases to approximately 7.5% of net patient revenue.

For FY 2022 the capital structure is approximately 90% debt (% Debt Total Capitalization) and the applicants are forecasting that they will have approximately two (2) times the resources (cash flow) to meet their current principle and interest payments (Projected Debt Service Coverage) should the project be approved.

For FY 2022 it appears that the applicants will have approximately three (3) times cash and board designated funds (Cushion Ratio) to cover its debt obligations (Principle and Interest) should this project be approved.

Jared Heim, CPA with EideBailey CPA Firm stated *"The past three fiscal years, and the current year-to-date financial information, of the Hospital has been very positive, generating operating income between \$700,000 and \$900,000 annually, and cash available for debt service between \$1,350,000 and \$1,650,000 annually. Additionally, as part of the Project, the Hospital is anticipating refinancing portions of their current long-term debt for more favorable rates and terms, which will also contribute to their overall financial strength going forward. While we have not fully completed our examined financial forecast, our work performed to date, indicates that the Hospital would generate cash available for debt service equal to over twice their annual debt service requirement. Typically long-term debt financing would require a coverage of one and a halftimes annual debt service; therefore, the Hospital being well above this target would indicate strong financial health, their ability to satisfy their debt payments, all while providing them with adequate cash to continue to reinvest in their operations."*

TABLE TEN Financial Ratio Information Ferrell Hospital					
Financial Ratio	State Board Standard	FY2014	FY2015	FY2016	FY2022
Current Ratio	>2	0.98	1.21	1.48	3.33
Net Income Margin	3.00%	4.34%	4.83%	5.30%	0.33%
% Debt to Total Capitalization	<50%	96.21%	80.67%	62.28%	88.49%
Projected Debt Service Coverage	>2.5	2.52	2.29	1.97	2.05
Days Cash On Hand	>75 days	11.71	12.2	21.9	84.09
Cushion Ratio	>7	0.9	0.76	1.06	2.85

Source: Application for Permit pages 195-196

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 IAC 1120.130 (b))

XIII. Economic Feasibility

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

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

To determine compliance with this criterion the applicants must document that the proposed financing is the least costly alternative for Ferrell Hospital and the terms and conditions are reasonable.

Should the State Board approve this project, and the USDA grants the direct loan approximately ninety-nine percent (99%) of the projects' costs will be funded from debt. The CEO of Ferrell Hospital has provided the necessary attestation that the debt financing will be the lowest cost option for Ferrell Hospital Community Foundation. The term of a USDA Community Facility Direct Loan is forty (40) years at an approximate interest rate between 3-4% with no prepayment penalties.

While the guaranteed direct loan has not been approved; based upon our review of the information provided by the applicants and a review of the USDA Community Facility Direct Loan Grant Program the terms and conditions of the proposed financing appear reasonable and comparable to other projects of this type. See <https://www.rd.usda.gov/programs-services/community-facilities-direct-loan-grant-program>

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

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

To demonstrate compliance with this criterion the applicants must document that the proposed project costs are reasonable when compared to the State Board Standards in Part 1120 Appendix A.

As can be seen in the Table below the applicants met all of the State Board's Requirements related to Project Costs as defined in Part 1120 Appendix A. The project costs appear reasonable when compared to the State Board Standards.

TABLE ELEVEN				
Reasonableness of Project Costs				
Uses	Applicants Costs	State Board Standard		
		%	Total \$	Applicants Costs compared to Standards
Preplanning	\$38,043	1.80%	\$341,059	0.20%
Site Survey and Soil Investigation	\$12,381	5.00%	\$747,249	0.08%
New Construction Contracts and Contingencies ⁽¹⁾	\$14,147,986	\$412	\$15,528,280	\$375.38
Modernization Contracts and Contingencies ⁽¹⁾	\$796,987	\$288.40	\$2,190,110	\$104.95
Contingencies	\$1,390,136	10-15%	\$2,033,226	10.26%
Architectural/Engineering Fees	\$818,217	5.87-8.81%	\$1,316,652	5.47%
Consulting and Other Fees	\$743,014		No Standard	
Movable or Other Equipment	\$4,002,732		No Standard	
Bond Issuance Expense	\$2,628,919		No Standard	
Net Interest Expense	\$1,049,576		No Standard	
Other Costs to be Capitalized	\$200,192		No Standard	
Source: State Board Staff review of Project Uses				
1. New Construction and Contingency and Modernization and Contingency Cost are based upon RS Means 3 rd Quartile Standard. That cost is \$400 for New Construction and Contingency inflated to the midpoint of construction by 3%. Modernization and Contingency Costs is seventy percent (70%) of the new construction and contingency number.				
2. RS Means is a provider of construction cost data, software, and services for all phases of the construction lifecycle				

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

D) Criterion 1120.140 (d) - Direct Operating Cost

To demonstrate compliance with this criterion the applicants must document the Direct Operating Costs per equivalent patient day for the first full year at target occupancy.

The direct operating cost per equivalent patient day is \$902.

TABLE TWELVE	
Direct Operating Costs	
FY 2021	
Salaries and Wages	\$10,583,000
Employee Benefits	\$1,954,000
Supplies and Other	\$5,404,000
Estimated Direct Operating Costs	\$17,941,000
Equivalent Patient Days (EPD)	19,881
Estimated Direct Operating Costs per EPD	\$902.00
Source: Application for Permit page 203	

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

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

To demonstrate compliance with this criterion the applicants must document the capital costs per equivalent patient day for the first full year at target occupancy.

The State Board defines capital costs as Depreciation, Amortization and Interest which totals \$3,796,000 in FY 2022. The estimated capital cost per equivalent patient day is \$190.94.

Table Thirteen	
Capital Costs per Equivalent Patient Day	
Deprecation	\$2,446,000
Interest	\$1,350,000
Total	\$3,796,000
Equivalent Patient Day	19,881
Estimated Capital Costs per Equivalent Patient Day	\$190.94
Source: Application for Permit page 203	

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

TABLE FOURTEEN	
Illinois Critical Access Hospitals	
1	Abraham Lincoln Memorial Hospital - Lincoln
2	Advocate Eureka Hospital - Eureka
3	Carlinville Area Hospital - Carlinville
4	Clay County Hospital - Flora
5	Community Memorial Hospital - Staunton
6	Crawford Memorial Hospital - Robinson
7	Fairfield Memorial Hospital – Fairfield
8	Fayette County Hospital - Vandalia
9	Ferrell Hospital - Eldorado
10	Franklin Hospital - Benton
11	Genesis Medical Center- Aledo
12	Gibson Area Hospital & Health Services – Gibson City
13	Hamilton Memorial Hospital District - McLeansboro
14	Hammond-Henry Hospital - Hammond
15	Hardin County General Hospital - Rosiclare
16	Hillsboro Area Hospital - Hillsboro
17	Hoopeston Regional Health Center - Hoopeston
18	Hopedale Medical Complex - Hopedale
19	Illini Community Hospital - Pittsfield
20	Kirby Medical Center - Monticello
21	Lawrence County Memorial Hospital -Lawrenceville
22	Marshall Browning Hospital - DuQuoin
23	Mason District Hospital - Havana
24	Massac Memorial Hospital - Metropolis
25	Memorial Hospital, Carthage -Carthage
26	Memorial Hospital, Chester - Chester
27	Mercy Harvard Hospital - Harvard
28	Midwest Medical Center - Galena
29	Morrison Community Hospital - Morrison
30	OSF Holy Family Medical Center - Monmouth
31	OSF Saint Luke Medical Center - Kewanee
32	OSF Saint Paul Medical Center - Mendota
33	Pana Community Hospital - Pana
34	Paris Community Hospital - Paris
35	Perry Memorial Hospital - Princeton
36	Pinckneyville Com. Hospital District - Pinckneyville
37	Red Bud Regional Hospital – Red Bud
38	Rochelle Community Hospital - Rochelle
39	Salem Township Hospital - Salem
40	Sarah D. Culbertson Memorial Hospital - Rushville
41	Sparta Community Hospital - Sparta
42	St. Francis Hospital - Litchfield
43	St. Joseph Memorial Hospital - Murphysboro-
44	St. Joseph’s Hospital - Highland
45	Taylorville Memorial Hospital - Taylorville
46	Thomas H. Boyd Memorial Hospital – Carrollton
47	Union County Hospital - Anna
48	Valley West Hospital - Sandwich

TABLE FOURTEEN	
Illinois Critical Access Hospitals	
49	Wabash General Hospital – Mount Carmel
50	Warner Hospital And Health Services - Clinton
51	Washington County Hospital - Nashville

TABLE FIFTEEN
Itemization of the Project Costs

Project Uses	Clinical	Non Clinical	Total	Project Uses	Clinical	Non Clinical	Total
Preplanning Costs	\$38,043	\$23,317	\$61,360	Architectural/Engineering Fees	\$818,221	\$501,488	\$1,319,705
Utility Locates	\$1,773	\$1,087		Architecture Fees	\$43,838	\$455,898	
Conceptual Design - Options 1 and 2	\$23,870	\$14,630		Architecture Reimbursement	\$74,383	\$45,590	
State Fees	\$12,400	\$7,600					
				Consulting and Other Fees	\$743,015	\$410,198	\$1,153,213
Site Survey and Soil Investigation	\$12,381	\$7,589	\$19,970	Furniture/Artwork Planning	\$12,090	\$7,410	
Geotechnical Investigation (Initial Site Borings	\$3,391	\$2,079		Furniture/Artwork Planning Procurement Option	\$5,890	\$3,610	
Site Survey	\$8,990	\$5,510		Graphics/Wayfinding Design	\$14,791	\$9,065	
				Audio/Visual Consulting +Acoustics	\$4,650	\$2,850	
New Construction Contracts	\$12,861,806	\$7,238,305	\$20,100,110	Medical Equipment Planning	\$106,920		
Emergency Department	\$1,916,644	\$-		Medical Equipment Planning Procurement Option	\$33,000		
Diagnostic Imaging	\$640,775	\$-		Traffic Engineering	\$6,200	\$3,800	
CT Scan	\$190,707	\$-		LV /IT/Communications Planning	\$47,616	\$29,184	
General Radiology	\$236,477	\$-		LV/IT/Communications Planning Procurement Option	\$5,952	\$3,648	
Ultrasound	\$45,770	\$-		Food Service Planning		\$30,528	
Mammography	\$34,709	\$-		Food Service Planning Procurement		\$10,032	
Nuclear Medicine	\$152,566	\$-		Shielding Consulting	\$2,232	\$1,368	
Surgical Operating Suite	\$1,390,319	\$-		Preconstruction Services	\$37,200	\$22,800	
Surgical Preparation	\$408,811	\$-		Program Management	\$251,720	\$154,280	
Post Anesthesia Recovery Phase I (PACU)	\$431,143	\$-		Program Management Reimbursable	\$25,172	\$15,428	
Post Anesthesia Recovery Phase II	\$486,612	\$-		CON Fee	\$51,150	\$31,350	
Inpatient Physical Therapy	\$215,723	\$-		Materials Testing	\$62,000	\$38,000	
Medical/Surgical	\$3,387,317	\$-		Transition Planner	\$76,432	\$46,845	
Endoscopy	\$452,641	\$-					
Laboratory	\$437,401	\$-		Movable or Other Equipment	\$4,002,702	\$460,440	\$4,463,172
Pharmacy	\$342,147	\$-		Medical Equipment	\$3,740,962	\$-	

TABLE FIFTEEN
Itemization of the Project Costs

Pain Management	\$259,502	\$-		TV	\$38,440	\$23,560	
Central Sterile Processing	\$408,133	\$-		Kitchen Equipment	\$-	\$300,000	
Rural Health Clinic	\$689,338	\$-		Furniture/Furnishings	\$223,300	\$136,880	
Oncology Infusion Area	\$396,551	\$-					
Pre-Admission Services (Draw Station)	\$135,486	\$-		Bond Issuance Expense (project related)	\$2,628,919	\$1,611,273	\$4,240,192
Respiratory Therapy	\$203,034	\$-		Debt Refinancing	\$1,736,000	\$1,064,000	
Non-Clinical Areas		\$7,238,305		Financing Fees & Costs of Issuance	\$892,919	\$547,273	
Contingency New Construction	\$1,286,181	\$723,830	\$2,010,011	Net Interest Expense During Construction (project related)			
				Capitalized Interest (Construction Period)	\$1,049,576	\$643,289	\$1,692,865
Modernization Contracts	\$693,032	\$1,020,166	\$1,713,198				
Medical/Surgical	\$162,578			Other Costs to be capitalized	\$200,192	\$122,698	\$322,890
Rural Health Clinic	\$455,474			Environmental Assessment	\$2,108	\$1,292	
Oncology Infusion Area	\$74,980			Hazardous Material Survey	\$7,434	\$4,556	
Contingency Modernization	\$103,955	\$153,025	\$256,980	Functional Program	\$5,890	\$3,610	
				CON Consultant	\$29,760	\$18,240	
				Network Electronics	\$124,000	\$76,000	
				Signage	\$31,000	\$19,000	

Source: Application for Permit pages 24-25

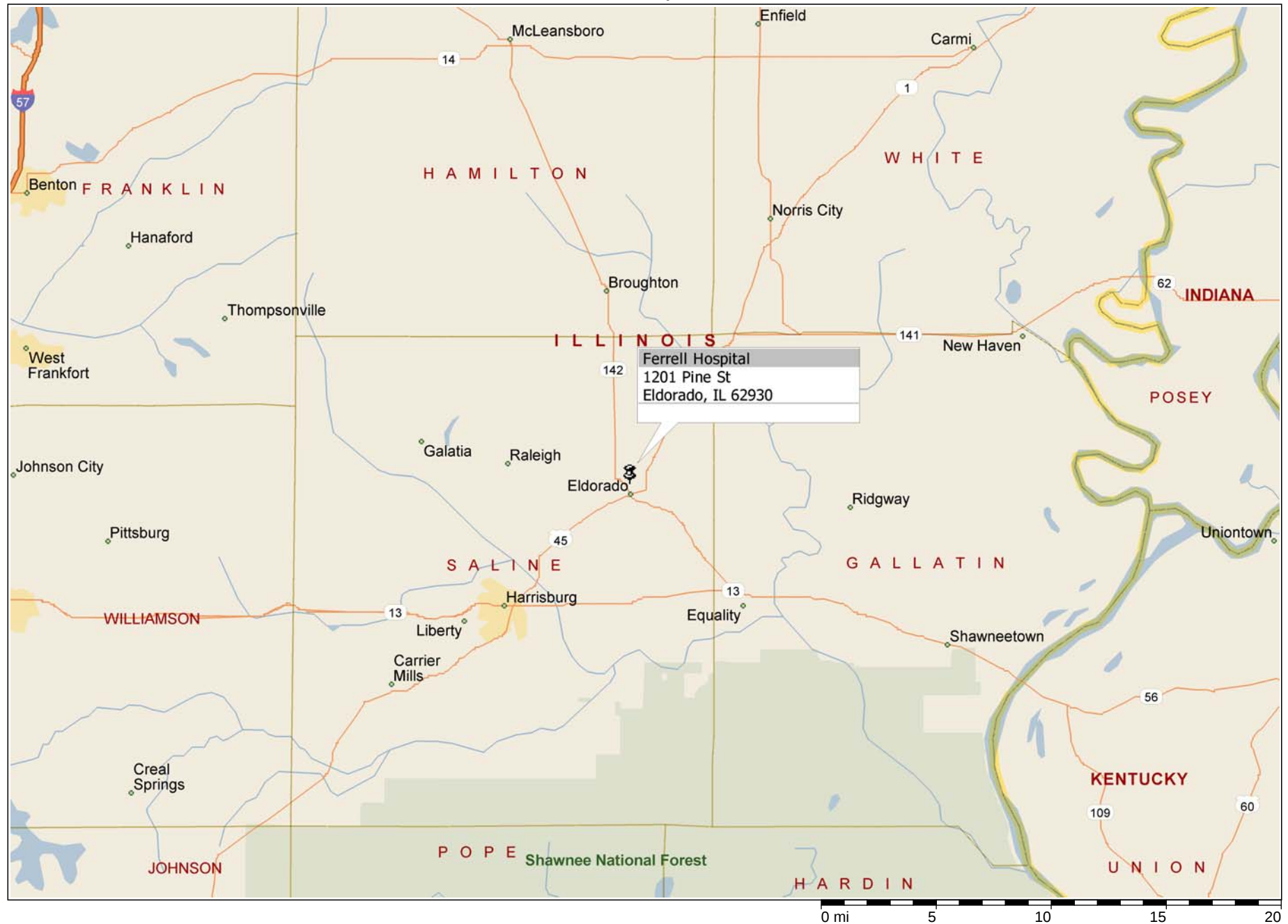
TABLE SIXTEEN
Cost Space Requirements

Department	Cost	Existing	Proposed	New Construction	Mod	As Is	Vacated
Emergency Department	\$ 3,131,758	1,910	5,371	5,371			1,910
Diagnostic Imaging	\$ 1,048,977	900	1,680	1,680			900
CT Scan	\$ 314,117	500	500	500			500
General Radiology	\$ 388,366	612	620	620			612
Ultrasound	\$ 74,249	220	120	120			220
Mammography	\$ 53,695	120	91	91			120
Nuclear Medicine	\$ 247,497	-	400	400			-
Surgical Operating Suite	\$ 2,273,175	973	3,860	3,860			973
Surgical Preparation	\$ 665,124	-	1,135	1,135			-
Post Anesthesia Recovery Phase I (PACU)	\$ 706,442	320	1,197	1,197			320
Post Anesthesia Recovery Phase II	\$ 799,883	-	1,351	1,351			-
Inpatient Physical Therapy	\$ 348,626	-	680	680			-
Medical/Surgical	\$ 5,809,247	7,960	12,785	9,075	840	2,870	7,960
Mobile Technology Port (MRI)	\$ -	-	-	-			-
Endoscopy	\$ 737,433	330	1,357	1,357			330
Laboratory with Draw Station	\$ 712,700	797	1,278	1,278			797
Pharmacy	\$ 560,488	516	1,225	1,225			516
Pain Management	\$ 420,884	-	818	818			-
Central Sterile Processing	\$ 664,446	253	1,250	1,250			253
Rural Health Clinic	\$ 1,875,779	8,410	18,100	3,370	6,254	8,479	-
Oncology Infusion Area	\$ 775,309	-	1,750	1,250	500		-
Pre-Admission Services (Draw Station)	\$ 220,924	300	422	422			-
Respiratory Therapy	\$ 335,937	300	640	640			300
Clinical 1 Average Cost / Sq, Ft	\$ 343						-
Clinical Contingency	\$ 2,272,991						-
Clinical Subtotal	\$ 24,438,047	24,421	56,630	37,690	7,594	11,349	15,711
Non-Clinical							
Registration	\$ 925,484	590	2,720	1,920	800		590
Chapel	\$ 73,558	-	190	190	-		
Lobby Public Space	\$ 1,372,599	200	3,882	3,382	500		200
Ambulance Vestibule	\$ 35,341	57	90	90	-		57
Maintenance	\$ -	-	-	-	-		

TABLE SIXTEEN
Cost Space Requirements

Department	Cost	Existing	Proposed	New Construction	Mod	As Is	Vacated
Materials Management	\$ 153,325	935	1,442	-	1,442		935
Circulation I Building Gross	\$ 1,312,639	5,725	6,175	3,450	-	2,725	3,000
Health Information Management	\$ 59,887	1,800	915	-	915		1,800
Administration	\$ 571,831	1,900	3,098	-	3,098		1,900
Waiting Dining	\$ 1,858,183	1,550	3,980	3,980	-		2,250
Gift Shop	\$ 255,593	425	506	506	-		150
Kitchen	\$ 863,874	1,210	1,850	1,850	-		1,210
Information Management	\$ 21,547	1,000	1,315	-	315	1,000	
Plant Operations	\$ 17,091	-	300	-	300		
Environmental Services	\$ 67,177	280	350	-	350		280
Conference Room	\$ 68,212	532	1,100	-	1,100		750
Human Resources	\$ 30,142	450	506	-	506		450
Mechanical/Electrical	\$ 582,289	1,030	3,130	1,950	150	1,030	750
Storage	\$ -	-	-	-	-		2,982
Housekeeping	\$ 60,523	120	300	-	300		
Demolition	\$ 3,347,019	-	-	-	-		
Non-Clinical Average Cost/ Sq. Ft.	\$ 285	-	-	-	-		
Non-Clinical Contingency	\$ 1,239,574	-	-	-	-		
Non-Clinical Subtotal	\$ 12,915,618	17,804	31,849	17,318	9,776	4,755	17,304
Total with Contingency	\$ 37,353,666	42,225	88,479	55,008	17,370	16,104	33,015
Source: Application for Permit page 74							

16-048 Ferrell Hospital - Eldorado



Ownership, Management and General Information			Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Alisa Coleman		White	99.0%	Hispanic or Latino:	0.0%
ADMINSTRATOR PHONE	618-297-9615		Black	0.7%	Not Hispanic or Latino:	99.7%
OWNERSHIP:	Ferrell Hospital Community Foundation		American Indian	0.0%	Unknown:	0.3%
OPERATOR:	Ferrell Hospital Community Foundation		Asian	0.0%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R		Hawaiian/ Pacific	0.0%	IDPH Number:	5363
CERTIFICATION:	Critical Access Hospital		Unknown	0.3%	HPA	F-05
FACILITY DESIGNATION:	General Hospital				HSA	5
ADDRESS	1201 Pine Street	CITY: Eldorado	COUNTY:	Saline County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2015	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	25	25	14	617	2,004	395	3.9	6.6	26.3	26.3
0-14 Years				6	8					
15-44 Years				67	153					
45-64 Years				159	452					
65-74 Years				108	384					
75 Years +				277	1,007					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			6	64	467		7.3	1.3		
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	25			681	2,471	395	4.2	7.9	31.4	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	61.5%	16.0%	10.5%	10.5%	0.7%	0.8%	
	468	122	80	80	5	6	761
Outpatients	40.3%	32.9%	0.0%	24.5%	1.4%	0.9%	
	9140	7471	0	5566	314	208	22,699

<u>Financial Year Reported:</u>	4/1/2014 to	3/31/2015	<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 (\$)	29.8%	20.9%	5.2%	44.0%	0.1%	100.0%			234,513
	650,734	456,663	112,670	962,980	3,260	2,186,307	56,283		
Outpatient Revenue (\$)	47.4%	20.6%	9.9%	21.0%	1.2%	100.0%			
	6,199,097	2,692,740	1,295,705	2,746,198	152,520	13,086,260	178,230		1.5%

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	0	Beds	0	0	0	Heart:	0
Birthing Rooms:	0	Patient Days	0	0	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			0	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0				702	Total:	0
C-Section Rooms:	0	Inpatient Studies			14,657		
CSections Performed:	0	Outpatient Studies			3,120		
		Studies Performed Under Contract					

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	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	1	1	5	48	13	150	163	2.6	3.1
Gastroenterology	0	0	0	0	3	228	3	116	119	1.0	0.5
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	80	0	78	78	0.0	1.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	1	1	8	356	16	344	360	2.0	1.0
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		1	Stage 2 Recovery Stations		0		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	1	1	15	75	8	57	65	0.5	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	58	0	29	29	0.0	0.5
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
General	0	0	1	1	0	41	0	21	21	0.0	0.5
	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**Cardiac Catheterization Labs**

Certified Trauma Center	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Basic
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	7,054
Patients Admitted from Emergency:	345
Total ED Visits (Emergency+Trauma):	7,054

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

Cardiac Catheterization Utilization

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

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	22,699
Outpatient Visits at the Hospital/ Campus:	22,699
Outpatient Visits Offsite/off campus	0

Cardiac Surgery Data

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

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

	Owned Contract		Inpatient	Outpt	Contract		Owned Contract		
General Radiography/Fluoroscopy	2	0	504	5,353	0	Lithotripsy	0	0	0
Nuclear Medicine	0	1	0	0	156	Linear Accelerator	0	0	0
Mammography	1	1	0	58	502	Image Guided Rad Therapy			0
Ultrasound	1	1	104	982	190	Intensity Modulated Rad Thrp			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	181	1,929	0				
Magnetic Resonance Imaging	0	1	0	0	514				