



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-02	BOARD MEETING: May 2, 2017	PROJECT NO: 16-050	PROJECT COST: Original: \$50,985,179
FACILITY NAME: Ann & Robert H. Lurie Children's Hospital of Chicago		CITY: Chicago	
TYPE OF PROJECT: Substantive			HSA: VI

PROJECT DESCRIPTION: The applicants (Children's Hospital of Chicago Medical Center and Ann & Robert H. Lurie Children's Hospital of Chicago) are proposing to modernize and expand its Intensive Care (ICU) and Neonatal Intensive Care (NICU) units on the campus of Ann & Robert H. Lurie Children's Hospital, in Chicago. The project cost is \$50,985,179, and the project completion date is January 31, 2019.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Children's Hospital of Chicago Medical Center and Ann & Robert H. Lurie Children's Hospital of Chicago) are proposing to modernize and expand its Intensive Care (ICU), and Neonatal Intensive Care (NICU) units on the campus of Ann & Robert H. Lurie Children's Hospital, in Chicago. The project cost is \$50,985,179, and the project completion date is January 31, 2019.
- The proposed project will add 44 ICU beds to the existing complement of 92 beds, resulting in a 136-bed Intensive Care unit (ICU). In addition, 4 NICU beds will be added to the existing complement of 60 beds, resulting in a 64-bed Neonatal Intensive Care unit (NICU).

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project is proposing to substantially change of the scope or functional operation of a health care facility and the cost is in excess of the capital expenditure minimum of \$12,950,881 (20 ILCS 3960).

PURPOSE OF THE PROJECT:

- According to the applicants, the addition of 44 ICU beds and 4 NICU beds will improve access to critical pediatric care services, for the population in northeastern Illinois. The applicants cite a 99.4% increase in ICU patient days over the last 7 years, and a 22% increase in NICU patient days in the last 6 years. Since the hospital's relocation from Lincoln Park to the Streeterville area (June 2012), increased patient volumes made it necessary to convert existing medical/surgical beds to ICU, resulting in the 92-bed unit today. The applicants note that Lurie Children's Hospital is regional resource for tertiary and quaternary pediatric inpatient care, and because of this designation, expects utilization to increase in the future, for both its ICU and NICU services.

PUBLIC COMMENT:

- A public hearing was offered in regard to this project, but one was not requested. One letter of support was received from Brian Hopkins 2nd Ward Alderman Chicago. No letters of opposition were received during the public comment period.

CONCLUSION:

- Based upon the information in the application for permit and additional information provided by the applicants we note the following:
- The applicants were found non-compliant with the following criterion:

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 1120.140(c) Reasonableness of Project Costs	The applicants have exceeded the State standard for New Construction/Contingencies, and a negative finding results for this criterion.

STATE BOARD STAFF REPORT
Project #16-050
Ann & Robert H. Lurie Children's Hospital of Chicago

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	Children's Hospital of Chicago Medical Center Ann & Robert H. Lurie Children's Hospital of Chicago
Facility Name	Ann & Robert H. Lurie Children's Hospital of Chicago
Location	225 East Chicago Avenue
Application Received	December 15, 2016
Application Deemed Complete	December 20, 2016
Review Period Ends	April 19, 2017
Permit Holder	Ann & Robert H. Lurie Children's Hospital of Chicago
Operating Entity/Licensee	Ann & Robert H. Lurie Children's Hospital of Chicago
Owner of the Site	Ann & Robert H. Lurie Children's Hospital of Chicago
Project Financial Commitment Date	Upon Permit Issuance
Gross Square Footage	54,150 GSF
Project Completion Date	January 31, 2019
Can Applicants Request a Deferral?	Yes
Has the Application been extended by the State Board?	No

I. The Proposed Project

The applicants (Children's Hospital of Chicago Medical Center and Ann & Robert H. Lurie Children's Hospital of Chicago) are proposing to modernize and expand its Intensive Care (ICU) and Neonatal Intensive Care (NICU) units on the campus of Ann & Robert H. Lurie Children's Hospital, in Chicago. The project cost is \$50,985,179, and the project completion date is January 31, 2019.

II. Summary of Findings

- A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project **does not** appear to be in conformance with the provisions of Part 1120.

III. General Information

Ann & Robert H. Lurie Children's Hospital of Chicago is one of 9 subsidiary pediatric health care organizations operating in conjunction with Children's Hospital of Chicago Medical Center. Lurie Children's Hospital is classified as the largest provider of pediatric medical care in the region, and is a prominent research hospital for advanced pediatric care. Lurie Children's Hospital is a 288-bed children's specialty care hospital, located at 225 East Chicago Avenue, Chicago, in HSA-06. HSA-06 encompasses the city of Chicago. Lurie Children's Hospital is one of three children's specialty hospitals located in Chicago.

Project obligation will occur after permit issuance. The project is a substantive project subject to 1110 and 1120 review.

IV. Health Service Area VI

The Ann & Robert H. Lurie Children's Hospital is located at 225 East Chicago Avenue, Chicago, Illinois in Cook County, A-01 Hospital Planning Area and Health Service Area HSA VI. Planning Area A-01 includes the Chicago community areas of Uptown, Lincoln Square, North Center, Lakeview, Lincoln Park, Near North Side, Edison Park, Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare, and Edgewater. HPA A-01 includes

- Advocate Illinois Masonic Medical Center [397 beds]
- Community First Medical Center [296 beds]
- Louis A. Weiss Memorial Hospital [236 beds]
- Methodist Hospital of Chicago [145 beds]
- Northwestern Memorial Hospital [894 beds]
- Presence Resurrection Medical Center [337 beds]
- Presence Saint Joseph Hospital [184 beds]
- Swedish Covenant Hospital [312]
- Thorek Memorial Hospital [156]
- Ann & Robert H. Lurie Children's Hospital [288 beds]*
- Shriner's Hospital for Children [60 beds]*

*Children's specialty care hospital

V. Project Details

The applicants propose to expand and modernize its Intensive Care (ICU) and Neonatal Intensive Care (NICU) units, on the campus of Lurie Children's Hospital, Chicago. The 92-bed ICU will add 44 beds in existing office space on the 22nd floor, resulting in a 136-bed complement. The 60-bed NICU will add four beds to its current location on the 15th floor, resulting in a 64-bed unit. The proposed project will add 31,774 GSF of clinical space and 22,376 GSF of non-clinical space to the existing facility. The project cost is \$50,985,179, and the completion date is January 31, 2019.

VI. Project Costs and Sources of Funds

The total cost of the project is \$50,985,179 and it is being funded by a combination of cash and securities totaling \$10,520,751, and project-related bond issues totaling \$40,464,428. The application also contains proof of an AA- bond rating from FitchRatings Service, dated March 2016 (Application, p. 132), and A+ bond rating from Standard & Poor's Ratings Service (application pg. 136)

TABLE ONE			
Project Costs and Sources of Funds			
Project Costs	Reviewable	Non-Reviewable	Total
Preplanning Costs	\$460,424	\$291,105	\$751,528
Site Survey and Soil Investigation	\$21,607	\$13,661	\$35,267
New Construction Contracts	\$16,932,866	\$10,705,870	\$27,638,736
Contingencies	\$1,185,301	\$749,411	\$1,934,712
Architectural/Engineering Fees	\$1,074,116	\$679,114	\$1,753,229
Consulting and Other Fees	\$1,212,154	\$766,389	\$1,978,543
Movable or Other Equipment (not in construction contracts)	\$8,483,967	\$5,364,021	\$13,847,988
Bond Issuance Expense*	\$247,905	\$156,739	\$404,644
Other Costs to be Capitalized	\$1,617,721	\$1,022,810	\$2,640,531
Total	\$31,236,059	\$19,749,120.00	\$50,985,179
Sources of Funds			
Cash and Securities	\$6,445,536	\$4,075,215	\$10,520,751
Bond Issues*	\$24,790,523	\$15,673,905	\$40,464,428
Total	\$31,236,059	\$19,749,120	\$50,985,179
*Project-Related			

VII. Cost Space Requirements

The applicants are proposing to modernize and increase the bed complement for its Intensive Care (ICU) and Neonatal Intensive Care (NICU) on the campus of The Ann & Robert Lurie Children's Hospital, Chicago. The proposed facility will consist of 54,150 GSF of newly constructed space, of which 31,774 GSF will be classified as clinical, and the remaining 22,376 GSF will be non-clinical. Table Two outlines the spatial allocations.

TABLE TWO							
Cost Space Chart							
Department/Area	Cost	Existing	Proposed	New Construction	Remodeled	As Is	Vacated Space
Clinical							
ICU	\$15,534,514	30,077	30,077	0	0	0	0
NICU	\$1,398,351	1,697	1,697	0	0	0	0
Total Clinical	\$16,932,866	0	31,744	31,744	0		0
Non Clinical							
Break Room/Locker	\$745,858	0	1,337	1,337	0	0	0

<p align="center">TABLE TWO Cost Space Chart</p>							
Department/Area	Cost	Existing	Proposed	New Construction	Remodeled	As Is	Vacated Space
Building System/Support	\$3,795,372	0	8,500	8,500	0	0	0
Conference	\$329,089	0	754	754	0		0
Consultation	\$86,958	0	184	184	0		0
Lactation	\$99,921	0	232	232	0		0
Office	\$638,048	0	1,306	1,306	0		0
On-Call Suite	\$432,416	0	1,004	1,004	0		0
Public Toilet	\$48,685	0	67	67	0		0
Public/Waiting/Lounge	\$1,861,221	0	3,928	3,928	0		0
Staff Toilet	\$167,843	0	318	318	0		0
Touchdown/Hoteling	\$291,579	0	677	677	0		0
Workroom	\$1,475,491	0	2,437	2,437	0		0
Storage	\$733,348	0	1,632	1,632	0		0
Total Non-Clinical	\$10,705,870	0	22,376	22,376	0	0	0
Subtotal Other Project Costs	\$23,346,443	-	-	-	-	-	-
Total Project	\$50,985,179	0	54,150	54,150	0	0	0
<i>Source: Application for Permit page 43</i>							

VIII. Background of the Applicants

A) Criterion 1110.530 (b)(1)-(3) - Background of the Applicants

The site of the proposed project complies with the requirements of Illinois Executive Order #2006-5. The proposed site is in compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq). The applicants authorized the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit and authorized HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit. Children's Hospital of Chicago Medical Center is the parent company of ten pediatric medical subsidiaries. They are:

- Stanley Manne Children's Research Institute
- Ann & Robert Lurie Children's Hospital of Chicago Foundation
- Ann & Robert Lurie Children's Hospital of Chicago
- Pediatric Faculty Foundation, Inc.
- Almost Home Kids
- CMMC Insurance Company, Ltd.
- Lurie Children's Medical Group, LLC
- Children's Outpatient Services at Westchester*
- Lurie Children's Primary Care, LLC
- Lurie Children's Health Partners & Care Coordination, LLC

*Lurie Children's Hospital is the license holder for Children's Outpatient Services at Westchester, an Illinois licensed ASTC.

Reviewer Note: The applicants supplied Certificates of Good Standing, and Organizational Chart, IDPH Licenses, and a listing of all health care facilities owned by the applicant, in October 2016, in accordance with Certificate of Need Application #16-044 Lurie Children's Hospital ASTC.

IX. Purpose of the Project, Safety Net Impact, Alternatives

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

The applicants stated the following:

The addition of 44 ICU beds and 4 NICU beds to the existing ICU/NICU bed complements are necessary to improve access to the population in northeastern Illinois, for the following reasons:

- **Assure the Availability of Intensive Care at Lurie Children's Hospital**
The applicants note patient days in the pediatric ICU have increase 99.4% over the last seven years (2009-2016) resulting in the occupancy surpassing the State standard (60%), in 2015. Since the relocation from Lincoln Park to Streeterville in June 2012, ICU patient volume has steadily increased, resulting in the need for additional beds. The applicants attribute this to the expansion of referral relationships for pediatrics with hospitals throughout the Chicago metropolitan area.
- **Assure the Availability of Neonatal Intensive Care at Lurie Children's Hospital**
Similar to the experience of the ICU, NICU services have increased 22% in the last 6 years (2009-2015), resulting in occupancy reaching 83%, in 2015. Like the ICU, the applicants attribute this increase to the role Lurie Children's Hospital plays in the regional health care delivery system. Lurie Children's Hospital and its ICU/NICU services serve as a major referral source for Illinois' pediatric ICU and NICU needs, and this trend is expected to increase in the immediate future, as the need for Pediatric services increase.

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

This is considered a substantive project, and requires the submission of a safety-net impact statement. The applicants included the information below for the Board's consideration.

TABLE THREE			
Lurie Children's Hospital			
CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$571,695,543	\$622,825,298	\$645,272,675
Amount of Charity Care (charges)	\$4,339,126	\$4,197,334	\$4,832,946
Cost of Charity Care	\$1,540,390	\$1,388,478	\$1,534,460
% of Charity Care to Net Patient Revenue	.003%	.002%	.002%

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

The Applicants explored seven options for expanding ICU/NICU services. The options considered were:

1. Expand ICU by 66 beds. Add 44 ICU beds on the 22nd floor and 4 NICU beds on the 15th floor. Construct an additional 22 ICU beds on 17th floor.

The applicants initially adopted this alternative, and projected the service need to meet this additional number of beds. However, the applicants determined the capital cost too challenging at a time so soon since the opening of the hospital in June 2012. This and the decision to not establish additional beds on the 17th floor will not disrupt patient services on the surrounding patient floors. **Cost of this alternative: \$68,500,000.**

2. As part of the 44 ICU beds on the 22nd floor and the 4 NICU beds on the 15th floor, construct one or two rooms for bio-containment.

The applicants determined that this alternative would identify Lurie Children's Hospital as a regional health care center responsive to national biological threats. However, the applicants feel more planning is needed to determine the optimal number, type, and location of bio-containment rooms. **Cost of Proposed Alternative was determined to be an additional \$4,000,000 from the original project cost.**

3. Build 44 ICU beds on the 22nd floor and 4 NICU beds on the 15th floor. Convert Medical/Surgical unit on another floor to 22 ICU beds, resulting in the addition of 68 ICU beds (44 constructed/24 converted from medical/surgical)

The applicants converted 20 medical/surgical beds to ICU in 2014, in response to increased pediatric ICU transports. The conversion of 24 additional medical/surgical beds would leave Lurie Hospital with 100 medical/surgical beds, which the applicants felt would be an insufficient bed capacity for the number of medical/surgical patients served at Lurie. The applicants rejected this alternative, based on this finding. **Cost of the Proposed Alternative: \$63,000,000.**

4. Increase ICU beds by 54, medical/surgical beds by 12, and increase 4 NICU beds.

The applicants note some specialists at Lurie Children's Hospital felt the number of medical/surgical beds should be preserved or restored to their initial number, based on the referral volume currently experienced. However, studies indicate that 124 medical/surgical beds meets current capacity needs, and the 66 ICU bed expansion was determined to be the minimum standard for the addition of ICU beds at the current time. Based on these findings, this alternative was rejected.

Cost of the Proposed Alternative: \$63,000,000.

5. Utilize capacity at area community hospitals with pediatric ICU

The applicants realized that the trend for hospitals in the area has been to reduce their pediatric bed complement, and while the dispersion of pediatric medical/surgical patients may be feasible, it does not apply for ICU/NICU services. The applicants rejected this alternative, as it countered in their mission to be a regional center for pediatric specialty care. **No cost was identified with the proposed alternative.**

6. Add 44 ICU beds, no increase to NICU beds

The applicants rejected this alternative, due to the increased utilization of NICU services in the last 6 years (22%), and the need to accommodate future NICU need. While the overall project cost was less than the option chosen (\$46,900,000), the need for additional NICU beds outweighed any cost savings.

7. Add 44 ICU beds and 22 NICU beds

Due to space limitations on the 15th floor that allowed for only 4 additional NICU beds, the applicants rejected this alternative. The applicants also note the availability of additional NICU beds at the adjacent and bridge connected Prentice Women's Hospital, providing available capacity during periods of high census. This alternative would have resulted in an additional \$15,000,000 in project costs, and an overall project cost of \$61,000,000.

X. Size of the Project, Projected Utilization, Assurances

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

To demonstrate compliance with 77 IAC 1110.234(a) Size of the Project the applicant provided the departmental gross square footage for all areas being modernized or established.

This Project proposes to modernize and expand the bed complement for its ICU and NICU services at Lurie Children's Hospital. The entire project will encompass 54,150 GSF of space. Of this space, 31,774 GSF is being allocated for clinical functions. Table Four lists the services offered and the spatial allotments for each. It appears the applicant has met the requirements of this criterion.

TABLE FOUR Spatial Allotments for Services Ann & Robert H. Lurie Children's Hospital of Chicago				
Dept./Service and # of Rooms	Proposed DGSF/# of Beds	State Standard per bed (DGSF)	Difference (DGSF)	Met Standard
ICU Beds	30,077/44	685	(63)	Yes
NICU Beds	1,697/4	568	(575)	Yes
Application, p. 59, Data replicated in Table Two				

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

B) Criterion 1110.234(b) – Projected Utilization

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

The applicant supplied historical utilization data for years 2009 through 2016, and projected utilization for 2017 through 2021 (application, p. 63). The applicant's historical utilization data indicates a trend in which occupancy surpasses the State standard from 2013 forward, based on a 14.2% annual increase in utilization for ICU, and a 3.6% annual increase for NICU. Projections for future years are based on a conservative annual increase of 1.2% for both services. A positive finding results for this criterion.

TABLE FIVE Project Services Utilization Ann & Robert H. Lurie Children's Hospital, Chicago						
	Historic Utilization 2014	Historic Utilization 2015	Projected Utilization 2021	Number of Beds Proposed	State Board Standard	Met Standard
ICU	20,565 (61.2%)	22,785 (67.8%)	32,300 (65.1%)	136	60%	Yes
NICU	18,372 (83.9%)	18,338 (83.7%)	19,660 (84.2%)	64	75%	Yes
*Utilization is measured in patient days, utilization percentile is in parentheses.(See application, p. 63)						

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

C) Criterion 1110.234 (e) – Assurances

The applicants have supplied a certified letter (application, p. 77), attesting to their commitment to meet or exceed State operational standards by the second year of operation. The applicants have met the requirements of this criterion

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

XI. Intensive Care Beds-Review Criteria

A) Criterion 1110.530(c)(2) – Planning Area Need-Service to Planning Area Residents

- A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
- B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.
- C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The applicants are proposing to modernize and expand its Intensive Care and Neonatal Intensive Care units on the campus of Lurie Children's Hospital, Chicago. The applicants provided admission information from FY 2016 (application, pgs. 49-54), identifying the 7 county metropolitan area as its primary service area, which accounts for 89.2% of its inpatient admissions. The applicants have met the requirements of this criterion.

B) Criterion 1110.530(c)(4)-Service Demand – Expansion of an Existing Category of Service

The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (c)(4)(A) and either subsection (c)(4)(B) or (C):

A) Historical Service Demand

- i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years;
- ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

The applicants note that Lurie Children's Hospital has experienced dramatic growth between calendar years 2009 and 2015, resulting in a 14.2% increase annually, and a 99.4% increase over the last seven years, and attributes this growth to three factors.

- 1) Table Five contains data alluding to the historical and projected utilization for ICU and NICU, and shows that both historical and projected utilization surpasses the established State standard for these services. Page 68 of the application contains a list of 15 outreach partner hospitals that are the main attribute for the rapid population growth experienced in ICU and NICU. The applicants note that 7 of the 15 listed

partner hospitals were added in the last 5 years, which accounts for the recent historical increase, as well as the projected increase.

- 2) The applicants also attribute this expansive growth in its services to the expansion of Lurie Children's presence of outpatient facilities in the suburbs. Facilities located in Westchester (ASTC), Northbrook (Medical Office Building), and the proposed ASTC, also in Northbrook, are providing critical care to families in the suburbs, and providing referrals to specialized services at the Lurie Hospital, downtown.
- 3) Lastly, the expansion of specialized programs on the Lurie Chicago campus has expanded the applicant's service area exponentially. Programs such as Fertility preservation, cancer care for children/teenagers, pediatric stem cell transplantation, and services for children with blood disorders, have all attributed to the expansion of its service area to reach beyond the metropolitan service area, and the State. The applicants have met the requirements of this criterion by proving a projected service demand based on high occupancy of the existing services.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE EXPANSION OF EXISTING SERVICES CATEGORY OF SERVICE (77 IAC 1110.530(c) (2))

C) Criterion 1110.530(f) – Staffing Availability

The applicants acknowledge that an expansion of this nature will require additional staffing, and has supplied a listing of what a future staffing matrix will look like (application, p. 72). The applicants have in place rigorous recruitment processes and policies, in an effort to keep a qualified complement of licensed clinicians to serve this specialty population. The applicants continue to build this workforce through national search committees, in-house recruitment efforts, and online job posting at sites that serve the metropolitan area.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH STAFFING AVAILABILITY REQUIREMENTS (77 IAC 1110.530(f))

D) Criterion 1110.530(g) – Performance Requirements-Bed Capacity Minimum

The applicants propose to expand its existing 92-bed ICU by 44 beds, and expand its existing 60-bed NICU by 4 beds. The applicants have met the requirements of this criterion

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH BED CAPACITY MINIMUM REQUIREMENTS (77 IAC 1110.530(g))

E) Criterion 1110.530(h) – Assurances

The applicants have supplied a certified letter (application, p. 77), attesting to their commitment to meet or exceed State operational standards by the second year of operation. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH ASSURANCES REQUIREMENTS (77 IAC 1110.530(h))

XII. Neonatal Intensive Care

A) Criterion 1110.930(a) —Staffing

The applicant must document that the personnel possessing proper credentials in the following categories are available to staff the service.

Pages 78-81 of the application contain a listing of staffing needs for Neonatal Intensive Care (NICU). The applicants currently have on staff a full-time Neonatal Director, a full-time Nursing Director, 112 Registered Nurses, 25 Anesthesiologists, 2 Licensed Social Workers, and 7 Respiratory Therapists. Page 80 of the application contains a staffing matrix that shows the current staffing levels and the projected staffing levels after project completion. Recruitment mechanisms are currently in place at Lurie Children's hospital, to achieve sufficient staffing requirements. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH NEONATAL INTENSIVE CARE STAFFING REQUIREMENTS (77 IAC 1110.930(a))

B) Criterion 1110.930(b) Letter of Agreement

The applicant must document that a letter of agreement with the regional perinatal center for neonatal intensive care services has been signed. Such letter of agreement must fulfill the conditions for such letters found in the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640) and be approved by the Department of Human Services. A copy of the letter shall serve as documentation.

Pages 83-86 of the application contain a letter of agreement between Northwestern Perinatal Center Letter of Agreement between Level III Institutions. In November of 1974 the Illinois Department of Public Health designated McGaw Medical Center of Northwestern University, as the regional perinatal center. The perinatal center is composed of the following Level III institutions;

- Prentice Women's Hospital of Northwestern Memorial Hospital
- Evanston Women's Hospital of Evanston Northwestern Healthcare
- Ann & Robert H. Lurie Children's Hospital of Chicago
- NorthShore University Health System, Evanston Hospital

The agreement sets forth the provision of regionalized perinatal care for patients served by Lurie Children's Hospital. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH LETTER OF AGREEMENT REQUIREMENTS (77 IAC 1110.930(b))

C) Criterion 1110.930(c) - Need for Additional Beds

The applicant must document that the proposed neonatal intensive care beds are needed. Bed need may be documented by any of the following:

- A) no neonatal intensive care services exist within the planning area;
- B) that for each of the last two years for which data is available, the yearly occupancy rate for the service at the affiliated perinatal center has exceeded the target occupancy rate;
- C) existing providers of the service within the planning area cannot provide care to a patient caseload due to a limitation on funding for care providing; or
- D) that for each of the last two years for which data is available, the yearly occupancy rate for the service at the applicant facility has exceeded the target occupancy rate.

The applicants have provided historical utilization data for the following years:
(Application for Permit p. 87)

2013: 16,773 patient days 76.6%
2014: 18,372 patient days 83.9%
2015: 18,338 patient days 83.7%

These data indicate the operational capacity has exceeded the State standard of 75%, and illustrates a trend of growing occupancy at the neonatal intensive care unit (NICU). A positive finding results for this criterion

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH NEED FOR ADDITIONAL BED REQUIREMENTS (77 IAC 1110.930(c))

D) Criterion 1110.930(c) - Obstetric Service

The applicant must document the availability within the facility of an obstetric service capable of providing care to high-risk mothers. Documentation must include a detailed assessment of obstetric service capability. This requirement does not apply to a facility dedicated to the care of children.

Ann & Robert H. Lurie Children's Hospital of Chicago is a facility that is dedicated to the care of children. Therefore, this criterion is inapplicable. However, the applicants do note the facility is connected by enclosed elevated walkway to Prentice Women's Hospital of Northwestern Memorial Hospital.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH THE OBSTETRICS SERVICE REQUIREMENTS (77 IAC 1110.930(c))

XIII. FINANCIAL VIABILITY

A) Criterion 1120.120 - Availability of Funds

The applicants are proposing to finance this project with cash and securities totaling \$10,520,751, and project-related bond issues totaling \$40,464,428. The applicants also provided proof of an AA- Bond Rating, dated March 2016, from FitchRatings Service, as well as an A+ Bond Rating from Standard & Poor's Ratings Service, dated May 2016. These two ratings, including Audited Financial Statements, were included with the application, and satisfy the requirements of the Availability of Funds criterion. As can be seen from the Table below there is sufficient cash to fund the cash portion of the project.

TABLE SEVEN		
Children's Hospital of Chicago Medical Center		
Audited Financial Statements		
2014 and 2015		
	2015	2014
Cash	\$27,695,157	\$24,823,702
Current Assets	\$173,276,907	\$158,908,650
Total Assets	\$2,262,048,447	\$2,248,233,463
Current Liabilities	\$141,479,370	\$141,923,180
LTD	\$368,758,475	\$373,297,036
Net Patient Service Revenue	\$725,751,759	\$706,172,736
Total Revenue	\$854,856,636	\$825,842,023
Expenses	\$794,559,246	\$764,798,093
Operating Income	\$37,863,329	\$37,579,860
Revenues in Excess of Expenses	\$17,455,069	\$127,585,525
<i>Source: Audited Financial Statements, Application, pgs. 89-135.</i>		

B) Criterion 1120.130 - Financial Viability

The applicants are proposing to finance this project with cash and securities totaling \$10,520,751, and project-related bond issues totaling \$40,464,428. The applicants also provided proof of an AA- Bond Rating, dated March 2016, from FitchRatings Service, as well as an A+ Bond Rating from Standard & Poor's Ratings Service, dated May 2016. These two ratings, including Audited Financial Statements, were included with application, and satisfy the requirements of the Financial Viability criterion.

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

XIV. ECONOMIC FEASIBILITY

- A) **Criterion 1120.140(a) - Reasonableness of Financing Arrangements**
B) **Criterion 1120.140(b) - Terms of Debt Financing**

The applicants supplied a certified letter from Ron Blaustein, Chief Financial Officer, Lurie Children's Hospital, attesting to the reasonableness of debt financing, and the terms of repayment. The applicants have met the requirements of these criteria.

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

- C) **Criterion 1120.140(c) - Reasonableness of Project Costs**

The State Board staff applied the reported clinical costs against the applicable State Board standards.

Preplanning Costs are \$460,424 and are 1.7% of construction, modernization, contingencies, and movable equipment costs of \$26,602,134. This appears reasonable compared to the State standard of 1.8%.

Site Survey/Soil Investigation/Site Prep – These costs total \$21,607. These costs are less than 1% of the new construction/contingency costs. This appears reasonable compared to the State standard of 5.0%.

New Construction and Contingencies – These costs total \$18,118,167 or \$570.22 GSF. (\$18,118,167/31,774=\$570.22). This appears **HIGH** when compared to the State Board Standard of \$467.07/GSF (2018 mid-point of construction). An explanation for this difference can be found at the end of this report.

Contingencies – These costs total \$1,185,301 and are 7% of new construction costs. This appears reasonable when compared to the State Board Standard of 7%.

Architectural and Engineering Fees/New Construction – These costs total \$1,074,116 and are 5.9% of new construction and contingencies. These costs appear reasonable when compared to the State Board Standard of 5.64% - 8.48%.

Consulting and Other Fees – These costs are \$1,212,154. The State Board does not have a standard for these costs. Include in these costs are the following:

- Project Management Services
- Medical Equipment Planning

- FF&E Design
- IT/IM Project Management Services
- CON Advisory Services
- CON Filing Fee
- IDPH Application Cost
- City of Chicago Permit Application Fee

Movable Equipment – These costs total \$8,483,967. The State Board does not have a standard for these costs.

Bond Issuance Expense – These costs total \$247,905. The State Board does not have a standard for these costs.

Other Costs to be Capitalized – These costs total \$1,617,721. The State Board does not have a standard for these costs. These costs include fees for commissioning, furniture removal, moving costs, and IT/AV equipment.

The applicants have exceeded the State standard for New Construction/Contingencies, and a negative finding results for this criterion.

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

D) Criterion 1120.140(d) - Projected Operating Costs

The applicants provided the necessary information as required. The projected operating cost per patient day is \$1,045.00. The State Board does not have a standard for these costs.

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

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

The applicants provided the necessary information as required. The projected capital cost for the Children’s Hospital is \$230.00 per patient day. The State Board does not have a standard for these costs.

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

EXPLANATION OF DIFFERENCE IN COSTS

1. Added Phasing and Enabling Premium

The proposed project is planned to be constructed in the existing Lurie Children's hospital facility. This provides limitations regarding timing and availability of the construction areas, which in turn requires a detailed phasing plan requiring the construction team to complete the project in a series of phases to limit the disruption to adjacent floors and patient rooms. This phasing-plan has an associated cost of \$346,137 for the 22nd/21st floors and \$32,634 for the 15th/14th floors.

$$\begin{aligned}\text{Total Enabling Costs: } & \$346,137 + \$32,634 = \$378,771 \\ & \$378,771/31,774 \text{ Clinical DGsf} = \$11.92/\text{SF}\end{aligned}$$

2. Elevator Operator and Re-Programming Premium

The current elevator system in Lurie Children's does not have a built-in solution to allow for construction crews to isolate a given car for material deliveries and construction activities. This requires re-programming of the system by the elevator contractor, daily clean-up of the elevator to allow it to serve hospital needs during non-construction times and the use of an elevator operator to facilitate construction usage. The cost associated with this additional work includes \$70,000 for elevator re-programming and modifications, \$168,501 for clean-up, and \$269,576 for elevator operators.

$$\begin{aligned}\text{Total Elevator Costs} & = \$70,000 + \$168,501 + \$269,576 = \$508,077 \\ & \$508,077/31,774 \text{ Clinical DGsf} = \$15.99/\text{SF}\end{aligned}$$

3. 22nd Floor Demolition Premium

The current office space slated for the expansion requires significant demolition prior to the build out of the new clinical areas. This demolition is in excess of what is typically part of a new construction project due to the complete re-configuration of walls, ceiling, flooring, and mechanical systems. In addition, transportation of materials to the 1st floor dock/dumpster will be completed on a 2nd shift basis to minimize disruption of the surrounding floors and allow for the contractors to complete demolition continuously. The cost associated with this work includes \$403,994 for the demolition of existing walls, ceilings, floors, and mechanical system and \$339,970 for 2nd shift labor and demolition material disposal. In addition, demolition costs can be considered as site preparation, which in-turn would take the cost out of construction and lower the total cost per square foot.

$$\begin{aligned}\text{Total Demolition Costs: } & \$403,994 + \$339,970 = \$743,964 \\ & \$743,964/31,774 \text{ Clinical DGsf} = \$23.41/\text{SF}\end{aligned}$$

4. 22nd Floor Under-Slab Plumbing Premium

Plumbing runs for the current 22nd floor reside under the concrete flooring slab in the 21st floor ceiling cavity. The result of this requires extensive demolition and eventual re-installation of

interior finishes on the 21st floor in order to access and construct the plumbing that will serve the floor above. The cost associated with this additional work includes \$127,037 for selective building demolition, \$466,057 for infection prevention and control measures, \$291,945 for interior finishes and re-construction, \$110,250 for the removal of exterior glass for ventilation, and \$631,407 for the plumbing work that will serve the 22th floor.

$$\begin{aligned}\text{Total Plumbing Costs: } & \$127,037 + \$466,057 + \$291,945 + \$110,250 + \$631,407 \\ & = \$1,626,696 \\ & \$1,626,696/31,774 \text{ Clinical DGSF} = \$51.20/\text{SF}\end{aligned}$$

5. 15th Floor Under-Slab Plumbing Premium

The same issues arise with the work on the 15th and 14th floors. The cost associated with this additional work includes \$11,977 for selective building demolition, \$43,940 for infection prevention and control measures, \$27,524 for interior finishes and re-construction, and \$69,923 for the plumbing work that will serve the 15th floor.

$$\begin{aligned}\text{Total Plumbing Costs: } & \$11,977 + \$43,940 + \$27,524 + \$69,923 + \$153,364 \\ & \$153,364/31,774 \text{ Clinical DGSF} = \$4.83/\text{SF}\end{aligned}$$

6. Additional Exhaust Fan Premium

To accommodate the addition of toilet rooms and a laundry facility on the second floor, the exhaust fan system will receive an upgrade. This work is above what is typically provided in an existing building expansion. The costs associated with this additional work includes \$88,200 for profiling metal panels and the support structures to conceal the ductwork, and \$12,275 for cutting and patching of the existing roof.

$$\begin{aligned}\text{Total Exhaust Fan Costs: } & \$88,200 + \$12,275 = \$100,475 \\ & \$100,475/31,774 \text{ Clinical DGSF} = \$3.16/\text{SF}\end{aligned}$$

Summary of Additional Justified Costs

1. Added Phasing and Enabling Premium: \$11.92/SF
2. Elevator Operator and Re-Programming Premium: \$15.99/SF
3. 22nd Floor Demolition: \$23.41
4. 22nd Floor Under-Slab Plumbing Premium: \$51.20/SF
5. 15th Floor Under-Slab Plumbing Premium: \$4.83/SF
6. Additional Exhaust Fan Premium: \$3.16/SF

Total: \$110.51/SF

Ownership, Management and General Information			Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Patrick Magoon	White	39.4%	Hispanic or Latino:	32.6%	
ADMINISTRATOR PHONE	(312) 227-4350	Black	17.7%	Not Hispanic or Latino:	61.6%	
OWNERSHIP:	Ann & Robert H. Lurie Children's Hospital of Chicago	American Indian	0.1%	Unknown:	5.9%	
OPERATOR:	Ann & Robert H. Lurie Children's Hospital of Chicago	Asian	4.3%			
MANAGEMENT:	Not for Profit Corporation (Not Church-R	Hawaiian/ Pacific	0.1%	IDPH Number:	5843	
CERTIFICATION:	(Not Answered)	Unknown	38.4%	HPA	A-01	
FACILITY DESIGNATION:	Children's Speciality Care Hospital			HSA	6	
ADDRESS	225 E. Chicago Avenue	CITY: Chicago	COUNTY: Suburban Cook (Chicago)			

Facility Utilization Data by Category of Service										
Clinical Service	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	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	124	124	124	6,950	27,778	3,458	4.5	85.6	69.0	69.0
Intensive Care	92	92	88	4,690	22,785	250	4.9	63.1	68.6	68.6
Direct Admission				3,633	16,396					
Transfers				1,057	6,389					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	60	60	60	896	18,338	3	20.5	50.2	83.7	83.7
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	12	12	12	494	3,411	0	6.9	9.3	77.9	77.9
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	10					1976				
Facility Utilization	288			11,973	72,312	5,687	6.5	213.7	74.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	0.4%	51.0%	0.5%	44.7%	1.2%	2.2%	
	46	6107	59	5353	149	259	11,973
Outpatients	0.2%	43.9%	0.3%	51.5%	3.4%	0.7%	
	1267	238506	1901	279885	18395	3862	543,816

Financial Year Reported:	9/1/2014 to	8/31/2015	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	0.3%	40.3%	2.0%	57.0%	0.5%	100.0%			1,515,795
	1,034,579	148,960,131	7,376,935	210,574,434	1,740,970	369,687,049	526,014		
Outpatient Revenue (\$)	0.6%	24.6%	1.2%	71.7%	1.8%	100.0%			Total Charity Care as % of Net Revenue
	1,535,936	60,930,979	3,090,387	177,356,135	4,364,524	247,277,961	989,781		0.2%

Birthing Data			Newborn Nursery Utilization			Organ Transplantation	
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:	16
Number of Live Births:	0	Beds	0	0	0	Heart:	11
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:	12
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	39
C-Section Rooms:	0	Inpatient Studies			340,118		
CSections Performed:	0	Outpatient Studies			472,728		
		Studies Performed Under Contract			17,718		

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	378	31	2067	39	2106	5.5	1.3
Dermatology	0	0	0	0	0	1	0	2	2	0.0	2.0
General	0	0	3	3	1279	1298	2548	1276	3824	2.0	1.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	3	3	793	65	2300	83	2383	2.9	1.3
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	9	444	41	1366	1407	4.6	3.1
Ophthalmology	0	0	1	1	16	666	47	981	1028	2.9	1.5
Orthopedic	0	0	3	3	384	976	1732	1723	3455	4.5	1.8
Otolaryngology	0	0	3	3	519	3344	941	2700	3641	1.8	0.8
Plastic Surgery	0	0	1	1	126	592	553	1203	1756	4.4	2.0
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	2	2	182	1499	752	2506	3258	4.1	1.7
Totals	0	0	18	18	3686	8916	10981	11879	22860	3.0	1.3

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

26

Stage 2 Recovery Stations

92

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	216	1166	248	821	1069	1.1	0.7
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
	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 Care**Cardiac Catheterization Labs**

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Pediatric
Operating Rooms Dedicated for Trauma Care	Not Answered
Number of Trauma Visits:	1
Patients Admitted from Trauma	888
Emergency Service Type:	710
Number of Emergency Room Stations	Comprehensive
Persons Treated by Emergency Services:	43
Patients Admitted from Emergency:	54,014
Total ED Visits (Emergency+Trauma):	5,347
	54,902

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	543,816
Outpatient Visits at the Hospital/ Campus:	272,707
Outpatient Visits Offsite/off campus	271,109

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	536
Diagnostic Catheterizations (0-14)	191
Diagnostic Catheterizations (15+)	125
Interventional Catheterizations (0-14):	116
Interventional Catheterization (15+)	33
EP Catheterizations (15+)	71

Cardiac Surgery Data

Total Cardiac Surgery Cases:	244
Pediatric (0 - 14 Years):	228
Adult (15 Years and Older):	16
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

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

	<u>Owned Contract</u>		<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned Contract</u>		<u>Treatments</u>
General Radiography/Fluoroscopy	33	0	20,551	38,671	0	Lithotripsy	0	0	0
Nuclear Medicine	2	0	67	554	0	Linear Accelerator	0	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therapy			0
Ultrasound	16	0	4,609	15,441	0	Intensity Modulated Rad Thrp			0
Angiography	3	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			3,979	2,193	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	37	173	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	2,258	3,382	0				
Magnetic Resonance Imaging	4	1	2,970	12,746	1,385				

16-050 Ann & Robert H Lurie Children's Hospital - Chicago

