

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-06	BOARD MEETING: March 14, 2017	PROJECT NO: 16-053	PROJECT COST:
	,		Original:\$48,377,826
FACILI	TY NAME:	CITY:	
HSHS St. J	ohn's Hospital	Springfield	
Women and Children	's Health Center Building		
TYPE OF PROJECT	Γ: Non-Substantive		HSA: III

PROJECT DESCRIPTION: The applicants (Hospital Sisters Health System, Hospital Sisters Services, Inc., and St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis) are proposing the construction of a medical office building in 85,500 GSF of space at a cost of \$48,377,826. The project completion date is March 31, 2019.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

• The applicants (Hospital Sisters Health System, Hospital Sisters Services, Inc., and St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis) are proposing the construction of a medical office building in 85,500 GSF of space at a cost of \$48,377,826. The project completion date is March 31, 2019.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

• The project is before the State Board because the project is by or on behalf of a health care facility and the cost of the project exceeds the capital expenditure threshold of \$12,950,881.

PURPOSE OF THE PROJECT:

• The Women and Children's Health Center building will allow for user-friendly and modern, state of the art space for treatment of women and children. Treatment areas that are currently located in multiple locations will be relocated and consolidated to a single facility, resulting in enhanced access for patients and greater efficiencies for staff.

PUBLIC HEARING/COMMENT:

• No public hearing was requested. No letters of support or opposition were received by State Board Staff.

CONCLUSION:

• The applicants addressed a total of fourteen (14) criteria and did not meet the following:

State Board Standards Not Met				
Criteria	Reasons for Non-Compliance			
1110.234(a) – Size of Project	The applicants exceeded the State Board standard for its imaging services (mammography).			
1120.140(c) - Reasonableness of Project Costs	The applicants exceed the State Board Standards for • Site Survey and Soil Investigation and Site Preparation • Architectural & Engineering Fees			

STATE BOARD STAFF REPORT HSHS St. John's Hospital-Women and Children's Health Center Building PROJECT #16-053

APPLICATION SUMM	IARY/CHRONOLOGY
Applicants	Hospital Sisters Health System, Hospital Sisters
	Services, Inc., and St. John's Hospital of the Hospital
	Sisters of the Third Order of St. Francis
Facility Name	HSHS St. John's Hospital
	Women and Children's Health Center Building
Location	Northeast Corner 9 th and Madison Street,
	Springfield, Illinois
Application Received	December 21, 2016
Application Deemed Complete	December 29, 2016
Review Period Ends	February 27, 2017
Permit Holder	St. John's Hospital of the Third Order of St. Francis
Operating Entity	St. John's Hospital of the Third Order of St. Francis
Owner of the Site	HSHS St. John's Hospital
Project Financial Commitment Date	March 14, 2018
Gross Square Footage	85,500 GSF
Project Completion Date	March 31, 2019
Can Applicants Request a Deferral?	Yes
Has the Application been extended by the State Board?	No

I. The Proposed Project

The applicants (Hospital Sisters Health System, Hospital Sisters Services, Inc., and Hospital Sisters of the Third Order of St. Francis) are proposing the construction of a medical office building in 87,154 GSF of space at a cost of \$48,377,826. The anticipated project completion date is March 31, 2019.

II. Summary of Findings

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

III. General Information

The applicants are Hospital Sisters Health System, Hospital Sisters Services, Inc., and St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis. Hospital Sisters Health System (HSHS) owns and operates health care facilities throughout Illinois and in Wisconsin. Table One is a list of health care facilities owned/operated by the applicants in Illinois.

TABLE ONE					
Facilities owned by the applicants					
Facility	Location	Illinois	Joint		
		Department	Commission		
		of Public Health	Accreditation Number		
		License	Number		
		Number			
St. John's Hospital	Springfield	2451	ID #7432		
Holy Family Hospital	Greenville	5355	ID# 5355		
St. Elizabeth's Hospital	Belleville	2345	ID #2345		
St. Joseph's Hospital	Highland	2543	ID #2825		
St. Anthony's Memorial Hospital	Effingham	2279	ID #7335		
St. Francis Hospital	Litchfield	2386	ID #7374		
St. Joseph's Hospital	Breese	2527	ID #7250		
St. Mary's Hospital	Decatur	2592	ID#4605		
St. Mary's Hospital	Streator	2659	ID #7436		
Prairie Diagnostic Center at St. John's Hospital	Springfield	7003157	ID #7432		
St. John's Surgery Suites Montvale	Springfield	7003187	ID #7432		
HSHS Good Shepherd Hospital, Inc.	Shelbyville				

The project is a non-substantive project subject to Part 1110 and Part 1120 review. No Safety Net Impact Statement is required because the project is not a substantive project (20 ILCS 3960/5.4). Financial commitment will occur after permit approval.

Reviewer Note: The State Board considers non-substantive projects as all projects that are not classified as substantive-except for emergency projects that require meeting these two (2) requirements;

- A) An imminent threat to the structural integrity of the building; or
- B) An imminent threat to the safe operation and functioning of the mechanical, electrical or comparable systems of the building.

Substantive projects include no more than the following:

(a) Projects to construct

- (1) a new or replacement facility located on a new site or
- (2) a replacement facility located on the same site as the original facility and the cost of the replacement facility exceeds the capital expenditure minimum, which shall be reviewed by the Board within 120 days;

(b) Projects proposing a

- (1) new service within an existing healthcare facility or
- (2) discontinuation of a service within an existing healthcare facility, which shall be reviewed by the Board within 60 days; or
- (c) Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one physical facility or site to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board, whichever is less, over a 2-year period. (20 ILCS 3960/12 (8))

Charity Care for HSHS St. John's Hospital and HSHS Illinois for the years 2013 thru 2015 is provided below.

	HSHS St. Joh Cha	LE TWO nn's/HSHS Illinois rity Care	
	HSHS/St.	Johns Hospital	
	FY 2015	FY 2014	FY 2013
Net Patient Revenue	\$447,281,758	\$427,529,233	\$402,680,775
Amount of Charity Care (Charges)	\$12,138,983	\$26,005,185	\$12,138,983
Cost of Charity Care	\$3,338,220	\$7,427,483	\$9,002,200
% of Charity Care to Net Patient Revenue	.07%	1.7%	2.2%

	HSH	WO (continued) IS Illinois rity Care	
	FY 2015	FY 2014	FY 2013
Net Patient Revenue	\$1,262,757,958	\$1,021,229,534	\$972,240,195
Amount of Charity Care (Charges)	\$49,555,376	\$76,826,472	\$79,693,832
Cost of Charity Care	\$20,025,778	\$21,820,899	\$25,376,255
% of Charity Care to Net Patient Revenue	1.5%	2.1%	2.6%

IV. Health Service Area

The proposed project will be located in the HSA III Health Service Area. There are seven (7) hospitals in Health Planning Area E-01.

TABLE THREE Hospitals in the Health Planning Area E-01					
Hospital	City	HSA	HPA	Total Beds	
Abraham Lincoln Hospital	Lincoln	3	E-01	22	
Mason District Hospital	Havana	3	E-01	25	
Memorial Medical Center	Springfield	3	E-01	349	
Pana Community Hospital	Pana	3	E-01	22	
Sarah Culbertson Memorial Hospital	Rushville	3	E-01	22	
St. John's Hospital	Springfield	3	E-01	204	
Taylorville Memorial Hospital	Taylorville	3	E-01	21	

V. The Proposed Project

The applicants are proposing to establish a Medical Office Building (MOB), dedicated to the provision of health care for women and children. The Women's and Children's Health Center will be located on the northeast corner of 9th and Madison streets, in

85,500 GSF of newly constructed space. The four story facility will contain Imaging, Pediatric PT/OT, Pediatric Echocardiography/Stress Testing, Speech Services, Medical Office Space, Laboratory, and Pharmacy Services. The Women's and Children's Health Center will be connected to the St. John's Children's Hospital via an elevated walkway.

VI. Project Costs and Sources of Funds

The applicants are funding this project with cash and securities in the amount of \$21,989,452, and mortgages totaling \$26,388,374. There are no estimated start-up costs or operating deficits for this project, and no land is being purchased. Table Four illustrates the project costs, using clinical (reviewable) and non-clinical (non-reviewable) classifications.

	TABLE FOU	J R				
Project Costs and Sources of Funds						
Reviewable Non Reviewable						
Preplanning Cost	\$60,311	\$175,689	\$236,000			
Site Survey and Soil Investigation	\$11,625	\$94,375	\$106,000			
Site Preparation	\$803,840	\$3,562,160	\$4,366,000			
New Construction	\$5,471,792	\$21,854,742	\$27,326,534			
Contingencies	\$333,754	\$1,808,781	\$2,142,535			
Architectural and Engineering Fees	\$569,907	\$2,113,493	\$2,683,400			
Consulting and Other Fees	\$321,103	\$838,808	\$1,159,911			
Movable or Other Equipment	\$6,464,500	\$1,520,952	\$7,985,452			
Net Interest Expense During Construction	\$345,385	\$1,172,609	\$1,517,994			
Other Costs to Capitalized	\$187,156	\$666,844	\$854,000			
Total	\$14,569,373	\$33,808,453	\$48,377,826			
Cash & Securities	\$10,994,726	\$10,994,726	\$21,989,452			
Mortgages	\$3,574,647	\$22,813,727	\$26,388,374			
Total	\$14,569,373	\$33,808,453	\$48,377,826			

VII. Cost Space Requirements

The applicants are proposing to construct a 4-story building on the campus of St. John's hospital. The 85,500 GSF building will be leased in its entirety by the applicants. Table Five illustrates the spatial allocations using both reviewable and non-reviewable considerations.

		Cos	TABLE FI	• —			
Area		D	OGSF	An	nount of Pro	posed Total	GSF
Reviewable	Cost	Exist	Proposed	New Const.	Mod.	As Is	Vacated
Imaging	\$6,063,599	N/A	6,643	6,643	0	0	0

			TABLE FI	- · -				
	Cost/Space Requirements							
Area		DGSF Amount of Proposed Total GSF						
Laboratory	\$866,294	N/A	1,695	1,695	0	0	0	
Pediatric PT/OT	\$3,827,853	N/A	11,239	11,239	0	0	0	
Pharmacy	\$1,041,509	N/A	2,559	2,559	0	0	0	
Dx Testing	\$436,025	N/A	2,611	2,611	0	0	0	
Cardiology Peds								
Bridge/Connection	\$436,025	N/A	2,000	2,000	0	0	0	
Total Clinical	\$14,569,373		26,747	26,747	0	0	0	

			BLE FIVE (co t/Space Requi	,			
Non Reviewable	Cost	Exist	Proposed	New Const.	Mod.	As Is	Vacated
Lobby	\$361,332	N/A	1,166	1,166	0	0	0
Amenity-Coffee Shop	\$209,486	N/A	676	676	0	0	0
Medical Office Space	\$17,607,569	N/A	56,129	56,129	0	0	0
Conference Center	\$444,692	N/A	1,435	1,435	0	0	0
Materials Mgmt./Mechanical	\$310,399	N/A	1,001	1,001	0	0	0
Parking	\$14,874,975	N/A	N/A	N/A	0	0	0
Total Non-Clinical	\$33,808,453	N/A	60,407	60,407	0	0	0
Total Project	\$48,377,826		87,154	87,154	0	0	0

VIII. Background of the Applicants

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

To document compliance with this criterion the applicants must provide a list of all health care facilities owned by the applicants, a certified list of adverse actions taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application, and authorization permitting HFSRB and IDPH access to any documents necessary to verify the information that has been submitted.

- 1. The applicants provided proof of licensure and JCHAO accreditation for all hospitals under its ownership (See Table Two).
- 2. Mary Starmann-Harrison, CEO of Hospital Sisters Health System attested that no adverse action, as that term is defined in rules and regulations of the Illinois Health Facilities and Services Review Board, has been taken over the past three (3) years against any hospitals under their ownership (See Table Two), and grants the State Board and the Illinois Department of Public Health permission to access any and all documents to verify information submitted with the application for permit.
- 3. The applicants supplied a Memorandum of Understanding with the Illinois Historic Preservation Agency, outlining the protocols pertaining to the discovery of historical artifacts at the building site (See Application File). Additionally, the applicants

provided attestation from Dr. Charles Lucore, M.D., certifying that the proposed site is not located in a flood plain, as required. [Source: Application for Permit page 41]

Reviewer Note:

The Memorandum of Understanding was needed because previous excavations in the immediate area contained articles of archaeological significance, and the applicants anticipate additional findings of this nature, once site excavation commences.

IX. Purpose of the Project, Alternatives

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

To demonstrate compliance with this criterion, the applicants must provide documentation that defines the planning area or market area and the existing problems that will be addressed with the proposed project.

1. The applicants stated that "The [W]omen's and [C]hildren's [H]ealth [C]enter building will allow for user friendly, and modern, state of the art space for treatment of women and children. Treatment areas that are currently located in multiple locations will be relocated and consolidated to a single facility, resulting in enhanced access for patients and greater efficiencies for staff. The outpatient services will be co-located with physician offices that will focus on women's and children's medical care, making it easy for women and children to obtain such care, ancillary services, and engage in follow-up care and treatment. Women's will consist of mammography, ultrasound. services and densitometry...Pediatric services will include general radiology, PT/OT/ST, diagnostic cardiac testing, and ultrasound. Care will be provided for children ages 0-17, with a wide variety of chronic and acute conditions...A lab and small retail pharmacy will be located in the building for convenience of patients... The consolidation of these services in one location and the decision of specific space for pediatric imaging, PT/OT and cardiac testing will facilitate both access to and quality of care for women and children." [Application for Permit, p. 64]

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

To document compliance with this criterion, the applicants must provide documentation of the alternatives considered and the reasons for the rejection.

The applicants considered three alternatives to the proposed project.

1. Modernize Existing Facilities

The applicants rejected this alternative, citing programmatic difficulties associated with co-locating the proposed services in the limited space available on the original hospital campus. In addition to spatial constraints, the applicants cite the potential interruption in the provision of patient care, if a modernization project were the chosen alternative. There were no project costs identified with this alternative.

2. Build at an Alternative Site

This alterative was initially considered, based on the projected "archeological difficulties" that may exist at the chosen site. However, the benefit of the facility being located on the St. John's campus, and allowing physicians immediate access to the women's hospital, outweighed the perceived archeological issues, and this alternative was rejected. The applicants estimated this option to be the same as the proposed project.

3. New Building on St. John's Hospital Campus

The applicants chose this alternative, citing it as the best use of capital funds, and the best option that parallels with their initiative to improve its Springfield campus. Cost identified with this alternative: \$48,377,826. [Application for Permit, p. 85]

X. Project Size, Projected Utilization, and 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/established.

This Project proposes to establish a Medical Office Building in 85,500 GSF of newly constructed space (See Table Five). Of this space, 26,747 GSF is being allocated for clinical functions. Table Six lists the services offered and the spatial allotments for each. Based on the information provided, the applicant met the requirements of this criterion.

TABLE SIX	TABLE SIX
Spatial Allotments for Services	lotments for Services

Dept./Service	Proposed	State Standard	Difference	Met					
Clinical	DGSF	(DGSF)	(DGSF)	Standard					
General Radiology/Fluoroscopy(3)	3,301	1,300/Unit	-599	Yes					
Mammography(2)*	3,342	1,300/Unit	742	No					
Laboratory	1,695	N/A	N/A	N/A					
Pharmacy	2,559	N/A	N/A	N/A					
Pediatric Diagnostic Testing^	2,611	N/A	N/A	N/A					
PT/OT	11,239	N/A	N/A	N/A					
Bridge Connection	2,000	N/A	N/A	N/A					
Total Clinical	26,747								
Non-Clinical									
Medical Office	56,129	N/A	N/A	N/A					
Conference	1,435	N/A	N/A	N/A					
Lobby/Amenities Area	1,842	N/A	N/A	N/A					
Materials Management	1,001	N/A	N/A	N/A					
Total Non-Clinical	60,407	N/A	N/A	N/A					
TOTAL PROJECT	87,154	N/A	N/A	N/A					
*Mammography space includes two mobile ultrasound units which may be used for routine screening, if prescribed. ^Echoes, EKG, Stress Testing, all for pediatric patients									

The applicants report their imaging space as being in excess of the State standard, due to the allotted space for two mobile ultrasound units. A negative finding results for this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO NOT BE IN COMPLIANCE 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 applicants note the imaging equipment listed in the project includes equipment that will be located in the Women's and Children's Center. It is anticipated that this equipment will operate at or above IDPH target utilization standards. A positive finding results for this criterion.

TABLE SEVEN Project Services Utilization									
Service/Rooms	Historical Utilization	Projected Utilization CY 21	State Board Standard	Met Standard					
Gen. Radiology/2	7,235*	8,500	8,000 procedures/room	Yes					
Mammography/2	7,133	8,000	5,000 visits	Yes					
Fluoroscopy	550	1,000	6,500 procedures	Yes					

Based on Women's and Pediatric procedures/visits through June 30, 2016

Ultrasound utilization data not provided, based on its mobility, and no State utilization standard for mobile Ultrasound units.

*Pediatric patients exclusively

The applicants supplied sufficient utilization data to warrant the number of imaging units requested.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN COMPLIANCE WITH THE PROJECT UTILIZATION CRITERION (77 IAC 1110.234(b).

C) Criterion 1110.234(e) - Assurances

To demonstrate compliance with this criterion, the applicants must document that the proposed size of the project and the projected utilization meet the State Board Standards in Section 1110.Appendix B and 77 IAC Part 1100, Subsection D.

The State Board does not have size standards or projected utilization standards for the two reviewable services being proposed by this project; medical exam rooms and infusion therapy.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS INAPPLICABLE WITH CRITERIA SIZE OF THE PROJECT, PROJECTED UTILIZATION, AND ASSURANCES (77 IAC 1110.234(a), (b) and (c))

XI. Clinical Service Areas Other Than Categories of Service

A) Criterion 1110.3030(a) – Clinical Service Area Other Than Categories of Service

To determine compliance with this criterion, the applicants are required to document the need for the modernization of the following services:

- A) Surgery
- B) Emergency Services and/or Trauma
- C) Ambulatory Care Services (organized as a service)
- D) Diagnostic and Interventional Radiology/Imaging (by modality)
- E) Therapeutic Radiology
- F) Laboratory
- G) Pharmacy
- H) Occupational Therapy/Physical Therapy
- I) Major Medical Equipment

The project proposes to establish a Medical Office Building in Springfield. Listed below are the modalities to be included in this facility that are applicable to this criterion. The modalities with utilization standards are listed below, and their projected utilization is listed in Table Six.

Mammography

The applicants propose to establish 2 mammography machines as part of its Women's services, and projects 8,000 visits by calendar year 2021. This satisfies the State standard of 5,000 visits per machine.

General Radiology

The applicants propose to establish 2 radiology units to be used exclusively for its Pediatric patient base, and projects to perform 8,500 radiologic procedures, once these services are consolidated into the Women's and Children's Center. These data satisfies the State standard of 8,000 procedures per unit.

<u>Fluoroscopy</u>

The applicants propose to establish 1 Fluoroscopy unit, and projects to perform 1,000 procedures upon project completion, due to the co-location of SIU School of Medicine's in the Women's and Children's Center. These data satisfies the State standard of 6,500 procedures per unit.

Ultrasound

The applicants propose to incorporate two mobile ultrasound units into its Imaging services, which could be used for routine screening, if needed. These Ultrasound units resulted in a negative finding for the project size, but do not affect utilization standards, because no standards exist for mobile Ultrasound units.

Pediatric Diagnostics

The applicants propose to establish a Diagnostics service, to include Echoes, EKG Stress Testing, and mobile ultrasound. These services will be used exclusively for Pediatric patient services, and there are no State standards for utilization of these services.

Laboratory

The applicants propose to establish a small Laboratory service as a convenience to the patients being served in the Women's and Children's Center, with support staff (phlebotomists), skilled in working with the Pediatric population. The State Board has no standard for Laboratory services.

Pharmacy

The applicants propose to establish a small pharmacy (retail), as a convenience to the patients being served by the Women's and Children's Center. The State Board has no standard for Pharmacy.

PT/OT

The applicants propose to establish Physical Therapy/Occupational Therapy rehabilitation services dedicated solely to Pediatric care. The State Board has no standard for PT/OT services.

Based on the supplied utilization data, the applicants met the requirements of this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE (77 IAC 1110.3030(a))

XII. FINANCIAL VIABILITY

A) Criterion 1120.120 – Availability of Funds

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

The applicants are funding this project with cash and securities in the amount of \$21,989,452, and a mortgage totaling \$26,388,374. The applicants supplied proof of an AA-/Stable Bond Rating from Standard & Poor's Ratings Service (application, p. 92). It appears that the applicants have met the requirements for the Availability of Funds criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE 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 document that they are financially viable.

The applicants supplied proof of an AA-/Stable bond rating from Standard & Poor's Ratings Service (application, p. 92) and have met the requirements of this criterion.

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

XIII. ECONOMIC FEASBILITY

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

To determine compliance with these criteria, the applicants must provide an attestation that borrowing of existing investments and the selected form of debt financing will be at the lowest net cost available.

The applicants provided the necessary attestation at pages 98 of the application for permit that the selected form of debt financing will be the lowest cost available. The applicants met the requirements of this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 IAC 1110.140(a) and (b))

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

The State Board staff applied the reported reviewable costs against the applicable State Board standards. All costs considered are classified as reviewable.

<u>Preplanning Costs</u> are \$60,311 and are .49% of new construction, contingencies, and movable equipment costs of \$12,270,046. This is reasonable compared to the State Board standard of 1.8%.

<u>Site Survey/Site Preparation Costs</u> are \$815,465 and are 14% of the new construction/contingencies costs of \$5,805,546. This is <u>HIGH</u> when compared to the State Board standard of 5%.

New Construction and Contingencies – These costs total \$5,805,546 or \$217.05 GSF. (\$5,805,546/26,747=\$217.05). This is reasonable when compared to the State Board Standard of \$232.75/GSF (2018 mid-point of construction).

<u>Contingencies</u> – These costs total \$333,754 and are 6% of new construction costs. This is reasonable when compared to the State Board Standard of 10%.

<u>Architectural and Engineering Fees</u> – These costs total \$569,907 and are 9.8% of new construction and contingencies. These costs is <u>HIGH</u> when compared to the State Board Standard of 5.27% - 7.91%.

<u>Consulting and Other Fees</u> – These costs are \$321,103. The State Board does not have a standard for these costs.

<u>Movable Equipment</u> – These costs total \$6,464,500. The State Board does not have a standard for these costs.

<u>Net Interest Expense During Construction</u> – These cost total \$345,385. The State Board does not have a standard for these costs.

<u>Other Costs to be Capitalized</u> – These cost total \$187,156. The State Board does not have a standard for these costs.

The applicants exceeded the State Board standards for Site Survey/Site Preparation costs and Architectural/Engineering Fees. A negative finding results for this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS <u>NOT</u> 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 \$467,792.00 per equivalent patient day. The State Board does not have a standard for these costs.

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 projected that there will no projected annual capital costs for this project. 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))

TABLE EIGHT	
Itemization of Project Costs	
Construction	
Description	
General Conditions	\$2,247,527
Temp Facilities, Controls, Cleaning Waste Management	\$370,291
Concrete	\$2,663,278
Masonry	\$2,873,272
Metal Fabrications	\$2,469,227
Carpentry	\$1,603,971
Thermal, Moisture & Fire Protection	\$2,239,555
Doors, Frames, Hardware, Glass & Glazing	\$2,229,716
Walls, Ceilings. Floors, & Window Treatments	\$2,582,196
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	\$3,613,854
Wiring, Fire Alarm System, Lighting	\$3,437,614
Miscellaneous Construction Costs	\$996,034
Total Construction Costs	\$27,326,535
Contingencies	\$2,142,535
Consulting and Other Fees	\$1,159,911
Lenders Inspection	\$27,500
Legal Fees	\$150,000
Development Fee	\$519,611
Const Management Fee	\$407,800
Traffic Study	\$35,000
Archaeologist Fee	\$20,000

TABLE EIGHT (continued)									
Itemization of Project Costs									
Other Costs to be Capitalized	\$854,000								
Overhead, Travel. Supplies, Postage, Salaries	\$385,000								
Builder's Risk Insurance	\$35,000								
Testing/Commissioning	\$80,000								
FF & E/Signage	\$75,000								
Blue Printing	\$19,000								
Project Photos, Turnover and Other Misc. Costs.	\$50,000								
Archaeological Work	\$200,000								
Agency Approvals	\$10,000								
Movable or Other Equipment	\$7,985,452								
Medical Equipment	\$3,923,600								
Furniture	\$1,571,320								
Telephones & Computer	\$1,248,883								
Miscellaneous Equipment/Relocation	\$1,241,649								

16-053 St John's Womens & Childrens Center - Springfield MASON DE WITT Chandlerville 78 Petersburg Mount Pulaski MENARD LOGAN 121 CASS Sangamon Williamsville 54 Athens Tallula 125 Sherman Pleasant St. John's Hospital Womens ... 800 E Carpenter St 123 Ashland Plains MACON Springfield, IL 62702 LINOIS Illiopolis Niantic Springfield Leland Grove Southern View Jerome Rochester Curran° New Berlin Woodside Blue Mound MORGAN Chatham Loami 29 Edinburg Stonington Franklin CHRISTI Kincaid Waverly Pawnee Auburn Divernon Taylorville Virden MONTGOMERY MACOUPIN

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Hospital Profile -			s Hospital					gfield		Page 1
<u> </u>		d General Inform	<u>nation</u>			Patients by			Patients by E	-
ADMINISTRATOR NA		arles Lucore				hite			spanic or Latin	
ADMINSTRATOR PH		4-6464			Black				ot Hispanic or L	
OWNERSHIP:		al Sisters Service				nerican Indian			nknown:	89.0%
OPERATOR:		al Sisters Health	•			ian).3% -		_
MANAGEMENT:		Profit Corporatio	n (Not Church-R			waiian/ Pacific		0.0%	IDPH Number	-
CERTIFICATION:	,	nswered)			Ur	nknown	2	2.5%	HPA	E-01
FACILITY DESIGNAT	`	nswered)	CIT	V- Constanti	.1.4	COUNTY	C		HSA	3
ADDRESS	800 Ea	st Carpenter		Y: Springfie		COUNTY:	Sangan	nonm Cou	nty	
	Authoriz	zed Peak Beds	Facility Utilizat	tion Data by	/ Category	of Service	Average	Averege	CON	Staffed Bed
Clinical Service	CON Be 12/31/20	ds Setup and	Peak	Admissions	Inpatient Days	Observation Days	Length of Stay	Average Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	204	204	171	11,485	55,545	2,452	5.0	158.9	77.9	77.9
0-14 Years				64	100	•				
15-44 Years				1,634	8,410					
45-64 Years				3,649	16,660					
65-74 Years				2,601	12,390					
75 Years +				3,537	17,985					
Pediatric	32	30	22	1,656	3,865	789	2.8	12.8	39.8	42.5
Intensive Care	48	46	44	2,852	12,418	39	4.4	34.1	71.1	74.2
Direct Admission	.0	. 3	-	2,116	8,378					
Transfers				736	4,040					
	v 38	38	26		-	209	2.2	13.2	34.7	34.7
Obstetric/Gynecolog Maternity	y 30	30	20	2,220 1,902	4,597 3,082	209	2.2	13.2	34.7	34.7
Clean Gynecology	,			318	3,062 1,515					
Neonatal	40		37	511	12,330	0	24.1	33.8	84.5	84.5
Long Term Care	37	37	28	809	9,195	0	11.4	25.2	68.1	68.1
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	40	36	15	324	4,420	0	13.6	12.1	30.3	33.6
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Ca		0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation						0				
Facility Utilization	439)		19,121	102,370	,	5.5	290.0	66.1	
			(Includes ICU I				_			
			<u>Inpatien</u>	ts and Outp	oatients Se	erved by Payor	Source			
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Cha	arity Care	Totals
Inpatients	45.8%	26.0%	2.0%		23.7%	0.8%			1.8%	
Inpatients	8753	4981	382		4523	147			335	19,121
•	29.8%	27.0%	2.3%		30.1%	9.7%			1.2%	
Outpatients	77245	69987	5973		78119	25119			3176	259,619
Financial Year Repor	ted: 7/1/201	4 to 6/30/20	15 Inpatie r	nt and Outp	atient Net	Revenue by P	ayor Sou	r <u>ce</u>	Charity	Total Charity
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Totals	Charity Care	Care Expense
Inpatient	42.8%	29.5%	1.3%	111	27.3%	-0.9%		00.0%	Expense	3,338,220
Revenue (\$)				70					2 100 755	Total Charity
	114,030,051	78,605,182	3,479,711	12,	831,407	-2,344,898	200,0	01,453	2,109,755	Care as % of
Outpatient	29.9%	13.6%	-0.6%		58.9%	-1.9%		00.0%		Net Revenue
Revenue (\$)	54,037,127	24,662,439	-1,027,415	106,4	169,607	-3,461,454	180,68	30,304	1,228,465	0.7%
<u> </u>	Birthing Data			Newl	born Nurs	ery Utilization			Organ Tra	nsplantation
Number of Total Birt	hs:	2,2	227		Level I	Level II	Le	vel II+	Kidney:	0
Number of Live Birth		•	208 Beds) 0		0	Heart:	0
Birthing Rooms:		,	0 Patient	Davs	3,180			0	Lung:	0
Labor Rooms:			Λ	ewborn Pati	-			-	Heart/Lung:	0
Delivery Rooms:			0	CWDOIII Fall	on Days		,	3,180	Pancreas:	0
Labor-Delivery-Reco	very Rooms:		12	L	.aboratory	<u>Studies</u>			Liver:	0
Labor-Delivery-Reco	very-Postpartun	n Rooms:	0 Inpatier	nt Studies			74	6,098	Total:	0
C-Section Rooms:			•	ent Studies				9,676	. 2.0	ŭ
CSections Performe	d:	(Studies	Performed	Under Cor	ntract	14	7,880		

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Surgery and Operating Room Utilization											
Surgical Specialty		Operating	<u>Rooms</u>		<u>Surgica</u>	al Cases	<u>s</u>	Surgical Hou	Hours per Case		
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	8	8	1213	325	3647	398	4045	3.0	1.2
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	5	9	14	877	804	2522	1593	4115	2.9	2.0
Gastroenterology	0	0	0	0	9	21	11	28	39	1.2	1.3
Neurology	0	0	0	0	245	92	1058	246	1304	4.3	2.7
OB/Gynecology	0	0	0	0	150	612	573	1692	2265	3.8	2.8
Oral/Maxillofacial	0	0	0	0	11	163	36	509	545	3.3	3.1
Ophthalmology	0	0	0	0	9	1626	17	2169	2186	1.9	1.3
Orthopedic	0	0	6	6	1838	1798	5405	4066	9471	2.9	2.3
Otolaryngology	0	0	0	0	146	1116	449	2347	2796	3.1	2.1
Plastic Surgery	0	0	0	0	219	494	736	1084	1820	3.4	2.2
Podiatry	0	0	0	0	28	459	61	918	979	2.2	2.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	450	1497	1224	3140	4364	2.7	2.1
Totals	0	5	24	29	5195	9007	15739	18190	33929	3.0	2.0
SURGICAL RECOVERY STATIONS Stage 1			e 1 Recov	ery Stations	46	Sta	age 2 Recove	ery Stations	6		

Dedicated and Non-Dedicated Procedure Room Utilzation												
	Procedure Rooms				<u>Surgic</u>	al Cases	9	Surgical Hours			Hours per Case	
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	4	4	1186	4948	1382	4948	6330	1.2	1.0	
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0	
Pain Management	0	0	2	2	0	1101	0	551	551	0.0	0.5	
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0	
Multipurpose Non-Dedicated Rooms												
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	

Emergency/Trauma Care		Cardiac Catheterization Labs	
Certified Trauma Center Level of Trauma Service Leve	No I 1 Level 2	Total Cath Labs (Dedicated+Nondedicated labs): Cath Labs used for Angiography procedures	8 0
(Not Answe	ered) Not Answered	Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trauma Care	1	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:	835	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma	444		
Emergency Service Type:	Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations	34	Total Cardiac Cath Procedures:	10,526
Persons Treated by Emergency Services:	56,316	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:	8,759	Diagnostic Catheterizations (15+)	5,409
Total ED Visits (Emergency+Trauma):	57,151	Interventional Catheterizations (0-14):	0
Free-Standing Emergency Cen	<u>ter</u>	Interventional Catheterization (15+)	2,901
Beds in Free-Standing Centers	0	EP Catheterizations (15+)	2,216
Patient Visits in Free-Standing Centers	0	Cardiac Surgery Data	
Hospital Admissions from Free-Standing Center	0	Total Cardiac Surgery Cases:	1,538
Outpatient Service Data		Pediatric (0 - 14 Years):	0
Total Outpatient Visits	259,619	Adult (15 Years and Older):	1,538
Outpatient Visits at the Hospital/ Campus:	201,271	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	58,348	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment		Examinations			Therapeutic Equipment			Therapies/	
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	29	0	36,661	35,557	0	Lithotripsy	2	2 0	51
Nuclear Medicine	4	0	556	1,174	0	Linear Accelerator	2	2 0	1,163
Mammography	4	0	0	9,491	0	Image Guided Rad Thera		90	
Ultrasound	9	0	4,310	8,230	0	Intensity Modulated Rad Thrp			434
Angiography	2	0				High Dose Brachytherapy	C	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	C	0	0
Interventional Angiography			2,552	1,582	0	Gamma Knife	C	0	0
Positron Emission Tomography (PET)	1	0	42	349	0	Cyber knife	C	0	0
Computerized Axial Tomography (CAT)	6	0	11,075	16,412	0				
Magnetic Resonance Imaging	3	0	2,802	4,154	0				