

# 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-08	BOARD MEETING: March 14, 2017	<b>PROJECT NO:</b> 16-055	PROJECT COST:
			Original:\$17,845,438
<b>FACILITY NAME:</b>		CITY:	
Franciscan St. James	Health – Olympia Fields	Olympia Fields	
TYPE OF PROJECT	Γ: Non Substantive		HSA: VII

PROJECT DESCRIPTION: The applicants (Franciscan Alliance, Inc. Franciscan Alliance, Inc. d/b/a Franciscan St. James Health – Olympia Fields Chicago Heights) propose to construct a building on the Olympia Fields campus of Franciscan St. James Health - Olympia Fields for the majority of the hospital's outpatient surgical and endoscopy services. The proposed building will be located approximately 200 yards from the primary hospital structure, and consistent with applicable Medicare provisions, will operate as a department of the hospital. The proposed project will include three (3) Class C operating rooms and two (2) Class B procedure rooms with five (5) Phase 1 recovery rooms and fifteen (15) Phase 2 recovery rooms. The cost of the project is \$17,845,438. The anticipated completion date is October 31, 2018.

#### **EXECUTIVE SUMMARY**

#### PROJECT DESCRIPTION:

• The applicants (Franciscan Alliance, Inc. Franciscan Alliance, Inc. d/b/a Franciscan St. James Health – Olympia Fields Chicago Heights) propose to construct a building on the Olympia Fields campus of Franciscan St. James Health - Olympia Fields for the majority of the hospital's outpatient surgical and endoscopy services. The proposed building will be located approximately two hundred (200) yards from the primary hospital structure, and consistent with applicable Medicare provisions, will operate as a department of the hospital. The proposed project will include three (3) Class C operating rooms and two (2) Class B procedure rooms with five (5) Phase 1 recovery rooms and fifteen (15) Phase 2 recovery rooms. The cost of the project is \$17,845,438. The anticipated completion date is October 31, 2018.

#### **BACKGROUND:**

- In March of 2016 the State Board approved **Permit #16-005** for a major modernization of the Franciscan St. James Olympia Fields Hospital. At that time the State Board approved the Hospital for seven (7) operating rooms, one (1) open heart surgery room and one (1) urological room for a total of nine (9) operating rooms and one (1) endoscopy procedure room. The applicants were also approved for eighteen (18) Phase I and twenty-seven (27) Phase II recovery stations. The approved cost of the project was \$114,602,559. At that same meeting the State Board approved the discontinuation of Franciscan St. James Chicago Heights Hospital as **Exemption #E-008-16.**
- On July 8, 2016 a **First Alteration for Permit #16-005** was approved by the Chairwoman to increase the gross square footage (GSF) from 416,777/GSF to 424,677/GSF or 7,900/GSF and increase the project costs from \$114,602,559 to \$121,597,906 an increase in total project costs of \$6,995,347 or 6.1%. There was no change in the total number of operating (9 rooms) or endoscopy (1) rooms or recovery stations.
- On December 27, 2016 the applicants submitted a **Second Alteration for Permit #16-005. This alteration is scheduled for the March 2017 State Board Agenda.** If the State Board should approve this alteration the number of Class C Operating Rooms will decrease to six (6) operating rooms: one (1) dedicated to open heart, and one (1) dedicated to urology and four (4) for all other surgeries, reduce Phase I recovery stations to seven (7) and Phase 2 recovery stations to' eighteen (18). The Class B endoscopy procedure room (1) remains unchanged. The cost of Permit #16-005 will increase from \$121,597,906 to \$121,831,762 or \$233,856.
- On December 28, 2016 the applicants submitted **Project #16-055** to add an outpatient surgery building on the Hospital's campus. If the State Board approves the second alteration to Permit #16-005 this project will restore the total number of Class C operating rooms to nine (9), and increase Class B operating rooms to three (3) from one (1) room. There will be twelve (12) Phase I recovery and eighteen (33) Phase 2 recovery stations at the hospital.

#### WHY THE PROJECT IS BEFORE THE STATE BOARD:

• The applicants are proposing a modernization of a health care facility in excess of the capital expenditure minimum of \$12,950,881

#### **PUBLIC COMMENT:**

• There has been no request for a public hearing and no letters of support or opposition have been received by the State Board Staff.

#### **SUMMARY:**

- The State Board Staff has reviewed the application for permit and additional information submitted by the applicants and note the following:
- The applicants are proposing a modernization of their operating/procedure rooms by establishing a separate building to perform the majority of outpatient surgeries and endoscopy procedures. This building is considered a part of the hospital and is not a free standing separately licensed ambulatory surgical treatment center. When evaluating the extent of the modernization being proposed the State Board Staff must consider the entire number of operating/procedure rooms at the hospital, not just the number proposed by this project.
- When Permit #16-005 was approved, St James Hospital in Chicago Heights (the sister facility) was discontinued. The discontinuation of the Chicago Heights facility will occur when the modernization of the Olympia Fields Hospital is complete (est. mid 2019). The applicants assume that eighty percent (80%) of the Chicago Heights hospital historical caseload will migrate from the Chicago Heights Hospital and will be accommodated at the Olympia Fields Hospital upon discontinuation of the Chicago Heights facility.

#### **CONCLUSION:**

• The applicants addressed sixteen (16) criteria and did not meet the following:

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 77 IAC 11103030 (a) – Clinical Services Other	St. James Olympia Fields average historical utilization
than Categories of Service	2014-2015 will not support the number of operating
	rooms being requested. The applicants are requesting in
	total nine (9) Class C Operating Rooms and three (3)
	Class B operating rooms. Historical utilization will
	justify five (5) Class C operating rooms and not the nine
	(9) being requested and two (2) Class B procedure
	rooms and not the three (3) being requested.
Criterion 77 IAC 1120.140 (c) – Reasonableness of	The applicants exceed the State Board Standard for A &
Project Costs	E Fees by \$124,740.

## STATE BOARD STAFF REPORT Franciscan St. James Health – Olympia Fields Project #16-055

APPLICATION/SUM	APPLICATION/SUMMARY/CHRONOLOGY					
Applicants	Franciscan Alliance, Inc. Franciscan Alliance, Inc. d/b/a					
	Franciscan St. James Health – Olympia Fields Chicago					
	Heights					
Facility Name	Franciscan St. James Health – Olympia Fields					
Location	20201 South Crawford Avenue, Olympia Fields, Illinois					
Operating Entity/Licensee	Franciscan St. James Health – Olympia Fields					
Owner of the Facility	Franciscan St. James Health – Olympia Fields					
Total GSF	26,500 GSF					
Application Received	December 28, 2016					
Application Deemed Complete	December 29, 2016					
Review Period Ends	February 27, 2017					
Completion Date	October 31, 2018					
Financial Commitment Date	October 31, 2018					
Can Applicant Request Another Deferral?	Yes					
Has review been extended?	No					

#### I. The Proposed Project

The applicants (Franciscan Alliance, Inc. Franciscan Alliance, Inc. d/b/a Franciscan St. James Health – Olympia Fields Chicago Heights) propose to construct a building on the Olympia Fields campus of Franciscan St. James Health - Olympia Fields for the majority of the hospital's outpatient surgical and endoscopy services. The proposed building will be located approximately 200 yards from the primary hospital structure, and consistent with applicable Medicare provisions, will operate as a department of the hospital. The proposed project will include three (3) Class C operating rooms and two (2) Class B procedure rooms with five (5) Phase 1 recovery rooms and fifteen (15) Phase 2 recovery rooms. The cost of the project is \$17,845,438. The anticipated completion date is October 31, 2018.

#### **Reviewer Note:**

#### Medicare defines a campus as

"Campus: means the physical area immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings, but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the CMS regional office, to be part of the provider's campus." (42 CFR 413.65(a) (2))

#### **Classes of surgical rooms:**

- Class B: Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.
- Class C: Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

#### II. Summary of Findings

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

#### **III.** General Information

Franciscan Alliance, Inc. Franciscan Alliance, Inc. d/b/a Franciscan St. James Health – Olympia Fields Chicago Heights are the under the sponsorship of the Sisters of St. Francis of Perpetual Adoration, Inc., an Indiana non-profit, Catholic health care system. Franciscan Alliance, Inc. owns and Franciscan St. James Health operates IDPH-licensed hospitals in Olympia Fields, Illinois and Chicago Heights, Illinois. Franciscan St. James Health – Olympia Fields is located at 20201 South Crawford Avenue, Olympia Fields, Illinois in the HSA VII Hospital Service Area and the A-04 Hospital Planning Area. This is a non-substantive project subject to a Section 1110 and 1120 review. Financial commitment will occur after permit issuance.

**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))

### IV. Health Service Area VII and Hospital Planning Area A-04

The proposed project will be located in HSA VII and the Hospital A-04 Planning Area. HSA VII includes the DuPage and Suburban Cook County. The Hospital A-04 Planning Area includes the City of Chicago Community Areas of West Pullman, Riverdale, Hegewisch, Ashburn, Auburn Gresham, Beverly, Washington Heights, Mount Greenwood, and Morgan Park; Cook County Townships of Lemont, Stickney, Worth, Lyons, Palos, Calumet, Thornton, Bremen, Orland, Rich and Bloom. There are currently nine (9) acute care hospitals in the A-04 Planning Area. (See Table below)

TABLE ONE Facilities within A-04 Hospital Planning Area <sup>(1)</sup>					
Facility	City	Total Beds			
Adventist LaGrange Memorial Hospital	LaGrange	196			
Advocate Christ Hospital & Medical Center	Oak Lawn	788			
Advocate South Suburban Hospital	Hazel Crest	284			
Franciscan St. James Health-Chicago Heights (2)	Chicago Heights	312			
Franciscan St. James Health-Olympia Fields	Olympia Fields	158			
Ingalls Memorial Hospital	Harvey	485			
Little Company of Mary Hospital	Evergreen Park	298			
Metro South Medical Center	Blue Island	314			
Palos Community Hospital	Palos Heights	425			
Information from Inventory of Health Care Facilities     Discontinued (#E-008-16) March 2016, Planned close		ermination			

<sup>2.</sup> Discontinued (#E-008-16) March 2016- Planned closing Mid-2018.

# V. Project Costs and Sources of Funds

The applicants are funding this project with cash in the amount of \$17,845,438. There are no start-up costs or operating deficit associated with this projects.

TABLE 7	TABLE TWO							
Project Costs and S	ources of Funds							
Use of Funds	Reviewable		Total					
Preplanning Costs	\$78,720	\$44,280	\$123,000					
Site Survey and Soil Investigation	\$12,800	\$7,200	\$20,000					
Site Preparation	\$211,200	\$118,800	\$330,000					
Off Site Work	\$1,240,320	\$697,680	\$1,938,000					
New Construction Contracts	\$4,689,645	\$6,110,355	\$10,800,000					
Contingencies	\$223,844	\$291,656	\$515,500					
Architectural/Engineering Fees	\$598,400	\$336,600	\$935,000					
Consulting and Other Fees	\$556,800	\$313,200	\$870,000					
Movable or Other Equipment (not in construction contracts)	\$2,082,544	\$231,394	\$2,313,938					
Total Uses of Funds	\$9,694,273	\$8,151,165	\$17,845,438					
Source of Funds								
Cash and Securities	\$9,694,273	\$8,151,165	\$17,845,438					
Total Sources of Funds	\$9,694,273	\$8,151,165	\$17,845,438					

### VI. Project Details

The proposed project will include three (3) Class C operating rooms and two (2) Class B procedure rooms with fifteen (15) Stage 1 recovery rooms and five (5) Stage 2 recovery rooms.

TABLE THREE Cost Space Requirements						
Reviewable	riewable Cost		% of total Costs	% of Total Construction (GSF)		
Surgery	\$4,265,480	4,540	23.90%	17.13%		
Endoscopy	\$2,035,797	1,950	11.41%	7.36%		
Recovery Stage 1	\$630,128	850	3.53%	3.21%		
Recovery Stage 2	\$2,229,683	3,419	12.49%	12.90%		
Pre-Op	\$533,185	748	2.99%	2.82%		
Sub Total	\$9,694,273	11,507	54.32%	43.42%		

TABLE THREE (continued) Cost Space Requirements								
Non Reviewable	Cost	New Construction	% of total Costs	% of Total Construction (GSF)				
Public Areas	\$1,141,163	1,435	6.39%	5.42%				
Administration Areas	\$1,304,186	2,346	7.31%	8.85%				
Storage	\$652,093	1,679	3.65%	6.34%				
Mechanical	\$1,222,675	1,714	6.85%	6.47%				
Circulation	\$3,831,048	7,819	21.47%	29.51%				
Sub Total	\$8,151,165	14,993	45.68%	56.58%				
Total	\$17,845,438	26,500	100.00%	100.00%				

#### **Reviewer Note:**

The State Board Staff considers non-clinical service areas as non-reviewable because the State Board has not established State Norms for these areas.

"Non-clinical service area" means an area (i) for the benefit of the patients, visitors, staff, or employees of a health care facility and (ii) not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition "non-clinical service area" does not include health and fitness centers. (20 ILCS 3960/3)

#### VII. Background of the Applicants

#### A) Criterion 1110.3030 (b) (1) (3) – Background of the Applicants

To demonstrate compliance with this criterion the applicants must document

- 1. that no adverse action has been taken against the applicants, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicants, directly or indirectly, within three years preceding the filing of the application and;
- 2. Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.
- 3. Adverse action means 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.
- 1. The applicants have supplied a letter attesting that no adverse actions have been taken against the applicants in the past three years from the date of filing of this application for permit, a listing of all facilities owned by the applicants and their Medicare certification number and authorization

permitting IDPH and the State Board access to any documents necessary to verify the information submitted in the application for permit.

- **2.** The applicants are in compliance with Executive Order #2006-05 that the proposed facility is not located in a flood plain zone.
- **3.** The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420) to review state funded, permitted or licensed undertakings for their effect on cultural resources. The Historic Preservation Agency "has determined, based on the available information, that no significant historic architectural or archaeological resources are located within the proposed project area."
- **4.** The applicants have filed all of the required reports for the State Board and IDPH as required.

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

**Reviewer Note:** These three (3) criteria are informational only and no determination is made on whether the criteria have been met.

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

To demonstrate compliance with this criterion the applicants must document the purpose of the project, identify issues to be addressed by the project and define the planning area or market area and population to be served.

#### The applicants stated the following:

"The purpose of the proposed project is to improve access to outpatient surgery and endoscopy services and to provide those services in an efficient and contemporary outpatient environment. As such, the proposed project will improve the health care and well-being of the Southland patient population looking to Franciscan Alliance, Inc. for those services. The design of the surgical suite at Franciscan Alliance, Inc.'s Olympia Fields hospital ("the Olympia Fields hospital") requires the co-mingling of generally healthy outpatients with inpatients, with the associated difficulties being most apparent during the post-anesthesia recovery period. The proposed project will allow the desired separation of outpatients from inpatients, and will provide the ease of access typically only associated with ASTCs. The service area of the Olympia Fields hospital following the service consolidation approved through Certificate of Need Permit 16-005 (projected to be completed in mid-2018) will consist of those ZIP Code areas that have traditionally provided a minimum of 2.0% of the inpatients to Franciscan Alliance Inc.'s Illinois hospitals. Those ZIP code areas are identified in the table at the end of this report.

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

Only substantive projects are required to provide a safety net impact statement. (20 ILCS 3960/5.4) This project is not considered a substantive project by the State Board; therefore the applicants do not have to provide a safety net impact statement. Charity care information was provided for St James Hospital – Olympia Fields.

TABLE FOUR							
Charity Care							
	2013	2014	2015				
Net Patient Revenue	\$267,182,124	\$269,415,801	\$276,224,551				
Amount of Charily Car. (charges)	\$68,289,947	\$25,025,978	\$37,556,731				
Cost of Charity Care	\$14,182,329	\$6,141,130	\$9,216,422				
% of Cost of Charity Care /Net Revenue	5.31%	2.28%	3.34%				

	TABLE FIVE									
	Number of Patients Served by Payor Source (1)									
Year	Medicare	Medicaid	Other	Private	Private	Total	Charity			
			Public	Insurance	Pay		Care			
2013	33,658	7,612	649	48,761	525	91,205	4,213			
2014	31,400	10,804	801	49,706	111	92,822	7,346			
2015	30,426	4,693	1,326	62,342	56	98,843	17,108			
Total	95,484	23,109	2,776	160,809	692	282,870	28,667			
% of Total	33.76%	8.17%	0.98%	56.85%	0.24%	100.00%	10.13%			
1. Information	1. Information from Annual Hospital Questionnaire Data									

## C) Criterion 1110.230 (c) – Alternatives to the Proposed Project To demonstrate compliance with this criterion the applicants must

- 1. Identify all alternatives;
- 2. Provide a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term;
- 3. For every alternative considered the total project costs and the reason for the rejection must be provided; and,
- 4. For the selected alternative the reasons for the selection must be provided

The applicants examined two alternatives to the proposed project. The applicants stated the following

#### 1. Establish an ASTC

The goal of providing outpatient surgical services in a contemporary fashion could be accomplished through the establishment of an ambulatory surgical treatment center ("ASTC"), either on the hospital campus, or on a remote site. Both of these options were evaluated, with the only comparative difference being the cost of acquiring property, if the off-site option was desired. The capital costs associated with doing so would be approximately 12% less than those of the proposed project. Staffing and other operating costs would be virtually identical to those being proposed, and quality and accessibility would be identical to that of the proposed project. Discussions with an ASTC management firm, however, revealed that the applicant's mission/openness to the provision of charity care and care to Medicaid recipients could not be realized with this alternative.

Unlike most ASTCs, the outpatient center will provide services to a payor mix similar to that of the communities it will serve. Operating under the hospital's admissions policies,

the payor mix of the outpatient center is anticipated to include approximately 6% Medicaid and approximately 16% charity care, very similar to that of the hospital as a whole. The financial model and reimbursement associated with services provided in the ASTC setting would make that payor mix cost-prohibitive. With the revenue to be realized from the proposed model, the anticipated payor mix can be accommodated without jeopardizing the program's financial viability.

#### 2. Continue with the Plan Originally Proposed

As originally proposed, endoscopy services would continue to be provided through a separate suite, not to be addressed through the proposed modernization program, two new operating rooms were to be added to the surgical suite, and major portions of the surgical suite and pre- and post-op surgical areas were to be renovated. As post CON-approval planning continued, it was determined that the contemporary outpatient surgery environment desired by the hospital could not be achieved if the footprint of the existing program was not expanded more than the minimal amount initially envisioned. Had the hospital elected to proceed with this alternative, staffing costs (due primarily to redundancy) could be reduced by approximately \$1.24M per year. Supply costs would not be affected. The capital costs associated with this alternative are approximately \$3. 1M. Quality of care and access to services would not be impacted through the adopting of this alternative,

#### IX. Size of Project, Projected Utilization, Assurances

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

To demonstrate compliance with this criterion the applicants must document that the proposed gross square footage does not exceed the State Board Standards in Part 1110 Appendix B.

The applicants are proposing three (3) Class B Surgery rooms, two (2) Class C Procedure Rooms, five (5) Phase I and fifteen (15) Phase II recovery stations in this application. As can be seen by the table below, the applicants have successfully addressed the size requirements for this modernization and expansion of the surgery department.

TABLE SIX Size of the Project									
Department	Number of Rooms	Proposed GSF	State Stand	ard	Difference	Met Requirements			
			Room	Total					
Surgery – Class C	3	4,540	2,750/GSF/Room	8,250	-3,710	Yes			
Surgery – Class B	2	1,950	1,100/GSF/Room	2,200	-250	Yes			
Recovery				12,420	-4,227	Yes			
Phase 1	5	850	180/DGSF/station	900	-50	Yes			
Phase 2	15	3,419	400/DGSF/station	6,000	-2,581	Yes			

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS 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 by the second year after project completion the applicants will be at target occupancy.

The applicants have provided projected information for the proposed nine (9) Class C Operating Rooms and the three (3) Class B Operating Rooms. One (1) of the nine (9) Class C Operating Rooms will be dedicated to Open Heart Surgery and one will be dedicated to urology procedures. The remaining seven (7) will be used for all other surgeries.

St James Olympia Fields and St. James Chicago Heights operate with a common medical staff. As such, the applicants believe that approximately eighty percent (80%) of the surgical workload at St. James Hospital – Chicago Heights will be accommodated at the St. James Hospital – Olympia Fields once the modernization of the Olympia Fields Hospital is completed and the Chicago Heights facility is discontinued. It appears from the information provided by the applicants if these surgical cases materialize the applicants will be at target occupancy within two (2) years after project completion.

	TABLE SEVEN						
	Pro	jected Infor	mation				
	2015	Rooms		2015	Rooms		
	Utilization	Justified		Utilization	Justified		
Main Surgical Suite OR Requirements			<b>Outpatient Center OR Requirements</b>				
Open Heart (1)		1	Operating Rooms				
Urological Surgery (2)		1	OF hospital hours @ 90%	2,048			
			CH hospital hours @ 80%	2,001			
General inpt. hours from OF hospital	312		Total	4,049	3		
General inpt. hours @80%-CH hospital	2,763						
OF hospital outpt. hours @ 10%	228		Endoscopy Rooms				
CH hospital outpt. hours @ 80% &10%	230		OF hospital hours	1,777			
Total	3,533	3	CH hospital hours @ 80%	254			
			Total	2,031	2		
Inpatient Endoscopy							
Inpt. Endoscopy hours from OF hospital	388						
Inpt Endoscopy hours @80%-CH hospital	249						
OF hospital outpt. Endoscopy hours @ 10%	197						
CH hospital outpt. Endoscopy hours@80%	0						

<sup>1.</sup> State Board Staff notes it has been the practice of the State Board to accept 1 hour as justification for one (1) operating room. For example if a hospital is requesting two (2) rooms and has 1,501 hours of historical workload the number of rooms justified would be two (2) at the target utilization of 1,500 hours.

2. Information provided by the applicants at page 50 of the Application for Permit.

Total

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

### C) Criterion 1110.234 (e) – Assurances

The applicants have provided assurance that the proposed surgery rooms will meet or exceed target utilization as the result of the proposed project.

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

#### X. Clinical Services Other than Categories of Service

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#### A) Criterion 1110.3030 (a) – Clinical Services Other than Categories of Service

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 the State Board has utilization standards. For those services below that are being modernized (operating rooms) the State Board Staff relies upon the historical utilization at the existing facility to justify the beds/unit/rooms being proposed.

The proposed project involves the construction of an outpatient center on the Olympia Fields campus to house the Olympia Fields hospital's outpatient surgery and endoscopy programs, along with the associated support space. The services provided as a result of this project will function as hospital services, consistent with applicable Medicare limitations, as opposed to an ambulatory surgical treatment center ("ASTC"). Providing the services as a hospital-based outpatient program, rather than through an ASTC, allows the applicant to provide Medicaid and charity care services consistent with the applicant's mission and the payor mix of the communities served. Additionally, primarily inpatient services will be provided through the Olympia Fields hospital existing surgical suite and an alteration to Permit 16-005 request has been filed with the State Board addressing changes to the scope of that project.

Should the State Board approve Project #16-055 and the Second Alteration for Project #16-005 St. James Olympia Fields will have nine (9) Class C Operating Rooms (one (1) dedicated to the open heart, one (1) dedicated to urology, four (4) inpatient general surgeries, and three (3) dedicated for outpatient surgery). Additionally the Hospital will have three (3) Class B procedure rooms (1 dedicated to inpatient endoscopic room and two (2) dedicated to outpatient gastro procedures.

State Board Staff notes that the nine (9) Class C Operating Rooms and the three (3) Class B Procedure Rooms are the same number that was originally approved as part of Permit #16-005.

TABLE EIGHT								
Rooms	01/01/2016	Permit	1 <sup>st</sup>	2nd	Project	Total		
		#16-005	Alteration	Alteration	#16-055	Rooms		
Class C Operating Rooms	7	9	No Change	6	3	9		
Class B Procedure Rooms (Gastro)	3	3	No Change	1	2	3		

#### 1. Class C Operating Rooms and Class B Procedure Rooms

The applicants are proposing a total of nine (9) operating rooms at the hospital. One (1) operating room will be designated and reserved for open heart surgery, and one (1) will be used for urological procedures. The remaining seven (7) operating rooms (Class C) will be designated as general operating rooms, and used for all other surgical specialties. There will be three (3) rooms (Class B) designated to gastro procedures.

The applicants assume that eighty percent (80%) of the Chicago Heights hospital historical caseload will migrate from the Chicago Heights facility and will be accommodated at the Olympia Fields Hospital upon discontinuation of the Chicago Heights hospital and that 10% of the historical outpatients will be treated in the hospital's main surgical suite, primarily for medical reasons. According to the applicants this projection was based upon discussions with appropriate personnel at the hospitals.

The applicants project a need for eight (8) Class C Operating Rooms and (3) Class B Procedure Rooms, based upon historical utilization (See Table Seven above). The applicants are requesting an additional operating room to be located in hospital citing as the reason only three (3) general operating rooms locasted in the hospital and an active emergency department

The hospital operates an active Emergency Department ("ED"), with the ED's utilization projected to approach 65,000 annual visits by 2020, The applicants believe it imperative that the hospital provide reasonable access to operating rooms for this large number of ED patients. With only the three "general" OR's supported through the historical analysis provided above, reasonable access for ED patients, particularly during the morning and early afternoon hours, when the surgery suite is typically occupied by scheduled cases/patients, will be very limited with only three "general" OR's. [Application for Permit Page 50]

Historical utilization will justify five (5) Class C operating rooms and not the nine (9) being requested and two (2) Class B procedure rooms and not the three (3) being requested.

#### 2. Recovery Stations:

The applicants are proposing twelve (12) Phase I recovery and eighteen (33) Phase 2 recovery stations at the hospital. The State Board Standard is four (4) Phase I and II stations for every operating room. Historical utilization will justify a total of seven (7) operating rooms which will justify twenty-eight Phase I and Phase II stations.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES <u>NOT</u> APPEAR TO BE IN CONFORMANCE WITH CRITERION CLINICAL SERVICES OTHER THAN CATEGORIES OF SERVICE (77 IAC 1110.3030 (c) (d))

#### XI. FINANCIAL VIABILITY

A) Criterion 1120.120 – Availability of Funds

Source: Application for Permit pages 93-131

B) Criterion 1120.130 – Financial Viability

To demonstrate compliance with these criteria the applicants must provide evidence of the availability of funding for the proposed project.

The applicants are funding this project with cash in the amount of \$17,845,438. The applicants provided an "A" or better bond rating from Moody's Investors Service that affirms the Aa3 ratings assigned to Franciscan Alliance's (f.k.a Sisters of St. Francis Health Services) bonds issued through the Indiana Finance authority. Financial Viability ratios are not required because the applicants have provided evidence of an "A" or better bond rating at pages 85-92 of the Application for Permit for Permit #16-005 and the project is being funded internally.

Audite December 31, 2	Franciscan Alliance Inc. and Affiliates Audited Financial December 31, 2015, 2014. and 2013										
Year (in the	ousands) 2015	2014	2013								
Cash	\$44,280	\$55,757	\$42,371								
Current Assets	\$625,199	\$624,451	\$689,817								
PPE	\$1,591,116	\$1,557,201	\$1,587,214								
Total Assets	\$4,648,052	\$4,590,081	\$4,314,335								
Current Liabilities	\$425,255	\$406,909	\$361,234								
LTD	\$1,059,451	\$1,077,544	\$1,097,229								
Total Liabilities	\$2,079,917	\$2,129,088	\$1,801,096								
Patient Service Revenue	\$2,550,684	\$2,425,309	\$2,321,297								
Total Revenue	\$2,719,034	\$2,718,259	\$2,608,549								
Operating Expenses	\$2,576,995	\$2,502,530	\$2,571,862								
Operating Income	\$142,039	\$215,729	\$36,687								
Excess of Revenue over Expenses	\$93,129	\$251,706	\$244,039								

TABLE NINE

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA AVAILABILITY OF FUNDS AND FINANCIAL VIABILITY (77 IAC 1120.120 and 77 IAC 1120.130)

#### XII. ECONOMIC FEASBILITY

#### A) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements

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

The applicants are funding this project with cash in the amount of \$17,845,438. No debt is being used to fund this project.

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

# C) Criterion 1120.140 (c) – Reasonableness of Project Costs To document compliance with this criterion the applicants must document that the project costs are in compliance with Part 1120 Appendix A.

Only clinical costs are reviewed as part of this criterion. The applicants exceed the State Board Standard for Architectural and Engineering Fees.

	TABLE TEN	I			
Reason	nableness of Pro		d Standards	Project Costs	Met Standar d
Preplanning Costs	\$78,720	1.80%	\$125,928.59	1.13%	Yes
Site Survey, Soil Investigation, Site Prep.	\$224,000	5%	\$245,674.45	4.56%	Yes
New Construction Contracts and Contingencies	\$4,913,489	\$427.45/GSF	\$4,918,667.15	\$427.00	Yes
Contingencies	\$223,844	10%	\$468,964.50	4.56%	Yes
Architectural/Engineering Fees	\$598,400	6.42-9.64%	\$473,660	12.17%	No
Off Site Work	\$1,240,320				
Consulting and Other Fees	\$556,800				
Movable or Other Equipment (not in construction contracts)	\$2,082,544		Not Applicab	le	
Total Uses of Funds	\$9,918,117				

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

#### D) Criterion 1120.140 (d) – Direct Operating Costs

The direct operating cost per equivalent patient day for the hospital is \$1,781.25. The State Board does not have standard for these costs. These costs do appear reasonable when compared to previously approved projects. [See Application for Permit page 135].

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 Project on Capital Costs

The projected capital cost per equivalent patient day is \$257.88. The State Board does not have standard for these costs. These costs do appear reasonable when compared to previously approved projects. [See Application for Permit page 135].

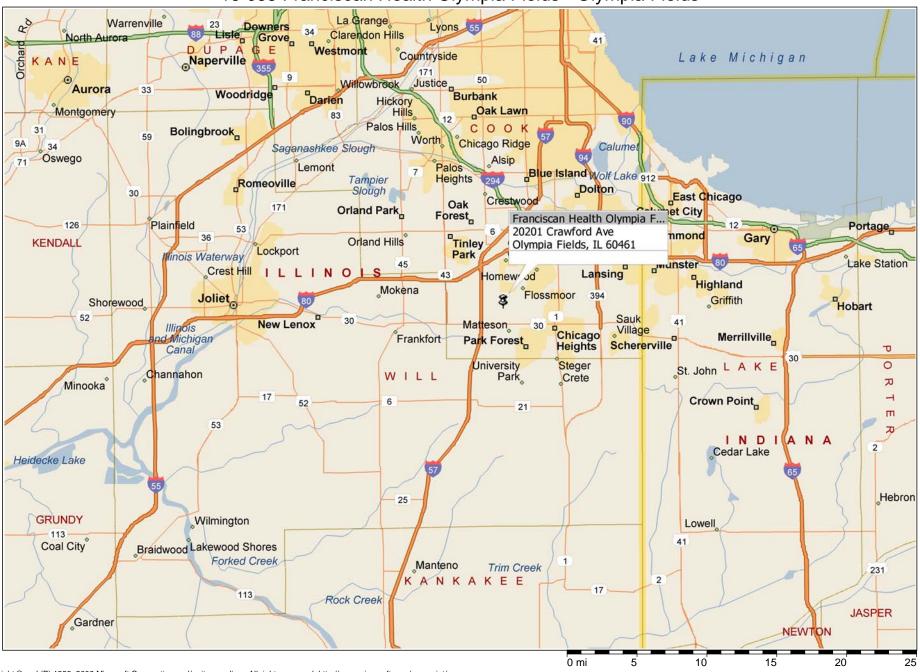
THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION EFFECT OF PROJECT ON CAPITAL COSTS (77 IAC 1120.140 (e))

		LE ELEVEN		
	Zip Codes within twenty (20			
ZIP	City	County	Population	Distance
60461	Olympia Fields	Cook	5,021	0
60422	Flossmoor	Cook	10,010	1.454
60430	Homewood	Cook	20,406	2.944
60412	Chicago Heights	Cook	0	2.949
60484	University Park	Will	7,517	2.977
60443	Matteson	Cook	21,030	3.098
60471	Richton Park	Cook	13,656	3.445
60478	Country Club Hills	Cook	17,502	3.549
60429	Hazel Crest	Cook	15,458	3.591
60466	Park Forest	Cook	22,703	3.816
60475	Steger	Cook	10,413	4.24
60425	Glenwood	Cook	8,866	4.371
60411	Chicago Heights	Cook	57,403	4.629
60476	Thornton	Cook	2,352	5.561
60477	Tinley Park	Cook	38,634	5.66
60428	Markham	Cook	13,037	6.02
60426	Harvey	Cook	29,028	6.57
60452	Oak Forest	Cook	28,095	6.979
60473	South Holland	Cook	21,958	7.381
60469	Posen	Cook	5,969	7.676
60417	Crete	Will	15,201	7.698
60438	Lansing	Cook	29,866	7.838
60487	Tinley Park	Cook	27,369	8.052
60423	Frankfort	Will	32,608	8.272
60445	Midlothian	Cook	25,407	8.596
60419	Dolton	Cook	22,496	8.689
60472	Robbins	Cook	4,610	8.692
60449	Monee	Will	8,778	8.752
60406	Blue Island	Cook	26,104	9.278
60409	Calumet City	Cook	38,260	9.707
46321	Munster	Lake	23,960	9.897
60827	Riverdale	Cook	29,229	9.998
60462	Orland Park	Cook	40,779	10.26
60448	Mokena	Will	25,772	10.42
46311	Dyer	Lake	21,813	10.482
46325	Hammond	Lake	0	10.785
60463	Palos Heights	Cook	14,083	10.896
60803	Alsip	Cook	23,028	10.921
46324	Hammond	Lake	23,031	11.018
10321			20,001	11.010

	TA	ABLE ELEVEN		
	Zip Codes within twenty (		a Fields Hospita	1
60633	Chicago	Cook	12,326	11.669
60467	Orland Park	Cook	27,021	11.94
60643	Chicago	Cook	50,113	11.997
46373	Saint John	Lake	15,555	12.14
60401	Beecher	Will	6,438	12.15
46322	Highland	Lake	24,344	12.185
60655	Chicago	Cook	28,406	12.367
60628	Chicago	Cook	71,068	12.549
46327	Hammond	Lake	10,968	12.594
46375	Schererville	Lake	24,517	12.85
46323	Hammond	Lake	22,252	12.986
60482	Worth	Cook	11,403	13.04
46320	Hammond	Lake	13,588	13.702
60453	Oak Lawn	Cook	57,426	13.747
46319	Griffith	Lake	19,552	13.777
60415	Chicago Ridge	Cook	14,396	13.786
60464	Palos Park	Cook	9,850	13.804
60805	Evergreen Park	Cook	19,974	14.094
60451	New Lenox	Will	36,026	14.302
60468	Peotone	Will	5,414	14.369
60465	Palos Hills	Cook	17,870	14.478
60454	Oak Lawn	Cook	0	14.479
60617	Chicago	Cook	76,394	14.594
60456	Hometown	Cook	4,488	14.953
46394	Whiting	Lake	11,705	15.063
46303	Cedar Lake	Lake	15,434	15.28
60491	Homer Glen	Will	23,477	15.361
46312	East Chicago	Lake	25,687	15.437
60620	Chicago	Cook	66,647	15.54
46406	Gary	Lake	9,854	15.848
60652	Chicago	Cook	41,321	15.873
60457	Hickory Hills	Cook	14,375	16.01
60619	Chicago	Cook	64,374	16.259
60459	Burbank	Cook	29,144	16.328
60455	Bridgeview	Cook	16,486	16.333
60499	Bedford Park	Cook	0	16.347
46408	Gary	Lake	16,956	16.375
60442	Manhattan	Will	9,887	16.661
46404	Gary	Lake	16,646	16.698
60480	Willow Springs	Cook	5,542	17.145
60458	Justice	Cook	15,003	17.803

	TA	BLE ELEVEN		
	<b>Zip Codes within twenty</b> (2	20) minutes of Olympia	Fields Hospital	l
60629	Chicago	Cook	108,153	17.826
60636	Chicago	Cook	35,255	17.91
60621	Chicago	Cook	31,195	18.082
46308	Crown Point	Lake	0	18.188
60433	Joliet	Will	17,077	18.361
60649	Chicago	Cook	48,800	18.393
46401	Gary	Lake	0	18.473
46411	Merrillville	Lake	0	18.473
60432	Joliet	Will	21,361	18.573
60940	Grant Park	Kankakee	2,859	18.789
60637	Chicago	Cook	48,184	18.807
60439	Lemont	Cook	23,750	19.013
46402	Gary	Lake	6,348	19.092
60638	Chicago	Cook	54,921	19.134
46409	Gary	Lake	8,808	19.167
46407	Gary	Lake	11,903	19.196
46410	Merrillville	Lake	40,533	19.442
60501	Summit Argo	Cook	10,946	19.493
			2,213,472	

# 16-055 Franciscan Health Olympia Fields - Olympia Fields



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Hospital Profile - 0			an St. Jame	s Health -	Chicago	o Heights	Chica	ıgo Heig	ghts	Page 1
•	anagement and		nation			Patients by			Patients by Et	
ADMINISTRATOR NA		Cimmel			W	hite	48		ispanic or Latino	
ADMINSTRATOR PH	<b>ONE</b> 708-756	-1000			Bla	ack	49	9.8% N	ot Hispanic or L	atino: 68.0%
OWNERSHIP:	FRANCI	SCAN ALLIANO	CE, INC.		Ar	nerican Indian	(	).0% U	nknown:	24.5%
OPERATOR:	FRANCI	SCAN ALLIANO	CE, INC.		As	sian	(	).4%		
MANAGEMENT:	Church-					awaiian/ Pacific		0.0%	IDPH Number	
CERTIFICATION:	(Not Ans	,			Ur	nknown	•	.2%	HPA	A-04
FACILITY DESIGNAT		Hospital							HSA	7
ADDRESS	1423 Ch	icago Road	CIT	TY: Chicago	Heights	COUNTY:	Suburb	an Cook C	county	
	Authorize	d Peak Beds	Facility Utiliza	tion Data by	y Category	of Service	Average	Average	CON	Staffed Bed
Clinical Service	CON Bed: 12/31/201	s Setup and	Peak Census	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	230	117	66	5,118	17,436	3,928	4.2	58.5	25.4	50.0
0-14 Years				77	378	•				
15-44 Years				916	2,237					
45-64 Years				1,827	6,020					
65-74 Years				892	3,447					
75 Years +				1,406	5,354					
Pediatric	10	10	4	77	378	143	6.8	1.4	14.3	14.3
Intensive Care	20	20	13	821	2,457	2	3.0	6.7	33.7	33.7
Direct Admission				288	862					
Transfers				533	1,595					
Obstetric/Gynecology	, 22	22	13	1,463	3,484	95	2.4	9.8	44.6	44.6
Maternity	,			1,463	3,484			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			0	0	0		0.0	0.0	0.0	
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	30	30	21	289	3,550	5	12.3	9.7	32.5	32.5
Long-Term Acute Car	<b>·e</b> 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	0					0				
Facility Utilization	312			7,235	27,305	4,173	4.4	86.2	27.6	
,			(Includes ICU	•	,	•				
			·			erved by Payor	Source			
	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Cha	arity Care	Totals
	29.8%	10.6%	0.8%	,	41.0%	0.3%			17.5%	
Inpatients	2481	882	69		3414	24			1456	8,326
Outpatients	<b>15.2%</b> 12505	<b>8.8%</b> 7242	<b>1.7%</b> 1361		<b>57.1%</b> 46870	<b>0.1%</b> 64			<b>17.0%</b> 13977	82,019
Financial Year Report						Revenue by P	avor Sou	ce		Total Charity
	Medicare	Medicaid	Other Public	Private In		Private Pay	-	Totals		Care Expense
Inpatient				r rivale ili		•			Expense	5,217,037
Revenue (\$)	48.5%	10.0%	0.1%		41.2%	0.1%		00.0%	-	Total Charity
	35,460,396	7,283,505	73,946	30,	131,433	103,595	73,0	52,875	1,510,842	Care as % of
Outpatient	22.5%	8.5%	0.1%		68.0%	0.8%		00.0%		Net Revenue
Revenue (\$)	10,199,143	3,828,098	58,940	30,7	796,069	373,851	45,2	56,101	3,706,195	4.4%
<u> </u>	Birthing Data			<u>Newl</u>	born Nurs	ery Utilization			Organ Tran	splantation
Number of Total Birth	ns:	7	752		Level I	Level II	Le	/el II+	Kidney:	0
Number of Live Birth	s:	7	744 Beds			0 0		28	Heart:	0
Birthing Rooms:			0 Patient	t Davs		) 0		2,083	Lung:	0
Labor Rooms:			Λ	lewborn Pati				2,083 2,083	Heart/Lung:	0
Delivery Rooms:			0	TOWNOTH Fall	on Days			£,003	Pancreas:	0
Labor-Delivery-Reco	very Rooms:		8	<u>L</u>	.aboratory	Studies Studies			Liver:	0
		-					4-	4 4		
Labor-Delivery-Reco	very-Postpartum	Rooms:	2 Inpatie	nt Studies			17	5,514	Total:	0
Labor-Delivery-Record C-Section Rooms: CSections Performed		Rooms:	•	ent Studies tient Studies				5,820	Total:	0

Page 2

Surgical Specialty		Operating R	come	_	Surgice	ol Casas		Surgical Hour		Hours n	or Caso	
Surgical Specially				Surgical Cases			_			Hours per Case		
	Inpatient	Outpatient C	ombined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Cardiovascular	0	0	0	0	74	72	150	146	296	2.0	2.0	
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0	
General	0	0	9	9	610	492	1320	854	2174	2.2	1.7	
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0	
Neurology	0	0	0	0	15	0	65	0	65	4.3	0.0	
OB/Gynecology	0	0	0	0	114	219	265	323	588	2.3	1.5	
Oral/Maxillofacial	0	0	0	0	1	1	2	2	4	2.0	2.0	
Ophthalmology	0	0	1	1	0	41	0	49	49	0.0	1.2	
Orthopedic	0	0	0	0	528	520	1722	1108	2830	3.3	2.1	
Otolaryngology	0	0	0	0	18	10	34	24	58	1.9	2.4	
Plastic Surgery	0	0	0	0	3	1	6	3	9	2.0	3.0	
Podiatry	0	0	0	0	4	25	6	44	50	1.5	1.8	
Thoracic	0	0	0	0	7	0	34	0	34	4.9	0.0	
Urology	0	0	0	0	188	184	341	227	568	1.8	1.2	
Totals	0	0	10	10	1562	1565	3945	2780	6725	2.5	1.8	
SURGICAL RECOV	/ERY STAT	IONS	Stag	e 1 Recov	ery Stations	12	Sta	age 2 Recove	ery Stations	18		

		<u></u>	edicated a	nd Non	-Dedicated	Procedure R	oom Utilza	<u>tion</u>					
		<b>Procedure</b>	Rooms		<u>Surgic</u>	al Cases	5	Surgical Hou	<u>rs</u>	<u>Hours</u>	per Case		
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient		
Gastrointestinal	0	0	2	2	392	6	312	6	318	0.8	1.0		
Laser Eye Procedures	0	0	1	1	0	71	0	92	92	0.0	1.3		
Pain Management	0	0	1	1	2	0	3	0	3	1.5	0.0		
Cystoscopy	0	0	1	1	0	112	0	164	164	0.0	1.5		
Multipurpose Non-Dedicated Rooms													
	0	0	0	0	0	0	0	0	0	0.0	0.0		
	0	0	0	0	0	0	0	0	0	0.0	0.0		
	0	0	0	0	0	0	0	0	0	0.0	0.0		

Emergency/Trauma	<u>Care</u>		Cardiac Catheterization Labs	
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	0
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	0
	(Not Answered)	Not Answered	Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Tra	iuma Care	0	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:		144	Dedicated EP Catheterization Labs	0
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Station	ons	26	Total Cardiac Cath Procedures:	0
Persons Treated by Emergency Ser	rvices:	39,099	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:		6,300	Diagnostic Catheterizations (15+)	0
Total ED Visits (Emergency+Traum	a):	39,243	Interventional Catheterizations (0-14):	0
<u>Free-Standing Em</u>	ergency Center		Interventional Catheterization (15+)	0
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	0
Patient Visits in Free-Standing Cent	ters	0	Cardiac Surgery Data	
Hospital Admissions from Free-Star	nding Center	0	Total Cardiac Surgery Cases:	0
Outpatient Service	e Data		Pediatric (0 - 14 Years):	0
Total Outpatient Visits		89,957	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/	Campus:	68,042	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off camp	ous	21,915	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment			<u>Ex</u> a	aminatio	<u>ns</u>	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	11,334	15,556	0	Lithotripsy	(	0	0
Nuclear Medicine	3	0	343	381	0	Linear Accelerator	(	0	0
Mammography	0	0	0	0	0	Image Guided Rad Thera	ару		0
Ultrasound	3	0	2,237	6,532	0	Intensity Modulated Rad	Thrp		0
Angiography	0	0				High Dose Brachytherapy	(	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	(	0	0
Interventional Angiography			0	0	0	Gamma Knife	(	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(	0	0
Computerized Axial Tomography (CAT)	1	0	3,547	5,812	0				
Magnetic Resonance Imaging	1	0	646	952	0				

Hospital Profile - 0	CY 2015	Francisc	an St. Jame	s Health -	Olympi	a Fields	Olym	pia Field	ds	Page 1
•	anagement and		nation			Patients by			Patients by E	<del></del>
ADMINISTRATOR NA						hite			ispanic or Latin	
ADMINSTRATOR PH						ack		52.0% Not Hispanic o		
OWNERSHIP:		ISCAN ALLIANO	-			nerican Indian			nknown:	23.8%
OPERATOR:		ISCAN ALLIANO	CE, INC.			sian		0.3% —		
MANAGEMENT:	Church-					awaiian/ Pacific		0.0%	IDPH Number	
CERTIFICATION:	,	swered)			Ur	nknown	(	0.2%	HPA	A-04
FACILITY DESIGNAT		l Hospital	017	<b>EV</b> Observe 'e	<b>-</b>	OOUNTY	0	01-0	HSA	7
ADDRESS	20201 S	outh Crawford		<b>ry:</b> Olympia			Suburb	an Cook C	ounty	
	Authorize	ed Peak Beds	Facility Utiliza	ation Data by	y Category	of Service	Average	Average	CON	Staffed Bed
Clinical Service	CON Bed 12/31/201	s Setup and		Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	133	88	73	6,242	20,379	5,817	4.2	71.8	54.0	81.6
0-14 Years				28	33					
15-44 Years				864	1,961					
45-64 Years				1,814	5,784					
65-74 Years				1,389	5,101					
75 Years +				2,147	7,500					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	25	25	22	1,196	4,460	4	3.7	12.2	48.9	48.9
Direct Admission				326	1,216					
Transfers				870	3,244					
Obstetric/Gynecology	, 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity	,	· ·	· ·	0	0	· ·	0.0	0.0	0.0	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			0	0	0		0.0	0.0	0.0	
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	
										0.0
Long-Term Acute Car		0	0	0	0		0.0	0.0	0.0	0.0
Dedcated Observation				C EC0	24 020	<i>0</i>	4.7	94.0	F2 2	
Facility Utilization	158		// / / / / / / / / / / / / / / / / / / /	6,568	24,839	•	4.7	84.0	53.2	
			(Includes ICU			<i>()</i> erved by Payo	r Source			
	Medicare	Medicaid	Other Public	Private In		Private Pay	000100	Cha	arity Care	Totals
	9.3%	1.2%	0.1%		69.3%	0.0%		Cite	20.1%	rotars
Inpatients	<b>9.3</b> % 729	94	10						1566	7 040
					5410	1				7,810
Outpatients	<b>27.5%</b> 29697	<b>4.3%</b> 4599	1.2%		<b>52.6%</b>	0.1%			14.4%	100 111
T' '17 D			1316	nt and Outn	56932	55 Bevenue by B	laver Carr		15542	108,141 Total Charity
<u>Financial Year Report</u>			-	_		Revenue by P	-		Charity	Care Expense
Innationt	Medicare	Medicaid	Other Public	Private In		Private Pay		Totals	Care Expense	3,999,385
Inpatient Revenue ( \$)	48.5%	10.0%	0.1%		41.2%	0.1%	1	00.0%	Experise	
.τονοπασ ( ψ)	37,479,132	7,698,150	78,156	31,	846,795	109,493	77,2	11,726	1,211,908	Total Charity Care as % of
Outpatient	22.5%	8.5%	0.1%		68.0%	0.8%		00.0%		Net Revenue
Revenue (\$)	18,187,809	6,826,526	105,186	54,9	917,657	666,677	80,7	03,855	2,787,477	2.5%
<u> </u>	Birthing Data			New	born Nurs	ery Utilization			Organ Trai	nsplantation
Number of Total Birth			0		Level I	Level II	Le	vel II+	Kidney:	0
Number of Live Birth	s:		0 Beds		(	) (	)	0	Heart:	0
Birthing Rooms:			0 Patient	t Days	(	) (		0	Lung:	0
Labor Rooms:			0 Total N	lewborn Pati	ent Days			0	Heart/Lung:	0
Delivery Rooms:	5		0		•	Ctudios			Pancreas:	0
Labor-Delivery-Reco	•	Deen	0	_	_aboratory	<u> Studies</u>	22	0.404	Liver:	0
Labor-Delivery-Reco	very-Postpartum	Kooms:	•	ent Studies				2,104	Total:	0
C-Sections Rooms:	۷٠			tient Studies	Under Co	otract		5,903 1 303		
CSections Performed	J.		0 Studies	s Performed	under Cor	ntract		1,303		

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				<u>Surge</u>	ry and Opera	<u>ıting Room U</u>	<u>tilization</u>				
Surgical Specialty		<u>Operating</u>	Rooms		<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	2	2	183	97	905	212	1117	4.9	2.2
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	86	610	116	751	867	1.3	1.2
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	3	90	5	79	84	1.7	0.9
Oral/Maxillofacial	0	0	0	0	3	4	5	6	11	1.7	1.5
Ophthalmology	0	0	0	0	0	332	0	356	356	0.0	1.1
Orthopedic	0	0	0	0	12	417	20	633	653	1.7	1.5
Otolaryngology	0	0	0	0	17	107	30	115	145	1.8	1.1
Plastic Surgery	0	0	0	0	0	2	0	8	8	0.0	4.0
Podiatry	0	0	0	0	1	51	3	74	77	3.0	1.5
Thoracic	0	0	0	0	30	4	133	12	145	4.4	3.0
Urology	0	0	0	0	4	23	7	29	36	1.8	1.3
Totals	0	0	7	7	339	1737	1224	2275	3499	3.6	1.3
SURGICAL RECOV	/ERY STAT	TIONS	Stag	e 1 Recov	ery Stations	12	Sta	age 2 Recove	ery Stations	18	

		<u></u>	Dedicated a	nd Non	-Dedicated	Procedure R	oom Utilza	<u>tion</u>			
		Procedure	Rooms		<u>Surgic</u>	al Cases	9	Surgical Hou	rs	<u>Hours</u>	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	567	3558	388	1975	2363	0.7	0.6
Laser Eye Procedures	0	0	1	1	0	23	0	16	16	0.0	0.7
Pain Management	0	0	1	1	1	505	1	114	115	1.0	0.2
Cystoscopy	0	0	1	1	0	22	0	30	30	0.0	1.4
			<u>M</u> .	ıltipurp	ose Non-De	edicated Roo	<u>ms</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 Car	<u>·e</u>		Cardiac Catheterization Labs				
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	4			
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	3			
(N	lot Answered)	Not Answered	Dedicated Diagnostic Catheterization Lab	0			
Operating Rooms Dedicated for Trauma	Care	0	Dedicated Interventional Catheterization Labs	0			
Number of Trauma Visits:		86	Dedicated EP Catheterization Labs	1			
Patients Admitted from Trauma		79					
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization				
Number of Emergency Room Stations		22	Total Cardiac Cath Procedures:	1,708			
Persons Treated by Emergency Services:		37,266	Diagnostic Catheterizations (0-14)	0			
Patients Admitted from Emergency:		10,358	Diagnostic Catheterizations (15+)	1,146			
Total ED Visits (Emergency+Trauma):		37,352	Interventional Catheterizations (0-14):	0			
Free-Standing Emerge	ency Center		Interventional Catheterization (15+)	344			
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	218			
Patient Visits in Free-Standing Centers		0	Cardiac Surgery Data				
Hospital Admissions from Free-Standing	g Center	0	Total Cardiac Surgery Cases:	99			
Outpatient Service Dat	<u>ta</u>		Pediatric (0 - 14 Years):	0			
Total Outpatient Visits		92,599	Adult (15 Years and Older):	99			
Outpatient Visits at the Hospital/ Campus:		92,599	Coronary Artery Bypass Grafts (CABGs)				
Outpatient Visits Offsite/off campus		0	performed of total Cardiac Cases :	53			

Diagnostic/Interventional Equipment			Exa	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Contract		Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	5	0	13,985	18,998	0	Lithotripsy	C	0	0
Nuclear Medicine	4	0	581	2,365	0	Linear Accelerator	2	. 0	1,735
Mammography	3	0	0	12,809	0	Image Guided Rad Therapy		1,594	
Ultrasound	4	0	3,215	8,297	0	Intensity Modulated Rad Thrp		2,338	
Angiography	1	0				High Dose Brachytherapy	1	0	29
Diagnostic Angiography			593	633	0	Proton Beam Therapy	C	0	0
Interventional Angiography			114	258	0	Gamma Knife	C	0	0
Positron Emission Tomography (PET)	0	1	0	202	0	Cyber knife	C	0	0
Computerized Axial Tomography (CAT)	2	0	4,821	9,982	0	-			
Magnetic Resonance Imaging	2	0	1,316	4,150	0				