



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: I-01	BOARD MEETING: February 27, 2018	PROJECT NO: 17-019	PROJECT COST: Original: \$128,228,014 Modification:\$126,035,461
FACILITY NAME: SwedishAmerican Hospital		CITY: Rockford	
TYPE OF PROJECT: Non-Substantive			HSA: I

DESCRIPTION: The Applicants (University of Wisconsin Hospitals & Clinics Authority, SwedishAmerican Health System Corporation, and SwedishAmerican Hospital) propose a major modernization project on the campus of SwedishAmerican Hospital, Rockford, which includes the construction of a five-story patient tower. The proposed cost of the project is \$126,035,461 and the expected completion date is November 30, 2022.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (University of Wisconsin Hospitals & Clinics Authority, SwedishAmerican Health System Corporation, and SwedishAmerican Hospital) are proposing a major modernization on the campus of SwedishAmerican Hospital, Rockford. The Applicants are proposing to modernize existing space in its Medical/Surgical, Acute Mental Illness, Emergency Department, Surgery/Recovery units, and its Pediatric care unit. The Applicants also propose to construct a five-story patient tower, dedicated to women's and children's health, containing Labor/Delivery/Recovery, C-Section, Post Partum, Pediatrics Clinic, and Nursery units. The proposed cost of the project is \$126,035,461, and the expected completion date is November 30, 2022.
- In a separate filing, the Applicants submitted an Exemption Application to establish a 10-bed Neonatal Intensive Care Unit at the hospital (Exemption #E-019-17). This exemption to establish a 10-bed Level III NICU category of service in existing space at the hospital was approved by the State Board Chair acting on the behalf of the State Board on June 7, 2017. Should this modernization be approved the 10-bed NICU will be re-located to the newly constructed patient tower, upon project completion.
- **The Applicants** received an Intent to Deny at the September 26, 2017 State Board Meeting. In a separate attachment is the September 26, 2017 State Board Transcript for this project.
- **On November 13, 2017** the State Board received a **Type A Modification** which reduced the cost of the proposed project from \$128,228,014 to \$126,035,461 or by \$2,192,553, reduced the number of pediatric beds from 28 beds to ten beds, and reduced the gross square footage for the new construction by 1,990 DGSF and the modernization by 8,075 DGSF.
- Should the State Board approve this project the modernization will result in the following changes at the hospital:

Category	2016		
	Existing ⁽¹⁾	Proposed	Difference
Medical Surgical Beds	209	199	-10
Pediatric Beds	28	10	-18
Obstetric Beds	34	34	0
Intensive Care Beds	30	30	0
NICU Beds ⁽²⁾	0	10	+10
Acute Mental Illness Beds	32	42	+10
Total Beds	333	325	-8
Surgery OR	13	15	+2
C-Section Rooms	2	2	0
Phase I Stations	14	14	0
Phase II Stations	40	49	+9
Emergency Stations	41	50	+9
Cath Lab	4	5	+1

1. 2016 Information taken from Hospital Annual Survey
2. Exemption E-019-17 Approved to establish NICU Category of Service June 7, 2017.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project proposes the modernization of a health care facility in excess of the capital expenditure minimum of \$13,171,046.

PURPOSE OF THE PROJECT:

- According to the applicant: *“The project will provide health services that improve the health care and well-being of the market area population to be served by providing upgraded and modern service areas, many of which are currently located in a 50-year old patient tower”.*

PUBLIC HEARING/COMMENT:

- A public hearing was conducted in reference to the proposed project on May 23, 2017, at the Zeke Giorgi Center, in Rockford. The meeting was held at 1:00pm, and Board member Senator Brad Burzynski was in attendance. Forty-five individuals registered in attendance at the hearing, with 23 individuals registering in support, one individual in opposition, and one individual was neutral. Twenty individuals registered to speak at the hearing, with fourteen providing testimony in support of the project, and six speaking in opposition. Those in opposition were in support of the proposed modernization project (#17-019) but were opposed to the establishment of the ten (10) bed NICU unit approved June 7, 2017 as exemption number #E-019-17.
- Letters of support were received by the State Board Staff and a listing of the individuals who submitted the letters are included as Appendix I at the end of this report. No letters of opposition were received for this project by the State Board Staff.

SUMMARY:

- The State Board Staff reviewed the Application for Permit, State Board Meeting Transcript, Modification of the Application for Permit and the supplemental information provided by the applicants and note the following:

Criteria	Reasons for Non-Compliance
77 IAC 1110.234(a) - Size of Project	The Applicants have exceeded the State Board Size requirements for pediatric inpatient beds, catheterization/angiography laboratory, PACU Phase I stations, emergency department stations, Level II Nursery, and NICU. [See Table Seven below]
77 IAC 1110.234(b) - Projected Utilization	The applicants are proposing ten pediatric rooms and are projecting an average daily census of three (3) by 2023 or 30% utilization. The State Board Standard is 65% for a bed complement of 1-30 beds. Additionally the pediatric clinic and C-Section rooms do not meet current State Board Standards. <i>The Applicants stated they have decreased the number of pediatric beds being proposed by 65% and the 10 pediatric beds being proposed are necessary to accommodate peak census. The Applicants believe they will be at target occupancy of 65% because of pediatric subspecialist recruitment, the addition of the NICU unit, the dedication of acute mental illness beds to pediatric patients, and market changes showing greater number of pediatric referrals to SwedishAmerican.</i> (See Table Eight)
77 IAC 1110.530(e) – Modernization of Medical Surgical, Pediatric and Obstetric Beds	The applicants are proposing 199 M/S beds, 10 pediatric beds, and 34 obstetric beds should this project be approved. CY 2011-2015 average historical utilization will justify 152 M/S, 4 pediatric, and

Criteria	Reasons for Non-Compliance
	27 obstetric beds at the State Board's target occupancy.
77 IAC 1110.3030(d) – Clinical Services Other than Categories of Service - Service Modernization	<p>The applicants currently have thirteen operating rooms, two dedicated to cardiovascular and one dedicated to urology and ten general operating rooms. The applicants' historical utilization will justify nine general operating rooms and not the ten currently being utilized. The applicants are requesting to increase the number of general operating rooms by two for a total of 12 general operating rooms. Historical utilization will support nine general operating rooms.</p> <p>The applicants currently have 41 emergency stations. Historical utilization (2011-2016) will support thirty-three emergency stations at the State Board Standard of 2,000 visits per station and not the 50 stations being proposed.</p> <p>The applicants currently have 14 Stage One and 40 Stage Two rooms – total 54 rooms. The applicants are proposing a total of 14 Stage One and 49 Stage Two rooms- total 63 rooms. The State Board Standard is four rooms per operating/procedure room. The applicants have justified 12 operating rooms and one procedure room for a total of 13 rooms. Thus, the applicants can justify a total of 52 Stage I and Stage II rooms.</p>

STATE BOARD STAFF REPORT
Project #17-019
SwedishAmerican Hospital

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	University of Wisconsin Hospitals & Clinics Authority, SwedishAmerican Health System Corporation, and SwedishAmerican Hospital
Facility Name	SwedishAmerican Hospital
Location	1401 East State Street, Rockford, Illinois
Application Received	April 14, 2017
Application Deemed Complete	April 19, 2017
Permit Holder	University of Wisconsin Hospitals & Clinics Authority, SwedishAmerican Health System Corporation, and SwedishAmerican Hospital
Operating Entity/Licensee	SwedishAmerican Hospital
Owner of the Site	SwedishAmerican Hospital
Project Financial Commitment Date	February 27, 2020
Gross Square Footage	342,236 GSF
Project Completion Date	November 30, 2022
Intent to Deny	September 26, 2017
Modification of Application	November 17, 2017
Can Applicant Request a Deferral?	Yes

I. The Proposed Project

The Applicants (University of Wisconsin Hospitals & Clinics Authority, SwedishAmerican Health System Corporation, and SwedishAmerican Hospital) propose a major modernization project on the campus of SwedishAmerican Hospital, Rockford. The Applicants are proposing to modernize the medical/surgical, acute mental illness, emergency department, operating rooms, surgical prep and recovery, and the pediatrics units. The proposed cost of the project is \$126,035,461 and the expected completion date, as stated in the application for permit, is November 30, 2022.

II. Summary of Findings

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

III. General Information - Background

Swedish American Hospital is a nonprofit acute care hospital. SwedishAmerican Hospital Association was incorporated in 1911 in the State of Illinois and provides inpatient, outpatient and emergency care services to residents of Rockford, Illinois and surrounding communities. SwedishAmerican Hospital is one of two hospitals

(SwedishAmerican Hospital-Rockford and SwedishAmerican Hospital-Belvidere) owned by SwedishAmerican Health System. SwedishAmerican Health System is an Illinois-based non-profit organization which is a subsidiary of University of Wisconsin Hospitals and Clinics Authority.

SwedishAmerican Hospital is located at 1401 East State Street, Rockford, Illinois in Health Service Area I and the Hospital Planning Area B-01. Health Service Area I includes the Illinois Counties of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago counties.

The B-01 Hospital Planning Area includes Boone and Winnebago Counties; DeKalb County Townships of Franklin, Kingston, and Genoa; Ogle County Townships of Monroe, White Rock, Lynnville, Scott, Marion, Byron, Rockvale, Leaf River, and Mount Morris. There are 14 hospitals in the HSA I Service Area. There are six hospitals in the B-01 Hospital Planning Area:

TABLE ONE Hospitals in the B-01 Hospital Planning Area				
Facility	City	Beds (3)	Type of Hospital (3)	Miles (4)
SwedishAmerican Hospital	Rockford	333	General	0
Saint Anthony Medical Center	Rockford	254	General	3.7
Rockford Memorial Hospital ⁽¹⁾	Rockford	94	General	3
VanMatre Rehabilitation Hospital	Rockford	61	Rehabilitation	4.4
Rockford Memorial Riverside ⁽²⁾	Rockford	194	General	8.2
SwedishAmerican Medical Center	Belvidere	34	General	14
1. 15-038: Hospital discontinued 153 M/S beds, 28 ICU beds, 35 OB beds, 35 Pediatric Beds, and 52 NICU beds. 70 M/S Beds, 4 ICU beds, and 20 AMI beds remain at Rockton Avenue. 2. 15-039: Establish 194-bed Hospital 3. Information taken from 2016 Hospital Profiles 4. Miles from MapQuest				

The table below outlines the payor mix for SwedishAmerican Hospital for CY 2016.

TABLE TWO Swedish American Hospital CY 2016				
Payor Source	# of Patients	Percentage	Revenue	Percentage
Medicare	87,170	34.35%	\$111,691,308	27.83%
Medicaid	66,857	26.35%	\$74,719,973	18.62%
Other Public	2,767	1.09%	\$6,810,070	1.70%
Private Insurance	78,475	30.93%	\$190,884,972	47.56%
Private Pay	18,488	7.29%	\$17,241,095	4.30%
Total	253,757	100.00%	\$401,347,418	100.00%
Charity Care Expense	3,663	1.44%	\$2,486,713	0.62%

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

IV. Project Details

The Applicants propose a major modernization project on the campus of SwedishAmerican Hospital, in Rockford the project will entail the modernization of 88,479 GSF of existing space, including Acute Mental Illness, Emergency Department, Surgery/Prep/Recovery areas, and Pediatrics. The number of medical/surgical beds will be reduced by ten beds (209-199), and pediatrics beds by 18 beds (28-10). Acute Mental Illness beds will increase by 10-beds. The project will result in one additional catheterization lab, two additional operating rooms, seven PACU stations, and eight additional emergency treatment stations.

Additionally a new 126,840 GSF patient tower will be constructed. The five-story tower will house the following:

- 1st Floor: Pediatric Specialty and Maternal Fetal Medicine outpatient clinics, conference rooms, lobby, commons, and staff areas.
- 2nd Floor: 14-Bed Labor and Delivery Unit, an Antepartum inpatient unit with two cesarean section procedure rooms, with a connection to the main hospital building.
- 3rd Floor: A Nursery Unit with common areas, and connectors to the main hospital building.
- 4th Floor: 20-Bed Mother/Baby inpatient unit, with common areas.
- 5th Floor: Mechanical Penthouse

The construction of this patient tower will result in all private rooms for the existing Pediatrics and Medical Surgical Units, resulting in the hospital having all private rooms.

V. Project Uses and Sources of Funds

The Applicants are funding this project with cash/securities in the amount of \$7,001,612, gifts and bequests totaling \$1,000,000, and project-related Bond Issues totaling \$118,033,848.

TABLE THREE
Project Costs and Sources of Funds

	Original Submittal				Modification				
USE OF FUNDS	Reviewable	Non Reviewable	Total	% of Total	Reviewable	Non Reviewable	Total	% of Total	Difference
Preplanning Costs	\$75,000	\$15,000	\$90,000	0.07%	\$75,000	\$15,000	\$90,000	0.07%	\$0
New Construction Contracts	\$35,184,274	\$14,851,828	\$50,036,102	39.02%	\$27,323,724	\$22,712,379	\$50,036,103	39.70%	\$0
Modernization Contracts	\$25,390,551	\$0	\$25,390,551	19.80%	\$24,171,499	\$0	\$24,171,499	19.18%	(\$1,219,052)
Contingencies	\$10,827,524	\$2,438,222	\$13,265,746	10.35%	\$7,682,727	\$2,688,221	\$10,370,948	8.23%	(\$2,894,798)
Architectural/ Engineering Fees	\$4,837,012	\$1,097,191	\$5,934,203	4.63%	\$4,837,013	\$1,097,191	\$5,934,204	4.71%	\$0
Consulting and Other Fees	\$250,000	\$0	\$250,000	0.19%	\$250,000	\$0	\$250,000	0.20%	\$0
Movable or Other Equipment	\$18,697,226	\$5,047,077	\$27,744,303	21.64%	\$20,965,367	\$5,047,077	\$26,012,444	20.64%	(\$1,731,859)
Bond Issuance Expense (Project Related)	\$952,116	\$243,493	\$1,187,019	0.93%	\$853,053	\$315,599	\$1,168,652	0.93%	(\$18,367)
Net Interest Expense During Construction (project related)	\$6,684,550	\$1,645,450	\$8,330,000	6.50%	\$6,378,949	\$1,622,663	\$8,001,612	6.35%	(\$328,388)
TOTAL USES OF FUNDS	\$102,898,755	\$25,329,260	\$128,228,014	100.00%	\$92,537,331	\$33,498,129	\$126,035,462	100.00%	(\$2,192,552)
SOURCE OF FUNDS	Reviewable	Non Reviewable	Total	% of Total	Reviewable	Non Reviewable	Total	% of Total	Difference
Cash and Securities			\$7,330,000	5.72%			\$7,001,612	5.56%	(\$328,388)
Gifts & Bequests			\$1,000,000	0.78%			\$1,000,000	0.79%	\$0
Bond Issues			\$119,898,014	93.50%			\$118,033,848	93.65%	(\$1,864,164)
TOTAL SOURCES OF FUNDS			\$128,228,014				\$126,035,461	100.00%	(\$2,192,552)

Source: Application for Permit Page 7 and Modification of Application

See Appendix II at the end of the report for the itemization of the project costs.

VI. Cost Space Requirements

The original project proposed 128,830 DGSF of space of new construction and 96,554 DGSF of space for modernization. The proposed project (modification) will include 126,860 DGSF of new construction, 88,479 DGSF of modernized space and 126,897 DGSF of space left “as is” at the hospital for a total of 342,216 DGSF of space. The modification reduced new construction by 1,990 DGSF and the modernization by 8,075 DGSF.

For hospitals, area determinations for departments and clinical service areas are to be made in departmental gross square feet (dgsf). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required by the Hospital Licensing Act, applicable federal certification, and any additional spaces required by the applicant's operational program. [Part 1110 Appendix B]

Non clinical service area (i.e. non-reviewable) is not reviewed by the State Board per (20 ILCS 3960/5) Non clinical service area is defined below.

"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)

TABLE FOUR						
Cost Space Requirements (Modification)						
SwedishAmerican Hospital						
	Cost	Existing	Proposed	New Const	Modern	As Is
Clinical/Reviewable						
Pediatrics Clinic	\$6,895,047	0	13,200	13,200	0	0
LDR	\$9,779,211	16,750	16,165	16,165	0	0
C-Section	\$2,759,628	2,380	4,045	4,065	0	0
Post-Partum	\$7,482,109	18,130	12,750	12,750	0	0
NICU/SCN	\$9,450,343	2,775	16,104	16,104	0	0
Invasive Cath/Angiography	\$4,184,450	17,257	17,257	12,000	0	5,257
Peds Inpatient	\$8,186,785	10,250	10,250	0	9,135	1,115
PACU	\$2,881,897	4,400	4,660	0	4,660	0
Surgery	\$6,705,649	26,647	29,359	0	12,859	16,500
Prep/Recovery	\$1,884,776	9,242	12,842	0	3,600	9242
Central Sterile Processing	\$7,862,518	9,091	14,800	0	14,800	0
Emergency	\$7,984,635	24,220	31,820	0	17,175	14,645
Acute Mental Illness	\$2,414,011	25,748	30,998	0	5,250	25,748
Medical/Surgical	\$12,654,287	54390	75,390	0	21,000	54390
Total Reviewable	\$91,125,346	221,280	289,660	74,284	88,479	126,897
Non Reviewable Space ⁽¹⁾	\$34,910,115		52,556	52,576		
Total	\$126,035,461	221,280	342,216	126,860	88,479	126,897

1. Non Reviewable includes building entrance, lobby, public circulation, conference center and mechanical and electrical space

VII. Background of the Applicant

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

To demonstrate compliance with this criterion, the Applicants must provide

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action¹ taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

¹ 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. These actions include, but are not limited to, all Type "A" and Type "AA" violations.

1. The Applicants provided copies of the licenses and JCHAO certification for the two SwedishAmerican Health facilities and the four University of Wisconsin Health facilities within their ownership structure at pages 85-95 of the Application for Permit.
2. The Applicants attest that no adverse actions have been taken against any facility owned and/or operated by the Applicants in the three years preceding filing of this application. [Revised attestation letters submitted as part of additional information submitted July 20, 2017]
3. Authorization permitting HFSRB and IDPH access to any documents necessary to verify information submitted has been provided at Application for Permit pages 96-97.
4. The Applicants provided Illinois Certificates of Good Standing from SwedishAmerican Health System and SwedishAmerican Hospital (application, pgs 33-34).
5. Evidence of Site Ownership (Certificate of Liability Insurance) was provided at page 44 of the Application for Permit.
6. The Applicants provided evidence that they were in compliance with Executive Order #2006-05 that requires *all State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.*
7. The proposed location of the facility is in compliance with the Illinois State Agency Historic Resources Preservation Act which requires *all State Agencies in consultation with the Director of Historic Preservation, institute procedures to ensure that State projects consider the preservation and enhancement of both State owned and non-State owned historic resources* (20 ILCS 3420/1).
8. All required reports have been provided to the State Board and the Illinois Department of Public Health as required.

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

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

The three criteria are informational only. No determination on whether the applicant has met the requirements of the three criteria is being made by the State Board Staff.

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

To demonstrate compliance with this criterion, the Applicants must document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other area, per the applicant's definition.

The applicant stated the following:

“The project will provide health services that improve the health care and well-being of the market area population to be served by providing upgraded and modern service areas, many of which are currently located in a 50-year old tower. The proposed project will provide private

rooms rather than semi-private rooms for all inpatients and private rooms for patients seen in the emergency department. Another goal is to create a higher functioning and more efficient surgery department that meets the needs of patients and healthcare providers by providing space that is conducive to performing surgical procedures including the necessary equipment and technology in every operating room.” [See Application for Permit pages 98-102]

B) Criterion 1110.230(b) – Safety Net Impact Statement/Charity Care Information

All health care facilities, with the exception of skilled and intermediate long-term care facilities licensed under the Nursing Home Act [210 ILCS 45], shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). *Safety net services are the services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation.*

This project is considered a non substantive project. Non substantive projects are not required to submit a safety net impact statement, only projects that are deemed substantive projects. Non substantive projects are all projects that are not classified as either emergency or substantive.

"Emergency Projects" means projects that are *emergent in nature and must be undertaken immediately to prevent or correct structural deficiencies or hazardous conditions that may harm or injure persons using the facility, as defined at 77 Ill. Adm. Code 1110.40(a).* [20 ILCS 3960/12(9)]

Substantive projects shall include no more than the following:

- a. *Projects to construct a new or replacement facility located on a new site; or a replacement facility located on the same site as the original facility and the costs of the replacement facility exceed the capital expenditure minimum.*
- b. *Projects proposing a new service or discontinuation of a service, which shall be reviewed by the Board within 60 days.*
- 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 facility to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board in the Inventory, whichever is less, over a 2-year period.* [20 ILCS 3960/12]

The Applicants did provide their charity care information as required and as documented below.

TABLE SIX			
Charity Care Information			
SwedishAmerican Hospitals (Rockford/Belvidere)			
University of Wisconsin Hospitals and Clinics Authority			
Swedish American Hospital-Rockford			
Charity Care	2014	2015	2016
Net Patient Revenue	\$384,030,000	\$405,907,000	\$420,610,000
Amount of Charity Care (Charges)	\$40,891,730	\$21,533,725	\$14,959,155
Cost of Charity Care	\$8,666,418	\$4,077,946	\$2,486,713
Ratio of Charity Care to Net Patient Revenue	2.25%	1.00%	0.59%

Swedish American Medical Center-Belvidere			
Charity Care	2014	2015	2016
Net Patient Revenue	\$13,681,000	\$14,435,000	\$13,992,000
Amount of Charity Care (Charges)	\$2,420,156	\$1,068,069	\$850,050
Cost of Charity Care	\$424,991	\$178,687	\$139,898
Ratio of Charity Care to Net Patient Revenue	3.1%	1.23%	0.99%
University of Wisconsin Hospitals and Clinics Authority			
Charity Care	2014	2015	2016
Net Patient Revenue	\$1,773,816,238	\$1,949,553,501	\$2,120,527,956
Amount of Charity Care (Charges)	\$87,252,117	\$59,772,212	\$56,472,261
Cost of Charity Care	\$35,570,620	\$23,659,531	\$21,222,433
Ratio of Charity Care to Net Patient Revenue	2.0%	1.2%	1.0%

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

To demonstrate compliance with this criterion, the Applicants must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The Applicants considered two (2) alternatives to the proposed project.

- 1. Develop Off-Site.**
- 2. Develop On-Site.**

1) Develop Off Site

The Applicants rejected this alternative because it was discovered that the Applicants did not own any off-site property suitable for a satellite facility. This option, if pursued would result in additional land acquisition cost, and costs associated with the duplication of services at a satellite facility, which was estimated to be approximately \$338,000,000

2) Develop On-Site

The Applicants chose this alternative as most feasible, because it would replace and modernize outdated Women's/Obstetrical and Pediatric services, it would maintain a connection to existing hospital services, it would keep all services centrally located in the Rockford area, and it would facilitate the conversion to all private rooms for Women's/Obstetrical and Medical/Surgical beds. Lastly, the realized cost of this alternative (\$126,035,461), is more desirable in comparison to the off-site alternative. [Application for Permit page 103]

IX. Size of the 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 size of the project is in conformance with standards published in Part 1110 Appendix B.

State Board Staff Notes: For hospitals, area determinations for departments and clinical service areas are to be made in departmental gross square feet (DGSF). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required by the Hospital Licensing Act, applicable federal certification, and any additional spaces required by the applicant's operational program.

The Applicants have exceeded the State Board Size requirements for pediatric inpatient beds, catheterization/angiography laboratory, PACU Phase I stations, Emergency Department Stations, Level II Nursery, and NICU. (See Table Seven). [See Modification of Application] **Note:** *“The Applicants note that the size of the pediatric unit no longer meets the State Board Standard because this is an existing unit in existing space and the reduction in beds from 28 to 10 resulted in the significant increase in the size per bed.”*

TABLE SEVEN

Size of the Project

Department	Key Rooms	Proposed DSGF	State Board Standard		Difference	Room Difference	Met Standard?
Labor/Delivery (LDR)	14	16,165	1,600 DGSF/Room	22,400	-6,235	-445	Yes
Pediatrics Clinic (Ambulatory Care)	24	13,200	800 DGSF/Room	19,200	-6,000	-250	Yes
Surgery	6	12,859	2,750 DGSF/Unit	16,500	-3,641	-607	Yes
Cath/IR Prep/PACU Phase II	14	4,372	400 DGSF/Stations	5,600	-1,228	-88	Yes
Medical/Surgical Inpatient Beds	32	21,000	660 DGSF/Unit	21,120	-120	-4	Yes
C-Section	2	4,065	2,075 DGSF/Station	4,150	-85	-52	Yes
Post Partum	20	12,750	660 Per Bed	13,200	450	-22	Yes
Emergency	18	17,175	900 DGSF/Unit	16,200	975	+54	No
NICU	10	6,710	568 DGSF/Unit	5,680	1,030	+103	No
PACU Phase I	14	4,660	180 DGSF/Unit	2,520	2,140	+153	No
Pediatrics (Inpatient)	10	9,135	660 DGSF/Unit	6,600	2,535	+254	No
Cath/Angiography	5	12,000	1,800 DGSF/Unit	9,000	3,000	+600	No
Level II Nursery	14	9,394	160 DGSF/Unit	2,240	7,154	+511	No
Surgical Prep/PACU Phase II	6	3,600	400 DGSF/Unit	2,400	1,200	+200	No

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

B) Criterion 1110.234(b) – Projected Utilization

To demonstrate compliance with this criterion, the Applicants must document that the projected utilization of the services in which the State Board has established utilization standards will be in conformance with the standards published in Part 1110. Appendix B.

1. Medical Surgical, Pediatric, Obstetric, Acute Mental Illness Beds

The Applicants are proposing the following changes in the number of beds at the hospital.

Category of Service	2016		
	Existing	Proposed	Difference
Medical Surgical Beds	209	199	-10
Pediatric Beds	28	10	-18
Obstetric Beds	34	34	0
Intensive Care Beds	30	30	0
NICU Beds ⁽¹⁾	0	10	+10
Acute Mental Illness Beds	32	42	+10
Total Beds	333	325	-8

1. NICU beds approved as Exemption #E-019-17 June 7, 2017.

The Applicants are projecting a 4.25% annual increase in the number of patient days for the 199 medical surgical beds and the 10 pediatric beds by the second year after project completion. The State Board is projecting a 2.85% annual increase in patient days for medical surgical and pediatric beds in the B-01 Hospital Planning Area for the period 2015-2020 and no increase in the obstetric patient days in the B-01 Planning Area. The Applicants are projecting a 5% annual increase in patient days for the 34 obstetric beds. The increase in the number of AMI beds is based upon the calculated need for 12 AMI beds in the HSA-01 AMI Planning Area.

The Hospital for the period 2011 to 2016 has experienced a 6.2% decrease in medical surgical patient days, 56% decrease in pediatric patient days, a 15% decrease in obstetric days and an increase of 25% in AMI days.

Category	2011 Patient Days	2016 Patient Days	% change
Medical Surgical	51,140	47,982	-6.58%
Pediatric	1,018	653	-55.90%
Obstetric	7,875	6,844	-15.06%
Acute Mental Illness	6,363	8,508	25.21%

The Applicants stated they have decreased the number of pediatric beds being proposed by 65% and the 10 pediatric beds being proposed are necessary to accommodate peak census. The Applicants believe they will be at target occupancy of 65% because of pediatric subspecialist recruitment, the addition of the NICU unit, the dedication of acute mental illness beds to pediatric patients, and market changes showing greater number of pediatric referrals to SwedishAmerican.

2. Emergency Department, Surgery, C-Section, Pediatric Clinic

SwedishAmerican is maintaining its existing 41 emergency department (ED) stations. SwedishAmerican experienced a 6.35% increase in ED visits from 2014 to 2016 (from 66,914 visits to 71,165 visits). The Applicants are projecting a conservative 1.7% annual growth rate in projected utilization of 82,331 visits which meets the state standard of 2,000 visits per station for the 41 stations. Should the 1.7% growth materialize the Applicants will be able to justify the 50 emergency stations being proposed.

SwedishAmerican currently has 13 operating rooms and is proposing to add 2 rooms for a total of 15 operating rooms. From 2012 to 2016, SwedishAmerican's surgical hours increased from a total of 13,738 hours to 16,405 hours which represents 4.85% annualized growth rate. The Applicants are using a conservative 4% projected growth rate that will result in a projected utilization of 22,970 hours which meets the State Board standard of 1,500 hrs per room for the fifteen (15) operating rooms.

C-Section volume at SwedishAmerican declined from 2014 to 2016 and no growth is expected. The Applicants currently have 2 C-Section rooms and are not adding any rooms with this project. According to the Applicants SwedishAmerican frequently has

instances where both rooms are utilized at the same time so that two rooms remain needed at the hospital.

The Applicants are proposing 24 exam rooms for its pediatric clinic. The number of rooms was based upon standards recommended by the Medical Group Management Association (MGMA), a recognized and respected data provider to medical practices and hospitals that is used for management and planning purposes. Based on data collected by MGMA, it recommends four exam rooms per provider equivalent as standard. SwedishAmerican is anticipating up to six providers utilizing the pediatric exam rooms simultaneously, resulting in a planned need for the 24 exam rooms.

As Table Eight illustrates the Applicants are not in compliance with the State Board standards for pediatric inpatient, pediatric clinic, and C- Section Operating Rooms.

TABLE EIGHT ⁽¹⁾							
Projected Utilization							
Clinical	Units/Rooms/Stations	State Board Standard	2014	2015	Historical		Met Standard?
					Projected Year 1	Projected Year 2	
Med/Surg Inpatient	199 Beds	85%	60.10%	60.90%	86%		Yes
Obstetrics/Post Partum	34 Beds	78%	58.90%	55.60%	78%		Yes
Acute Mental Illness	42 Beds	85%	65%	72.80%	85%		Yes
Emergency Stations	41 Stations	2,000 Visits/Station	66,914	70,742	80,955	82,331	Yes
Surgery	15 Rooms	1,500 hrs/Room	15,932	16,139	22,087	22,970	Yes
Cath/Angiography	5 Units	400/visits/station	2,829	2,445	3,000		Yes
Pediatric Inpatient	10 Beds	65%	7.30%	7.50%	30%		No
C Section	2 Rooms	800 procedures/room	826	807	798		No
Pediatric Clinic	24 Rooms	2,000 visits/room		6,886	9,313	9,530	No
Phase I PACU Stations	14						
Phase II PACU Stations	6				No standards		
Cath Prep/PACU II	14						
1. The project completion date is November 30, 2022 (due to the phasing of on-site expansion). The first year after project completion is 2023 and the second year after project completion is 2024.							

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

C) Criterion 1110.234(e) – Assurances

To demonstrate compliance with this criterion, the applicant must submit a signed and dated statement attesting to the applicant's understanding that, by the end of the second year of operation after the project completion, the applicant will meet or exceed the utilization standards specified in Part 1110.Appendix B.

On page 113 of the application, the Applicants attest that they will meet or exceed the utilization standards specified in Part 1110. Appendix B by the end of the second year of operation after the project completion.

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

X. Medical/Surgical/Pediatrics/OB Modernization

A) Criterion 1110.530(b) – Background of Applicant

An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community.

This criterion was addressed earlier in this report.

B) Criterion 1110.530(e) Deteriorated Facilities/Occupancy

To demonstrate compliance with this criterion the Applicants must document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized. Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service.

The Applicants attest the patient rooms in the current facility are located in a 56-year old patient tower that has undergone no renovations outside of cosmetic enhancements. All 32 medical/surgical and some of the pediatric beds involved are still located in semi-private rooms with shared restrooms. The Applicants propose to convert all of its semi-private rooms to private rooms through the proposed project, and the planned relocation of the Women's and Children's services into the new patient tower, once completed, will facilitate the need for additional space. Each of the planned rooms will be in compliance with the most recent life safety code requirements, will promote infection control, and enhance HIPAA compliance. [Application for Permit page 132]

Average occupancy for medical surgical, pediatric, and obstetric bed services for the period 2011-2016 is approximately 62% for M/S beds, 9% for pediatric beds and 61% for obstetric beds. Based upon this average occupancy the Applicants can justify one hundred fifty-three (153) medical surgical beds, four (4) pediatric beds, and twenty-seven (27) obstetric beds and not the one hundred ninety-nine (199) M/S beds, eighteen (18) pediatric beds, and thirty-four (34) obstetric beds proposed.

Service	M/S	Peds	OB
Existing Beds	209	28	34
Proposed Beds	199	10	34
2011	67.00%	10.00%	63.50%
2012	62.20%	10.20%	63.30%
2013	58.20%	9.00%	60.30%
2014	60.10%	7.30%	58.90%
2015	60.90%	7.50%	55.60%
2016	62.70%	6.40%	55.00%
Average Occ.	61.85%	8.40%	59.43%
Target Occ.	85.00%	65.00%	78.00%
Beds Justified	153	4	26

STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION MODERNIZATION (77 ILAC 1110.530(e))

C) Criterion 1110.530(g) Performance Requirements/Bed Capacity Minimum

To demonstrate compliance with this criterion the Applicants must document that the proposed category of service will meet the bed capacity minimum.

The Applicants note the following, which meets the requirements of this criterion.
The project will involve, and the facility will contain:

1. A reduction of 10 medical/surgical beds, from 209 to 199 (minimum of 100 beds)
2. A reduction of 18 pediatrics beds, from 28 to 10 (minimum requirement 4 beds)
3. Maintaining the bed complement of 34 Obstetrics beds (minimum requirement 20 beds)

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PERFORMANCE REQUIREMENTS/BED CAPACITY MINIMUM (77 ILAC 1110.530 (g))

XI. Acute Mental Illness Expansion of Service

A) Criterion 1110.730(b) (1) (3) Background of Applicant

An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community.

This criterion was addressed earlier in this report.

B) Criterion 1110.730(c)(2) - Planning Area Need Service to Planning Area Residents

To demonstrate compliance with this criterion the Applicants must provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area.

The Applicants note the primary purpose of the project is to provide necessary AMI services to residents of the defined market area. The Applicants supplied admission data, to include zip code information for all admissions in the last 12 months, which verifies that at least 50% of the admissions were from the service area (application p. 124). See Appendix II

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ACUTE MENTAL ILLNESS PLANNING AREA NEED SERVICE TO PLANNING AREA RESIDENTS (77 ILAC 1110.730 (c) (2))

C) Criterion 1110.730(c)(4) - Service Demand Planning Area Need Expansion of Service

To demonstrate compliance with this criterion the Applicants must document that the number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service.

The Applicants are proposing to increase the number of acute mental illness beds from 32 to 42 AMI beds. For the period 2011 thru 2016 average historical utilization will justify 24 AMI beds at 85% target occupancy.

Service	AMI
Existing Beds	32
Proposed Beds	42
2011	54.50%
2012	52.60%
2013	59.30%
2014	65.00%
2015	72.80%
2016	72.60%
Average Occ.	62.80%
Target Occ.	85.00%
Beds Justified	24

The November 2017 Revised Bed Need Determination shows a calculated need exists for 12 AMI beds in HSA-01 AMI Planning Area. The Applicants propose to add 10 AMI beds to its existing 32 AMI bed complement, resulting in a 42-bed AMI unit. However, to add beds to an existing service the calculated bed need or excess is not considered by the State Board. The addition of beds for an existing service must be justified by the Applicants' high occupancy. In this instance, adding beds is not justified. Based upon historical utilization the Applicants can justify 24 AMI beds.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION ACUTE MENTAL ILLNESS SERVICE SERVICE DEMAND PLANNING AREA (77 ILAC 1110.730 (c) (4))

D) Criterion 1110.730(f) - Staffing Availability

To demonstrate compliance with this criterion the Applicants must document that the relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission staffing requirements can be met.

The Applicants note the current staffing complement at the 32-bed AMI unit meets all licensure and Joint Commission staffing requirements, and understands that the increase in AMI beds will result in the need for additional staff, to include one additional physician. The Applicants anticipate no difficulties in their recruitment efforts for these positions, and notes all tertiary support positions (case management, physical therapy, environmental maintenance) will be filled in accordance with policies and standards in place at SwedishAmerican Health System.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ACUTE MENTAL ILLNESS STAFFING AVAILABILITY (77 ILAC 1110.730(f))

E) Criterion 1110.730(g) - Performance Requirements

To demonstrate compliance with this criterion the Applicants must document that the AMI unit meet minimum size requirement.

The Applicants note the proposed 42 bed AMI unit satisfies the minimum bed requirement for a 20 AMI beds within a metropolitan statistical service area (MSA). SwedishAmerican Hospital is located in the Chicago-Naperville-Elgin IL-IN-WI. [See Application for Permit pages 123-129]

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ACUTE MENTAL ILLNESS PERFORMANCE REQUIREMENTS (77 ILAC 1110.730 (g))

F) Criterion 1110.730(h) Assurances

To demonstrate compliance this criterion the applicant submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The Applicants provided a notarized attestation from Don F. Daniels, Chief Operating Officer of SwedishAmerican Health Systems complying with the occupancy standards for operational capacity per the State Standard in their AMI unit. [See Application for Permit page 130]

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ACUTE MENTAL ILLNESS ASSURANCE (77 ILAC 1110.730 (h))

XII. Criterion 1110.1330 Cardiac Catheterization

A) Criterion 1110.1330(a) Peer Review

To demonstrate compliance with this criterion the Applicants proposing the establishment or modernization of a cardiac catheterization unit shall detail in its application for permit the mechanism for adequate peer review of the program.

The Applicants note the peer review process for Cardiac Catheterization is in place at SwedishAmerican Hospital and contains two points for consideration. They are:

- 1) Clinical implications that the medical staff has decided upon that require peer review.
- 2) Radiation exposure levels set in place by the Nuclear Safety Office.

Reports are generated monthly to keep abreast of changes or developments in these areas, and any changes are forwarded to the Adult Medicine Quality physician group. This group reviews findings and suggests revisionary efforts to provide better patient service.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION PEER REVIEW (77 ILAC 1110.1330 (a)))

B) Criterion 1110.1330(b) Expansion of Cardiac Catheterization Service

To demonstrate compliance with this criterion the Applicants must document that no additional cardiac service will be added in the health planning area unless:

- 1) the standards as outlined in 77 Ill. Adm. Code 1100.620 are met; unless
- 2) in the circumstances where area programs have failed to meet those targets, the applicant can document historical referral volume in each of the prior three years for cardiac catheterization in excess of 400 annual procedures (e.g., certification of the number of patients transferred to other service providers in each of the last three years).

State Board Staff Notes: 77 ILAC 1100.620 (c) States *“No additional cardiac catheterization service shall be started unless each facility in the planning area offering cardiac catheterization services operates at a level of 400 procedures annually.”*

The Applicants supplied a map (application, p. 134) of the HSA-01 service area. In addition, they identified the hospitals in this service area, and the number of Catheterization Labs. (See Table Nine). Of the seven hospitals identified, all are operating within the acceptable parameters of 400 visits lab, according to the 2016 Hospital Profiles. The Applicants also cite the aging population, an increase in cardiology practitioners in the area, and the projected 46% increase in patients diagnosed with heart disease as the need to establish one additional catheterization lab, and increase the complement to five labs at SwedishAmerican Hospital. The Applicants note SwedishAmerican Hospital has averaged only one transfer to another facility annually, over the last three years. Based on the evidence presented, a positive finding results for this criterion.

TABLE NINE
Hospitals in HSA-01 with Catheterization Labs

Hospital	City	# of Labs	Cardiac Cath Volume (visits) ⁽²⁾
SwedishAmerican Hospital ⁽¹⁾	Rockford	4	2,291
OSF St. Anthony Hospital	Rockford	4	2,913
Mercy Rockford Hospital	Rockford	2	2,119
Kishwaukee Hospital	DeKalb	2	614
Katherine Shaw Bethea Hospital ⁽⁴⁾	Dixon	0	0
FHN Memorial Hospital	Freeport	1	433
CGH Medical Center	Sterling	2	701

1. 3 labs for angiography, one lab for electrophysiology

2. Taken from the 2016 Hospital Profiles

3. State Standard: 400 annual visits per lab

4. Katherine Shaw Bethea Hospital reported 1 cardiac catheterization unit in 2015 but nothing in 2016.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION EXPANSION OF CARDIAC CATHETERIZATION SERVICE (77 ILAC 1110.1330(b))

C) Criterion 1110.1330 (c) - Unnecessary Duplication of Services

The criterion is applicable to the establishment of the cardiac catheterization service. The Applicants are proposing the addition of one (1) cardiac cath lab to an existing service.

D) Criterion 1110.1330(d) Modernization of Existing Catheterization Labs

To demonstrate compliance with modernization of existing cardiac cath service the Applicants must document the applicant documents that the minimum utilization standards (as outlined in 77 Ill. Adm. Code 1100.620) are met.

The Applicants note the proposal to add one catheterization lab to the existing four-lab unit will not reduce volume at any of the other facilities in the service area, based on the high historical and projected utilization at these facilities (see Table Nine). Table Nine shows the Cath labs in the Rockford area are performing over two thousand (2,000) procedures annually, while the labs in the outlying areas are performing in accordance with the State Board standard for facilities containing one lab. Board Staff notes all seven Catheterization labs in the service area are operating in compliance with the State Board standard (400 visits annually), and that the addition of one station at SwedishAmerican will not result in unnecessary duplication of services. The Applicants have proven that the additional catheterization lab, as well as the four existing labs, will perform at or above the established State standards. Swedish American performed 2,291 catheterization procedures in 2016 (See Table Nine) and anticipate increased need and higher utilization after project completion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION MODERNIZATION (77 ILAC 1110.1330 (d))

E) Criterion 1110.1330 (e) Support Services

This criterion applies to the establishment of dedicated cardiac catheterization facilities and not the modernization of the cardiac catheterization service. The Applicants are proposing to modernize and expand an existing cardiac catheterization service, with necessary support components in place.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION SUPPORT SERVICES (77 ILAC 1110.1330 (e))

F) Criterion 1110.1330(f) - Laboratory Location

To demonstrate compliance with this criterion the Applicants must document due to safety considerations in the event of technical breakdown to group laboratory facilities in close proximity to existing laboratories unless such location is architecturally infeasible.

The Applicants supplied a floor plan for the modernized/expanded cardiac catheterization lab (application, p. 135), which illustrates the proximity of each to other surgical suites, other catheterization labs, and laboratory services, per the requirements of this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION LABORATORY LOCATION (77 ILAC 1110.1330 (f))

G) Criterion 1110.1330(g) - Staffing

To demonstrate compliance with this criterion the Applicants must document that a cardiac catheterization laboratory team be established.

The existing catheterization service is adequately staffed in accordance with licensing and JCHAO standards. The Applicants are prepared to recruit additional clinicians, as needed to meet the demand for service.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION EXPANSION/ MODERNIZATION (77 ILAC 1110.1330(g))

H) Criterion 1110.1330(h) - Continuity of Care

To demonstrate compliance with this criterion the Applicants must document that written transfer agreements have been established with facilities with open-heart surgery capabilities for the transfer of seriously ill patients for continuity of care.

The requirements of this criterion call for a transfer agreement with a hospital that provides open heart surgery service. The Applicants note SwedishAmerican has its own open heart surgical service, which satisfies the requirements of this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION EXPANSION/ MODERNIZATION (77 ILAC 1110.1330 (h))

I) Criterion 1110.1330 (i) - Multi-Institutional Variance

To demonstrate compliance with this criterion for an establishment of expansion, the Applicants must document that the proposed new program is necessary to alleviate excessively high demands on an existing operating program's capacity.

The Applicants propose to modernize an existing four lab catheterization service, and expand its operation through the addition of one lab. The Applicants have proven sufficient operational capacity historically (See Table Nine) to meet this variance criterion and project the need for this service to increase in the future. The Applicants have met the requirements of this criterion.

The Applicants have addressed all requirements for criterion 1110.1330; a positive finding results. [See Application for Permit pages 131-135]

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHETERIZATION EXPANSION/ MODERNIZATION (77 ILAC 1110.1330(i))

XI. Clinical Services Other than Categories of Service

A) Criterion 1110.3030(d) - Service Modernization

To demonstrate compliance with this criterion, the applicant must document that the proposed project meet one of the following:

- 1) **Deteriorated Equipment or Facilities and/or Necessary Expansion**
- 2) **Utilization - Service or Facility**

Projects involving the modernization of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B.

The number of key rooms being modernized shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional key rooms can be justified per subsection (d)(2) (Necessary Expansion).

The Clinical Services other than Categories of Services that will be part of the modernization/expansion project are Surgery, Post Anesthesia Care (PACU) II, and Emergency Room Services (ED). The project proposes to modernize each of these departments and increase its capacity (See Table Ten).

TABLE TEN			
Expanded Categories of Services per 1110.3030 Clinical Service Areas Other Than Categories of Service			
Service	#of Existing Rooms	# of Rooms Proposed	# Added
Operating Rooms	13	15	2
PACU I	14	14	0
PACU II	40	49	9
ED Stations	41	50	9

TABLE ELEVEN				
Historical Utilization of Services with State Standards				
Service	Rooms	CY 16 Utilization	Utilization Rate	State Standard
OR	13	16,405 hrs	1,262 hrs	1,500 hrs/room
ED	41	71,165 visits	1,736 visits/room	2,000 visits/room

A) Criterion 1110.3030(b)(1&3) Clinical Service Areas: Background of Applicant

The Applicants have met the requirements of this criterion previously in this report.

B) Criterion 1110.3030(d)(2) Clinical Service Areas: Necessary Expansion

The Applicants propose to modernize and expand four (4) service lines classified in this criterion. Table Ten lists the service and the increased amount or rooms/stations.

Surgery/OR: The Applicants propose to expand its surgical service by two (2) operating rooms, and through modernization, increase the size of each suite to accommodate modern equipment requirements and anticipated operational needs. The Applicants currently have a total of 13 operating rooms and are proposing a total of 15 operating rooms.

Per the Hospital 2016 Survey the Applicants have two operating rooms dedicated to cardiovascular and one dedicated to urology. The Applicants have sufficient historical utilization to justify these three rooms

The Applicants' historical utilization will justify nine general operating rooms and not the 12 general operating rooms being requested.

General Operating Rooms		
CY	Cases	Hours
2011	7,763	10,704
2012	7,521	11,680
2013	7,606	12,736
2014	7,370	13,115
2015	7,264	13,073
2016	7,192	13,276
Average	7,453	12,431
Target Occ.		1,500 hours
Rooms Justified		9 Rooms
Existing Rooms		10 Rooms
Rooms Proposed		12 Rooms

The Applicants note their intention to recruit an additional 21 surgical specialists in the near future, increasing the utilization of surgical services at SwedishAmerican Hospital and the need for additional surgical suites.

PACU Rooms: The Applicants currently have 14 Stage One and 40 Stage Two rooms – totaling 54 rooms. The Applicants are proposing a total of 14 Stage One and 49 Stage Two rooms – totaling 63 rooms. The State Board Standard is 4 rooms per operating/procedure room. The Applicants can justify a total of 12 operating rooms and one procedure rooms² a total of 13 rooms. Thirteen rooms would support a total of 52 recovery rooms and not the 63 recovery rooms being requested.

² Per the application the procedure rooms are not being modernized.

Emergency (“ED”) The Applicants are proposing to increase the number of ED stations by nine for a total of 50 ED stations. Table Eleven provides historical utilization data that supports 33 stations and not the Applicants’ current 41 stations.

Emergency Department		
CY	Rooms	Visits
2011	36	59,527
2012	42	63,014
2013	42	60,286
2014	42	66,914
2015	41	70,742
2016	41	71,165
Average	41	65,275
Target Occ.		2,000 Visits
Stations Justified		33 Stations
Existing Stations		41 Stations
Proposed Stations		50 Stations

The Applicants note a 6.35% increase in ED visits (2014-2016), and the planned reduction of MercyRockford’s emergency department and closure of its trauma center are expected to result in increased utilization of the SwedishAmerican ED, and the subsequent need for additional ED stations/rooms.

To further explain the projected room/station need in this criterion, the Applicants supplied a matrix outlining their 5-year plan to recruit more physicians to SwedishAmerican Hospital (application, p. 138). The Applicants also provided a study on ED performance measures (application, p. 139-159), which support the need for additional ED rooms/stations.

Historical utilization will not support the extent of the modernization being proposed for surgery, PACU or the emergency department.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION CLINICAL SERVICES OTHER THAN CATEGORIES OF SERVICE MODERNIZATION (77 ILAC 1110.3030(b) (d))

The Health Facility Planning Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs.

XI. Financial Viability

A) Criterion 1120.120 – Availability of Funds

To demonstrate compliance with this criterion, the Applicants must provide evidence of the availability of funding for the proposed project.

The Applicants are funding this project with cash and securities totaling \$7,001,612, gifts and bequests totaling \$1,000,000 and project-related bond issues totaling \$118,033,848. The Applicants supplied proof of their bond ratings from Standard & Poor's Ratings Service as of February 2017 (application pgs. 162-169). These bond ratings verify funding availability which satisfies the requirements of this criterion.

- Swedish American Hospital A+)
- University of Wisconsin Hospital & Clinics Authority AA-)

The Applicants provided additional information explaining their intent to engage in various fundraising projects in an effort to solicit donations to acquire the funds identified as gifts and bequests. The Applicants note the \$1,000,000 is reasonable in accordance with past fundraising efforts.

SwedishAmerican Health System Corporation Audited (In thousands) June 30 th		University of Wisconsin Hospitals and Clinic Authority Audited (In thousands) June 30 th	
	2016		2016
Cash	\$16,524	Cash	\$315,776
Current Assets	\$128,314	Current Assets	\$765,710
PPE	\$326,732	PPE	\$1,160,834
Total Assets	\$716,960	Total Assets	\$3,214,763
Current Liabilities	\$97,603	Current Liabilities	\$543,330
LTD	\$127,784	LTD	\$593,269
Total Net Assets	\$460,894	Total Net Assets	\$2,050,546
Net Patient Revenue	\$459,694	Net Patient Revenue	\$2,750,033
Total Revenue	\$494,108	Total Revenue	\$2,860,878
Expenses	\$490,146	Expenses	\$2,629,771
Operating Income	\$3,962	Operating Income	\$48,806
Non Operating Income	\$5,688	Non Operating Income	-\$2,374
Revenue in Excess	\$9,650	Revenue in Excess	\$46,432

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 ILAC 1120.120)

B) Criterion 1120.130 – Financial Viability

To demonstrate compliance with this criterion, the Applicants must document that they are in compliance with the financial ratios as published in Part 1120 Appendix A for the prior three (3) years and the first year after project completion or provide proof of an “A” or better Bond Rating.

The Applicants (University of Wisconsin Hospital and Clinics and Swedish American Hospital) have provided proof of sufficient Bond Ratings from Standard & Poor’s Ratings service, (application, pgs. 162-169), satisfying the requirements of this criterion.

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

XII. Economic Feasibility

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

To demonstrate compliance with this criterion the Applicants must attest that

1. a portion of the cash and equivalents must be retained in order to maintain a current ratio of at least 2.0
2. the proposed debt financing will be at the lowest net cost available to the Applicants.

The Applicants (University of Wisconsin Hospital and Clinics and Swedish American Hospital) have provided proof of sufficient Bond Ratings from Standard & Poor’s Ratings service, (application, pgs. 162-169), satisfying the requirements of this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION REASONABLENESS OF DEBT FINANCING (77 ILAC 1120.140(a))

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

To demonstrate compliance with this criterion, the Applicant must provide the terms of the conditions of the debt financing.

The Applicants will be funding the proposed project through a combination of cash and securities, gifts and bequests, and project-related bond issuances. The selected form of debt financing will be at the lowest cost available, or if not, it will be more advantageous due to other terms, such as pre-payment privileges, lack of security interest, time of the loan or other reasons.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION TERMS OF DEBT FINANCING (77 ILAC 1120.140 (b))

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

To demonstrate compliance with this criterion, the applicant must document that the project costs are reasonable.

The costs considered for this criterion are clinical/reviewable costs only. No non-clinical costs were considered.

Preplanning Costs – These costs total \$75,000 and less than 1% of new construction, modernization, contingencies, and movable equipment. These costs appear reasonable when compared to the State Board Standard of 1.8%.

New Construction and Proportionate Contingencies – These costs total \$31,400,232 or \$318.85/GSF. ($\$31,400,232/74,284=\422.71). This appears **reasonable** when compared to the State Board Standard of \$452.10/GSF [2020 mid-point of construction].

Modernization and Proportionate Contingencies – These costs total \$27,777,718 or \$313.95 GSF. ($\$27,777,718/88,479=\313.95). This appears reasonable when compared to the State Board Standard of \$316.47/GSF [2020 mid-point of construction].

Contingencies – These costs total \$7,682,727 and are 14.93% of new construction and modernization costs. This appears reasonable when compared to the State Board Standard of 10%-15%.

Architectural and Engineering Fees/New Construction – These costs total \$2,805,467 and are 6.76% of new construction and proportionate contingencies ($\$2,805,467/\$41,464,238=6.76\%$). These costs appear reasonable when compared to the State Board Standard of 4.86% - 7.30%.

Architectural and Engineering Fees/Modernization – These costs total \$2,031,545 and are 7.29% of modernization and proportionate contingencies ($\$2,031,545/\$27,842,405=7.29\%$). These costs appear reasonable when compared to the State Board Standard of 5.48% - 8.22%.

Consulting and Other Fees – These costs are \$250,000. The State Board does not have a standard for these costs.

Movable Equipment – These costs total \$20,965,367. The State Board does not have a standard for these costs.

Bond Issuance Expense (Project Related) – These costs total \$853,053. The State Board does not have a standard for these costs.

Net Interest Expense During Construction – These costs total \$6,378,949. The State Board does not have a standard for these costs.

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

Reviewer Note: For the remaining two (2) criteria the State Board does not have standards. The applicant is required to provide the information and if the information is provided the two (2) criteria have been addressed. Additionally, the instruction to the application requires that if the applicant believes a criterion is not applicable to a project, the applicant may state the criterion not applicable and provide an explanation for it.

D) Criterion 1120.140(d) – Projected Operating Cost

To demonstrate compliance with this criterion, the applicant must document the projected operating costs per equivalent patient day. For this project the applicant has provided the direct operating cost per treatment.

The projected operating cost per treatment is \$1,832 per equivalent patient day.

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

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

To demonstrate compliance with this criterion, the applicant must document the effect the project will have on capital costs per treatment for this project. The State Board defines capital costs as depreciation, amortization and interest.

The applicant is estimating the capital costs to be \$206.00 per equivalent patient day.

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

Appendix I

Letters of Support

Senator Richard Durbin Senator Tammy Duckworth Congressman Cheri Bustos Congressman Adam Kinsinger Congressman Peters Roskam Congressman Randy Hultgren State Senator Steve Stadelman State Representative Joe Sosnowski State Representative Litesa E. Wallace State Representative John Cabello Jonathan Klarer Logemann, 2 nd Ward Alderman-Elect Timothy Durkee, Alderman City of Rockford Paula A. Carynski, President OSF Saint Anthony Medical Center - Rockford David L. Schreiner, FACHE President KSB Hospital Brad Long, President Northwestern Illinois Building and Trades Counsel Einar K. Forsman President & CEO Rockford Chamber of Commerce Mike Schablaske, Executive Director Transform Rockford Norm Shirk, Resident Pastor Joseph Dixon President, Rockford Ministers Fellowship Emily and Mark Christensen Resident Nathan Bryant, President & CEO Rockford Area Development Council Don Schreiner, CEO OrthoIllinois Deborah Gortowski, Resident Frank Haney, Winnebago County Board Chairman Tiffany Staman, President Rockford Professional Women Jessie Bates, Executive Director, African American Resource Center at Booker John Groh, President and CEO Rockford Area Convention and Business Bureau

Appendix II (Modification)		
Pre-Planning		\$90,000
Space Programming	\$30,000	
Pre-Schematic Planning	\$60,000	
New Construction Contracts		\$50,036,102
Women's & Children's Pavilion	\$43,821,805	
Cath/EP IR Addition	\$6,214,297	
Modernization Contracts		\$24,171,499
Surgery Renovation	\$13,889,772	
Emergency Department Renovation	\$3,761,325	
Nursing Unit Renovations	\$7,058,493	
Contingencies	\$11,651,000	\$10,370,938
Architect/Engineering Fees		\$5,934,203
Architect/Engineering Basic Services	\$5,747,203	
Specialty Consultant Services	\$187,000	
Consulting and Other Fees		\$250,000
CON Application Fee	\$100,000	
CON Consulting and Legal Fees	\$150,000	
Movable/Other Equipment		\$26,012,444
Clinics 1st Floor	\$2,872,817	
Labor & Delivery/C-Section 2nd Floor	\$4,309,655	
NICU 3rd Floor	\$1,000,000	
Post Partum 4th Floor	\$3,065,683	
Cath/EP IR Addition	\$5,846,387	
Modernization Areas	\$7,499,760	
Bond issuance Expense		\$1,168,652
Net Interest Expense		\$8,001,612
TOTAL PROJECT COSTS	\$126,035,461	\$126,035,461

Appendix III				
Patient Origin by Zip Code				
Zip Code	City	County	2015	2016
61104	Rockford	Winnebago	140	153
61101	Rockford	Winnebago	147	131
61103	Rockford	Winnebago	124	124
61109	Rockford	Winnebago	100	118
61102	Rockford	Winnebago	94	107
61108	Rockford	Winnebago	87	86
61008	Belvidere	Boone	71	78
61111	Loves Park	Winnebago	44	76
61107	Rockford	Winnebago	86	73
61115	Machesney Park	Winnebago	61	64
61073	Roscoe	Winnebago	30	48
61065	Poplar Grove	Boone	24	34
61080	South Beloit	Winnebago	23	26
61114	Rockford	Winnebago	36	26
61010	Byron	Ogle	13	20
61072	Rockton	Winnebago	16	19
61054	Mount Morris	Ogle	2	11
61020	Davis Junction	Ogle	9	10
61016	Cherry Valley	Winnebago	7	9
61068	Rochelle	Ogle	6	8
61061	Oregon	Ogle	8	7
61063	Pecatonica	Winnebago	9	6
61084	Stillman	Ogle	9	6
61038	Garden	Boone	1	4
61011	Caledonia	Boone	6	3
61088	Winnebago	Winnebago	9	3
61024	Durand	Winnebago	2	2
61052	Monroe	Ogle	0	2
61126	Rockford	Winnebago	3	2
61012	Capron	Boone	3	1
61030	Forreston	Ogle	1	1
61047	Leaf River	Ogle	2	1
61064	Polo	Ogle	2	1
60113	Creston	Ogle	1	
61049	Lindenwood	Ogle	2	
61077	Seward	Winnebago	1	
61132	Loves Park	Winnebago	2	
Total			1,181	1,260

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	ANN GANTZER, PHD			White	82.4%	Hispanic or Latino:	8.2%
ADMINSTRATOR PHONE:	815-961-2030			Black	15.1%	Not Hispanic or Latino:	90.7%
OWNERSHIP:	SWEDISHAMERICAN HOSPITAL			American Indian	0.0%	Unknown:	1.1%
OPERATOR:	SWEDISHAMERICAN HOSPITAL			Asian	1.3%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.0%	IDPH Number:	2725
CERTIFICATION:	(Not Answered)			Unknown	1.1%	HPA	B-01
FACILITY DESIGNATION:	(Not Answered)					HSA	1
ADDRESS	1401 E State Street	CITY: Rockford	COUNTY: Winnebago County				

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	209	181	148	9,997	41,232	6,750	4.8	131.1	62.7	72.4
0-14 Years				0	0					
15-44 Years				1,471	5,287					
45-64 Years				3,849	15,487					
65-74 Years				2,260	9,331					
75 Years +				2,417	11,127					
Pediatric	28	16	9	198	462	191	3.3	1.8	6.4	11.2
Intensive Care	30	30	22	2,094	5,976	259	3.0	17.0	56.8	56.8
Direct Admission				612	1,744					
Transfers - Not included in Facility Admissions				1,482	4,232					
Obstetric/Gynecology	34	34	28	2,807	6,735	109	2.4	18.7	55.0	55.0
Maternity				2,660	6,371					
Clean Gynecology				147	364					
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		
Total AMI	32			1,449	8,508	0	5.9	23.2	72.6	
Adolescent AMI		12	12	346	2,517	0	7.3	6.9		57.3
Adult AMI		20	20	1,103	5,991	0	5.4	16.4		81.8
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	333			15,063	62,913	7,309	4.7	191.9	57.6	

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	39.9%	29.1%	1.0%	28.0%	0.3%	1.8%	
	6005	4380	151	4212	43	275	15,066
Outpatients	33.5%	25.8%	1.1%	30.6%	7.6%	1.4%	
	81165	62477	2616	74263	18445	3388	242,354

<u>Financial Year Reported:</u>	7/1/2015 to	6/30/2016	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	36.5%	21.2%	2.3%	38.5%	1.4%	100.0%			
	59,829,087	34,798,849	3,828,541	63,089,639	2,371,754	163,917,870	1,281,198		2,486,713
Outpatient Revenue (\$)	21.8%	16.8%	1.3%	53.8%	6.3%	100.0%			
	51,862,221	39,921,124	2,981,529	127,795,333	14,869,341	237,429,548	1,205,515		Total Charity Care as % of Net Revenue 0.6%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	2,551		Level I	Level II	Level II+	Kidney:	
Number of Live Births:	2,541		Beds	36	0	Heart:	
Birthing Rooms:	0		Patient Days	4,421	0	Lung:	
Labor Rooms:	0		Total Newborn Patient Days		6,659	Heart/Lung:	
Delivery Rooms:	0					Pancreas:	
Labor-Delivery-Recovery Rooms:	9					Liver:	
Labor-Delivery-Recovery-Postpartum Rooms:	0		Inpatient Studies		295,267	Total:	
C-Section Rooms:	2		Outpatient Studies		836,425		
CSections Performed:	798		Studies Performed Under Contract		58,029		

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	318	80	1497	137	1634	4.7	1.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	11	11	448	1107	975	1732	2707	2.2	1.6
Gastroenterology	0	0	0	0	241	221	592	315	907	2.5	1.4
Neurology	0	0	0	0	418	218	1422	428	1850	3.4	2.0
OB/Gynecology	0	0	0	0	158	1220	413	1854	2267	2.6	1.5
Oral/Maxillofacial	0	0	0	0	7	135	10	177	187	1.4	1.3
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	1	1	1343	1157	3059	1504	4563	2.3	1.3
Otolaryngology	0	0	0	0	16	281	20	366	386	1.3	1.3
Plastic Surgery	0	0	0	0	13	123	36	185	221	2.8	1.5
Podiatry	0	0	0	0	18	56	20	64	84	1.1	1.1
Thoracic	0	0	0	0	31	1	102	2	104	3.3	2.0
Urology	0	0	1	1	236	1029	439	1056	1495	1.9	1.0
Totals	0	0	13	13	3247	5628	8585	7820	16405	2.6	1.4

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

14

Stage 2 Recovery Stations

40

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	6	6	623	1492	213	550	763	0.3	0.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

MINOR PROCEDURE	0	0	1	1	1	306	1	204	205	1.0	0.7
CDU	0	0	2	2	0	235	0	304	304	0.0	1.3
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	13,588
Patients Admitted from Trauma	864
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	41
Persons Treated by Emergency Services:	57,577
Patients Admitted from Emergency:	8,619
Total ED Visits (Emergency+Trauma):	71,165

Free-Standing Emergency Center

Beds in Free-Standing Centers	
Patient Visits in Free-Standing Centers	
Hospital Admissions from Free-Standing Center	

Outpatient Service Data

Total Outpatient Visits	780,029
Outpatient Visits at the Hospital/ Campus:	235,686
Outpatient Visits Offsite/off campus	544,343

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	4
Cath Labs used for Angiography procedures	3
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	2,291
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,489
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	533
EP Catheterizations (15+)	269

Cardiac Surgery Data

Total Cardiac Surgery Cases:	171
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	171
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	118

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

	<u>Owned Contract</u>		<u>Inpatient</u>	<u>Outpt</u>	<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	24	0	20,390	41,895	0	Lithotripsy	0	1	246
Nuclear Medicine	3	0	906	3,638	0	Linear Accelerator	2	0	5,510
Mammography	5	0	8	17,393	0	Image Guided Rad Therapy			0
Ultrasound	34	2	8,155	24,488	0	Intensity Modulated Rad Thrpy			4,341
Angiography	4	0				High Dose Brachytherapy	1	0	34
Diagnostic Angiography			880	609	0	Proton Beam Therapy	0	0	0
Interventional Angiography			361	172	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	0	592	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	7,249	21,962	0				
Magnetic Resonance Imaging	2	0	1,688	6,708	0				

17-019 SwedishAmerican Hospital - Rockford

