



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET NO:</b> H-09	<b>BOARD MEETING:</b> September 26, 2017	<b>PROJECT NO:</b> 17-019	<b>PROJECT COST:</b> Original: \$128,228,014
<b>FACILITY NAME:</b> SwedishAmerican Hospital		<b>CITY:</b> Rockford	
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA:</b> I

**DESCRIPTION:** The applicants (University of Wisconsin Hospitals & Clinics Authority, SwedishAmerican Health System Corporation, and SwedishAmerican Hospital) are proposing 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 \$128,228,017 and the expected completion date, as stated in the application for permit, 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 5-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 \$128,228,014, and the expected completion date, as stated in the application for permit, is November 30, 2022.
- The proposed modernization will reduce the number of Medical/Surgical beds by ten (209 to 199), reduce the number of Pediatric beds by 10 (28 to 18), and increase the number of Acute Mental Illness beds by 10 (32 to 42). At the conclusion of the proposed project the hospital will have a total of 333 beds.
- The proposed project will also add one (1) catheterization lab, two (2) operating rooms, nine (9) Post-Anesthesia Care (PACU) stations, and eight (8) Emergency room (ED) stations.
- In a separate filing, the applicants have submitted an Exemption Application to establish a Neonatal Intensive Care Unit at the hospital. Exemption #E-019-17 seeks to establish a 10-bed Level III Neonatal Intensive Care Unit (NICU) in the hospital's existing facility. The 10-bed NICU will then be re-located to the newly constructed patient tower, upon project completion. This exemption to establish a Level III NICU category of service was approved by the State Board Chair acting on the behalf of the State Board on 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 \$12,950,881.
- **Staff Note:** The capital expenditure minimum was increased by 1.7% on July 1, 2017.

Capital Expenditure Minimum			
	7/1/2016	7/1/2017	Increase
Hospitals	\$12,950,881	\$13,171,046	\$220,165
Long Term Care	\$7,320,061	\$7,444,502	\$124,441
Other	\$3,378,491	\$3,435,925	\$57,434
Source for increase RSMEANS			

### 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". [See page 98 of this report]*

### 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 Burzynski was in attendance. Forty-five (45) individuals registered in attendance to the hearing, with twenty-three (23) registering in support, one (1) in opposition, and one (1) neutral. Twenty (20) individuals registered to speak at the hearing, with four (4) providing testimony in support

for the project, and six (6) 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 (#E-019-17).

- A listing of letters of support received by the State Board Staff is 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 and supplemental information provided by the applicants and note the following:
- The applicants addressed a total of thirty-four (34) criteria and failed to meet the following:

<b>Criteria</b>	<b>Reasons for Non-Compliance</b>
77 IAC 1110.234 - (a) Size of Project	The applicants have exceeded the State standard size requirements for Catheterization/Angiography, Post Anesthesia Care Unit (PACU) I, Emergency Department, Medical/Surgical Inpatient, Level II Nursery, and Neonatal Intensive Care (NICU) (See Table Seven)
77 IAC 1110.234(b) - Projected Utilization	The applicants are proposing eighteen (18) pediatric rooms and are projecting an average daily census of three (3) by 2023 or 16% utilization. The State Board Standard is sixty-five percent (65%) for a bed complement of 1-30 beds. Additionally the pediatric clinic and C-Section rooms do not meet current State Board Standards. (See Table Eight)
77 IAC 1110.530 (e) – Modernization of Medical Surgical, Pediatric and Obstetric Beds	The applicants are proposing 199 M/S beds, 18 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 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 (13) operating rooms two (2) dedicated to cardiovascular and one (1) dedicated to urology and ten (10) general operating rooms. The applicants’ historical utilization will justify nine (9) general operating rooms and not the ten (10) currently being utilized. The applicants are requesting to increase the number of general operating rooms by two (2) for a total of twelve (12) general operating rooms. Historical utilization will support nine (9) general operating rooms.</p> <p>The applicants currently have forty-one (41) emergency stations. Historical utilization (2011-2015) will support thirty-three (33) emergency stations at the State Board Standard of 2,000 visits per station and not the fifty (50) stations being requested.</p> <p>The applicants currently have fourteen (14) Stage One and thirty-five (35) Stage Two rooms – total forty-nine (49) rooms. The applicants are proposing a total of sixteen (16) Stage One and forty-nine (49) Stage Two</p>

<b>Criteria</b>	<b>Reasons for Non-Compliance</b>
	rooms- total sixty-five (65) rooms. The State Board Standard is four (4) rooms per operating/procedure room. The applicants have justified twelve operating rooms and three (3) procedure rooms for a total of fifteen (15) rooms. The applicants can justify a total of sixty (60) Stage I and Stage II rooms.
77IAC 1120.140(c) - Reasonableness of Project Costs	The applicants exceeded the State Board Standard for Contingency Costs for New Construction and Modernization by \$1,178,281.

**STATE BOARD STAFF REPORT**  
**Project #17-019**  
**SwedishAmerican Hospital**

<b>APPLICATION SUMMARY/CHRONOLOGY</b>	
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	SwedishAmerican Health System Corporation
Operating Entity/Licensee	SwedishAmerican Hospital
Owner of the Site	SwedishAmerican Hospital
Project Financial Commitment Date	September 26, 2017
Gross Square Footage	223,384 GSF
Project Completion Date	November 30, 2022
Review Period Ends	June 18, 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) are proposing 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 \$128,228,014 and the expected completion date, as stated in the application for permit, is November 30, 2022.

**II. Summary of Findings**

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

**III. General Information - Background**

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 (2) facilities 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.

The hospital is located at 1401 East State Street, Rockford, Illinois. [Type of Ownership of the Applicants page 32 of the Application for Permit]

SwedishAmerican Hospital is located in Health Service Area I and 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 fourteen (14) hospitals in the HSA I Service Area. There are six (6) hospitals in the B-01 Hospital Planning Area:

<b>TABLE ONE</b>				
<b>Hospitals in the B-01 Hospital Planning Area</b>				
<b>Facility</b>	<b>City</b>	<b>Beds (2)</b>	<b>Type of Hospital (1)</b>	<b>Miles (3)</b>
SwedishAmerican Hospital	Rockford	209	General	0
Saint Anthony Medical Center	Rockford	254	General	3.7
Rockford Memorial Hospital <sup>#</sup>	Rockford	94	General	3
VanMatre Rehabilitation Hospital	Rockford	61	Rehabilitation	4.4
Rockford Memorial Riverside <sup>*</sup>	Rockford	194	General	8.2
SwedishAmerican Hospital	Belvidere	34	General	14
#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.				
*15-039: Establish 194-bed Hospital				
Information taken from 2015 Hospital Profiles				
Miles from MapQuest				

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

<b>TABLE TWO</b>				
<b>Swedish American Hospital</b>				
<b>CY 2015</b>				
<b>Payor Source</b>	<b># of Patients</b>	<b>Percentage</b>	<b>Revenue</b>	<b>Percentage</b>
Medicare	5,883	40.3%	\$59,383,730	40%
Medicaid	4,327	29.6%	\$24,282,665	16.4%
Other Public	168	1.1%	\$2,907,942	2%
Private Insurance	3,864	26.4%	\$60,420,550	40.7%
Private Pay	47	0.3%	\$1,281,139	0.9%
Total	14,289	100.00%	\$148,276,026	100.00%
Charity Care Expense	326	2.2%	\$2,437,654	2.2%
Source: 2015 Annual Hospital Survey				

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

#### **IV. Project Details**

The applicants are proposing to undertake a major modernization project on the campus of SwedishAmerican Hospital, in Rockford the project will entail the following:

- Modernization of 96,554 GSF of existing space, encompassing the Medical/Surgical, Acute Mental Illness, Emergency Department, Surgery/Prep/Recovery areas, and Pediatrics. However, the Medical/Surgical (209-199), and Pediatrics (28-18) bed complements will be reduced by ten beds each. Acute Mental Illness will increase its bed complement by 10 beds (32-42). In addition the project will result in one additional catheterization lab, two additional operating rooms, nine post-anesthesia care stations, and eight additional Emergency treatment stations.
- A new 114,830 GSF patient tower will be constructed. The five story tower will house the following
  - 1<sup>st</sup> Floor: Pediatric Specialty and Maternal Fetal Medicine outpatient clinics, conference rooms, lobby, commons, and staff areas.
  - 2<sup>nd</sup> 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.
  - 3<sup>rd</sup> Floor: A Nursery Unit with common areas, and connectors to the main hospital building.
  - 4<sup>th</sup> Floor: 20-Bed Mother/Baby inpatient unit, with common areas.
  - 5<sup>th</sup> 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. The applicants note that the applicants have filed a separate Certificate of Exemption. Exemption #E-019-17 seeks to establish a 10-Bed, Level III Neonatal unit in existing space at the hospital. This Neonatal unit will then be transferred to the new patient tower, along with obstetrics and neonatal services, once completed.

**V. Project Uses and Sources of Funds**

The applicants are funding this project with cash/securities in the amount of \$7,330,000, gifts and bequests totaling \$1,000,000, and project-related Bond Issues totaling \$119,898,014. The applicants (Swedish American Hospital A+ and University of Wisconsin Hospital and Clinics AA-) supplied proof bond ratings from S&P Global Ratings Service (dated February 28, 2017). The project file contains Audited Financial Statement for University of Wisconsin and SwedishAmerican Health System, which further attests to the applicants' financial viability.

<b>TABLE THREE</b>			
<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>Reviewable</b>	<b>Non Reviewable</b>	<b>Total</b>
Preplanning Costs	\$75,000	\$15,000	\$90,000
New Construction Contracts	\$35,184,274	\$14,851,828	\$50,036,102
Modernization Contracts	\$25,390,551	\$0	\$25,390,551
Contingencies	\$10,827,524	\$2,438,222	\$13,265,746
Architectural/ Engineering Fees	\$4,837,012	\$1,097,191	\$5,934,203
Consulting and Other Fees	\$250,000	\$0	\$250,000
Movable or Other Equipment	\$18,697,226	\$5,047,077	\$27,744,303
Bond Issuance Expense (Project Related)	\$952,116	\$243,493	\$1,187,019
Net Interest Expense During Construction (project related)	\$6,684,550	\$1,645,450	\$8,330,000
<b>TOTAL USES OF FUNDS</b>	<b>\$102,898,755</b>	<b>\$25,329,260</b>	<b>\$128,228,014</b>
<b>SOURCE OF FUNDS</b>	<b>Reviewable</b>	<b>Non Reviewable</b>	<b>Total</b>
Cash and Securities	\$5,684,550	\$1,645,450	\$7,330,000
Gifts & Bequests	\$1,000,000	\$0	\$1,000,000
Bond Issues	\$96,214,204	\$23,683,810	\$119,898,014
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$102,898,755</b>	<b>\$25,329,260</b>	<b>\$128,228,014</b>
Source: Application for Permit Page 7			
See Appendix II at the end of the report for the itemization of the project costs.			



## VI. Cost Space Requirements

The proposed project will include 128,830 DGSF of new construction, 96,554 DGSF of modernized space and 53,748 DGSF of space left “as is” at the hospital for a total of 223,384 DGSF of space. The project will result in the facility having all private rooms, one additional catheterization lab, two additional operating rooms, nine additional PACU stations, and eight additional ED stations. 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)*

<b>TABLE FOUR</b>						
<b>Cost Space Requirements</b>						
<b>SwedishAmerican Hospital</b>						
	Cost	Existing	Proposed	New Const	Modern	As Is
Clinical/Reviewable						
Pediatrics Clinic	\$11,511,832	0	25,750	25,750	0	0
LDR	\$14,205,602	18,302	21,330	21,330	0	0
C-Section	\$4,341,463	Inc w/ LDR	5,400	5,400	0	0
Post-Partum	\$13,538,511	15,265	21,330	21,330	0	0
NICU/SCN	\$10,865,709	2,539	21,330	21,330	0	0
Peds Inpatient	\$3,903,509	10,250	10,250	0	10,250	0
Invasive	\$8,389,301	17,257	12,000	12,000	0	0
Cath/Angiography						
PACU	\$3,011,318	4,400	4,660	0	4,660	0
Surgery	\$6,224,641	26,647	12,859	0	12,859	12,000
Prep/Recovery	\$1,755,130	9,242	3,600	0	3,600	0
Central Sterile Processing	\$7,760,104	9,091	14,800	0	14,800	0
Emergency	\$6,919,885	24,220	17,175	0	0	16,000
Acute Mental Illness	\$2,000,000	25,748	5,250	0	5,250	25,748
Medical/Surgical	\$10,648,010	0	27,960	0	27,960	0
<b>Total Reviewable</b>	<b>\$105,075,015</b>	<b>162,961</b>	<b>203,694</b>	<b>109,140</b>	<b>96,554</b>	<b>53,748</b>
Non-Clinical/Non-Reviewable						
Other Non-Reviewable*	\$13,885,890	0	19,690	0	0	0
<b>Total Non-Reviewable*</b>	<b>\$13,885,890</b>	<b>0</b>	<b>16,690</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>\$118,710,905</b>	<b>162,961</b>	<b>223,384</b>	<b>126,830</b>	<b>96,554</b>	<b>53,748</b>
*Other Non-Reviewable: Building Entrance, Lobby, Public circulation, Conference center, mechanical & Electrical space						

## VII. Background of the Applicant

### A) Criterion 1110.3030(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 action 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.
4. *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 on 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 are in compliance with Executive Order #2006-05 and the Illinois Historic Preservation Agency.
7. 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 IAC 1110.3030(b)(1) to (3))**

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

These three (3) criteria are informational only. No determination on whether the applicant has met the requirements of the three (3) 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, 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 patient 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 project 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]

<b>TABLE SIX</b>			
<b>Charity Care and Medicaid Information</b>			
<b>SwedishAmerican Hospitals (Rockford/Belvidere)</b>			
<b>University of Wisconsin Hospitals and Clinics Authority <sup>(1)</sup></b>			
<b>Swedish American Hospital-Rockford</b>			
<b>Charity Care</b>	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%
<b>Swedish American Medical Center-Belvidere</b>			
<b>Charity Care</b>	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%
<b>University of Wisconsin Hospitals and Clinics Authority</b>			
<b>Charity Care</b>	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 (\$128,228,014), 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 standard size requirements for Catheterization/Angiography, Post Anesthesia Care Unit (PACU) I, Emergency Department, Medical/Surgical Inpatient, Level II Nursery, and Neonatal Intensive Care (NICU) (See Table Seven). [Application for Permit page 104-106]

<b>TABLE SEVEN</b>						
<b>Size of the Project</b>						
<b>Reviewable</b>	<b>Rooms/Stations/Units</b>	<b>Proposed</b>	<b>State Board Standard</b>		<b>Difference (2) – (1)</b>	<b>Met Standard?</b>
		<b>DGSF (1)</b>	<b>Unit</b>	<b>Total (2)</b>		
Pediatrics Clinic (Ambulatory Care)	24	13,200	800 DGSF/Room	19,200	6,000	Yes
Labor/Delivery (LDR)	14	16,165	1,600 DGSF/Room	22,400	6,235	Yes
C-Section	2	4,100	2,075 DGSF/Station	4,150	50	Yes
Post Partum	20	12,750	1,600/Bed	32,000	19,250	Yes
Pediatrics (Inpatient)	18	10,250	660 DGSF/Unit	11,880	1,630	Yes
Cath/Angiography	5	10,000	1,800 DGSF/Unit	9,000	+1,000	No
PACU Phase I	16	4,750	180 DGSF/Unit	2,880	+1,870	No
Surgery	6	12,859	2,750 DGSF/Unit	16,500	3,641	Yes
Emergency	18	17,175	900 DGSF/Unit	16,200	+975	No
Surgical Prep/PACU Phase II	6	2,100	400 DGSF/Unit	2,400	300	Yes
Cath/IR Prep/PACU Phase II	14	4,044	400 DGSF/Stations	5,600	1,556	Yes
Medical/Surgical Inpatient	32	22,000	660 DGSF/Unit	21,120	+880	No
Level II Nursery	14	3,864	160 DGSF/Unit	2,240	+1,624	No
NICU	10	6,710	568 DGSF/Unit	5,680	+1,030	No

+ Represents the amount of GSF over State standard  
Application, p. 106

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

**B) Criterion 1110.234(b) – Projected Utilization**

**To demonstrate compliance with this criterion, the applicants must document that the 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.**

The applicants are projecting a 4.25% annual increase in the number of patient days for the one hundred ninety-nine (199) medical surgical beds and the eighteen (18) pediatric beds by the second year after project completion. The State Board is projecting an annual increase in patient days for these two (2) services of 2.9% annually for the period 2013-2018. The applicants are projecting a 5% annual increase in patient days for the thirty-four (34) obstetric beds. The increase in the number of AMI beds is based upon the calculated need for eleven (11) AMI beds in the AMI Planning Area 01.

SwedishAmerican is maintaining its existing 41 ED stations. SwedishAmerican experienced a 5.7% increase in ED visits from 2014 to 2015 (from 66,914 visits to 70,742 visits). The applicants are projecting a conservative 1.7% annual growth rate results in projected utilization of 82,331 visits which meets the state standard of 2,000 visits per station for the 41 stations.

SwedishAmerican currently has thirteen (13) operating rooms and is proposing to add two (2) rooms for a total of fifteen (15) operating rooms. From 2012 to 2015, SwedishAmerican's surgical hours increased from 13,738 hours to 16,139 hours which represents 5.5% 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 standard of 1,500 hrs/room for the fifteen (15) operating rooms.

C-Section volume at SwedishAmerican declined from 2014 to 2015 and no growth is expected. The applicants currently have two (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 twenty-four (24) exam rooms for its women's and children's facility. 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 (6) providers utilizing the pediatric exam rooms simultaneously, resulting in a planned need for the twenty-four (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.

<b>TABLE EIGHT <sup>(1)</sup></b>							
<b>Projected Utilization</b>							
Historical							
Clinical	Units/Rooms/Stations	State Board Standard	2014	2015	Projected		Met Standard?
					Year 1	Year 2	
Med/Surg Inpatient	199 Beds	85%	60.10%	60.90%	86%		Yes
Pediatric Inpatient	18 Beds	65%	7.30%	7.50%	16%		No
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
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	16						
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 IAC 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 IAC 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 110.530(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 fifty-six 56-year old patient tower that has undergone no renovations outside of cosmetic enhancements. All thirty-two (32) medical/surgical and some of the pediatric beds 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 2011-2015 is approximately 62% for M/S beds, 8.8% for pediatric beds and 61% for obstetric beds. Based upon this average occupancy the applicants can justify 152 medical surgical beds, four (4) pediatric beds, and twenty seven (27) obstetric beds and not the 199 M/S beds, 18 pediatric beds, and 34 obstetric beds. The applicants cannot justify the number of beds being proposed.

Service	M/S	Peds	OB
Existing Beds	209	28	34
Proposed Beds	199	18	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%
Average Occ.	61.68%	8.80%	60.32%
Target Occ.	85.00%	65.00%	78.00%
Beds Justified	152	4	27

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION MODERNIZATION (77 IAC 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 4 pediatrics beds, from 28 to 18 (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 IAC 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

**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 thirty-two (32) to forty-two (42) AMI beds. 2011-2015 average historical utilization will justify twenty-four (24) AMI beds at 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%
Average Occ.	60.84%
Target Occ.	85.00%
Beds Justified	24

The May 2017 Revised Bed Need Determination shows a calculated need exists for eleven (11) AMI beds in HSA-01 AMI Planning Area. The applicants propose to add 10 beds to its existing 32 AMI bed complement, resulting in a 42-bed AMI unit. While both historical years fail to meet the State standard (85%), they do illustrate an upward trend in utilization. This increase, combined with the closure of Singer Mental Health Center in recent years, suggests an enhanced need in the nine-county planning area, and sufficient operational capacities by 2023, the second year after project completion.

**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.

**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 forty-two (42) bed AMI unit satisfies the minimum bed requirement for a twenty (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]

**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 supplied 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 EXPANSION/ MODERNIZATION (77 IAC 1110.730 (a)(b)(c)(d)(e)(f))**

**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 contain two points of 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 Adult Medicine Quality physician group. This group reviews findings and suggests revisionary efforts to provide better patient service.

**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 IAC 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 (7) hospitals identified, all are

operating within the acceptable parameters of 400 visits per station/room, according to the 2015 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 (5) labs at SwedishAmerican Hospital. The applicants note SwedishAmerican Hospital has averaged only one transfer annually, over the last three (3) years. Based on the evidence presented, a positive finding results for this criterion.

<b>TABLE NINE</b>			
<b>Hospitals in HSA-01 with Catheterization Labs</b>			
<b>Hospital</b>	<b>City</b>	<b># of Labs</b>	<b>Cardiac Cath Volume (visits)</b>
SwedishAmerican Hospital	Rockford	4*	2,445
OSF St. Anthony Hospital	Rockford	3	2,499
Mercy Rockford Hospital	Rockford	3	2,081
Kishwaukee Hospital	DeKalb	1	540
Katherine Shaw Bethea Hospital	Dixon	1	646
FHN Memorial Hospital	Freeport	1	463
CGH Medical Center	Sterling	1	802
Taken from the 2015 Hospital Profiles			
*3 labs for angiography, one lab for electrophysiology			
State Standard: 400 annual visits per lab			

**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 (1) 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 2,445 catheterization procedures in 2015 (See Table Nine), and anticipate increased need and higher utilization after project completion.

**E) Criterion 1110.1330(e) Support Services**

This criterion applies to the establishment of dedicated cardiac catheterization facilities. The applicants are proposing to modernize and expand an existing cardiac catheterization service, with necessary support components in place.

**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.

**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.

**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.

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

**To demonstrate compliance with this criterion 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 station. 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, and a positive finding results. [See Application for Permit pages 131-135]

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CARDIAC CATHATERIZATION EXPANSION/ MODERNIZATION (77 IAC 1110.1330 (a)(b)(c)(d)(e)(f)(g)(h)(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) I and II, and Emergency Room Services (ED). The project proposes to modernize each of these departments and increase its capacity (See Table Ten).

<b>TABLE TEN</b>			
<b>Expanded Categories of Services per</b>			
<b>1110.3030 Clinical Service Areas Other Than Categories of Service</b>			
<b>Service</b>	<b>#of Existing Rooms</b>	<b># of Rooms Proposed</b>	<b># Added</b>
<b>Operating Rooms</b>	13	15	2
<b>PACU I</b>	14	16	2
<b>PACU II</b>	40	49	9
<b>ED Stations</b>	42	50	8

<b>TABLE ELEVEN</b>				
<b>Historical Utilization of Services with State Standards</b>				
<b>Service</b>	<b>Rooms</b>	<b>CY 15 Utilization</b>	<b>Utilization Rate</b>	<b>State Standard</b>
<b>OR</b>	13	16,139 hrs	1,241 hrs	1,500 hrs/room
<b>ED</b>	42	70,742 visits	1,684 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.

Per the Hospital 2015 Survey the applicants have two (2) operating rooms dedicated to cardiovascular and one (1) dedicated to urology. The applicants have sufficient historical utilization to justify these three (3) rooms

The applicants' historical utilization will justify nine (9) general operating rooms and not the ten (10) currently being utilized. The applicants are requesting to increase the number of general operating rooms by two (2) for a total of 12 general operating rooms. Historical utilization will support nine (9) general operating rooms based upon 2011-2015 historical information.

General Operating Rooms		
	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
Average	7,504.80	12,261.60
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 twenty-one (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 fourteen (14) Stage One and thirty-five (35) Stage Two rooms – total forty-nine (49) rooms. The applicants are proposing a total of sixteen (16) Stage One and forty-nine (49) Stage Two rooms – total sixty-five (65) rooms. The State Board Standard is four (4) rooms per operating/procedure room. The applicants can justify a total of twelve (12) operating rooms and three (3) procedure rooms<sup>1</sup> a total of fifteen (15) rooms. Fifteen rooms would support a total of sixty (60) recovery rooms and not the sixty-five (65) being requested.

Emergency/ED: The applicants anticipate the need for this service to expand as well, and meet the utilization standard required for forty-one (41) stations. Table Eleven

<sup>1</sup> Per the application the three (3) procedure rooms are not being modernized.



provides historical utilization data that supports thirty-three stations and not the applicants' current forty-one (41) stations.

Emergency Department		
	Rooms	Visits
2011	36	59,527
2012	42	63,014
2013	42	60,286
2014	42	66,914
2015	41	70,742
Average	40.60	64,097
Target Occ.		2,000 Visits
Stations Justified		33 Stations
Existing Stations		41 Stations
Proposed Stations		41 Stations

However, the applicants note a 17.5% increase in ED visits in the last two years (2013-2015), 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. [See Appendix IV at the end of this report for the Executive Summary of this report]

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 IAC 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 applicant is funding this project with cash and securities totaling \$7,330,000, gifts and bequests totaling \$1,000,000 and project-related bond issues totaling \$119,898,014. The applicants (Swedish American Hospital A+) (University of Wisconsin Hospital & Clinics Authority AA-), 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.

The applicants provided additional information explaining their intent to engage in various fund raising 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 <sup>th</sup>		University of Wisconsin Hospitals and Clinic Authority Audited (In thousands) June 30 <sup>th</sup>	
	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 IAC 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 IAC 1120.130)**

**XII. Economic Feasibility**

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

To demonstrate compliance with this criterion the applicant 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 applicant.

The applicant provided the necessary attestation at page 170 of the application for permit.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION REASONABLENESS OF DEBT FINANCING (77 IAC 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. No debt financing will be incurred as part of this project.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION TERMS OF DEBT FINANCING (77 IAC 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 are .08% 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 \$41,464,238 or \$379.91 GSF. ( $\$41,464,238/109,140=\$379.91$ ). 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 \$29,938,111 or \$310.06 GSF. ( $\$29,938,111/96,554=\$310.06$ ). This appears reasonable when compared to the State Board Standard of \$316.47/GSF [2020 mid-point of construction].

**Contingencies** – These costs total \$10,827,524 and are 17.87% of new construction and modernization costs. This appears **HIGH** 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 ( $\$2,805,467/\$41,464,238=6.7\%$ ). 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 6.78% of modernization and proportionate contingencies ( $\$2,031,545/\$29,938,111=6.7\%$ ). 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. These costs include:

- CON Application Fee: \$100,000
- CON Consulting & Legal Fees: \$150,000

The State Board does not have a standard for these costs.

**Movable Equipment** – These costs total \$18,697,226. These costs include:

- 1<sup>st</sup> Floor Clinics: \$2,872,817
- Labor & Delivery/C-Section: \$4,309,655
- NICU 3<sup>rd</sup> Floor: \$1,000,000
- Post Partum 4<sup>th</sup> Floor: \$3,065,683
- Cath/EP IR Addition: \$5,446,387
- Modernization Areas: \$7,049,760

The State Board does not have a standard for these costs.

**Bond Issuance Expense (Project Related)** – These costs total \$952,616. The State Board does not have a standard for these costs.

**Net Interest Expense During Construction** – These costs total \$6,684,550. The State Board does not have a standard for these costs.

The applicants report proportionate contingency costs for both new construction and modernization. A negative finding results for this criterion.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 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 treatment.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION DIRECT OPERATING COSTS (77 IAC 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 patient day.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 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  
Jonathan Klarer Logemann, 2<sup>nd</sup> 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

<b>Appendix II</b>		
<b>Pre-Planning</b>		<b>\$90,000</b>
Space Programming	\$30,000	
Pre-Schematic Planning	\$60,000	
<b>New Construction Contracts</b>		<b>\$50,036,102</b>
Women's & Children's Pavilion	\$43,821,805	
Cath/EP IR Addition	\$6,214,297	
<b>Modernization Contracts</b>		<b>\$25,390,551</b>
Surgery Renovation	\$13,889,772	
Emergency Department Renovation	\$3,761,325	
Nursing Unit Renovations	\$7,739,454	
<b>Contingencies</b>	<b>\$13,265,747</b>	<b>\$13,265,747</b>
<b>Architect/Engineering Fees</b>		<b>\$5,934,203</b>
Architect/Engineering Basic Services	\$5,747,203	
Specialty Consultant Services	\$187,000	
<b>Consulting and Other Fees</b>		<b>\$250,000</b>
CDN Application Fee	\$100,000	
CON Consulting and Legal Fees	\$150,000	
<b>Movable/Other Equipment</b>		<b>\$23,744,302</b>
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	\$5,446,387	
Modernization Areas	\$7,049,760	
<b>Bond issuance Expense</b>	<b>\$1,187,109</b>	<b>\$1,187,109</b>
<b>Net Interest Expense</b>	<b>\$8,330,000</b>	<b>\$8,330,000</b>
<b>TOTAL PROJECT COSTS</b>	<b>\$128,228,014</b>	<b>\$128,228,014</b>

<b>Appendix III</b>				
<b>Patient Origin by Zip Code</b>				
<b>Zip Code</b>	<b>City</b>	<b>County</b>	<b>2015</b>	<b>2016</b>
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	
<b>Total</b>			<b>1,181</b>	<b>1,260</b>



**Appendix IV**  
**Emergency Department Benchmarking Alliance (EDBA) 2014 Data Guide**  
**Executive Highlights**

The 2014 EDBA Performance Measures survey includes over 1,100 EDs that served over 40 million patients, plus 45 additional freestanding ED's or urgent care centers.

***Volume Increased as Acuity Decreased***

- Patient volume at same sites reporting in 2013 and 2014 increased by 4.3%.
- Many EDs had a higher increase in volume than that figure.
- Acuity mix, measured by physician level of service and by the percentage of patients that were admitted to the hospital from the ED decreased to the lowest level in the 11 years of data survey.
- There was a decreasing percentage of children treated in EDs

***EDs are Changing structure as they Grow In Volume and Complexity***

- There were a growing number of trauma centers.
- Comparing the EDBA and NHAMCS (National Hospital Ambulatory Medical Care Survey) databases showed that the new trauma centers served populations that included large numbers of elderly patients.
- Bed utilization in EDs was about 1,500 visits per patient care space.
- There was an increased use of ED electronic information systems. Computerized physician order entry (CPOE) was present in over 80% of EDs
- About 75% of EDs over 40K volume reported a Fast Track, and about 35% had a CDU or Observation Unit

***There Is Better Patient Processing in EDs***

- The "Door to Doctor" time has decreased to 27 minutes, and overall length of stay for all ED patients was under 3 hours.
- The "Boarding Time" interval decreased for patients being placed in an inpatient unit of the hospital. This is the time from "decision to admit" until "patient physically leaves the ED"
- About 17% of patients arrive by EMS, and about 37% of those persons were admitted
- The percentage of patients who leave the ED prior to the completion of treatment decreased to 2.1%. Processing times remains highly correlated with ED volume. The cohort system used in the **EOBA** survey process has data comparators for adult and pediatric EDs, and for EDs that see patients in 20,000 volume bands. Higher volume EDs have higher acuity, higher use of diagnostic testing, and longer patient processing times. The trends related to these cohorts remain intact for 2014.

***Patients who Require Transfer and Inpatient Boarding are a Significant Challenge to ED Operations***

- There was a decrease in inpatient service disposition of ED patients, for the first time in 11 years. Still about 68% of hospital inpatients are processed in through the ED.
- There were fewer patient transfers: 1.4% of all patients, or almost 3 million a year. According to the 2011CDC (Center for Disease Control) report, about one third of patient transfers from EDs were for mental health treatment, or about 1 million patients per year
- Overall admissions from EDs, for either full admission or observation, decreased to around 15.6% of patients treated.
- ED boarding of inpatients remained a burden on ED performance, and accounted for about 40% of the time the admitted patient spent in the ED
- The average boarding time in American EDs was 105 minutes, but this time was very cohort dependent

***Diagnostic Testing Is evolving in the ED***

- There was increased use of diagnostic EKGs and MRI scans.
- MRI scans were performed a little over 1 time per 100 patients seen in the ED
- CT scans in about 20 procedures per 100 patients.
- Ultrasound usage is about 5 procedures per 100 patients seen.

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
<b>ADMINISTRATOR NAME:</b>	Dawna Menke	White	76.5%	Hispanic or Latino:	5.9%
<b>ADMINISTRATOR PHONE:</b>	815-544-1390	Black	17.6%	Not Hispanic or Latino:	94.1%
<b>OWNERSHIP:</b>	SWEDISHAMERICAN HOSPITAL	American Indian	0.0%	Unknown:	0.0%
<b>OPERATOR:</b>	SWEDISHAMERICAN HOSPITAL	Asian	0.0%		
<b>MANAGEMENT:</b>	Not for Profit Corporation (Not Church-R	Hawaiian/ Pacific	0.0%	IDPH Number:	5504
<b>CERTIFICATION:</b>	(Not Answered)	Unknown	5.9%	HPA	B-01
<b>FACILITY DESIGNATION:</b>	(Not Answered)			HSA	1
<b>ADDRESS</b>	1625 South State Street	<b>CITY:</b>	Belvidere	<b>COUNTY:</b>	Boone County

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	<u>Authorized CON Beds 12/31/2015</u>	<u>Peak Beds Setup and Staffed</u>	<u>Peak Census</u>	<u>Admissions</u>	<u>Inpatient Days</u>	<u>Observation Days</u>	<u>Average Length of Stay</u>	<u>Average Daily Census</u>	<u>CON Occupancy Rate %</u>	<u>Staffed Bed Occupancy Rate %</u>
<b>Medical/Surgical</b>	34	5	2	17	51	3	3.2	0.1	0.4	3.0
0-14 Years				0	0					
15-44 Years				4	10					
45-64 Years				5	12					
65-74 Years				3	4					
75 Years +				5	25					
<b>Pediatric</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Intensive Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
<b>Obstetric/Gynecology</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>			0	0	0		0.0	0.0		
<b>Acute Mental Illness</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Rehabilitation</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
<b>Facility Utilization</b>	<b>34</b>			<b>17</b>	<b>51</b>	<b>3</b>	<b>3.2</b>	<b>0.1</b>	<b>0.4</b>	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Charity Care</u>	<u>Totals</u>
<b>Inpatients</b>	11.8%	0.0%	0.0%	88.2%	0.0%	0.0%	
	2	0	0	15	0	0	17
<b>Outpatients</b>	24.4%	36.4%	2.6%	32.2%	3.1%	1.3%	
	6785	10133	735	8944	850	365	27,812

<u>Financial Year Reported:</u>	6/1/2014 to	6/30/2015	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>			
<b>Inpatient Revenue ( \$ )</b>	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		178,687	
	0	0	0	100,182	0	100,182	0		
<b>Outpatient Revenue ( \$ )</b>	10.9%	11.0%	6.9%	60.3%	11.0%	100.0%			
	2,011,607	2,025,841	1,264,095	11,109,088	2,027,520	18,438,151	178,687	1.0%	

<u>Birth Data</u>			<u>Newborn Nursery Utilization</u>				<u>Organ Transplantation</u>	
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:	0	
Number of Live Births:	0	Beds	0	0	0	Heart:	0	
Birthing Rooms:	0	Patient Days	0	0	0	Lung:	0	
Labor Rooms:	0	Total Newborn Patient Days			0	Heart/Lung:	0	
Delivery Rooms:	0					Pancreas:	0	
Labor-Delivery-Recovery Rooms:	0					Liver:	0	
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0	
C-Section Rooms:	0	Inpatient Studies			41			
CSections Performed:	0	Outpatient Studies			42,435			
		Studies Performed Under Contract			43			

**Surgery and Operating Room Utilization**

<b>Surgical Specialty</b>	<b>Operating Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	0	14	0	12	12	0.0	0.9
Gastroenterology	0	0	0	0	0	6	0	10	10	0.0	1.7
Neurology	0	0	0	0	0	1	0	2	2	0.0	2.0
OB/Gynecology	0	0	0	0	1	66	2	94	96	2.0	1.4
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	166	0	250	250	0.0	1.5
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	44	0	48	48	0.0	1.1
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>297</b>	<b>2</b>	<b>416</b>	<b>418</b>	<b>2.0</b>	<b>1.4</b>

**SURGICAL RECOVERY STATIONS**

Stage 1 Recovery Stations

3

Stage 2 Recovery Stations

6

**Dedicated and Non-Dedicated Procedure Room Utilization**

<b>Procedure Type</b>	<b>Procedure Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
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
<b>Multipurpose Non-Dedicated Rooms</b>											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

**Emergency/Trauma Care**

Certified Trauma Center	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	Level 2
	Not Answered
Number of Trauma Visits:	0
Patients Admitted from Trauma	3,826
Emergency Service Type:	73
	Stand-By
Number of Emergency Room Stations	4
Persons Treated by Emergency Services:	11,395
Patients Admitted from Emergency:	1,149
Total ED Visits (Emergency+Trauma):	15,221

**Free-Standing Emergency Center**

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

**Outpatient Service Data**

Total Outpatient Visits	32,771
Outpatient Visits at the Hospital/ Campus:	32,771
Outpatient Visits Offsite/off campus	0

**Cardiac Catheterization Labs**

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

**Cardiac Catheterization Utilization**

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

**Cardiac Surgery Data**

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

**Diagnostic/Interventional Equipment**

	<b>Examinations</b>			<b>Therapeutic Equipment</b>			<b>Therapies/ Treatments</b>		
	<b>Owned</b>	<b>Contract</b>	<b>Inpatient</b>	<b>Outpt</b>	<b>Contract</b>	<b>Owned</b>		<b>Contract</b>	
General Radiography/Fluoroscopy	6	0	3	8,968	0	Lithotripsy	0	0	0
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0
Mammography	1	0	0	1,780	0	Image Guided Rad Therapy			0
Ultrasound	4	0	0	3,475	0	Intensity Modulated Rad Thrpy			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	0	3,892	0				
Magnetic Resonance Imaging	0	1	0	0	774				