



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-10	BOARD MEETING: February 27, 2018	PROJECT NO: 17-067	PROJECT COST: Original: \$15,775,290
FACILITY NAME: HSHS St. John's Hospital		CITY: Springfield	
TYPE OF PROJECT: Non-Substantive			HSA: III

DESCRIPTION: The Applicants (Hospital Sisters Services, Inc., Hospital Sisters Health System, and St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis) are proposing to modernize the fifth floor of the 11 story patient tower on the campus of HSHS St. John's Hospital, Springfield. The proposed cost of the project is \$15,775,290 and the expected completion date is February 28, 2020.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (Hospital Sisters Services, Inc., Hospital Sisters Health System, and St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis) are proposing a major modernization of the 5th floor Medical/Surgical (Med/Surg) unit on the campus of HSHS St. John's Hospital, Springfield. The Applicants propose to modernize both sections of the Med/Surg unit (old and new), to match modern patient care standards. The modernization will entail both clinical and non-clinical components, and update fire suppression systems on both the fifth and fourth floors. The proposed cost of the project is \$15,775,290, and the expected completion date is February 28, 2020.
- The proposed modernization will include both the new (1970) and old (1939) sections of the patient tower, and reduce the bed complement from 37 to 33 beds. Each of the 33 proposed beds will be in private rooms, with private, ADA compliant restroom/bathing facilities.

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.

BACKGROUND:

- HSHS St. Johns Hospital is a 415-bed acute care hospital, located in Springfield, Illinois. St. Johns Hospital is part of the Hospital Sisters Health System, a faith-based not-for profit health system that maintains ownership of 9 other hospitals in Illinois, and 6 hospitals in Wisconsin. HSHS currently maintains an open permit for Project #16-053, HSHS St. John's Hospital Women's and Children's Healthcare Center, a 4-story medical office building currently under construction. Project cost:\$48,377,826. Project completion date: March 31, 2019.

PURPOSE OF THE PROJECT:

- **According to the applicant** *"This project will address and improve the health care and well-being of residents of St. John's Hospital service area, Planning Area E-01, and the participants in medical education and health professional education programs offered by St. John's Hospital. It will allow the hospital to provide Medical/Surgical nursing units in facilities that meet contemporary standards with adequate space for medical and health professional education. Also, St. John's Hospital serves several areas that have been designated as Medically Underserved. Sangamon County has been designated as an MUA and several of the rural areas included in the service area are also MUAs. St. John's Hospital's goal is to continue providing quality healthcare to residents of its market area. This project will help meet this goal as part of a continuing effort to modernize all Medical/Surgical units in the hospital, allowing for the provision of care in a patient-friendly environment that meets today's standards of care."*

PUBLIC HEARING/COMMENT:

- No public hearing was requested and no letters of support or opposition were received.

SUMMARY:

- The State Board Staff reviewed the application for permit and note the following:
- To determine if there is a need for the modernization of a healthcare facility, the State Board must determine if the facility has deteriorated and in need of modernization. The State Board Staff relies upon CMS Conditions of Participation surveys and architectural studies to determine if the modernization is warranted. The extent of the modernization is based upon the Applicants' historical utilization. **Reviewer Note:** The calculated need for beds is not taken into consideration when reviewing the modernization of an existing hospital.

- HSHS St. John's Hospital is one of two acute care/teaching hospitals, in Springfield. The 415-bed facility provides Level I adult trauma care, and Level II pediatric trauma care, and is renowned for its cardiac care services.
- The Applicants addressed a total of twelve (12) criteria and failed to meet the following:

Criteria	Reasons for Non-Compliance
77 IAC 1110.234(b) - Utilization	The Applicants' projected utilization does not meet or exceed the State standard (88%) for the years 2021/2022.
77IAC 1110.530(e)(4) - Occupancy	The Applicants failed to provide projected utilization data to satisfy the State Board standards established for this criterion.
77 IAC 1120.140 (c) –Reasonableness of Project Costs	The applicant has exceeded the State Board Standards for modernization and contingencies and architectural & engineering fees. [See Page 20 of this Report]

STATE BOARD STAFF REPORT

Project #17-067

HSHS St. John's Hospital

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	Hospital Sisters Services, Inc. Hospital Sisters Health System St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Facility Name	HSHS St. John's Hospital
Location	800 East Carpenter Street, Springfield, Illinois
Application Received	November 28, 2017
Application Deemed Complete	November 30, 2017
Permit Holder	Hospital Sisters Services, Inc. Hospital Sisters Health System St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Operating Entity/Licensee	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Owner of the Site	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Project Financial Commitment Date	February 27, 2020
Gross Square Footage	30,925 GSF
Project Completion Date	February 28, 2020
Review Period Ends	January 29, 2018
Can Applicant Request a Deferral?	Yes

I. The Proposed Project

The Applicants (Hospital Sisters Services, Inc., Hospital Sisters Health System, and Hospital Sisters of the Third Order of St. Francis) are proposing a major modernization of the 5th floor Medical/Surgical patient care unit, on the campus of HSHS St. John's Hospital, Springfield. The Applicants are proposing to modernize the entire 5th floor patient care unit, to include non-clinical areas. The proposed cost of the project is \$15,775,290 and the expected completion date is February 28, 2020.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is **not** in conformance with the provisions of 77 ILAC 1110 (Part 1110).
- B. The State Board Staff finds the proposed project is **not** in conformance with the provisions of 77 ILAC 1120 (Part 1120).

III. General Information - Background

HSHS St. John's Hospital is a faith-based not-for-profit, teaching hospital, containing 415 beds. The hospital is located at 800 East Carpenter Street, Springfield, Illinois. HSHS St. John's Hospital is part of a Hospital Sisters Health System, a 15-hospital health system, serving Illinois and Wisconsin. HSHS St. John's Hospital is a 415-bed faith-

based, not-for-profit acute care hospital that serves several areas that have designated as being Medically Underserved (MUA).

HSHS St. John's Hospital is located in Health Service Area III and Hospital Planning Area E-01. Health Service Area III includes the Illinois Counties of Adams, Brown, Calhoun, Cass, Christian, Greene, Hancock, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Pike, Sangamon, Schuyler, and Scott. E-01 Hospital Planning Area includes Logan, Menard, Mason, Sangamon, Christian and Cass Counties; Brown County Townships of Ripley, Cooperstown, and Versailles; Schuyler County Townships of Littleton, Oakland, Buena Vista, Rushville, Browning, Hickory, Woodstock, Bainbridge and Frederick.

There are nineteen (19) hospitals in the HSA III Service Area. There are seven (7) hospitals in the E-01 Hospital Planning Area:

TABLE ONE				
Hospitals in the E-01 Hospital Planning Area				
Facility	City	Beds (2)	Type of Hospital (1)	Miles (3)
St. John's Hospital	Springfield	415	General	0
Memorial Medical Center	Springfield	500	General	.7
Taylorville Memorial Hospital	Taylorville	25	CAH	27
Abraham Lincoln Hospital	Lincoln	25	CAH	32
Pana Community Hospital	Pana	22	CAH	44
Mason District Hospital	Havana	25	CAH	47
Sarah D. Culbertson Memorial Hospital	Rushville	22	CAH	56
1. CAH = Critical Access Hospital 2. Information taken from 2016 Hospital Profiles 3. Miles from MapQuest				

The table below outlines the payor mix for HSHS St. John's Hospital for CY 2016.

TABLE TWO				
HSHS St. John's Hospital				
CY 2016				
Payor Source	# of Patients	Percentage	Revenue*	Percentage
Medicare	8,178	45.2%	\$105,605,374	43.4%
Medicaid	4,768	26.3%	\$53,329,213	21.9%
Other Public	422	2.3%	\$10,599,995	4.3%
Private Insurance	4,244	23.4%	\$79,504,244	32.6%
Private Pay	119	0.7%	\$-54,490,460	-2.3%
Total	17,731	100.00%	\$194,548,366	100.00%
Charity Care Expense	381	2.1%	\$5,758,828	1.2%
Source: 2016 Annual Hospital Survey				
*Inpatient Revenue				
On inpatient accounts, given that the balances typically are quite high, we often collect very little in the first place. We routinely estimate the allowances to provide for bad debt and charity care, which typically apply to self-pay patients. These estimates change as more				

TABLE TWO
HSHS St. John's Hospital
CY 2016

information relative to the patient and their ability to pay become known. During Fiscal 2016 our estimates for bad debts and charity care were revised upwards. We also allow an "off the top" discount to self-patients, which increased from 20% of the account balance during fiscal 2015 to 40% during fiscal 2016. These two factors contributed to self-pay net revenue being negative during Fiscal 2016.

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 a major modernization project on the fifth floor of its patient tower, which currently houses a 37-bed medical/surgical (Med/Surg) patient care unit. The patient tower at HSHS St. John's Hospital is a configuration of two sections, the first built in 1939, and the second, built in 1970. Both sections of the patient tower have received no modernization outside of cosmetic work, since they were built. The Applicants propose to modernize the fifth floor in its entirety, to include clinical and non-clinical spaces. The 37-bed unit will be reduced to a 33-bed unit, and offer all private rooms, with private bathing/restroom facilities. All components of the modernization will be ADA compliant, and be designed in conjunction with modern health care standards. The HVAC and electrical services will be updated to address deficiencies in these areas, and the fifth floor, as well as the fourth floor, will be equipped with code compliant fire suppression systems (sprinkler systems). The project entails 30,925 GSF of modernized space, no new construction will occur, and the project cost is \$15,775,290.

V. Project Uses and Sources of Funds

The Applicants are funding this project with cash/securities in the amount of \$1,045,290 and a project-related bond issue totaling \$14,730,000. The Applicants supplied proof of an AA-/Stable bond rating from Fitch Ratings Service (application, p. 74), and AA-/Stable bond rating from S&P Global Ratings Service (application, p. 77).

TABLE THREE
Project Costs and Sources of Funds

USE OF FUNDS	Reviewable	Non Reviewable	Total	% of Total
Preplanning Costs	\$30,900	\$0	\$30,900	.02%
Modernization Contracts	\$9,733,500	\$0	\$9,733,500	61.7%
Contingencies	\$869,526	\$96,614	\$966,140	6.2%
Architectural/Engineering Fees	\$954,810	\$106,090	\$1,060,900	6.7%
Consulting & Other Fees	\$20,600	\$0	\$20,600	.02%
Movable or Other Equipment (not in construction contracts)	\$1,493,500	\$0	\$1,493,500	9.4%
Bond Issuance Expense	\$193,438	\$28,562	\$222,000	1.4%
Net Related Expense During Construction	\$320,654	\$47,346	\$368,000	2.4%

Other Costs to be Capitalized	\$128,750	\$1,751,000	\$1,879,750	11.9%
TOTAL USES OF FUNDS	\$13,745,678	\$2,029,612	\$15,775,000	100.00%
SOURCE OF FUNDS	Reviewable	Non Reviewable	Total	
Cash and Securities	\$910,805	\$134,485	\$1,045,290	6.6%
Bond Issues	\$12,834,873	\$1,895,127	\$14,730,000	93.4%
TOTAL SOURCES	\$13,745,678	\$2,029,612	\$15,775,000	100.00%
Source: Page 6 of the Application for Permit.				

VI. Cost Space Requirements

The applicant is proposing 30,925 DGSF of modernized space at the hospital, with 20,840 DGSF being classified as clinical, and 10,085 DGSF being classified as non-clinical. No new construction will occur, nor will any space be designated “as-is”.

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 Reviewable						
	Cost	Existing	Proposed	New Const	Modern	As Is
Med/Surg Nursing Unit	\$13,745,678	20,840	20,840	0	20,840	0
Total Reviewable	\$13,745,678	20,480	20,480	0	20,480	0

TABLE FOUR (continued) Cost Space Requirements Non Reviewable						
	Cost	Existing	Proposed	New Const	Modern	As Is
Family Support Area	\$84,231	410	410	0	410	0
Elevator/Lobbies	\$131,814	535	535	0	535	0
Mechanical/Electrical/Equip.	\$84,422	385	385	0	385	0
Elevator Shafts	\$328,142	1,575	1,575	0	1,575	0
Stairwells	\$154,744	855	855	0	855	0
Mechanical/Electrical/Data Shafts	\$46,471	485	485	0	485	0
Hallways/Circulation	\$1,199,788	5,840	5,840	0	5,840	0
Total Non Reviewable	\$2,029,612	10,085	10,085	0	10,085	0
Total	\$15,775,290	30,925	30,925	0	30,925	0
Source: Application pg. 53						

VII. Background of the Applicant

A) Criterion 1110.230 – 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.*
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1. The Applicants provided a copy of the license and certification of HSHS St. John's Hospital, and a list of facilities under the HSHS ownership/operational structure at pages 54-56 of the Application for Permit.
 2. The applicant attested that no adverse actions have been taken against any facility owned and/or operated by the Applicants. [Application for Permit page 57]
 3. Authorization permitting HFSRB and IDPH access to any documents necessary to verify information submitted has been provided at Application for Permit page 57.
 4. The Applicants supplied verification of Good Standing as Domestic Corporations in the State of Illinois (application pgs. 32-34).
 5. Evidence of Site Ownership was provided at pages 35-46 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 1110.230)

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 area, per the applicant's definition.

The applicant stated the following:

“This project will address and improve the health care and well-being of residents of St. John’s Hospital service area, Planning Area E-01, and the participants in medical education and health professional education programs offered by St. John’s Hospital. It will allow the hospital to provide Medical/Surgical nursing units in facilities that meet contemporary standards with adequate space for medical and health professional education. Also, St. John’s Hospital serves several areas that have been designated as Medically Underserved. Sangamon County has been designated as an MUA and several of the rural areas included in the service area are also MUAs. St. John’s Hospital’s goal is to continue providing quality healthcare to residents of its market area. This project will help meet this goal as part of a continuing effort to modernize all Medical/Surgical units in the hospital, allowing for the provision of care in a patient-friendly environment that meets today’s standards of care.”

The service area for HSHS St. John’s Hospital consists of 166 zip codes that comprise HPA E-01, and adjacent planning areas. The Applicants supplied a listing of inpatient discharges for fiscal year 2017 (application p.60), containing the zip code, city, and number of patient discharges residing in each zip code area. The list shows a total of 18,499 patients discharged from HSHS St. John’s Hospital in FY 2017.

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

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 substantive or emergency.

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]*

TABLE FIVE			
Charity Care and Medicaid Information ⁽¹⁾			
St. John's Hospital			
Charity Care	2015	2016	2017
Net Patient Revenue	\$447,281,758	\$461,466,000	\$475,001,000
Amount of Charity Care (charges)	\$12,138,983	\$19,068,688	\$15,135,769
Cost of Charity Care	\$3,338,220	\$5,110,483	\$3,841,757
Ratio of Charity Care to Net Patient Revenue	7.4%	1.1%	.8%
HSHS Illinois Hospitals			
Charity Care	2015	2016	2017
Net Patient Revenue	\$1,262,757,958	\$1,027,791,000	\$1,089,209,000
Amount of Charity Care (charges)	\$49,555,376	\$59,665,591	\$52,040,415
Cost of Charity Care	\$20,025,778	\$16,672,211	\$15,165,565
Ratio of Charity Care to Net Patient Revenue	1.5%	1.6%	1.3%

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 four (4) alternatives to the proposed project.

1. Modernize without changing configuration of patient rooms.

The Applicants rejected this alternative, due to the need to reconfigure the existing patient rooms to meet modern health care standards. This option would only be considered to be cosmetic enhancement, and would not address the programmatic needs of the nursing unit. Cost of this alternative: \$9,000,000.

2. Establish replacement bed tower.

The Applicants rejected this alternative, based on the estimated project cost. In addition, the Applicants report having already modernized four other floors in the existing tower, at a cost of over \$50,000,000, and note that these past efforts to modernize the building would be lost through demolition of the existing structure. Cost of this alternative: \$250,000,000.

3. Construct a replacement hospital.

As mentioned in alternative two, the existing patient tower has undergone a significant amount of renovation already, and the cost associated with abandonment of the existing facility, and establishment of a replacement facility would be excessive, and prove to be an imprudent use of funds since many hospital departments do not require replacement. Cost of this alternative: \$770,000,000.

4. Modernize 5th floor exclusively, reconfigure patient rooms

The Applicants chose this alternative as the most efficient and cost effective alternative. This alternative incorporates existing modernization efforts, and is a logical next step in the updating of the HSHS St. John's Hospital campus. The Applicants note that the alternative chosen will allow continued operations in other patient care areas while the modernization occurs, and maintain clinical training operations in close proximity to the SIU School of Medicine. Cost of this alternative: \$15,775,000

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 applicant has met all of the size requirements of the State Board. [Application for Permit page 69]

TABLE SIX Size of Project				
Department	Proposed	State Standard	Difference	Standard Met?
Clinical/Reviewable				
Medical Surgical	20,840 DGSF (33 Beds)	500-660 DGSF/Bed (21,780 DGSF)	-940	Yes
Total Clinical	20,840			
Non-Clinical/Non-Reviewable				
Family Support Area	410 (1 Room)	N/A	N/A	N/A
Elevator Lobby	535	N/A	N/A	N/A
Mechanical/Electrical/Equipment	385	N/A	N/A	N/A
Elevator Shafts	1,575	N/A	N/A	N/A
Stairwells	855	N/A	N/A	N/A
Mechanical/Electrical/Data	485	N/A	N/A	N/A
Hallways/Circulation	5,840	N/A	N/A	N/A
Total Non-Clinical	10,085			

TABLE SIX Size of Project				
Department	Proposed	State Standard	Difference	Standard Met?
TOTAL	30,925			

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.

State Board Staff Notes: All Diagnostic and Treatment utilization numbers are the minimums per unit for establishing more than one unit, except where noted in 77 Ill. Adm. Code 1100.

The Applicants stated the following:

“Although utilization does not meet the State standard 88% occupancy rate using average daily census, a review of daily peak census information for the past three months indicates that St. John’s has exceeded this target during the past year on a number of occasions. St. John’s also operates one of the region’s two Level I Trauma Centers. In the event of an emergent situation or a pandemic crisis, its 200 medical/surgical beds are necessary and can be immediately set up and staffed within 24-48 hours.” (Application, p. 70)

TABLE SEVEN Projected Utilization					
	Department	Historical Utilization	Projected Utilization	State Standard	Standard Met?
Year 1 (2020)	Med/Surg	Patient Days	60,604 (83.4%)	88%	No
Year 2 (2021)	Med/Surg	Patient Days	61,816 (85.1%)	88%	No

The Applicants note the projected utilization has not met the State standard for utilization for Med/Surg units. However, the projected utilization for the first two years is proximal to the State standard, and illustrates a 2% annual growth in utilization. Considering the projected utilization demographics, it appears the Applicant’s facility will be at State standard capacity within four years (2023), after project completion. Additionally, the Applicants report increases in patient transfer requests, and growth in specific service lines where patients would use Med/Surg beds. Regardless, the Applicants have not met the State standard for occupational capacity by the second year after project completion, and negative finding results.

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

X. Medical/Surgical/Obstetric/Pediatric/Intensive Care Review Criteria

A) Criterion 1110.530(b) - Service Modernization

To demonstrate compliance with this criterion, the applicant must document that the proposed project meets 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 Applicants propose to modernize the 37-bed Medical/Surgical patient care unit, located on the 5th floor of St. John's Hospital, Springfield. The proposed modernization will entail 30,925 DGSF of space, will include the modernization of non-clinical areas, and will result in a 33-bed patient care unit with all private rooms with separate bathroom/bathing facilities. In addition, all electrical, HVAC, and clinical care systems will be upgraded to modern health care standards. Fire suppression systems will be added/upgraded on the fifth floor and the fourth floor as well.

B) Criterion 1110.530(b)(1)(3) - Background of Applicant

This requirement has been addressed previously in this report.

C) Criterion 1110.530(e)(1)(2)(3) Deteriorated Facilities

In this section the Applicants note the Medical/Surgical nursing units on the 5th floor at HSHS are becoming functionally obsolete. This unit is located in a ten-story tower that consists of two sections, one built in 1939, and the second built in 1970. While modernization has occurred on other floors in the tower, no upgrading beyond cosmetics has occurred on the 5th floor. The Applicants note all mechanicals will be upgraded, to include HVAC, electrical, and clinical support systems. The patient rooms will be configured to a larger scale that is compliant with ADA standards, to include private bathing and restroom facilities in each room. The Applicants did not supply any documentation to support their attestation. However, given the age of the two conjoined towers, and the lack of upgrades to the 5th floor patient care units, it appears the proposed modernization is necessary.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION DETERIORATED FACILITIES (77 IAC 1110.530(e)(1)(2)(3))

D) Criterion 1110.530(e)(4) Occupancy

As previously discussed in this report (See Table Seven), the Applicants do not have sufficient projected utilization data (based on historical occupancy data, see Table Eight), to justify the operation of the Medical/Surgical units at HSHS St. John's Hospital. However, the Applicants report periods of high occupancy which surpass the State standard, during 10% of its patient days, and a gradual 2% increase in utilization of its Medical/Surgical units. In addition, the Applicants note the proposed project will reduce the number of Medical/Surgical beds from 37 to 33, and reduce the overall Medical/Surgical bed complement from 204 to 200. This project will enhance the patient experience in its Medical/Surgical category of service, and will eventually increase utilization that meets/exceeds the State Board standard.

TABLE EIGHT Historical Utilization			
	CY 2014	CY2015	CY 2016
Med/Surg Admissions	11,079	11,485	10,709
Med/Surg Patient Days	50,378	57,997	53,981
Average Daily Census	138	158.9	147.5
ALOS	4.5	5.0	5.0
Authorized Med/Surg Beds	204	204	204
Occupancy %	67.7%	77.9%	72.3%

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION OCCUPANCY (77 IAC 1110.530(e) (4))

E) Criterion 1110.530(g) Performance Requirements

The Applicants note HSHS St. John's Hospital currently has a collective bed complement of 204 beds, stationed on various floors in the patient tower. The proposed project will result in a 4-bed reduction in the 37-bed Medical/Surgical unit, located on the 5th floor. The overall bed complement will remain in excess of the minimum 100-bed requirement of this criterion. A positive finding results for this criterion.

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

The Health Facilities 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/securities in the amount of \$1,045,290 and bond issues totaling \$14,730,000. The Applicants provided audited financial statements for years 2016 and 2017, and it appears the Applicants have sufficient financial resources to fund the project. The table below provides a summary of the financial position of HSHS and its subsidiaries.

TABLE NINE Hospital Sisters Health System And Subsidiaries Financial Statements As of October 17, 2017 (In thousands) Audited		
	2016	2015
Cash	\$94,407	\$112,810
Current Assets	\$848,407	\$975,002
PPE	\$1,342,416	\$1,410,180
Total Assets	\$3,883,468	\$4,096,968
Current Liabilities	\$541,221	\$628,648
LTD	\$482,477	\$522,114
Net Assets	\$2,152,594	\$2,421,284
Net Patient Service Revenue	\$2,227,721	\$2,323,186
Total Revenue	\$2,277,629	\$2,364,542
Operating Expenses	\$2,508,582	\$2,297,961
Income From Operations	(\$230,953)	\$66,581
Revenues in excess of expenses	(\$230,953)	\$66,581
Source: KPMG, LLC. See Project File		

The Applicants provided proof of an AA-/Stable Bond Rating from Fitch Ratings Service (application, p. 74), and proof of a similar rating (AA-/Stable), from S&P Global Ratings Service (application, p. 77). In addition, the Applicants provided audited financial statements for CY 2016/2017. It appears the Applicants are compliant with this criterion.

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 applicant 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.

The Applicants provided proof of its AA-/Stable bond rating (application, pgs 74-80), and audited financial statements (application file), that supports their attestation of financial viability. It appears the Applicants have met 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 Applicants provided the necessary attestation at page 81 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 are funding the project with a combination of cash/securities of \$1,045,290, and bond issuances amounting to \$14,730,000. Per the Applicants the selected form of debt financing will be at the lowest cost available, or it 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 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.

Board staff notes all costs listed in this section are Clinical/Reviewable in origin. All Non-Clinical/Non-Reviewable costs are listed in Table Three.

Preplanning Costs – These costs total \$30,900 and are .02% of new construction, contingencies and movable equipment. These costs appear reasonable when compared to the State Board Standard of 1.8%.

Modernization and Contingencies – These costs total \$10,603,026 or \$508.78 GSF. (\$10,603,026/20,840=\$508.78). This appears **HIGH** when compared to the State Board Standard of \$470.50/GSF [2019 mid-point of construction].

Contingencies – These costs total \$869,526 and are 8.9% of modernization costs. This appears reasonable when compared to the State Board Standard of 10%-15%.

Architectural and Engineering Fees – These costs total \$954,810 and are 9% of modernization and contingencies. These costs appear **HIGH** when compared to the State Board Standard of 5.87% - 8.81%.

Consulting and Other Fees – These costs are \$20,600. The State Board does not have a standard for these costs.

Movable Equipment – These costs total \$1,493,500 and are not reviewable by the State Board (hospital).

Bond Issuance Expense (Project-Related) – These costs total \$193,438. The State Board does not have a standard for these costs.

Net Interest Expense During Construction – These costs total \$320,654. The State Board does not have a standard for these costs.

Other Costs to be Capitalized – These costs total \$128,750. The State Board does not have a standard for these costs.

The Applicants are in excess of the State Board standards for Modernization and Contingencies costs, and Architectural and Engineering Fees. 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))

D) Criterion 1120.140(d) – Direct Operating Cost

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

The direct operating cost per treatment is \$399.76 per patient day. The State Board does not have a standard for this cost. The applicant has met the requirements of this criterion.

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 total projected annual capital costs will be \$61.91 per patient day. The State Board does not have a standard for this cost. The applicant has met the requirements of this criterion.

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

Charity Care Information			
CHARITY CARE - St. John's Hospital			
	Year Ended 6/30/15	Year Ended 6/30/16	Year Ended 6/30/17
Net Patient Revenue	\$447,281,758	\$461,466,000	\$475,001,000
Amount of Charity Care (charges)	\$12,138,983	\$19,068,688	\$15,135,769
Cost of Charity Care	\$3,338,220	\$5,110,483	\$3,841,757
Cost of Charity Care/Net Patient Revenue	0.75%	1.11%	0.81%
CHARITY CARE - HSHS Illinois Hospitals			
	Year Ended 6/30/2015	Year Ended 6/30/2016	Year Ended 6/30/2017
Net Patient Revenue	\$1,262,757,958	\$1,027,791,000	\$1,089,209,000
Amount of Charity Care (charges)	\$49,555,376	\$59,665,591	\$52,040,415
Cost of Charity Care	\$20,025,778	\$16,672,211	\$15,165,565
Cost of Charity Care/Net Patient Revenue	1.59%	1.62%	1.39%

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Dr Charles Lucore			White	86.4%	Hispanic or Latino:	0.5%
ADMINSTRATOR PHONE:	217-544-6464			Black	10.6%	Not Hispanic or Latino:	98.6%
OWNERSHIP:	Hospital Sisters Services, Inc.			American Indian	0.1%	Unknown:	1.0%
OPERATOR:	Hospital Sisters Health System			Asian	0.3%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.0%	IDPH Number:	2451
CERTIFICATION:	(Not Answered)			Unknown	2.6%	HPA	E-01
FACILITY DESIGNATION:	(Not Answered)					HSA	3
ADDRESS	800 East Carpenter	CITY: Springfield	COUNTY: Sangamonm 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	204	191	163	10,709	51,459	2,522	5.0	147.5	72.3	77.2
0-14 Years				68	122					
15-44 Years				1,508	5,956					
45-64 Years				3,336	16,140					
65-74 Years				2,441	11,584					
75 Years +				3,356	17,657					
Pediatric	32	32	22	1,778	4,163	839	2.8	13.7	42.7	42.7
Intensive Care	48	48	48	2,843	11,654	7	4.1	31.9	66.4	66.4
Direct Admission				1,918	6,833					
Transfers - Not included in Facility Admissions				925	4,821					
Obstetric/Gynecology	38	38	26	2,196	6,499	240	3.1	18.4	48.5	48.5
Maternity				2,138	6,357					
Clean Gynecology				58	142					
Neonatal	40	40	40	553	13,003	0	23.5	35.5	88.8	88.8
Long Term Care	13	37	27	682	7,951	0	11.7	21.7	167.1	58.7
Swing Beds			0	0	0		0.0	0.0		
Total AMI	40			276	4,522	0	16.4	12.4	30.9	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		15	15	276	4,522	0	16.4	12.4		82.4
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	415			18,112	99,251	3,608	5.7	281.0	67.7	

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	45.2%	26.3%	2.3%	23.4%	0.7%	2.1%	
	8178	4768	422	4244	119	381	18,112
Outpatients	32.1%	28.0%	2.2%	29.5%	6.9%	1.3%	
	79931	69538	5494	73344	17261	3207	248,775

<u>Financial Year Reported:</u>	7/1/2015 to	6/30/2016	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	43.4%	21.9%	4.3%	32.6%	-2.3%	100.0%			
	105,605,374	53,329,213	10,559,995	79,504,244	-5,490,460	243,508,366	3,640,155		5,758,828
Outpatient Revenue (\$)	27.0%	18.0%	-2.1%	55.6%	1.5%	100.0%			
	58,899,561	39,189,056	-4,671,281	121,218,615	3,321,668	217,957,619	2,118,673		Total Charity Care as % of Net Revenue
									1.2%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	2,159		Level I	Level II	Level II+	Kidney:	
Number of Live Births:	2,134		Beds	16	0	Heart:	
Birthing Rooms:	0		Patient Days	3,038	0	Lung:	
Labor Rooms:	0		Total Newborn Patient Days		3,038	Heart/Lung:	
Delivery Rooms:	0					Pancreas:	
Labor-Delivery-Recovery Rooms:	11					Liver:	
Labor-Delivery-Recovery-Postpartum Rooms:	0		<u>Laboratory Studies</u>			Total:	
C-Section Rooms:	2		Inpatient Studies		853,243		
CSections Performed:	536		Outpatient Studies		358,099		
			Studies Performed Under Contract		143,239		

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	8	8	995	94	4618	188	4806	4.6	2.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	5	9	14	871	620	2052	1059	3111	2.4	1.7
Gastroenterology	0	0	0	0	33	234	42	188	230	1.3	0.8
Neurology	0	0	0	0	177	70	668	141	809	3.8	2.0
OB/Gynecology	0	0	0	0	106	513	315	1212	1527	3.0	2.4
Oral/Maxillofacial	0	0	0	0	2	100	5	276	281	2.5	2.8
Ophthalmology	0	0	0	0	16	1843	28	1769	1797	1.8	1.0
Orthopedic	0	0	6	6	1631	2625	3959	3397	7356	2.4	1.3
Otolaryngology	0	0	0	0	126	1151	247	1555	1802	2.0	1.4
Plastic Surgery	0	0	0	0	158	439	452	755	1207	2.9	1.7
Podiatry	0	0	0	0	34	474	66	760	826	1.9	1.6
Thoracic	0	0	0	0	767	16	3888	18	3906	5.1	1.1
Urology	0	0	1	1	421	1634	766	2556	3322	1.8	1.6
Totals	0	5	24	29	5337	9813	17106	13874	30980	3.2	1.4

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

46

Stage 2 Recovery Stations

29

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	4	4	1211	2959	1411	2959	4370	1.2	1.0
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
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Adult
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	1,102
Patients Admitted from Trauma	584
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	34
Persons Treated by Emergency Services:	54,224
Patients Admitted from Emergency:	8,728
Total ED Visits (Emergency+Trauma):	55,326

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	248,775
Outpatient Visits at the Hospital/ Campus:	193,513
Outpatient Visits Offsite/off campus	55,262

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	8
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	10,323
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	5,408
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	2,810
EP Catheterizations (15+)	2,105

Cardiac Surgery Data

Total Cardiac Surgery Cases:	1,089
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	1,089
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	367

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

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	14	0	29,097	39,642	0	Lithotripsy	0	2	11
Nuclear Medicine	4	0	427	710	0	Linear Accelerator	2	0	1,851
Mammography	4	0	8	8,972	0	Image Guided Rad Therapy			1,179
Ultrasound	8	0	3,792	8,351	0	Intensity Modulated Rad Thrpy			1,097
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			2,392	850	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	11	244	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	5,843	23,600	0				
Magnetic Resonance Imaging	3	0	2,239	4,241	0				

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