



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET NO:</b> H-07	<b>BOARD MEETING:</b> October 30, 2018	<b>PROJECT NO:</b> 18-022	<b>PROJECT COST:</b>
<b>FACILITY NAME:</b> Advocate South Suburban Hospital		<b>CITY:</b> Hazel Crest	Original: \$97,630,432
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA:</b> VII

**PROJECT DESCRIPTION:** The Applicants (Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc.) propose a major modernization of the surgery suite, cardiac catheterization and support areas at Advocate South Suburban Hospital at a cost of \$97,630,432. The expected completion date is December 31, 2021.

## EXECUTIVE SUMMARY

### PROJECT DESCRIPTION:

- The Applicants (Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc.) propose a major modernization of the surgery suite, cardiac catheterization and support areas at Advocate South Suburban Hospital at a cost of \$97,630,432. There is no change in the number of beds or services at the hospital being proposed. The expected completion date is December 31, 2021.

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

- The proposed project is by or on behalf of a health care facility and the cost of the project is in excess of the capital expenditure minimum of \$13,477,931.

### PURPOSE OF THE PROJECT:

- The purpose of the proposed project is to modernize a 45-year-old Hospital to bring the Hospital in line with current contemporary health care standards

### PUBLIC HEARING/COMMENT:

- There was no request for a public hearing. No letters of opposition were received by the Board Staff. Letters of support were received from the following:
  - U.S. Representative Robin L. Kelley
  - State Senator Napoleon A. Harris
  - State Senator Michael E. Hasting
  - State Representative William Q. Davis
  - State Representative Al Riley
  - Vernard Allsberry, Jr. Mayor Village of Hazel Crest
  - Fire Chief Charles W. Jackson, Village of Hazel Crest
  - Nancy Cooper, Chairman Chicago Southland Chamber of Commerce
  - Dr. Ram Aribindi, Southland Orthopaedics Ltd
  - Stephanie L. Eckert, American Heart Association
  - Mathew Horowitz, MD
  - Sue Armato, Executive Director, The Cancer Support Center
  - Lokesh Chandra, MD

### CONCLUSIONS:

- State Board Staff reviewed the application for permit and note that the Applicants have failed to meet the requirements of the following criterion:

<b>State Board Standards Not Met</b>	
<b>Criteria</b>	<b>Reasons for Non-compliance</b>
<b>Criterion 1120.140 (c) – Reasonableness of Project Costs</b>	The Applicants have exceeded the State Board Standard for New Construction and Contingencies by \$2,863,307 and Modernization and Contingencies by \$175,409. Explanation of these cost differences are explained at the end of this report.

**STATE BOARD STAFF REPORT  
Advocate South Suburban Hospital  
Project #18-022**

<b>APPLICATION/CHRONOLOGY/SUMMARY</b>	
Applicants	Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc.
Facility Name	Advocate South Suburban Hospital
Location	17800 South Kedzie Avenue, Hazel Crest, IL, 60429
Permit Holder	Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc.
Operating Entity	Advocate South Suburban Hospital
Owner of Site	Advocate South Suburban Hospital
Total GSF	149,175 GSF
Application Received	August 3, 2018
Application Deemed Complete	August 7, 2018
Review Period Ends	October 6, 2018
Financial Commitment Date	October 30, 2020
Project Completion Date	December 31, 2021
Review Period Extended by the State Board Staff?	No
Can the Applicants request a deferral?	Yes
Expedited Review?	No

**I. Project Description**

The Applicants (Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc.) propose a major modernization of the surgery suite, cardiac catheterization and support areas at Advocate South Suburban Hospital at a cost of \$97,630,432. There is no change in the number of beds or services at the hospital being proposed. The expected completion date is December 31, 2021.

**II. Summary of Findings**

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

**III. General Information**

The Applicants are Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc.

Advocate Health Care Network (the System) is a nonprofit corporation, dedicated to providing comprehensive health care services, including inpatient acute and non-acute

care, primary and specialty physician services and various outpatient services to communities in northern and central Illinois. The System is affiliated with the United Church of Christ and the Evangelical Lutheran Church of America. Advocate Health and Hospitals Corporation is a nonprofit corporation wholly owned subsidiary of Advocate Health Care Network. Advocate Aurora Health, Inc. is a Delaware nonprofit corporation and is the result of the merger of Advocate Health Care Network and Aurora Health Care approved by the State Board on February 1, 2018. The combined health system controls 27 hospitals and approximately \$11 billion in revenue.

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

**IV. Health Service Area**

Advocate South Suburban Hospital is located in Health Service Area VII and the A-04 Hospital Planning Area. HSA VII includes Suburban Cook and DuPage County. The A-04 Hospital Planning Area includes the City of Chicago Community Areas of West Pullman, Riverdale, Hegewisch, Ashburn, Auburn Gresham, Beverly, Washington Heights, Mount Greenwood, and Morgan Park; Cook County Townships of Lemont, Stickney, Worth, Lyons, Palos, Calumet, Thornton, Bremen, Orland, Rich and Bloom.. There are eight hospitals in the A-04 Hospital Planning Area

Hospital Facility	City	Beds
Adventist LaGrange Memorial Hospital	LaGrange	196
Advocate Christ Hospital & Medical Center	Oak Lawn	788
Advocate South Suburban Hospital	Hazel Crest	233
Franciscan St. James Health-Olympia Fields	Olympia Fields	214
Ingalls Memorial Hospital	Harvey	485
Little Company of Mary Hospital	Evergreen Park	298
MetroSouth Medical Center	Blue Island	314
Palos Community Hospital	Palos Heights	425

**V. Project Detail**

The Applicants are proposing the modernization of the surgery suite and support areas. The proposed plan will replace the original operating room suites which are 45+ years old. The proposed 2-story structure housing the surgery suite will include a basement and a ground level connected to the main hospital. The nine surgery rooms will not be increased. Cardiac Catheterization will increase from two to three rooms and endoscopy will increase from four to five rooms. The Phase I and Phase 2 recovery rooms for surgery, procedure and cardiac catheterization will increase from thirteen to fifty rooms.

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

The Applicants are funding this project with cash in the amount of \$46,956,753 and a bond issue of \$47,673,679 for a total of \$97,630,432.

**TABLE ONE**  
**Project Costs And Sources Of Funds**

	Reviewable	Non-reviewable	Total	% of Total
Preplanning Costs	\$491,904	\$386,496	\$878,400	0.90%
Site Survey and Soil Investigation	\$64,736	\$50,864	\$115,600	0.12%
Site Preparation	\$1,145,518	\$900,050	\$2,045,568	2.10%
New Construction Contracts	\$25,919,027	\$18,277,465	\$44,196,492	45.27%
Modernization Contracts	\$1,679,210	\$5,880,210	\$7,559,420	7.74%
Contingencies	\$1,701,073	\$731,536	\$2,432,609	2.49%
Architectural/Engineering Fees	\$1,555,142	\$1,249,684	\$2,804,826	2.87%
Consulting and Other Fees	\$2,856,967	\$2,214,894	\$5,071,861	5.19%
Movable or Other Equipment	\$23,095,644	\$854,439	\$23,950,083	24.53%
Bond Issuance Expense (project related)	\$400,400	\$314,600	\$715,000	0.73%
Net Interest Expense During Construction	\$2,247,562	\$1,765,942	\$4,013,504	4.11%
Other Costs to Be Capitalized	\$2,769,484	\$1,077,585	\$3,847,069	3.94%
<b>TOTAL COST</b>	<b>\$63,926,667</b>	<b>\$33,703,765</b>	<b>\$97,630,432</b>	<b>100.00%</b>
Cash and Securities			\$49,956,753	51.17%
Bond issues (project related)			\$47,673,679	48.83%
<b>TOTAL SOURCES</b>			<b>\$97,630,432</b>	<b>100.00%</b>

**VII. Background of the Applicant, Purpose of Project, Safety Net Impact Statement, and Alternatives – Information Requirements**

**A) Criterion 1110.110(a)(1) & (3) – Background of the Applicants**

*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. To demonstrate compliance with this criterion the applicants must provide*

- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

**D) An attestation that the Applicants have has been no *adverse action*<sup>1</sup> taken against the any facility owned or operated by Applicants.**

1. The Applicants have attested that there has been no adverse action taken against any of the facilities owned or operated by Advocate Health Care Network, Advocate Health and Hospitals Corporation, and Advocate Aurora Health and the facilities owned by it during the three (3) years prior to filing the application. [Application for Permit page 61-62]
2. The Applicants have authorized the Illinois Health Services Review Board and the Illinois Department of Public Health to have access to any documents necessary to verify information submitted in connection the Applicants' certificate of need to modernize Advocate South Suburban Hospital. The authorization includes, but is not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. [Application for Permit pages 61-62]
3. The site is owned by Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital and evidence of this can be found at page 42 of the Application for Permit
4. The Applicants provided evidence that they were in compliance with Executive Order #2006-05 that requires *all State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.*
5. The location of Advocate South Suburban Hospital is in compliance with the Illinois State Agency Historic Resources Preservation Act which requires *all State Agencies in consultation with the Director of Historic Preservation, institute procedures to ensure that State projects consider the preservation and enhancement of both State owned and non-State owned historic resources* (20 ILCS 3420/1).

**B) Criterion 1110.110 (b) – 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.**

The purpose of the proposed project is to modernize a 45-year-old Hospital to bring the Hospital in line with current contemporary health care standards. The Applicants state that the current plan is to

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<sup>1</sup> <sup>1</sup> “Adverse action is defined as 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.” (77 IAC 1130.140)

- Enhance the surgical operating suite to right size the operating rooms to current standards and improve the layout of the suite to be more efficient;
- Provide appropriate preparation/recovery bed capacity, configuration and adjacency;
- Optimize the central sterile processing location and work flow;
- Design the cardiovascular suite to provide flexibility to support growing demand for interventional procedures;
- Ensure surgical services are equipped with technical capacity to accommodate new procedures;
- Modernize the surgical procedural suite for endoscopy patients to increase efficiency and patient comfort.

The Hospital's primary service area (PSA) includes twenty-two zip codes in southern Cook County with parts of Park Forest and Frankfort in Will County with a population of 490,000. The median age of residents in the PSA is 38 years old and seniors age 65 and older represent 15% of the population. The Applicants believe the population in the primary service area will remain stable but the 65-84 population is projected to grow by almost 20%, expecting over 12,000 additional older residents. The Applicants believe that this project will prepare the Hospital for the increased demand for healthcare that accompanies that change. [See complete discussion at pages 67-73 of the Application for Permit]

**C) Criterion 1110.110 (c) – Safety Net Impact Statement**

*All health care facilities, with the exception of skilled and intermediate long term care facilities licensed under the Nursing Home Care Act, 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.*

The modernization of an existing hospital is considered a non-substantive project and a Safety Net Impact Statement is not required. However the Applicants did address this criterion and that information can be found at pages 158-160 of the Application for Permit.

<b>TABLE TWO</b>			
<b>Safety Net Information per PA 96-0031</b>			
	2014	2015	2016
<b>Charity Care</b>			
Net Patient Revenue	\$213,874,760	\$222,131,931	\$214,234,086
Inpatient	165	106	140
Outpatient	5,252	4,796	4,747
Total	5,417	4,902	4,887
<b>Charity (cost in dollars)</b>			
Inpatient	\$1,568,000	\$1,029,000	\$878,000
Outpatient	\$2,203,000	\$2,027,000	\$1,318,000
Total	\$3,771,000	\$3,056,000	\$2,196,000
Charity Care % of Net Patient Revenue	1.76%	1.38%	1.03%
<b>MEDICAID</b>			
Inpatient	1,654	2,411	2,047
Outpatient	38,403	44,003	41,188

Total	40,057	46,414	43,235
Medicaid (revenue)			
Inpatient	\$11,058,545	\$11,834,689	\$10,710,905
Outpatient	\$4,610,931	\$8,279,587	\$9,086,428
Total	\$15,669,476	\$20,114,276	\$19,797,333
Medicaid % of Net Patient Revenue	7.33%	9.06%	9.24%

**D) Criterion 1110.110 (d) – 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 Applicant considered four alternatives to the proposed project:

**1. Pursuing a joint venture**

The Applicants considered a joint venture with physicians that would utilize the surgical facilities at another site. This alternative was rejected because of the inefficiencies that would be involved. According to the Applicants, the surgical cases included in the project are those that need to remain in the hospital location due the patient's condition or co-morbidities. The physicians using the procedural center would not be efficient performing procedures at multiple locations and would find it harder to confer on challenging cases. Overhead costs would increase as staff, support services, equipment, supplies, records, and common public areas would not be shared. They could not maximize use of specialty staff and testing equipment. No cost was explored because the Applicants considered this option not viable.

**2. Utilize other health care resources**

The Applicants considered referring cases to other health care facilities (ASTCs, hospitals) in the area but this option was rejected because the physicians that utilized Advocate South Suburban Hospital are located near the hospital or are on the staff of the hospital. The Applicants believe this option would result in sending patients a considerable distance and would disrupt the continuity of care. This option would not result in construction costs but would result in the disruption of patient care.

**3. Proposing a Project of greater scope and cost**

The option to build a new addition that includes all the procedural areas by vacating all those departments in the existing hospital was rejected because of the cost of approximately \$268 million.

**4. Proposing a Project of lesser scope and cost**

The modernization of one procedural area at a time was expected to cost approximately \$44 million but would be disruptive and would not the address the inefficiencies that the proposed project is expected to eliminate. The Applicants believe having the programs in one area improves efficiency and is important for integrated care. The cost for this option is \$44 million. [Application for Permit pages 75-77]



**VIII. Project Scope and Size, Utilization and Unfinished/Shell Space**

**A) Criterion 1110.120 (a) - Size of Project**

To demonstrate compliance with this criterion the Applicants must document that the physical space proposed for the project is necessary and appropriate.

As shown in the Table below the Applicants have successfully addressed all of the State Board gross square footage standards as outlined in Part 1110 Appendix B. [Application for Permit page 79]

<b>TABLE THREE</b>						
<b>Project Size</b>						
	Proposed Rooms	Proposed Total GSF	State Board Standard GSF		Difference State Standard-Proposed GSF	Met Standard?
			Per Room	Total		
Surgical OR	9	24,721	2,750	24,750	-29	Yes
Recovery Areas						
Phase I	11	17,370	180	17,580	-210	Yes
Phase II	39		400			
Cardiac Catheterization	3	5,311	1,800	5,400	-89	Yes
Procedure Rooms	5	5,489	1,100	5,500	-11	Yes
Phase II	18	7,187	400	7,200	-13	Yes

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SIZE OF THE PROJECT (77 ILAC 1110.120 (a))**

**B) Criterion 1110.120 (b) - Project Services Utilization**

To demonstrate compliance with this criterion the Applicants must document that the proposed number of stations will be at target occupancy within 2-years after project completion.

The Applicants are projecting that the proposed services (surgery rooms, procedures rooms and cardiac catheterization) will be at target occupancy within two years after project completion. The Applicants historical utilization will justify nine operating rooms, five procedural rooms, three cardiac catheterization rooms and the 50 recovery rooms being requested. [See remainder of this report for detailed discussion of the justification of these rooms]

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECT UTILIZATION (77 ILAC 1110.120 (b))**

**C. Criterion 1110.120 (e) – Assurances**

To demonstrate compliance with this criterion the Applicants must attest that by the second year after project completion the proposed facility will be at target occupancy.

The Applicants have provided the necessary attestation at page 84 of the Application for Permit.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 ILAC 1110.120 (e))**

**IX. Cardiac Catheterization**

This Section contains Review Criteria that pertain to the Cardiac Catheterization category of service. The Applicants are proposing to add one catheterization laboratory to its existing two laboratories. Because the Applicants have an existing cardiac catheterization program a number of the criteria are not applicable to this modernization project. The following criteria are not applicable.

- **Criterion 1110.225(b) - Establishment of Cardiac Catheterization Service**
- **Criterion 1110.225(c) - Unnecessary Duplication of Services**
- **Criterion 1110.225(e) - Support Services**
- **Criterion 1110.225(g) - Staffing**
- **Criterion 1110.225(i) - Multi-Institutional Variance**

**A) Criterion 1110.225(a) - Peer Review**

To demonstrate compliance with this criterion an Applicant 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. Peer review teams will evaluate the quality of studies and related morbidity and mortality of patients and also the technical aspects of providing the services such as film processing, equipment maintenance, etc.

The Applicants stated the following:

*“Cardiovascular Services Peer Review Committee is a representative physician group that meets quarterly for case review as outlined by Advocate policy in the Advocate South Suburban Committee Manual. Membership includes cardiologists, internists, interventional radiologists and electro-physiologists. Cases are referred for review based on patient safety reporting, guideline non-compliance, CMS Quality Measures non-compliance, National Cardiovascular Data Registry (NCDR) definition or nurse/physician referral. Case review information is electronically stored and becomes part of the hospital's focused and ongoing Physician Practice Evaluation reporting for physician privileging. This group also regularly reviews data to identify troublesome trends needing more intense evaluation.”*

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PEER REVIEW (77 ILAC 1110.225(a))**

**B) Criterion 1110.225(d) - Modernization of Existing Cardiac Catheterization Equipment**

To demonstrate compliance with this criterion the Applicants with a proposed project for the modernization of existing equipment that provides cardiac catheterization services shall document that the minimum utilization standards (as outlined in 77 Ill. Adm. Code 1100.620) are met.

The State Board Standard for the addition of a cardiac catheterization laboratory requires that the existing laboratories at the Hospital are operating at 400 cardiac catheterization procedures per year per laboratory.

The Applicants currently have two cardiac catheterization laboratories and are requesting to add a third. In 2016 the Applicants reported 1,076 cardiac catheterization procedures and in 2017 they reported 1,026 procedures performed in the two laboratories or an average of 1,051 procedures. That volume of procedures would support the three laboratories being requested.

$$1,051 \text{ procedures} \div 400 \text{ procedures} = 2.62 \text{ labs or } 3 \text{ laboratories}$$

The Applicants have successfully addressed this criterion.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MODERNIZATION OF EXISTING CARDIAC CATHETERIZATION EQUIPMENT (77 ILAC 1110.225 (d))**

**C) Criterion 1110.225(f) - Laboratory Location**

To demonstrate compliance with this criterion the Applicants must document that due to safety considerations in the event of technical breakdown it is preferable to group laboratory facilities. Thus in projects proposing to establish additional catheterization laboratories such units must be located in close proximity to existing laboratories unless such location is architecturally infeasible.

The Applicants have stated that one of the purposes of this modernization is to group surgery and cardiac catheterization laboratories in close proximity to each other. Based upon the stacking diagram and the site plan provided in the Application for Permit this requirement has been met.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION LABORATORY LOCATION (77 ILAC 1110.225(f))**

**D) Criterion 1110.225(h) - Continuity of Care**

To demonstrate compliance with this criterion the Applicants proposing the establishment, expansion or modernization of a cardiac catheterization service 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 Applicants have provided a copy of the transfer agreement with Advocate Christ Medical Center at pages 102-104 of the Application for Permit. This requirement has been met.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CONTINUITY OF CARE (77 ILAC 1110.225(g))**

**X. Clinical Service Areas Other Than Categories of Service**

**A) Criterion 1110.270(c) - Service Modernization**

**To demonstrate compliance with this criterion the Applicants must document that the proposed project meets one of the following:**

- 1) Deteriorated Equipment or Facilities  
The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.
- 2) Necessary Expansion  
The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand. Documentation shall consist of, but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.
- 3) Utilization
  - A) Major Medical Equipment  
Proposed projects for the acquisition of major medical equipment shall document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.
  - B) 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 2 years, unless additional key rooms can be justified per subsection (c)(2) (Necessary Expansion).

The Applicants are proposing the modernization of the surgery rooms, procedure rooms, and cardiac catheterization laboratories, pre and post recovery areas, and support areas. The existing surgery suite was built in 1972 and no longer meets contemporary health care standards. Per the Applicants, the HVAC system is very old and will not take the temperature lower than 68 degrees, presenting issues for gowned surgeons and staff that need a lower temperature to function well. The electrical booms, essential in all the ORs, are obsolete and parts to repair them are no longer available and the operating rooms are undersized. According to the Applicants the new modernized systems in the proposed project will correct these and other issues, and help prepare the Hospital for future system needs.

**Operating Rooms**

The proposed nine operating rooms will be located on the ground level of the new 2-story structure in 24,721 GSF of new construction. The Applicants are also moving bronchoscopy procedures to the procedure suite. Historically, bronchoscopies were done

in the general surgery suite, in the one operating room with negative pressure<sup>2</sup>. Because of the negative pressure, the operating room has not been available for all the other surgical cases that essentially require positive pressure. The Applicants are projecting that surgical procedures will be increasing at the hospital over the next few years as the population ages. The Applicants have added four new physicians in the past 12 months that will add additional surgical procedures to be performed at the hospital. (Referral letters for these four physicians were provided as required at pages 109-113 of the Application for Permit. These letters were in conformance with State Board Requirements.)

As can be seen the table below historical utilization will justify the 9 rooms being requested to be modernized.

	2017	2016	Average	2022
<b>Surgery</b>				
<b>Rooms</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>
Hours	12,340	12,497	12,419	12,419
Broncho Hours	-275	-243	-259	-259
New Physicians Hours				721
Total Hours	12,065	12,254	12,160	12,881
Rooms Justified <sup>(1)</sup>	9	9	9	9

Source: Application for Permit page 108  
1. Number of Rooms calculated by taking total hours/1,500 hours the State's Target Utilization Rate.

### **Procedure Rooms**

The proposed five procedure rooms will be located on the ground level in 5,489 GSF of space of which 4,550 GFF will be modernized and 939 GSF will remain as is. The Applicants currently have 4 procedure rooms and are proposing five as part of this modernization. As shown in the Table below the Applicants historical utilization will justify the five rooms being requested.

<sup>2</sup> Air pressure in a room is influenced by whether air can enter and leave a room through gaps around windows, above and under doors, around light fixtures and electrical outlets as well as through open doors and windows. Negative and positive air pressure rooms are common in hospitals. A negative pressure room primarily keeps its air inside the room with controlled venting only; whereas a positive pressure room keeps unfiltered air from outside the room out of the room all together. Most homes have at least one negative pressure room: the bathroom. When a bathroom door is closed, if the bathroom has a quality working fan, unpleasant odors as well as moisture and humidity are vented out through the fan because the forced air ventilation creates a negative pressure room.

	2017	2016	Average
<b>Procedure</b>			
<b>Rooms</b>	<b>4</b>	<b>2</b>	
GI Hours	7,281	6,081	6,681
Broncho Hours	275	243	259
Total	7,285	6,083	6,940
Rooms Justified <sup>(1)</sup>	5	5	5

### **Recovery Rooms** (Phase I & Phase II)

The State Board Standard for the recovery rooms is four recovery room per justified operating/procedure rooms. The Applicants are requesting 11 Phase I and 39 Phase II rooms for a total of 50 rooms. The Applicants have justified 14 operating/procedure rooms and this number will justify a total of 56 recovery rooms.

### **Central Sterile Supply**

The Applicants are proposing central sterile supply to be located in the basement of the proposed 2-story building in approximately 12,008 GSF of new construction, 1,857 GSF of As is space for a total 13,865 GSF of space.

### **Historical Utilization**

As can be seen in the Table below surgery rooms hours have increased annually by approximately 7% and procedure room hours have increased by approximately 24% compounded annually over the period 2012-2017. The number of procedure room cases have increased by 8%. The number of procedures in the cardiac cath laboratories have increased by 4%.

	2017	2016	2015	2014	2013	2012	CAGR
<b>Surgery</b>							
<b>Rooms</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	
Hours	12,340	12,497	13,140	12,712	12,306	8,308	6.82%
Cases	6,388	6,514	6,849	6,752	6,328	6,384	0.01%
<b>Gastro</b>							
<b>Rooms</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	
Hours	7,281	3,947	3,239	5,154	6,372	2,063	23.39%
Cases	5,323	4,788	4,370	3,794	3,680	3,321	8.18%
<b>Labs</b>							
<b>Procedures</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	
Procedures	1,026	1,076	971	1,172	804	805	4.13%

Source: Annual Hospital Profile Information for Years 2012-2017

## **Non- Reviewable Areas**

### **Medical Staff and Surgery Offices and Support**

These offices will be in 9,312 GSF of modernized space that currently houses the cardiology support. In addition to the specific offices for the medical staff department heads, the medical staff credentialing staff and meeting space will also be here. This is the location for the surgery director, managers, staff education, and clerical support to have their offices and be in close communication.

### **Staff Facilities and On Call**

The area is where the surgery lockers are located. They will remain "as is" and the lockers will be used by other hospital support staff. Around the clock delivery of specialized care, it is necessary to always have some physicians and staff available in the hospital. These sleeping rooms allow certain "on call" staff to be there and available regardless of distance or weather.

### **Education**

The area is a combination of new, modernized and "as is" space. Community education classrooms and a resource center are included. The proposed resource center will be a location where patients, family members, and the public can find materials related to health and life style, a health library of sorts.

### **Building Systems/Support/AHUs**

The mechanical support for the whole building will come from areas designated as building systems. That includes the heating, ventilation, and cooling systems as well as vacuum. The electrical and plumbing fixtures are also located in various sites throughout the building including the roof top. The efficiency of operating the building is linked to the quality of mechanical, electrical, and plumbing systems including how they are installed operated and maintained.

### **Administration**

These administrative offices will be in modernized and "as is" space currently used for other administrative purposes. The work entails directing staffing, process management, budgeting and strategic planning. Included in this definition are offices, conference rooms and training sites for such functions as health information management, finance and accounting, quality management, marketing, public relations, risk management, patient relations, human resources, employee health and business development. The conference rooms will be used by physicians, staff, researchers, and students, as well as the community.

### **Lobby Waiting, Registration, Security**

These locations are both in new construction and modernized space. They include the patient reception and registration areas and toilets as well as visitor designated spaces for persons waiting for someone in surgery. Their strategic locations make it easier for patients and those accompanying them to enter and find accommodations. By specifically designating visitor space close to the operating rooms, the patients are more comfortable knowing they have a friend or family member close, and the visitors know they are not in the way of the clinical team. The security department will vacate its space and relocate to a compact site that is more accessible to a critical entry point and with better visibility.

**Materials Management**

This department provides a core of supply support. The supply chain function includes receiving, storage, and delivery of virtually all the supplies needed. Technology is changing the way materials are tracked, ordered, and accessed so the new department will take full advantage of that.

**STATE BOARD STAFF FINDS THE PROPOSE PROJECT IN CONFORMANCE WITH CRITERION CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE (77 ILAC 1110.270(c)(1), (2) & (3))**



**XI. Financial Viability**

**A) Criterion 1120.120 – Availability of Funds**

To demonstrate compliance with this criterion the Applicants must document that the resources are available to fund the project.

The Applicants are funding this project with cash in the amount of \$49,956,753 and a bond issue of \$47,673,679 for a total of \$97,630,432. A summary of the financial statements of the Applicants is provided below. The Applicants have an A- or better bond rating from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's.

	<b>2017</b>	<b>2016</b>
Cash	\$411,133	\$151,588
Current Assets	\$1,626,744	\$1,304,582
Total Assets	\$11,106,494	\$10,265,167
Current Liabilities	\$1,563,845	\$1,498,502
LTD	\$1,527,016	\$1,552,919
Total Liabilities	\$4,076,432	\$4,136,918
Total Revenue	\$6,233,413	\$5,587,420
Expenses	\$5,970,964	\$5,323,816
Operating Income	\$262,449	\$263,604
Revenues in Excess of Expenses	\$811,343	\$597,604

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

**B) Criterion 1120.130 - Financial Viability**

To demonstrate compliance with this criterion the Applicants must document that they have a Bond Rating of “A” or better, they meet the State Board’s financial ratio standards for the past three (3) fiscal years or the project will be funded from internal resources.

The proposed project will be funded with cash in the amount of \$49,956,753 and a bond issue \$47,673,679. The Applicants have qualified for the financial waiver. To qualify for the financial waiver an applicant must document one of the following:

- 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or

HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.

- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA) or its equivalent; or

HFSRB NOTE: MBIA Inc. is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.

- 3) the applicant provides a third-party surety bond or performance bond letter of credit from an A-rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

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

**XII. Economic Feasibility**

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

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

**To demonstrate compliance with these criteria the Applicants must document that leasing of the space is reasonable. The State Board considers the leasing of space as debt financing.**

The Applicants are funding this project with cash in the amount of \$49,956,753 and a bond issue of \$47,673,679 for a total of \$97,630,432. The Applicants attested that borrowing will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors.

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

**C) Criterion 1120.140(c) – Reasonableness of Project Costs**

**To demonstrate compliance with this criterion the Applicants must document that the project costs are reasonable by the meeting the State Board Standards in Part 1120 Appendix A.**

Only Clinical Costs are reviewed in this criterion. New Construction clinical gross square footage is 59,410 GSF and the modernization gross square footage is 5,533 GSF. The Applicants have exceeded the State Board Standard for New Construction and Contingencies by \$2,863,307 and Modernization and Contingencies by \$175,409. Explanation of these cost differences are explained at the end of this report. [See chart below]

**TABLE FIVE  
Reasonableness of Project Costs**

	Project Costs		State Board Standard		Difference		Met Standard
	Total	%/GSF	Total	%/GSF	Total	%/GSF	
Preplanning Costs	\$491,904	0.94%	\$943,109	1.80%	-\$451,205	-0.86%	Yes
Site Survey and Soil Investigation & Site Prep	\$1,210,254	4.13%	\$1,464,966	5.00%	-\$254,712	-0.87%	Yes
New Construction Contracts & Contingencies <sup>(1)</sup>	\$27,516,675	\$463.17/GSF	\$24,653,368	\$414.97/ GSF	\$2,863,307	\$48.20	No
Modernization Contracts & Contingencies <sup>(1)</sup>	\$1,782,635	\$322.18	\$1,607,226	\$290.48	\$175,409	\$31.70	No
Contingencies <sup>(2)</sup>	\$1,701,073	6.16%	\$4,394,897	15%	-\$2,693,824	-8.84%	Yes
Architectural/Engineering Fees	\$1,555,142	5.31%	\$2,408,403	8.22%	-\$853,261	-2.91%	Yes
Consulting and Other Fees	\$2,856,967						
Movable or Other Equipment	\$23,095,644						
Bond Issuance Expense (project related)	\$400,400			<u>Not Applicable</u>			
Net Interest Expense During Construction	\$2,247,562						
Other Costs to Be Capitalized	\$2,769,484						

1. RS Means New Construction and Contingency Costs is \$391.15 per GSF in the 60429 zip code. That number is inflated by 3% to the midpoint of construction (2020). Modernization and Contingency Costs are 70% of \$391.15 per GSF or \$249.48 per GSF inflated by 3% to the midpoint of construction (2020).
2. Contingencies were allocated by summing the dollar amount of the new construction and modernization contracts and dividing the new construction contract amount by the total amount which equals 93.92%. Contingencies allocated to new construction is \$1,597,648 (93.92% × \$1,701,073).

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

**D) Criterion 1120.140(d) – Projected Operating Costs**

To demonstrate compliance with this criterion the Applicants must document that the projected direct annual operating costs PER EQUIVALENT PATIENT DAY for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated costs of salaries, benefits and supplies for the service.

The Applicant is projecting \$2,442 operating costs per equivalent patient day by 2021 for proposed modernization of Advocate South Suburban Hospital.

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

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

To demonstrate compliance with this criterion the Applicants must provide the total projected annual capital costs PER EQUIVALENT PATIENT DAY for the first full fiscal year at target utilization but no more than two years following project completion. Capital costs are defined as depreciation, amortization and interest expense.

The Applicant provide the capital costs of \$159 per equivalent patient day by 2021 for proposed modernization of Advocate South Suburban Hospital.

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

### Complexity of Construction Impact on Cost Premium

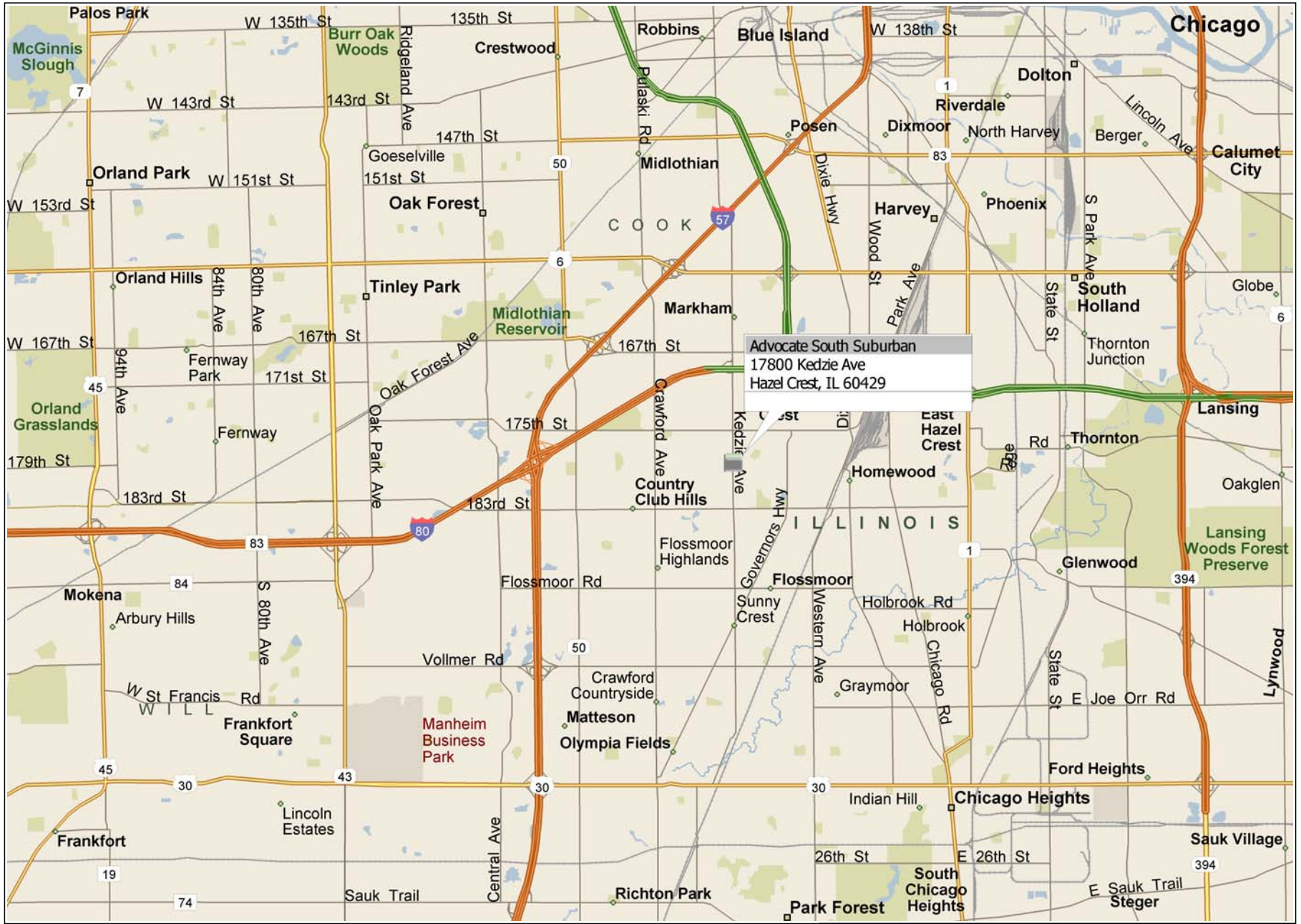
1.	The new ASSH Procedural Center foundation requires several design enhancements to allow for future vertical expansion capability of up to 3 additional floors including the following: Oversized spread foot foundations to support the future expansion. The steel columns, girders and beams need to be oversized to accommodate the future building and associated increase of seismic/wind loads. Elevator shaft space will be required to accommodate three (3) future elevators. The mechanical and electrical piping enclosed in building shafts will be oversized to accommodate the future vertical expansion.	\$1,025,000
2.	Cost escalation is rising rapidly with recent material pricing increases greatly affected by recent tariffs. Prices are already up 5% from last year and anticipate continued escalation of at least 5-7% for the next few years.	\$825,000
3.	The existing hospital campus does not have the electrical service capacity to serve the new building. The local electrical utility will need to extend service from two different locations along major roadways all the way to the farthest corner of the hospital campus.	\$780,000
4.	The Cath. Lab, EP Lab, IR room, and new state-of-the-art ORs have large amounts of technology incorporated in the rooms which adds a significant cost premium for structural supports and infrastructure to support the technology components.	\$1,515,000
5.	The new facility will be bordered by existing building structures and underground utilities requiring potential underpinning and tie-ins to the existing building and systems.	\$240,000
6.	The work required to connect the new building to the existing hospital involves saw-cutting and penetrating the exterior wall, frame-in exterior wall openings (lintels & expansion joints), and relocate mechanical, electrical, plumbing, and fire protection utilities. This involves various steps to implement phasing and control of interim life safety measures and infection control.	\$325,000
7.	The addition is being constructed adjacent to an existing building with critical care patient rooms that will remain occupied during construction. There is nowhere else on campus that the patients can be relocated. The existing building must remain water-tight and vibrations and noise due to construction have to be minimized to not affect patient care. This involves various steps to implement phasing and control of interim life safety measures and infection control.	\$315,000
8.	The logistics of constructing an addition at the crossroads of major entrances for patients, employees, and service vehicles is very complicated. The parking lots and driveways must remain operational and access to the existing building must remain unencumbered during construction	\$625,000
9.	The project has a goal for a Healthy Space Roadmap certification (Similar to LEED), which requires additional administrative costs as well as an initial cost premium for energy efficient and other sustainable materials/equipment.	\$235,000
	<b>Total</b>	<b>\$5,885,000</b>

Cost Space Requirements							
Reviewable	Cost	Existing	Proposed	New Construction	Modernized	AS IS	Vacated
Cardiac Catheterization	\$12,618,185	4,393	5,311	5,311	0	0	4,393
Surgical Operating Rooms	\$24,285,595	12,154	24,721	24,721	0	0	12,154
Recovery Suites	\$14,520,244	7,406	17,370	17,370	0	0	7,406
Central Sterile Processing	\$9,210,870	2,494	13,865	12,008	0	1,857	637
Endoscopy	\$2,793,146	5,489	5,489	0	4,550	939	0
Endoscopy	\$498,627	7,187	7,187	0	983	6,204	0
<b>Total Reviewable</b>	<b>\$63,926,667</b>	<b>39,123</b>	<b>73,943</b>	<b>59,410</b>	<b>5,533</b>	<b>9,000</b>	<b>24,590</b>
<b>Non Reviewable</b>							
Med Staff & Surgery	\$3,078,107	868	9,312	0	9,312	0	0
Offices, Support, Staff Facilities, On Call	\$421,704	2,351	3,553	0	1,202	2,351	0
Education	\$4,136,416	842	13,212	691	11,679	842	0
Building	\$10,536,169	248	7,446	7,198	248	0	0
Administrative Offices/Support	\$1,133,444	4,857	8,232	0	3,375	4,857	0
Lobby, Waiting Registration, Security	\$3,947,312	2,065	7,875	5,870	2,005	0	2,065
Corridors, Stairs, Elevators, Dock	\$9,947,276	5,190	20,099	16,491	3,608	0	2,800
Materials Management	\$503,337	4,321	5,503	1,182	0	4,321	0
<b>Total Non-Reviewable</b>	<b>\$33,703,765</b>	<b>20,742</b>	<b>75,232</b>	<b>31,432</b>	<b>31,429</b>	<b>12,371</b>	<b>4,865</b>
<b>Total</b>	<b>\$97,630,432</b>	<b>59,865</b>	<b>149,175</b>	<b>90,842</b>	<b>36,962</b>	<b>21,371</b>	<b>29,455</b>

The Applicants have stated that the expected use of the vacated space is as follows:

<b>Uses: Gross Square Feet</b>	
Public Corridors	4,093
Education	10,840
Admin Offices / Support	3,375
Surgery Offices	2,296
On Call	1,202
Demo of Loading Dock	2,650
Existing entry	80
Medical staff offices/support	<u>4,919</u>
<b>Total</b>	<b>29,455 GSF</b>

# #18-022 Advocate South Suburban



<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Richard Heim	White	33.2%	Hispanic or Latino:	0.0%
ADMINISTRATOR PHONE:	708-213-3000	Black	60.5%	Not Hispanic or Latino:	98.5%
OWNERSHIP:	Advocate Health and Hospitals Corporation	American Indian	4.3%	Unknown:	1.4%
OPERATOR:	Advocate Health and Hospitals Corporation	Asian	0.5%		
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.1%	IDPH Number:	4697
CERTIFICATION:	(Not Answered)	Unknown	1.4%	HPA	A-04
FACILITY DESIGNATION:	General Hospital			HSA	7
ADDRESS	17800 South Kedzie Avenue	CITY:	Hazel Crest	COUNTY:	Suburban Cook 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 %
<b>Medical/Surgical</b>	197	180	151	7,537	33,651	5,731	5.2	107.6	54.6	59.8
0-14 Years				0	0					
15-44 Years				864	2,871					
45-64 Years				2,344	9,908					
65-74 Years				1,760	8,426					
75 Years +				2,569	12,446					
<b>Pediatric</b>	10	4	2	27	42	66	4.0	0.3	3.0	7.4
<b>Intensive Care</b>	20	20	20	2,085	5,765	39	2.8	15.9	79.3	79.3
Direct Admission				1,379	2,068					
Transfers - Not included in Facility Admissions				706	3,697					
<b>Obstetric/Gynecology</b>	16	16	16	1,160	2,630	79	2.3	7.4	46.3	46.3
Maternity				1,160	2,630					
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>	41	38	35	820	9,278	0	11.3	25.3	61.8	66.7
<b>Swing Beds</b>			0	0	0		0.0	0.0		
<b>Total AMI</b>	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		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>284</b>			<b>10,923</b>	<b>51,366</b>	<b>5,915</b>	<b>5.2</b>	<b>156.5</b>	<b>55.1</b>	

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	57.5%	18.7%	0.0%	22.1%	0.3%	1.3%	10,923
	6280	2047	0	2419	37	140	
<b>Outpatients</b>	32.3%	28.3%	0.0%	34.2%	2.0%	3.3%	145,600
	46958	41188	0	49749	2958	4747	

	<u>Financial Year Reported:</u>		<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					Charity Care Expense	Total Charity Care Expense 2,196,000
	1/1/2016 to	12/31/2016	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		
<b>Inpatient Revenue ( \$ )</b>	59,846,291	10,710,905	54.2%	9.7%	0.0%	33.5%	2.6%	100.0%	878,000
<b>Outpatient Revenue ( \$ )</b>	28,343,638	9,086,428	27.3%	8.8%	0.0%	62.6%	1.3%	100.0%	1,318,000
									<b>Total Charity Care as % of Net Revenue</b> 1.0%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>		
Number of Total Births:	1,094		Level I	Level II	Level II+	Kidney:		
Number of Live Births:	1,091	Beds	0	0	0	Heart:		
Birthing Rooms:	0	Patient Days	2,094	165	12	Lung:		
Labor Rooms:	0	Total Newborn Patient Days			2,271	Heart/Lung:		
Delivery Rooms:	0					Pancreas:		
Labor-Delivery-Recovery Rooms:	0					Liver:		
Labor-Delivery-Recovery-Postpartum Rooms:	16					Total:		
C-Section Rooms:	2	Inpatient Studies			322,817			
CSections Performed:	305	Outpatient Studies			199,123			
		Studies Performed Under Contract			0			



**Surgery and Operating Room Utilization**

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	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	9	9	999	1834	2179	3053	5232	2.2	1.7
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	17	6	84	22	106	4.9	3.7
OB/Gynecology	0	0	0	0	143	581	410	1027	1437	2.9	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	661	0	873	873	0.0	1.3
Orthopedic	0	0	0	0	615	622	1748	1168	2916	2.8	1.9
Otolaryngology	0	0	0	0	17	104	24	165	189	1.4	1.6
Plastic Surgery	0	0	0	0	19	90	57	168	225	3.0	1.9
Podiatry	0	0	0	0	92	132	151	272	423	1.6	2.1
Thoracic	0	0	0	0	4	5	17	7	24	4.3	1.4
Urology	0	0	0	0	185	388	471	601	1072	2.5	1.5
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>9</b>	<b>2091</b>	<b>4423</b>	<b>5141</b>	<b>7356</b>	<b>12497</b>	<b>2.5</b>	<b>1.7</b>

<b>SURGICAL RECOVERY STATIONS</b>	Stage 1 Recovery Stations	10	Stage 2 Recovery Stations	3
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**Dedicated and Non-Dedicated Procedure Room Utilization**

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	934	3854	728	3219	3947	0.8	0.8
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
	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

**Multipurpose Non-Dedicated Rooms**

**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	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	25
Persons Treated by Emergency Services:	46,298
Patients Admitted from Emergency:	7,062
Total ED Visits (Emergency+Trauma):	46,298

**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	145,600
Outpatient Visits at the Hospital/ Campus:	145,600
Outpatient Visits Offsite/off campus	0

**Cardiac Catheterization Labs**

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

**Cardiac Catheterization Utilization**

Total Cardiac Cath Procedures:	1,076
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	733
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	237
EP Catheterizations (15+)	106

**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**

	Owned		Contract		Examinations	
	Owned	Contract	Inpatient	Outpt	Contract	
General Radiography/Fluoroscopy	14	0	15,952	36,055	0	
Nuclear Medicine	2	0	1,044	1,967	0	
Mammography	3	0	3	12,244	0	
Ultrasound	6	0	2,129	14,735	0	
Angiography	4	0				
Diagnostic Angiography			200	293	0	
Interventional Angiography			339	416	0	
Positron Emission Tomography (PET)	0	0	0	0	0	
Computerized Axial Tomography (CAT)	2	0	7,231	15,783	0	
Magnetic Resonance Imaging	2	0	1,423	4,088	0	

**Therapeutic Equipment**

	Owned		Contract		Therapies/Treatments
	Owned	Contract	Owned	Contract	
Lithotripsy	0	0			0
Linear Accelerator	0	0			0
Image Guided Rad Therapy					0
Intensity Modulated Rad Thrpy					0
High Dose Brachytherapy	0	0			0
Proton Beam Therapy	0	0			0
Gamma Knife	0	0			0
Cyber knife	0	0			0