



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET NO:</b> <b>H-10</b>	<b>BOARD MEETING:</b> October 30, 2018	<b>PROJECT NO:</b> 18-025	<b>PROJECT COST:</b>
<b>FACILITY NAME:</b> The University of Chicago Medical Center Downtown Medical Office Building		<b>CITY:</b> Chicago	Original: \$29,275,770
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA: VI</b>

**PROJECT DESCRIPTION:** The Applicant (The University of Chicago Medical Center) propose to construct a 2-story medical office building in 42,706 gross square feet of space. The cost of the project is \$29,275,770. The completion date as stated in the application is March 31, 2021.

## **EXECUTIVE SUMMARY**

### **PROJECT DESCRIPTION:**

- The Applicant (The University of Chicago Medical Center) is proposing to consolidate and expand two existing medical office buildings into one two-story medical office building in 42,706 gross square feet of leased/built-out space. The cost of the project is approximately \$29,275,770. The completion date as stated in the application is March 31, 2021.
- The proposed project will expand and consolidate services currently provided at 150 East Huron Street, Chicago, and 680 North Lake Shore Drive, Chicago. The first level will contain a six-station immediate care center, and the second floor will contain 32 examination rooms, and diagnostic imaging services. The project will also include sufficient garage space and street level parking.
- The project will eliminate a currently disjointed care system, and create an ambulatory patient care destination serving the needs of downtown Chicago.

### **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:**

- According to the Applicant, *“The University of Chicago Medical Center (UCMC) proposes to consolidate and expand two of UCMC’s Existing downtown medical clinics, -a multi-specialty medicine practice located in a medical office building located at 150 East Huron Street (Huron MOB), and a gynecology practice located in a medical office building located at 680 North Lake Shore Drive (Lake Shore Drive MOB), into one nearby location (Medical Office Building or MOB), through the lease of space in mixed use building located at 355 East Grand Avenue in Chicago (the project). This project will include an immediate care center, multi-specialty physician office space, and diagnostic and treatment facilities. While UCMC remains and anchor for patients seeking care within its Hyde Park campus community, UCMC recognizes that many of its residents commute outside of the planning area for work each day. Approximately 62,098 residents of planning area A-03 commute to planning area A-01 each day, with many people opting to schedule appointments during their work day. The ability to schedule health care appointments during a lunch hour or other part of the work day keeps people healthier at work. An estimated 387,480 commute to the six zip code area around the proposed project site for work each day. The project will also serve University of Chicago’s (the University), downtown campus and make our facilities convenient to those with a connection to the University, including students and employees. Healthcare reform, whether in its current state or modified, continues to value low-cost high quality and integrated care. The consolidation of UCMC’s existing, downtown physician’s offices will increase access to exceptional care by delivering a broad spectrum of care in one location, making such care more convenient and accessible, thereby improving quality and patient care outcomes. Programmatically, this project champions the area in which UCMC is already serving its community. As one salient example, the addition of mammography services to increase access to such care is consistent with UCMC’s commitment to reduce disparities of women’s health outcomes in breast cancer and lower rates of mammography screening”.*

### **PUBLIC HEARING/COMMENT:**

- There was no request for a public hearing. Additionally, no letters of opposition and two letters of support were received by State Board Staff.

- **Illinois State Representative Barbara Flynn Currie stated:** *“As the site of care has shifted in recent years to outpatient settings, UCMC’s downtown locations have seen significant growth. The new facility will allow for more efficient treatment of a growing volume of patients in an area of the city that is experiencing rapid population growth. Patients will be closer to their doctors, and patients who do not have to travel as far for their care will be happier patients.”*
- **Illinois State Representative Christian Mitchell stated:** *“UCMC is the key provider of complex care on the south side of Chicago and across the metropolitan region. The medical center is one of the top volume Medicaid service providers (inpatient and outpatient) in Illinois. Currently, over 60% of UCMC admissions are Medicaid and Medicare, and over 70% of patient days consist of Medicaid and Medicare services.”*

**CONCLUSIONS:**

- State Board Staff reviewed the application for permit and note that the Applicant has met the requirements of all applicable criterion.

**STATE BOARD STAFF REPORT**  
**Project #18-025**  
**The University of Chicago Medical Center-Downtown MOB**

<b>APPLICATION CHRONOLOGY</b>	
Applicant(s)	The University of Chicago Medical Center
Facility Name	The University of Chicago Medical Center-Downtown MOB
Location	355 East Grand Avenue, Chicago
Permit Holder	The University of Chicago Medical Center
Operating Entity/Licensee	The University of Chicago Medical Center
Owner of Site	MCWS REC LLC
Gross Square Feet	42,706 GSF
Application Received	August 10, 2018
Application Deemed Complete	August 13, 2018
Financial Commitment Date	October 30, 2020
Anticipated Completion Date	March 31, 2021
Review Period Ends	October 12, 2018
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

**I. Project Description**

The Applicant (The University of Chicago Medical Center) is proposing to consolidate and expand two existing Medical Office Buildings into one central Medical Office Building, consisting of approximately 42,706 gross square feet of space. The cost of the project is \$29,275,770. The completion date as stated in the application is March 31, 2021.

**II. Summary of Findings**

- A.** State Board Staff finds the proposed project is in conformance with all relevant provisions of Part 1110.
- B.** State Board Staff finds the proposed project is in conformance with all relevant provisions of Part 1120.

**III. General Information**

The Applicant (University of Chicago Medical Center) is located at 5841 South Maryland Avenue, Chicago, Illinois. University of Chicago Medical Center is an 805-bed acute care hospital, which has managerial/operational control of the following health care facilities:

- The University of Chicago Medical Center, Chicago (805 beds)
- Ingalls Memorial Hospital, Harvey (485 beds)
- Ingalls Same Day Surgery, Tinley Park (multi-specialty ASTC)

The Applicant's facility will be located at 355 East Grand Avenue (River North), Chicago, which is 9.4 miles (23 minutes), away from the University of Chicago Medical Center main campus, in the Jackson Park neighborhood of Chicago.

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

The (University of Chicago Medical Center), proposes to consolidate two existing downtown medical clinics, a multi-specialty medical office building, and a gynecology clinic, into a two-story medical clinics building, located at 355 East Grand Avenue, Chicago. The medical clinics building will consist of a 6-station immediate care center (1<sup>st</sup> floor), while the second floor will contain diagnostic imaging (mammography, general radiology, ultrasound, bone densitometry), a small laboratory (blood draws/specimen collection), non-chemotherapy infusion therapy, and examination rooms. The proposed facility will also offer street-level and garage parking. Total capital costs associated with the project are \$29,275,770, of which \$9,483,218 constitutes the fair market value of space leased by the s.

## V. Uses and Sources of Funds

The s are funding this project with cash in the amount of \$19,792,552, and the fair market value of a lease totaling \$9,483,218. There was no estimated start-up cost or operating deficit reported.

**TABLE ONE**  
**Uses and Sources of Funds**

Uses of Funds	Reviewable	Non Reviewable	Total	% or Total
New Construction Contracts	\$1,916,423	\$8,103,917	\$10,020,340	34.2%
Contingencies	\$191,642	\$810,392	\$1,002,034	3.5%
A & E Fees	\$158,105	\$668,573	\$826,678	3%
Consulting and Other Fees	\$66,147	\$279,716	\$345,863	1.3%
Movable Equipment	\$3,116,349	\$1,867,997	\$4,984,346	17%
FMV Leased Space/Equipment <sup>(1)</sup>	\$1,813,696	\$7,669,522	\$9,483,218	32%
Other Costs to be Capitalized	\$828,845	\$1,784,445	\$2,613,290	9%
<b>Total</b>	<b>\$8,091,208</b>	<b>\$21,184,562</b>	<b>\$29,275,770</b>	<b>100.00%</b>
<b>Sources of Funds</b>				
Cash	\$6,277,511	\$13,515,040	\$19,792,552	67.6%
Leases (FMV)	\$1,813,696	\$7,669,522	\$9,483,218	32.4%
<b>Total</b>	<b>\$8,091,208</b>	<b>\$21,184,562</b>	<b>\$29,275,770</b>	<b>100.00%</b>

1. The estimated fair market value of the leased space is \$9,483,218, based on the present value of rent over the 15 year term of the lease. Of the \$9,483,218, \$1,813,696 is assigned to the clinical component of the project

## VI. Cost Space Requirements

The reviewable or clinical portion of the project comprises approximately 20.2% of the total costs and approximately 26.5% of the total gross square footage. The non-reviewable or non-clinical portion of the project is approximately 79.8% of the costs and 73.5% of the gross square footage.

### **The Statute defines non-clinical service area as 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.*

**TABLE TWO**  
**Project Costs and Sources of Funds**

<b>Reviewable</b>	<b>Costs</b>	<b>Proposed Gross Square Feet</b>	<b>% of Total Gross Square Feet</b>	<b>% of Total Costs</b>
Imaging	\$5,426,788	4,460	10.40%	18.50%
Sleep Studies	\$1,545,624	2,937	6.80%	5.20%
Laboratories	\$364,656	554	1.30%	1.20%
Infusion Therapy	\$425,095	693	1.60%	1.50%
<b>Reviewable Sub Total</b>	<b>\$7,762,163</b>	<b>8,643</b>	<b>20.10%</b>	<b>26.40%</b>
<b>Non-Reviewable</b>				
Physician's Offices	\$10,161,343	15,711	37%	35%
Public Space	\$4,406,661	7,271	17%	15%
Staff/Support	\$4,998,136	10,462	24.50%	17%
Building Systems	\$1,947,466	619	1.40%	6.70%
<b>Non Reviewable Sub Total</b>	<b>\$21,513,606</b>	<b>34,063</b>	<b>79.90%</b>	<b>73.60%</b>
<b>Total</b>	<b>\$29,275,769</b>	<b>42,706</b>	<b>100.00%</b>	<b>100.00%</b>

## **VII. Background of the Applicant**

### **A) Criterion 1110.110 (a) (1) (3)- Background of the Applicant**

**To demonstrate compliance with this criterion, the Applicant must document the following:**

- A) A listing of all health care facilities currently owned and/or operated by the Applicant in Illinois 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) A certified listing from the Applicant 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;
  - D) A certified listing of each Applicant, corporate officer or director, LLC member, partner and owner of at least 5% of the proposed facility, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to;
  - E) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.
  - F) *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.* [77 IAC 1130.140]
1. The University of Chicago, is a Domestic Corporation, incorporated under the laws of the State of Illinois on October 1, 1986, has complied with all of the rules the General Not for Profit Corporation Act and is in good standing.
  2. The Applicant provided proof of licensure for all facilities currently owned and accredited by the Joint Commission<sup>1</sup> as required. [Application for Permit page 56-60]
  3. A letter of intent between MCWS REC, LLC and The University of Chicago Medical Center (Applicant) to lease the property at 355 East Grand Avenue,

<sup>1</sup> The Joint Commission is an independent, not-for-profit organization that accredits and certifies more than 20,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. [source: Joint Commission website]

Chicago, Illinois for the medical clinics building was provided as evidence of site control. [Application for Permit pages 25-35]

4. The proposed location of the medical clinics building is in compliance with Executive Order #2006-05. *Executive Order #2006-05 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.* [Application for Permit pages 37-38]
5. The proposed location of the medical clinics building 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).
6. The University of Chicago Medical Center has attested that they have not had any adverse actions against any facility owned and operated by the Applicant during the three (3) year period prior to the filing of this application and the Applicant authorize the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.3030(b) or to obtain any documentation or information which the State Board or Agency finds pertinent to this application. [Application for Permit page 62]



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

### **Reviewer Note:**

The three (3) criteria below are informational only. The State Board Staff does not reach a conclusion on whether the Applicant have successfully met the criterion.

### **A) Criterion 1110.110 (b) – Purpose of the Proposed Project**

To demonstrate compliance with this criterion, the Applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project.

### **The Applicant stated the following:**

*“The University of Chicago Medical Center (UCMC) proposes to consolidate and expand two of UCMC’s Existing downtown medical clinics, a multi-specialty medicine practice located in a medical office building located at 150 East Huron Street (Huron MOB), and a gynecology practice located in a medical office building located at 680 North Lake Shore Drive (Lake Shore Drive MOB), into one nearby location (Medical Office Building or MOB), through the lease of space in mixed use building located at 355 East Grand Avenue in Chicago (the project). The consolidation of UCMC’s existing, downtown physician’s offices will increase access to exceptional care by delivering a broad spectrum of care in one location, making such care more convenient and accessible, thereby improving quality and patient care outcomes. Programmatically, this project champions the area in which UCMC is already serving its community. As one salient example, the addition of mammography services to increase access to such care is consistent with UCMC’s commitment to reduce disparities of women’s health outcomes in breast cancer and lower rates of mammography screening”.*

It is anticipated that the majority of patients using the proposed medical clinics building will be patients who visited the Huron Street and Lakeshore Drive clinics in previous years. The Applicant supplied patient origin data for fiscal year 2018 in Table Three below.

<b>TABLE THREE</b>			
<b>Zip Code Information</b>			
Zip Code	City	County	# of Patients
Primary Service Area			
60610	Chicago	Cook	865
60611	Chicago	Cook	1,092
60613	Chicago	Cook	614
60614	Chicago	Cook	1,060
60618	Chicago	Cook	182
60625	Chicago	Cook	246
60630	Chicago	Cook	69
60631	Chicago	Cook	27
60634	Chicago	Cook	81

**TABLE THREE**  
**Zip Code Information**

Zip Code	City	County	# of Patients
60639	Chicago	Cook	26
60640	Chicago	Cook	451
60641	Chicago	Cook	116
60646	Chicago	Cook	109
60647	Chicago	Cook	425
60654	Chicago	Cook	388
60656	Chicago	Cook	40
60657	Chicago	Cook	853
60660	Chicago	Cook	193
60666	Chicago	Cook	4
60601	Chicago	Cook	302
60602	Chicago	Cook	39
60603	Chicago	Cook	16
60604	Chicago	Cook	29
60606	Chicago	Cook	53
60607	Chicago	Cook	196
60608	Chicago	Cook	192
60612	Chicago	Cook	101
60622	Chicago	Cook	352
60623	Chicago	Cook	23
60624	Chicago	Cook	21
60642	Chicago	Cook	147
60644	Chicago	Cook	29
60651	Chicago	Cook	54
60661	Chicago	Cook	160
60605	Chicago	Cook	479
60609	Chicago	Cook	175
60615	Chicago	Cook	1,097
60616	Chicago	Cook	371
60617	Chicago	Cook	468
60619	Chicago	Cook	583
60621	Chicago	Cook	114
60628	Chicago	Cook	305
60629	Chicago	Cook	126
60632	Chicago	Cook	39
60636	Chicago	Cook	117
60637	Chicago	Cook	889

<b>TABLE THREE</b>			
<b>Zip Code Information</b>			
Zip Code	City	County	# of Patients
60638	Chicago	Cook	77
60649	Chicago	Cook	469
60653	Chicago	Cook	394
Misc. Zip codes			9,253
Total Service Areas			23,711

**B) 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 Act [210 ILCS 45], shall provide a safety net impact statement, which shall be filed with an application for a substantive project.**

*Substantive projects shall include no more than the following:*

- 1. 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.*
- 2. Projects proposing a new service or discontinuation of a service, which shall be reviewed by the Board within 60 days.*
- 3. Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one facility to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board in the Inventory, whichever is less, over a 2-year period. [20 ILCS 3960/12]*

The proposed project is considered a non-substantive project. A non-substantive classification includes all projects that are not classified substantive or emergency. "Emergency Projects" means projects that are *emergent in nature and must be undertaken immediately to prevent or correct structural deficiencies or hazardous conditions that may harm or injure persons using the facility, as defined at 77 Ill. Adm. Code 1110.40(a).* [20 ILCS 3960/12(9)]

The Applicant provided charity care information as required for non-substantive projects, and for informational purposes, provided safety net impact information as well.

<b>TABLE FOUR</b>			
<b>Charity Care/Safety Net Information</b>			
<b>The University of Chicago Medical Center</b>			
<b>Year</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Net Patient Revenue</b>	\$1,493,813,000	\$1,573,952,000	\$1,840,375,000
<b>Amount of Charity Care (charges)</b>	\$66,259,000	\$81,946,613	\$84,494,428
<b>Cost of Charity Care</b>	\$14,996,000	\$17,093,196	\$17,581,627
<b>Ratio (charity care to net patient revenue)</b>	1.0%	1.09%	0.96%
<b>Charity Care # of Patients</b>			
<b>Inpatient</b>	273	376	380
<b>Outpatient</b>	28,178	15,894	16,335
<b>Total</b>	<b>28,451</b>	<b>16,270</b>	<b>16,715</b>
<b>Charity Care Cost in Dollars</b>			

<b>TABLE FOUR</b> <b>Charity Care/Safety Net Information</b> <b>The University of Chicago Medical Center</b>			
<b>Inpatient</b>	\$4,420,000	\$10,633,000	\$6,657,000
<b>Outpatient</b>	\$10,576,000	\$11,367,000	\$10,923,000
<b>Total</b>	<b>\$14,996,000</b>	<b>\$22,000,000</b>	<b>\$17,581,627</b>
<b>Medicaid # of Patients</b>			
<b>Inpatient</b>	9,951	9,643	10,320
<b>Outpatient</b>	99,189	117,381	131,617
<b>Total</b>	<b>109,140</b>	<b>127,024</b>	<b>141,937</b>
<b>Medicaid Revenue</b>			
<b>Inpatient</b>	\$213,747,000	\$201,530,000	\$252,482,000
<b>Outpatient</b>	\$69,987,000	\$70,772,000	\$92,828,000
<b>Total</b>	<b>\$283,734,000</b>	<b>\$272,302,000</b>	<b>\$345,310,000</b>

**C) Criterion 1110.110 (d) – Alternatives to the Project**

To determine if a proposed project is the best alternative, in terms of cost, efficiency, or effectiveness the Applicant must provide documentation of the following:

The Applicant considered four alternatives to the proposed project.

**1) Project of Greater or Lesser Scope and Cost**

The Applicant considered an option consisting of 30% more space, allowing a broader array of services, and increasing patient access at this site. However, the high rent costs in downtown Chicago made it crucial to appropriately size this building, as well as the higher business risk due to increased cost. This option was rejected. Cost of this alternative: \$36,100,000. The Applicant also considered a project of lesser size (21,343 GSF), with an estimated cost of approximately \$17,600,000. The Applicant stated *“While the business risk is smaller and the cost less by \$11.7M, this plan would not have made possible a small, street-level immediate care unit giving the MOB much greater visibility. There is also the concern that a smaller project would not allow for the proposed new services (e.g. mammography and primary care) or adequate space for long-term growth. The lease term for the proposed Project is fifteen (15) years with two (2) renewal options, in UCMC's discretion, of five (5) years each for a total possible term of twenty-five (25) years. Given the potential length of the lease, it does not make sense to constrict the space by nearly half thereby foreclosing future expansion as patient activity increases.”* This option was rejected due to an inability to establish an immediate care unit, mammography, and primary care. The Applicant is also considering growth in utilization over the long term given the lengthy term of the lease, making the option of a smaller facility infeasible.

**2) Joint Venture with Other Providers**

The Applicant is still considering a joint venture, and the pursuit of finding a potential business partner remains in the forefront. The Applicant hopes to partner with an entity having expertise in mammography. The Applicant is searching for practitioners known for superior patient-centered care and compassion in their delivery of services. The Applicant predicts a joint venture in the provision of

mammography care would represent a 9% share of space, and considerable effort in the areas of staffing and finance. Estimated cost of this option: \$29,300,000.

### **3) Utilize Other Available Health Resources**

The Applicant notes this alternative is always considered during the planning phase of investing in additional services, and this project is no different. This alternative was rejected, based on the fact that if pursued, patient access to University of Chicago Medical center services would be diminished. UCMC has extensive clinical expertise in the fields of service offered, and is committed to continue providing said services, while improving patient access. Estimated cost of this option: \$0-\$29,300,000.

### **4) Proposed Alternative**

The proposed project will consolidate the services of two existing Medical Clinics Buildings onto one campus, in an effort to greater serve the population of the service area. This, in addition to the desire to expand the breadth of its outpatient services, will ultimately improve healthcare services in the downtown Chicago area. Cost of the chosen alternative: \$29,275,770

## **Size of the Project, Projected Utilization, Assurances**

### **A) Criterion 1110.234(a) - Size of the Project**

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

The State Board does not have size standards for laboratory, physician offices, public areas/waiting, staff support areas, administration, conference area, elevators, stairs, storage or mechanical.

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. HFSRB shall periodically evaluate the guidelines to determine if revisions should be made. [Section 1110 Appendix A]

As presented the Applicant exceeds the size standard for a mammography unit. However that space includes the following:

*“A mammography suite will be a new service which UCMC anticipates it may operate in conjunction with a company specializing in mammography centers. Contractual arrangements are not final, however, negotiations have begun. This company has 50 centers in states such as Texas, Pennsylvania, Ohio, Arizona, and Washington D.C. Some are wholly owned and others, as will be the case with UCMC, are joint ventures. The company's mammography centers are known for warm, homelike settings, friendly staff, ease of scheduling, patient-centric care, state-of-the-art imaging, and fast results. For this project mammography will occupy 9% of the total area and will have one (1) mammography machine (digital breast (3D) tomosynthesis), a prone biopsy table using the stereotactic approach for guidance, a bone density scanner, which will also serve*

the OB/Gyn physician offices and multi-specialty offices, and an ultrasound unit which will be used by the radiologist following diagnostic scans for additional views and also for biopsy targeting.”

As provided at page 83 of the Application for Permit the actual mammography unit is 160 DGSF.

The Applicant are proposing the following services outlined in Table Five, and address those applicable to State size/utilization standards. The criterion has been met.

<b>TABLE FIVE</b> <b>Size/Utilization Data</b> <b>The University of Chicago Medical Center Downtown Ambulatory Care Building</b>					
Department/ Service	# of Rooms	Proposed DGSF	State Standard (dgsf)	Projected Utilization (2022)*	Met Standard? Size/utilization
<b>Imaging</b>					
Mammography	1	2,730	900	4,500	Yes/Yes
Ultrasound	2	945	1,800 (900 GSF per unit)	3,391	Yes/Yes
Radiographic	1	574	1,300	2,082	Yes/Yes
Proposed Services with No Utilization Standards					
Bone Densitometry	1	80	N/A	1,383	NA/NA
Sleep Studies	4	980	N/A	1,044	NA/NA
Infusion Therapy	2	580	N/A	520	NA/NA
*Visits Source: Application, pgs. 78-93					

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

#### **B) Criterion 1110.120 (b) – Projected Utilization**

To demonstrate compliance with this criterion, the Applicant must document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Part 1110 Appendix B. The number of years projected shall not exceed the number of historical years documented. If the Applicant does not meet the utilization standards in Appendix B, or if service areas do not have utilization standards in 77 Ill. Adm. Code 1100, the Applicant shall justify its own utilization standard by providing published data or studies, as applicable and available from a recognized source

The State Board does not have a utilization standard for several modalities listed in Table Five. All modalities that have applicable State standards are compliant, and the Applicant has met the requirements of this criterion.

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

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

To determine compliance with this criterion the Applicant must document provide an attestation that the proposed services will be at target occupancy within two years after project completion.

The necessary attestation was provided at page 94 of the Application for Permit.

**IX. Clinical Services Other than Categories of Service**

**A) Criterion 1110.270 (a) – Clinical Service Other than Categories of Service - Informational –**

These criteria are applicable only to those projects or components of projects (including major medical equipment); concerning Clinical Service Areas (CSAs) that are not Categories of Service, but for which utilization standards are listed in Appendix B.

The Applicant stated

*“The Project is the consolidation of two existing physician offices ("MOBs") - a multispecialty practice currently located at in the Huron MOB and a gynecological practice currently located in the Lake Shore Drive MOB. The leases for both the Huron MOB and the Lake Shore Drive MOB are in two separate buildings and both will expire and new leased space will be acquired to house the consolidated MOB proposed by this Project. Services such as immediate care and mammography will be added. This is considered a service modernization under Section 1110.270 of the Review Board's rules. The reason for the consolidation is to achieve the economies of scale of operating in one facility. This allows for staffing flexibility, simplified management, and shared features such as reception, registration kiosks, public rest rooms, staff locker rooms/break rooms, offices, and record filing systems. The new consolidated MOB will also have street level space which is most appropriate for an immediate care center in terms of public visibility and quick access.”*

**B) Criterion 1110.270 (c) - Need Determination – Establishment**

To demonstrate compliance with this criterion, the Applicant must document how the need for the proposed establishment was determined.

**1) Service to the Planning Area Residents**

To demonstrate compliance with this sub-criterion, the Applicant must document that the primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located.

The proposed medical office building will be located in the HSA VI Service Area and the A-01 Hospital Planning Area. The A-01 Hospital Planning Area includes the following Chicago communities in Cook County: Uptown, Lincoln Square, North Center, Lakeview, Lincoln Park, Near North Side, Edison Park, Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare, and Edgewater. There are eleven (11) hospitals located in the A-01 Hospital Planning Area. According to the

Applicant, it is anticipated that the majority of patients (61%) using the proposed Ambulatory Care Center will be residents of one of the Chicago area ZIP Code areas identified in Table Three, with the remaining 39% coming from various zip codes identified as being outside of the Chicago service area (See Table Three).

## **2) Service Demand**

**To demonstrate compliance with this sub-criterion, the Applicant must document demand for the proposed services, the Applicant must document referrals from an inpatient base, physician referrals, historical referrals to other providers, or population incidence.**

The demand for the medical clinics building is based upon the Applicant's existing service need at its Huron Medical Office Building and its Lake Shore Drive Medical Office Building. The Applicant's plan is to consolidate the services in each of these buildings in an effort to simplify/enhance patient access, and realize the economies of scale by operating in one central location. The Applicant further notes that patient access at the existing facilities will easily sustain operational viability at the proposed facility, and the proposed growth of having centrally located services will validate the need to expand the size of the proposed facility.

**Reviewer Note:** The State Board does not provide specific review criteria for a medical clinics building operated or controlled by a health care facility. Therefore, the State Board Staff reviews the arguments and data provided by the Applicant. Based upon the arguments provided by the Applicant, it appears there is demand for the medical clinic building.

## **3) Impact of the Proposed Project on Other Area Providers**

**To demonstrate compliance with this sub-criterion, the Applicant shall document that, within 24 months after project completion, the proposed project will not impact other providers in the planning area.**

The Applicant notes the entirety of the 23,711 patients projected to visit the Downtown MOB are currently served by the existing Medical Office Buildings (Huron MOB and Lake Shore Drive MOB), and 14,458 (61%), reside within the Chicago service areas outlined in Table Three. From the information reviewed by State Board Staff it does not appear based upon the type of project being proposed, the medical clinics building will have an impact on other providers in the planning area.

## **4) Utilization**

**To demonstrate compliance with this sub-criterion, the Applicant proposing to establish services in which the State Board has established utilization standards as documented in Part 1110 Appendix B shall meet or exceed the standard as specified in Appendix B.**

As documented above at Criterion 1110.120 (b), and Table Five, the services regulated by State Board utilization standards meet all requirements, resulting in a positive finding for this criterion.

**The following seven modalities/categories of service have size and utilization standards, and each are addressed individually. However, most of the modalities**



**will only contain one unit, making the utilization standard inconsequential. The Applicant further notes that the project is a combination of new construction/build out, and all categories of services are newly established as well. [See Historical and Projected Utilization at the end of this report]**

### **Ultrasound**

Cardiology, Women's Care, and Mammography will jointly utilize the proposed facility's two (2) Ultrasound units. The Applicant projects that 3,391 Ultrasound examinations will be performed in the first year after project completion (2022), which complies with the State standard of 3,100 examinations being performed annually per unit.

### **Radiographic Imaging**

The Applicant proposes to establish a radiographic machine as part of its Immediate Care Service. There will be one radiographic unit located on the first floor of the facility, and the Applicant projects to provide 2,082 Radiographic procedures in the first year after project completion (2022). The State Standard of 8,000 procedures does not apply, due to the establishment of a single unit.

### **Mammography**

The Applicant proposes to establish one (1) mammography unit for the consolidated Medical Office Building, and expects to provide 4,500 treatments in the first year after project completion (2022). The State Standard of 5,000 procedures does not apply, due to the establishment of a single unit.

### **Bone Densitometry**

Bone Densitometry, also referred to as DEXA Scan, will also be provided at the proposed Medical Office Building, and the Applicant proposes to establish one (1) DEXA unit for the consolidated Medical Office Building. The Applicant expects to provide 1,383 treatments in the first year after project completion (2022). There are no State Standards for the establishment of Bone densitometry units.

### **Sleep Studies**

The State Board does not have a standard for Sleep Studies; however, the Applicant report average historical utilization of 1,068 units of service annually. The Applicant expect to provide 1,044 units of service in the first year after project completion (2022).

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION CLINICAL SERVICES OTHER THAN CATEGORIES OF SERVICE (77 IAC 1110.270 (c) (1), (2), (3) and (4))**

## **X. Financial Viability**

### **The Purpose of the Act**

This 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. [20 ILCS 3960/2]

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

**To demonstrate compliance with this criterion, the Applicant must document that funds are available to fund the project.**

The Applicant is funding this project with cash/securities in the amount of \$19,792,552, and the fair market values of leases totaling \$9,483,218. The Applicant has provided evidence of an “AA-” bond rating from Fitch Ratings Service (dated June 2018), an “AA-” bond rating from Standard & Poor’s Ratings Service (dated January 2018), and an “Aa3” bond rating from Moody’s Investors Service (dated May 2018). The Applicant also provided their most recent audited financial statements summarized in the table below. From the documents submitted, it appears that Applicant has sufficient funds to fund the project.

<b>TABLE SIX</b>		
<b>The University of Chicago Medical Center</b>		
<b>Audited</b>		
<b>As of June 30, 2017</b>		
	<b>2016</b>	<b>2017</b>
Cash	\$20,335	\$37,446
Current Assets	\$428,086	\$598,472
PPE	\$1,380,132	\$1,625,205
Total Assets	\$2,819,445	\$3,567,464
Current Liabilities	\$359,292	\$470,258
LTD	\$843,039	\$1,014,827
Net Assets	\$1,315,653	\$1,770,945
Net Patient Service Revenue	\$1,574,252	\$2,009,559
Total Revenue	\$1,616,634	\$2,005,461
Operating Expenses	\$1,510,195	\$1,923,086
Income From Operations	\$106,439	\$82,375
Revenues in excess of expenses	\$85,574	\$462,393

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE 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 the Applicant are financially viable by providing evidence of an “A” or better bond rating or meeting all of the financial ratio standards published by the State Board at Part 1120 Appendix A.**

The Applicant is funding this project with cash/securities in the amount of \$19,792,552, and the fair market values of leases totaling \$9,483,218. The Applicant provided evidence of an “AA-” bond rating from Fitch Ratings Service (dated June 2018), an “AA-” bond rating from Standard & Poor’s Ratings Service (dated January 2018), and an “Aa3” bond rating from Moody’s Investors Service (dated May 2018). The Applicant also provided their most recent audited financial statements summarized in Table Six. Based upon the information received from the Applicant, the Applicant is considered financially viable.

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

## **XI. Economic Feasibility**

### **A) Criterion 1120.140(a) - Reasonableness of the Financing**

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

To demonstrate compliance with these criteria, the Applicant must document that the financing is reasonable.

The Applicant is funding this project with cash/securities in the amount of \$19,792,552, and the fair market values of leases totaling \$9,483,218. Based upon the information received from the Applicant (A Bond Ratings/Audited Financial Statements), the Applicant is considered financially viable, and no debt financing will be utilized to fund the proposed project.

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

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

To demonstrate compliance with this criterion, the Applicant must document that the costs for the project are reasonable and are in compliance with the State Board Standards published in Part 1120 Appendix A.

All costs addressed in this criterion are classified as clinical.

**New Construction and Contingencies** – These costs total \$2,108,065 or \$243.90 GSF. ( $\$2,108,065/8,643=\$243.90$ ). This appears reasonable when compared to the State Board Standard of \$305.27/GSF [2020 mid-point of construction].

**Contingencies** – These costs total \$191,642 and are 9.9% of new construction costs. This appears reasonable when compared to the State Board Standard of 10%.

**Architectural and Engineering Fees** – These costs total \$158,105 and are 7.5% of new construction and contingencies. These costs appear reasonable when compared to the State Board Standard of 6.22% - 9.34%.

**Consulting and Other Fees** – These costs are \$66,147. The State Board does not have a standard for these costs.

**Movable Equipment** – These costs total \$3,116,349 and are not reviewable by the State Board (hospital).

**Fair Market Value of Leased Space/Equipment** – These costs total \$1,813,696. The State Board does not have a standard for these costs.

**Other Costs to be Capitalized** – These costs total \$828,845. The State Board does not have a standard for these costs.

The Applicant has met all requirements for this criterion. A positive finding results.

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

**D) Criterion 1110.140(d) – Direct Operating Costs**

To demonstrate compliance with this criterion the Applicant must document that the projected direct annual operating costs 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 the following operating expense per patient unit of service:

- MOB: \$201
- Therapy: \$3,729
- Mammography: \$197

**E) Criterion 1110.140(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 equivalent patient day.

The Applicant was unable to project capital costs for this project, due to its classification as providing outpatient care.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERIA DIRECT OPERATING COSTS AND EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.140(d) and 77 IAC 1120.140(e))**

**Historical and Projected Utilization**

<b>Historical :</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Medicine Specialty Clinic	6,831	8,795	9,399	10,829	11,856	14,288	16,072	16,208	14,417
Gynecology Clinic								14,016	12,203
Ancillaries:									
Ultrasound								947	827
Sleep Studies	887	1,025	12,153	976	952	1,043	1,087	1,195	947
Bone Densitometry	107	194	281	294	374	446	495	727	722
<b>Projected:</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>
Medicine Specialty Visits	15,830	17,381	19,085	20,955	23,008	25,263	27,739	30,457	33,342
OB/Gyn Visits	13,602	16,667	19,284	20,809	21,828	22,898	24,021	25,197	26,432
Primary Care Visits			3,415	7,165	7,867	8,638	9,484	10,414	11,434
Immediate Care Visits			3,415	7,165	7,867	8,638	9,484	10,414	11,434
Total Visits	29,432	34,048	45,199	56,094	60,570	65,437	70,728	76,482	82,642
Ancillaries:									
Ultrasound	1,342	2,187	3,259	3,391	3,630	3,865	4,095	4,300	4,518
Radiographic			1,190	2,082	2,974	3,344	3,714	4,078	4,478
Mammography			3,000	4,500	5,176	5,590	5,868	5,868	5,868
Bone Densitometry	784	852	1,177	1,383	1,528	1,659	1,788	1,904	2,030
Sleep Studies	1,044	1,044	1,044	1,044	1,044	1,044	1,044	1,044	1,044
Infusions			260	520	676	743	818	900	990

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
<b>ADMINISTRATOR NAME:</b>	Sharon O'Keefe			White	35.1%	Hispanic or Latino:	6.0%
<b>ADMINSTRATOR PHONE:</b>	773-702-8908			Black	57.5%	Not Hispanic or Latino:	91.8%
<b>OWNERSHIP:</b>	The University of Chicago Medical Center			American Indian	0.2%	Unknown:	2.2%
<b>OPERATOR:</b>	The University of Chicago Medical Center			Asian	2.3%		
<b>MANAGEMENT:</b>	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.2%	IDPH Number:	3897
<b>CERTIFICATION:</b>	(Not Answered)			Unknown	4.7%	HPA	A-03
<b>FACILITY DESIGNATION:</b>	General Hospital					HSA	6
<b>ADDRESS</b>	5841 South Maryland	<b>CITY:</b> Chicago	<b>COUNTY:</b> Suburban Cook (Chicago)				

<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>	506	367	364	16,785	112,824	4,433	7.0	320.4	63.3	87.3
0-14 Years				0	0					
15-44 Years				4,129	25,773					
45-64 Years				6,469	43,901					
65-74 Years				3,514	24,993					
75 Years +				2,673	18,157					
<b>Pediatric</b>	60	60	56	3,247	14,959	922	4.9	43.4	72.3	72.3
<b>Intensive Care</b>	146	113	105	6,089	31,210	155	5.2	85.7	58.7	75.8
Direct Admission				4,941	24,796					
Transfers - Not included in Facility Admissions				1,148	6,414					
<b>Obstetric/Gynecology</b>	46	32	26	2,309	5,759	109	2.5	16.0	34.9	50.1
Maternity				2,309	5,759					
Clean Gynecology				0	0					
<b>Neonatal</b>	47	47	46	848	14,346	2	16.9	39.2	83.4	83.4
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>			0	0	0		0.0	0.0		
<b>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	30					2080				
<b>Facility Utilization</b>	<b>805</b>			<b>28,130</b>	<b>179,098</b>	<b>7,701</b>	<b>6.6</b>	<b>510.4</b>	<b>63.4</b>	

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	<b>33.9%</b>	<b>34.3%</b>	<b>0.0%</b>	<b>30.4%</b>	<b>0.0%</b>	<b>1.3%</b>	
	9534	9643	0	8564	13	376	28,130
<b>Outpatients</b>	<b>32.8%</b>	<b>21.1%</b>	<b>0.0%</b>	<b>42.6%</b>	<b>0.7%</b>	<b>2.9%</b>	
	182199	117381	0	236636	4019	15894	556,129

<u>Financial Year Reported:</u>	7/1/2015 to	6/30/2016	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
<b>Inpatient Revenue ( \$ )</b>	<b>28.9%</b>	<b>24.1%</b>	<b>0.0%</b>	<b>46.9%</b>	<b>0.1%</b>	<b>100.0%</b>			
	241,793,000	201,530,000	0	393,147,000	1,200,000	837,670,000	5,429,858		17,093,196
<b>Outpatient Revenue ( \$ )</b>	<b>17.3%</b>	<b>9.6%</b>	<b>0.0%</b>	<b>72.3%</b>	<b>0.7%</b>	<b>100.0%</b>			
	127,718,000	70,772,000	0	532,633,000	5,159,000	736,282,000	11,663,338		Total Charity Care as % of Net Revenue 1.1%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	2,277		Level I	Level II	Level II+	Kidney:	63
Number of Live Births:	2,208		Beds	8	24	Heart:	31
Birthing Rooms:	0		Patient Days	86	7,090	Lung:	17
Labor Rooms:	0		Total Newborn Patient Days		7,176	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	11
Labor-Delivery-Recovery Rooms:	9					Liver:	25
Labor-Delivery-Recovery-Postpartum Rooms:	0		<u>Laboratory Studies</u>			Total:	147
C-Section Rooms:	2		Inpatient Studies		3,586,705		
CSections Performed:	659		Outpatient Studies		2,770,450		
			Studies Performed Under Contract		130,583		

**Surgery and Operating Room Utilization**

<b>Surgical Specialty</b>	<b>Operating Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	746	7	5204	28	5232	7.0	4.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	26	7	0	33	5274	6707	17765	13554	31319	3.4	2.0
Gastroenterology	0	0	0	0	8	39	30	145	175	3.8	3.7
Neurology	0	0	0	0	821	233	4194	661	4855	5.1	2.8
OB/Gynecology	0	0	0	0	2687	1293	5277	3382	8659	2.0	2.6
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	18	1298	30	1767	1797	1.7	1.4
Orthopedic	0	0	0	0	1487	2138	5949	4943	10892	4.0	2.3
Otolaryngology	0	0	0	0	499	1659	2153	3811	5964	4.3	2.3
Plastic Surgery	0	0	0	0	762	682	3757	1981	5738	4.9	2.9
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	271	72	1380	165	1545	5.1	2.3
Urology	0	1	0	1	976	1469	4354	2662	7016	4.5	1.8
<b>Totals</b>	<b>26</b>	<b>8</b>	<b>1</b>	<b>35</b>	<b>13549</b>	<b>15597</b>	<b>50093</b>	<b>33099</b>	<b>83192</b>	<b>3.7</b>	<b>2.1</b>

**SURGICAL RECOVERY STATIONS**

Stage 1 Recovery Stations

77

Stage 2 Recovery Stations

0

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

<b>Procedure Type</b>	<b>Procedure Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	13	13	3095	13194	2321	9896	12217	0.7	0.8
Laser Eye Procedures	0	0	1	1	0	606	0	606	606	0.0	1.0
Pain Management	0	0	1	1	100	4242	50	2121	2171	0.5	0.5
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Multipurpose Non-Dedicated Rooms</b>											
C-sections	0	0	3	3	659	0	1648	0	1648	2.5	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	<b>Level 1</b>
	Pediatric
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	301
Patients Admitted from Trauma	188
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	63
Persons Treated by Emergency Services:	93,462
Patients Admitted from Emergency:	12,662
Total ED Visits (Emergency+Trauma):	<b>93,763</b>

**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	<b>556,129</b>
Outpatient Visits at the Hospital/ Campus:	538,548
Outpatient Visits Offsite/off campus	17,581

**Cardiac Catheterization Labs**

Total Cath Labs (Dedicated+Nondedicated labs):	<b>6</b>
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	3

**Cardiac Catheterization Utilization**

Total Cardiac Cath Procedures:	<b>9,346</b>
Diagnostic Catheterizations (0-14)	146
Diagnostic Catheterizations (15+)	5,812
Interventional Catheterizations (0-14):	53
Interventional Catheterization (15+)	1,069
EP Catheterizations (15+)	2,266

**Cardiac Surgery Data**

Total Cardiac Surgery Cases:	<b>757</b>
Pediatric (0 - 14 Years):	25
Adult (15 Years and Older):	732
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	172

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

	<b>Owned Contract</b>		<b>Inpatient</b>	<b>Outpt</b>	<b>Contract</b>		<b>Owned Contract</b>		
General Radiography/Fluoroscopy	20	0	88,178	47,298	0	Lithotripsy	0	0	0
Nuclear Medicine	6	0	1,119	3,788	0	Linear Accelerator	4	0	18,920
Mammography	5	0	146	14,370	0	Image Guided Rad Therapy			17,077
Ultrasound	7	0	6,249	6,594	0	Intensity Modulated Rad Thrpy			11,702
Angiography	6	0				High Dose Brachytherapy	1	0	286
Diagnostic Angiography			237	191	0	Proton Beam Therapy	0	0	0
Interventional Angiography			2,805	2,855	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	170	1,690	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	7	0	23,424	21,340	0				
Magnetic Resonance Imaging	9	0	5,974	14,666	0				



The map displays the Chicago metropolitan area, including suburbs like Schaumburg, Elk Grove Village, Roselle, Bensenville, Addison, Glendale Heights, Glen Ellyn, Villa Park, Lombard, Lisle, Woodridge, Downers Grove, Darien, Burr Ridge, Willowbrook, Palos Hills, Oak Lawn, Chicago Ridge, Burbank, Evergreen Park, South Chicago, and Chicago. Major highways such as I-90, I-55, I-290, and I-294 are shown. A callout box highlights the University of Chicago Downtown Campus at 355 E Grand Ave, Chicago, IL 60611.

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