



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: C-01	BOARD MEETING: June 4, 2019	PROJECT NO: E-012-19	PROJECT COST:
FACILITY NAME: HSHS St. John's Hospital	CITY: Springfield	Original: \$16,414,051	
TYPE OF PROJECT: Exemption			HSA: III

PROJECT DESCRIPTION: The Applicants propose to expand the neonatal intensive care category of service at a cost of \$16,414,051 at HSHS St. John's Hospital, Springfield, Illinois. The expected completion date is February 27, 2021.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION

- The Applicants (St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, Hospital Sisters Health System and Hospital Sisters Services, Inc.) propose to expand the neonatal intensive care category of service at a cost of \$16,414,051 at HSHS St. John's Hospital, Springfield, Illinois. The expected completion date is February 27, 2021.
- The State Board does not have an exemption renewal process as it does for a permit renewal. Should this project not be completed by February 27, 2021 the exemption is no longer valid.
- The Hospital is currently authorized for 40 NICU beds and the Applicants propose to add 16 NICU beds as part of this expansion for a total of 56 NICU beds at the end of the project.
- For the period 2013 to 2017 the number of admissions for the 40-bed NICU unit has had a compounded annual growth of 9.6% and patient days has grown by 3.9% compounded annually.
- Based upon the 2017 ADC of 38 patients the Applicants can justify 51 NICU beds at the State Board's target occupancy of 75%.

**St. John's 40-bed NICU utilization
2013-2017**

Year	2013	2014	2015	2016	2017
NICU Beds	40	40	40	40	40
Admissions	460	486	511	553	665
Days	11,908	12,677	12,330	13,003	13,896
ALOS	25.89	26.08	24.13	23.51	20.90
ADC	32.62	34.73	33.78	35.62	38.07
Occ. %	81.56%	86.83%	84.45%	89.06%	95.18%

1. ALOS = Average length of stay = days ÷ admissions
2. ADC = Average daily census = days ÷ 365

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The proposed project is before the State Board because the project expands a neonatal intensive care category of service per 77 ILAC 1130.531

PUBLIC HEARING/COMMENT:

- No public hearing was requested and no letters of support or opposition were received by the State Board Staff.

SUMMARY:

- The State Board has determined the establishment and expansion of the neonatal category of service be exempt from the certificate of need permit requirements. St. John's Hospital is considered a Level III hospital per 77 ILAC 250.1820 which states "*that care shall be provided to obstetric and neonatal patients according to the levels of specialized care as defined in the Regionalized Perinatal Health Care Code: Level III hospitals care for patients requiring increasingly complex care, operate a NICU, and provide multidisciplinary consultation and supervision for those patients with medical and surgical problems that require highly specialized treatment and highly trained personnel.*"
- As required by statute an exemption shall be approved by the State Board when all of the information required by the State Board has been submitted.
- The Applicants have provided all of the information required by the State Board.

STATE BOARD STAFF REPORT

Project #E-012-19

SHHS St. John's Hospital

APPLICATION/ CHRONOLOGY/SUMMARY	
Applicants(s)	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, Hospital Sisters Health System and Hospital Sisters Services, Inc.
Facility Name	SHHS St. John's Hospital
Location	800 East Carpenter Street, Springfield, Illinois
Permit Holder	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, Hospital Sisters Health System and Hospital Sisters Services, Inc.
Operating Entity/Licensee	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis,
Owner of Site	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Application Received	March 8, 2019
Application Deemed Complete	March 13, 2019
Anticipated Completion Date	February 27, 2021
Review Period Ends	April 30, 2019

I. Project Description

The Applicants (St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, Hospital Sisters Health System and Hospital Sisters Services, Inc.) propose to expand the neonatal intensive care category of service at a cost of \$16,414,051 at SHHS St. John's Hospital, Springfield, Illinois. The expected completion date is February 27, 2021.

II. General Information

The Applicants are St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, Hospital Sisters Health System and Hospital Sisters Services, Inc. St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis is a 402-bed acute care hospital located in Springfield, Illinois. Hospital Sisters Health System owns and operates eight additional hospital in Illinois. Hospital Sisters Services Inc. is the sole corporate member of Hospital Sisters Health System. The eight hospitals are:

TABLE ONE
Hospitals owned by Hospital Sisters Health System in Illinois

Hospitals	City	Beds	Certification
St. Elizabeth's Hospital	O'Fallon	144	
St. Anthony's Memorial Hospital	Effingham	133	
St. Joseph Hospital	Highland	25	CAH
St. Francis Hospital	Litchfield	25	CAH
St Joseph Hospital	Breese	25	CAH
St. Mary's Hospital	Decatur	230	
HSBS Holy Family Hospital	Greenville	25	CAH
HSBS Good Shepherd Hospital	Shelbyville	30	
CAH- Critical Access Hospital			

III. Project Details

The proposed modernization project will transition St. John's NICU from a fully pod-style unit to a combination of single/private, semi-private and smaller pod-style patient rooms. Bed capacity will increase from 40 beds to 56 beds. St. John's entire 4th floor will be modernized and updated to match today's standard of NICU patient care and new spaces will include:

- Single patient rooms
- Isolation patient room
- Semi-private, multi bed rooms
- Patient support areas
- Family support areas
- Staff support areas and offices
- Simulation lab

IV. NICU Health Service Area

The Planning Area for Neonatal Intensive Care category of service located in Springfield, Illinois is Health Service Area III & IV. St. John's Hospital is located in the HSA III Health Service Area. HSA III includes the Illinois Counties of Adams, Brown, Calhoun, Cass, Christian, Greene, Hancock, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Pike, Sangamon, Schuyler, and Scott.

HSA IV includes the Illinois Counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermilion.

There are two hospitals that operate neonatal intensive care beds in this Neonatal Planning Area: Carle Hospital in Urbana with 25 NICU Beds and St. John's Hospital with 40 NICU beds.

No formula bed need for neonatal intensive care beds has been developed. It is the responsibility of the applicant to document the need for the number of neonatal intensive

beds proposed by complying with the Review Criteria contained in 77 ILAC 1110. The State Board's occupancy standard for NICU beds is 75%. [77 ILAC 1100.580]

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

The Applicants are funding this project with cash in the amount of \$16,414,051.

TABLE ONE				
Project Costs and Sources of Funds				
Uses of Funds	Reviewable	Non-Reviewable	Total	% of Total
Preplanning Costs	\$94,788	\$40,623	\$135,411	0.82%
Modernization Costs	\$8,297,195	\$3,582,180	\$11,879,375	72.37%
Contingences	\$706,754	\$302,894	\$1,009,648	6.15%
Architectural & Engineering Fees	\$518,064	\$222,028	\$740,092	4.51%
Consulting and Other Fees	\$174,740	\$74,888	\$249,628	1.52%
Movable and Other Equipment not in Construction Contracts	\$2,102,000	\$184,503	\$2,286,503	13.93%
Other Costs to Capitalized	\$79,376	\$34,018	\$113,394	0.69%
Total Uses of Funds	\$11,972,917	\$4,441,134	\$16,414,051	100.00%
Source of Funds				
Cash and Securities	\$11,972,917	\$4,441,134	\$16,414,051	100.00%
Total Sources of Funds	\$11,972,917	\$4,441,134	\$16,414,051	100.00%

VI. **Background of the Applicants**

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 had no *adverse action*¹ taken against any facility they own or operate or a certified listing of any adverse action taken.

¹Adverse 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)

1. The Applicants attest that there has been no adverse action taken against any of the health care facilities owned or operated by the Applicants. [Application for Permit page 43]
2. The Applicants have authorized the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to have access to any documents necessary to verify information submitted in connection to the Applicants' certificate of exemption. 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 43]
3. Licensure and Accreditation has been provided by the Applicants for the health care facilities owned and operated by the Applicants at pages 39.
4. The site is owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis and evidence of this can be found at pages 23-34 Commitment for Title Insurance.
5. Illinois Certificate of Good Standing has been provided at pages 20-22 of the exemption application for the not-for-profit applicants. A certificate of good standing is a legal **status** conferred by a state on a company incorporated within its jurisdiction that allows it to conduct business legitimately. The **status** is granted based on the company's current **standing** related to required state filings, fees and tax obligations.
6. Organizational relationships provided at page 36 of the Application for Permit.
7. The Applicants provided documentation of compliance with Executive Order #2006/5 and Illinois State Agency Historic Resources Preservation Act as required at pages 49-52.

VII. Neonatal Intensive Care

A) Criterion 77 ILAC 1130.531 (a)

A description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed.

The 40-bed licensed Level III NICU at St. John's Hospital is currently located on a portion of the fourth floor of St. John's Children's Hospital (SJCH). This project proposes 16 additional Level III beds, which will expand the unit's capacity to 56 licensed beds. The NICU's 2017 ADC (AHQ Data) was 38.1 which justifies 51 NICU beds based on the State Board's 75% occupancy criteria. Per the Applicants "when 5 incremental additional beds are added to the justified number of beds, 56 total NICU beds will be developed in the proposed modernization project to accommodate recent peak utilization as well as to fully develop the available area."

B) Criterion 77 ILAC 1130.531(b)

Verification that a final cost report will be submitted to the Agency no later than 90 days following the anticipated project completion date

C) Criterion 77 ILAC 1130.531(c)

Verification that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption.

An attestation was provided by E. J. Kuiper, CEO at page 45 of the Application for Permit attesting that a final cost report will be submitted within 90 days following the anticipated project completion date and the failure to complete the project within 24-months after the Board approved the exemption will invalidate the exemption.

A) Criterion 1110.110 (c) - Safety Net Impact Statement

St. John's Hospital believes that this project will not have a material impact on any essential safety services in the community and that the modernized and expanded NICU will improve access to the safety net services that are currently available. St. John's Hospital believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services. St. John's Hospital believes that this project will improve teaching and research by providing a simulation lab for providers and medical residents.

St John's Hospital
Charity and Medicaid Information

	Year Ending 6/30/2016	Year Ending 6/30/2017	Year Ending 6/30/2018
Net Revenue	\$461,886,000	\$475,001,000	\$504,568,621
Inpatient	1,267	945	1,253
Outpatient	5,299	4,227	4,108
Total	6,566	5,172	5,361
Charity Care Dollars			
Inpatient	\$3,230,336	\$1,775,743	\$1,753,779
Outpatient	\$1,880,147	\$2,099,014	\$1,981,285
Total	\$5,110,483	\$3,874,757	\$3,735,064
% of Charity Care to Net Revenue	1.11%	0.82%	0.74%
Medicaid			
Inpatient	5,833	5,879	5,847
Outpatient	55,576	51,185	50,457
Total	61,409	57,064	56,304
Medicaid Dollars			
Inpatient	\$53,329,213	\$68,973,573	\$70,667,912
Outpatient	\$39,189,056	\$293,118,881	\$25,906,123
Total	\$92,518,269	\$98,285,454	\$96,574,035
% of Medicaid to Net Revenue	20.03%	20.69%	19.14%

HSHS Illinois Facilities

Net Patient Revenue	\$1,027,791,000	\$1,060,209,000	\$1,122,527,807
Amount of Charity Care (charges)	\$59,665,591	\$52,040,415	\$52,343,771
Cost of Charity Care	\$16,672,211	\$15,165,565	\$14,726,976
% of Charity Care to Net Revenue	1.62%	1.43%	1.31%

<u>Ownership, Management and General Information</u>			<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Dr. Charles Lucore		White	86.2%	Hispanic or Latino:	0.5%
ADMINSTRATOR PHONE	217-544-6464		Black	11.0%	Not Hispanic or Latino:	98.4%
OWNERSHIP:	Hospital Sisters Services, Inc.		American Indian	0.1%	Unknown:	1.1%
OPERATOR:	Hospital Sisters Health System		Asian	0.3%		
MANAGEMENT:	Church-Related		Hawaiian/ Pacific	0.0%	IDPH Number:	2451
CERTIFICATION:			Unknown	2.4%	HPA	E-01
FACILITY DESIGNATION:	General Hospital				HSA	3
ADDRESS	800 E. Carpenter St.	CITY: Springfield	COUNTY:	Sangamonm County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	204	190	168	11,780	55,597	2,034	4.9	157.9	77.4	83.1
0-14 Years				84	152					
15-44 Years				1,564	5,844					
45-64 Years				3,453	16,358					
65-74 Years				2,839	13,926					
75 Years +				3,840	19,317					
Pediatric	32	32	18	2,159	4,213	501	2.2	12.9	40.4	40.4
Intensive Care	48	48	46	3,174	11,546	10	3.6	31.7	66.0	66.0
Direct Admission				1,881	6,724					
Transfers				1,293	4,822					
Obstetric/Gynecology	38	38	37	2,449	7,576	238	3.2	21.4	56.3	56.3
Maternity				2,397	7,439					
Clean Gynecology				52	137					
Neonatal	40	40	40	655	13,896	0	21.2	38.1	95.2	95.2
Long Term Care	0	12	12	1	376	0	376.0	1.0	0.0	8.6
Swing Beds			0	0	0		0.0	0.0		
Total AMI	40			225	4,584	0	20.4	12.6	31.4	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		15	15	225	4,584	0	20.4	12.6		83.7
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	402			19,150	97,788	2,783	5.3	275.5	68.5	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.6%	26.9%	2.1%	24.0%	1.1%	1.3%	
	8550	5158	395	4588	202	257	19,150
Outpatients	33.9%	26.1%	1.7%	30.7%	6.5%	1.1%	
	83180	64074	4173	75429	16082	2766	245,704

<u>Financial Year Reported:</u>	7/1/2016 to	6/30/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	39.9%	25.8%	1.2%	32.8%	0.3%	100.0%		4,571,003
	106,626,886	68,973,573	3,313,065	87,711,512	850,645	267,475,681	2,094,822	
Outpatient Revenue (\$)	28.9%	14.1%	0.5%	56.4%	0.1%	100.0%		Total Charity Care as % of Net Revenue
	60,054,929	29,311,881	937,847	117,065,946	154,940	207,525,543	2,476,181	1.0%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	2,197		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	2,174		Beds	16	0	Heart:	0
Birthing Rooms:	0		Patient Days	3,462	0	Lung:	0
Labor Rooms:	0		Total Newborn Patient Days		3,462	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	11					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0		<u>Laboratory Studies</u>			Total:	0
C-Section Rooms:	2		Inpatient Studies		815,322		
CSections Performed:	703		Outpatient Studies		468,842		
			Studies Performed Under Contract		117,210		

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	8	8	986	139	4621	243	4864	4.7	1.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	5	9	14	599	406	1550	720	2270	2.6	1.8
Gastroenterology	0	0	0	0	28	284	29	214	243	1.0	0.8
Neurology	0	0	0	0	205	62	791	119	910	3.9	1.9
OB/Gynecology	0	0	0	0	105	526	292	1287	1579	2.8	2.4
Oral/Maxillofacial	0	0	0	0	3	15	4	31	35	1.3	2.1
Ophthalmology	0	0	0	0	19	4382	28	2856	2884	1.5	0.7
Orthopedic	0	0	6	6	1550	1672	3735	2864	6599	2.4	1.7
Otolaryngology	0	0	0	0	135	1147	342	1580	1922	2.5	1.4
Plastic Surgery	0	0	0	0	167	341	414	579	993	2.5	1.7
Podiatry	0	0	0	0	53	443	73	653	726	1.4	1.5
Thoracic	0	0	0	0	789	21	4029	36	4065	5.1	1.7
Urology	0	0	1	1	398	1480	801	2275	3076	2.0	1.5
Totals	0	5	24	29	5037	10918	16709	13457	30166	3.3	1.2

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

46

Stage 2 Recovery Stations

29

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	4	4	1257	2876	1465	2876	4341	1.2	1.0
Laser Eye Procedures	0	2	0	2	0	1103	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	350	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	337	985	594	1703	2297	1.8	1.7

Multipurpose Non-Dedicated Rooms

	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Adult
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	1,031
Patients Admitted from Trauma	556
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	34
Persons Treated by Emergency Services:	54,083
Patients Admitted from Emergency:	8,874
Total ED Visits (Emergency+Trauma):	55,114

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	245,704
Outpatient Visits at the Hospital/ Campus:	196,033
Outpatient Visits Offsite/off campus	49,671

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	12,851
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	5,609
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	3,265
EP Catheterizations (15+)	3,977

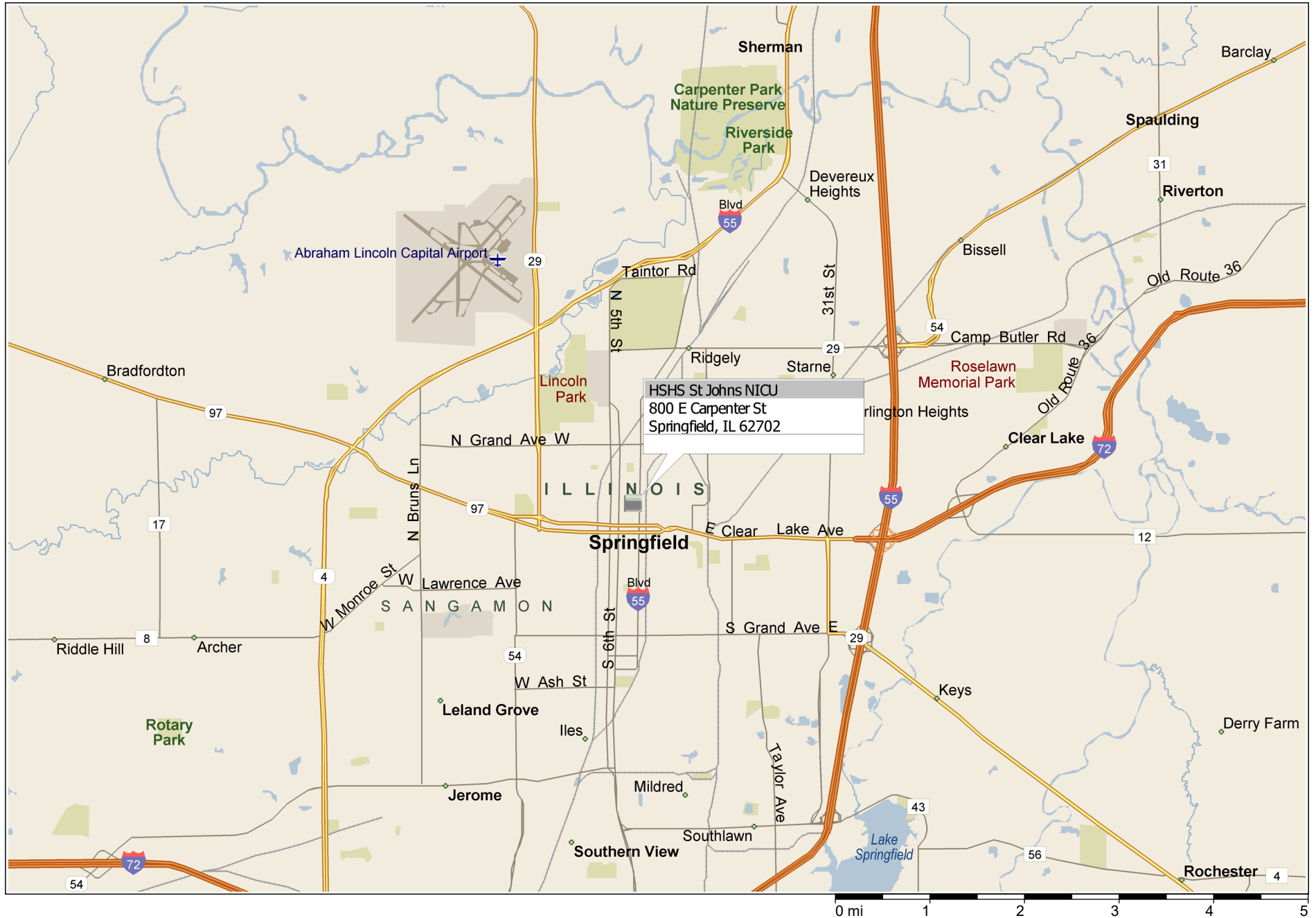
Cardiac Surgery Data

Total Cardiac Surgery Cases:	541
Pediatric (0 - 14 Years):	6
Adult (15 Years and Older):	535
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	415

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

	Owned Contract		Inpatient	Outpt	Contract		Owned Contract		
General Radiography/Fluoroscopy	14	0	30,159	38,999	0	Lithotripsy	0	0	0
Nuclear Medicine	8	0	402	850	0	Linear Accelerator	2	0	2,155
Mammography	4	0	4	8,721	0	Image Guided Rad Therapy			1,451
Ultrasound	8	0	3,905	8,510	0	Intensity Modulated Rad Thrpy			1,301
Angiography	14	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			2,487	1,247	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	4	269	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	4	0	5,936	24,534	0				
Magnetic Resonance Imaging	3	0	1,894	3,952	0				

E-012-19 HSHS St Johns NICU Expansion - Springfield



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