



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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

<b>DOCKET ITEM:</b> C-06	<b>BOARD MEETING:</b> June 4, 2019	<b>EXEMPTION NUMBER:</b> #E-020-19
<b>EXEMPTION APPLICANT(S):</b> Presence Chicago Hospitals Network d/b/a Presence Saint Mary of Nazareth Hospital, Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health, Ascension Health		
<b>FACILITY NAME and LOCATION:</b> Presence Saint Mary of Nazareth Hospital, Chicago		

**STATE BOARD STAFF REPORT**  
**DISCONTINUATION OF A CATEGORY SERVICE**  
**EXEMPTION REQUEST**

**I. The Exemption Application**

The Applicants (Presence Chicago Hospitals Network d/b/a Presence Saint Mary of Nazareth Hospital, Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health, Ascension Health) propose the discontinuation of an open-heart surgery category of service. There is no cost to this project. The expected completion date is July 5, 2019.

**II. Hospital – Open Heart Surgery Category of Service**

Presence Saint Mary of Nazareth Hospital is located at 2233 West Division Street, Chicago Illinois in the HSA VI Open Heart Surgery Planning Area. There is no need formula for the open-heart surgery category of service. The utilization standards for the open-heart surgery category of service are:

*Adult: There should be a minimum of 200 open-heart procedures performed annually by each facility within three years after initiation, in any institution in which open heart surgery is performed for adults. Higher caseloads, over 200 per annum, are encouraged.*

*Pediatric: There should be a minimum of 75 pediatric open-heart operations performed annually by each facility within three years after initiation of the service.*

*Adult/Pediatric: The defined minimum utilization standards for both adult and pediatric shall apply for programs doing both adult and pediatric open- heart surgery. [77 ILAC 1100.610]*

Table One documents the 5-year utilization of Presence Saint Mary of Nazareth Hospital open heart surgery category of service.

**TABLE ONE**  
**Presence Saint Mary of Nazareth Hospital**  
**Historical Open-Heart Surgery Category of Service <sup>(2)</sup>**

<u>Cardiac Surgery</u>	2017	2016	2015	2014	2013
Total	43	50	50	57	43
Pediatric	0	0	0	0	0
Adult	43	50	50	57	43
CABGs <sup>(1)</sup>	29	30	45	48	27

1. Coronary artery bypass surgery also known as coronary artery bypass graft (CABG, pronounced "cabbage") surgery, and colloquially heart bypass or bypass surgery, is a surgical procedure to restore normal blood flow to an obstructed coronary artery. A normal coronary artery transports blood to and from the heart muscle itself, not through the main circulatory system. There are two main approaches. In one, the left internal thoracic artery, LITA (also called left internal mammary artery, LIMA) is diverted to the left anterior descending branch of the left coronary artery. In this method, the artery is "pedicled" which means it is not detached from the origin. In the other, a great saphenous vein is removed from a leg; one end is attached to the aorta or one of its major branches, and the other end is attached to the obstructed artery immediately after the obstruction to restore blood flow. Source: American Heart Association.
2. CABGs are included in the total number of cardiac surgeries as per annual profile instructions.
3. Source: Annual Hospital Profiles

### **III. Applicable Rules**

#### **A) Section 1130.500 - General Requirements for Exemptions**

*Only those projects specified in Section 1130.410 are eligible for exemption from permit requirements. Persons that have initiated or completed such projects without obtaining an exemption are in violation of the provisions of the Act and are subject to the penalties and sanctions of the Act and Section 1130.790.*

a) *Application for Exemption*

*Any persons proposing a project for an exemption to permit requirements shall submit to HFSRB an application for exemption containing the information required by this Subpart, submit an application fee (if a fee is required), and receive approval from HFSRB.*

b) *General Information Requirements*

*The application for exemption shall include the following information and any additional information specified in this Subpart:*

- 1) *the name and address of the applicant or applicants (see Section 1130.220);*
- 2) *the name and address of the health care facility;*
- 3) *a description of the project, e.g., change of ownership, discontinuation, increase in dialysis stations;*
- 4) *documentation from the Illinois Secretary of State that the applicant is registered to conduct business in Illinois and is in good standing or, if the applicant is not required to be registered to conduct business in Illinois, evidence of authorization to conduct business in other states;*

- 5) *a description of the applicant's organization structure, including a listing of controlling or subsidiary persons;*
- 6) *the estimated project cost, including the fair market value of any component and the sources and uses of funds;*
- 7) *the anticipated project completion date;*
- 8) *verification that the applicant has fulfilled all compliance requirements with all existing permits that have been approved by HFSRB; and*
- 9) *the application-processing fee.*

*HFSRB NOTE: If a person or project cannot meet the requirements of exemption, then an application for permit may be filed.*

**B) Section 1130.525 - Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service**

- a) *Submission of Application for Exemption*  
*Prior to any person discontinuing a health care facility or category of service, the person shall submit an application for exemption to the HFSRB, submit the required application-processing fee (see Section 1130.230), and receive approval from HFSRB.*
- b) *Application for Exemption*  
*The application for exemption is subject to approval under Section 1130.560 and shall include a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.130. The application shall be available for review on the premises of the health care facility.*
- c) *Opportunity for Public Hearing*  
*Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. [20 ILCS 3960/8.5(a-3)]*

**C) Section 1110.290 - Discontinuation – Review Criteria**

*These criteria pertain to the discontinuation of categories of service and health care facilities.*

- a) *Information Requirements – Review Criterion*  
*The applicant shall provide at least the following information:*
  - 1) *Identification of the categories of service and the number of beds, if any, that are to be discontinued;*
  - 2) *Identification of all other clinical services that are to be discontinued;*
  - 3) *The anticipated date of discontinuation for each identified service or for the entire facility;*
  - 4) *The anticipated use of the physical plant and equipment after discontinuation occurs;*
  - 5) *The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;*
  - 6) *For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.*
- b) *Reasons for Discontinuation – Review Criterion*

*The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:*

- 1) *Insufficient volume or demand for the service;*
- 2) *Lack of sufficient staff to adequately provide the service;*
- 3) *The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;*
- 4) *The facility or the service is not in compliance with licensing or certification standards.*

c) *Impact on Access – Review Criterion*

*The applicant shall document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area. The facility's market area, for purposes of this Section, is the established radii outlined in 77 Ill. Adm. Code 1100.510(d). Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:*

- 1) *The service will no longer exist within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the applicant facility;*
- 2) *Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website;*
- 3) *Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.*

d) *The applicant shall provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation and that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d). The notification letter must include at least the anticipated date of discontinuation of the service and the total number of patients that received care or*

### **III. State Board Staff Analysis**

Presence Saint Mary of Nazareth Hospital proposes to discontinue an open-heart surgery category of service. According to the Applicants the proposed discontinuation is the result low and steadily decreasing utilization at the hospital. The operating room currently designated for cardiac procedures will be used for general surgery and the equipment will be utilized by other AMITA facilities. The medical records will be maintained in accordance with all federal and state legal requirements.

The Applicants sent impact letters to the hospitals listed below that maintain an open heart surgery category of service. (See Table Two below). No replies were received from these hospitals by the State Board Staff.

**TABLE TWO**  
**Hospitals Impact Letters Receiving Impact Letters**

Hospital	City	Cardiac Surgery			
		Patients 0-14 Yrs	Patients 15+ Yrs	Total Cardiac Surgeries	Coronary Artery Bypass Grafts
Illinois Masonic Medical Center	Chicago	0	131	131	98
Children's Memorial Hospital	Chicago	237	29	266	0
John H. Stroger Hospital of Cook County	Chicago	2	536	538	29
Weiss Memorial Hospital	Chicago	0	10	10	10
Mercy Hospital and Medical Center	Chicago	0	14	14	7
Mount Sinai Hospital Medical Center	Chicago	0	39	39	30
Northwestern Memorial Hospital	Chicago	0	782	782	132
AMITA Presence Resurrection Hospital	Chicago	0	219	219	165
Rush University Medical Center	Chicago	16	439	455	89
Swedish Covenant Hospital	Chicago	0	131	131	120
University of Chicago Medical Center	Chicago	10	789	789	209
University of Illinois Hospital at Chicago	Chicago	15	65	80	44
Loyola Health System at Gottlieb	Melrose Park	0	110	110	43
Loyola University Health System	Maywood	3	904	907	271
Evanston Hospital	Evanston	0	195	195	94
MacNeal Hospital	Berwyn	0	93	93	1
West Suburban Medical Center	Oak Park	0	6	6	0

Source: 2017 Hospital Profiles

#### IV. Safety Net Impact

The Applicants stated:

*“Presence Saint Mary of Nazareth Hospital has a long history of being a safety net provider on the west side of Chicago, both in terms of its role in the community, as well as services provided directly at or by the hospital. The proposed discontinuation of open-heart surgery services will have no impact on that commitment, nor will it have any impact on any other providers of safety net services.”*

**TABLE THREE**  
**Safety Net Impact Information**  
**Presence Saint Mary of Nazareth Hospital**

	2016	2017	2018 <sup>(1)</sup>
Net Revenue	\$304,924,151	\$331,806,223	\$162,336,533
<u>Charity Care</u>			
Inpatient	985	173	402
Outpatient	12,243	2,531	2,869
Total	13,228	2,704	3,271
Charity			
Inpatient	\$2,542,044	\$1,389,711	\$1,642,687
Outpatient	\$4,423,868	\$1,951,885	\$1,571,543
Total	\$6,965,912	\$3,341,596	\$3,214,230
	2.28%	1.01%	1.98%
	2016	2017	2018
<u>Medicaid</u>			
Inpatient	1,918	1,926	4,023
Outpatient	12,046	73,894	19,654
Total	13,964	75,820	23,677
Inpatient	\$47,951,568	\$45,807,382	\$65,503,942
Outpatient	\$24,498,704	\$24,334,912	\$9,470,480
Total	\$72,450,272	\$70,142,294	\$74,974,422
	23.76%	21.14%	46.18%

1. 2018 information 6-months only

The Illinois Health Facilities Planning Act (20 ILCS 3960/6) requires that



*“An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility, discontinuation of a category of service, and discontinuation of a health care facility, other than a health care facility maintained by the State or any agency or department thereof or a nursing home maintained by a county.”*

The Applicants have provided the required information for this exemption application.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH DISCONTINUATION OF A CATEGORY OF SERVICE OR HEALTH CARE FACILITY (77 ILAC 1130.500, 77 ILAC 1130.520 AND 77 ILAC 1110.290)**

**TABLE FOUR**  
**Presence Saint Mary of Nazareth Hospital**

<b>2017</b>	<b>Beds</b>	<b>ALOS</b>	<b>ADC</b>	<b>Occ</b>		<b>2016</b>	<b>Beds</b>	<b>ALOS</b>	<b>ADC</b>	<b>Occ</b>		<b>2015</b>	<b>Beds</b>	<b>ALOS</b>	<b>ADC</b>	<b>Occ</b>
Medical Surgical	186	5.5	115.6	62.15%		Medical Surgical	186	5.5	113.1	60.81%		Medical Surgical	186	5.2	113.3	60.91%
Pediatric	14	3.2	1.9	13.57%		Pediatric	14	3.1	2	14.29%		Pediatric	14	2.8	2.1	15.00%
Intensive Care	32	3.2	11.3	35.31%		Intensive Care	29	2.9	10.3	35.52%		Intensive Care	29	3.4	13.5	46.55%
OB/GYN	20	2.5	11.5	57.50%		OB/GYN	20	2.5	10.6	53.00%		OB/GYN	20	2.4	10.3	51.50%
AMI	120	6.8	96.7	80.58%		AMI	120	7.2	93.9	78.25%		AMI	120	6.8	85	70.83%
Rehabilitation	15	11.2	7.7	51.33%		Rehabilitation	15	10.4	7.5	50.00%		Rehabilitation	15	11.3	8.4	56.00%
<b>Total</b>	<b>387</b>	<b>5.6</b>	<b>244.8</b>	63.26%		<b>Total</b>	<b>384</b>	<b>5.6</b>	<b>237.5</b>	61.85%		<b>Total</b>	<b>384</b>	<b>5.4</b>	<b>232.6</b>	60.57%
<u>Cardiac Surgery</u>	43					<u>Cardiac Surgery</u>						<u>Cardiac Surgery</u>				
Pediatric	0					Pediatric	0					Pediatric	0			
Adult	43					Adult	50					Adult	50			
CABGs	29					CABGs	30					CABGs	45			
Total Revenue	\$212,802,212	100.00%				Total Revenue	\$273,030,490	156.54%				Total Revenue	\$272,669,684	100.00%		
Medicare	\$82,271,852	38.66%				Medicare	\$78,040,878	28.58%				Medicare	\$84,005,662	30.81%		
Medicaid	\$39,454,859	18.54%				Medicaid	\$61,786,556	79.17%				Medicaid	\$73,263,914	26.87%		
Other Public	\$0	0.00%				Other Public	\$0.00	0.00%				Other Public	\$0	0.00%		
Private Insurance	\$88,399,791	41.54%				Private Insurance	\$127,066,164	46.54%				Private Insurance	\$112,870,032	41.39%		
Private Pay	\$2,675,710	1.26%				Private Pay	\$6,136,892	2.25%				Private Pay	\$2,530,076	0.93%		
Charity Care	\$2,940,688	1.38%				Charity Care	\$6,184,376	2.27%				Charity Care	\$7,961,698	2.92%		

Source: Information from Hospital Profiles

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
<b>ADMINISTRATOR NAME:</b>	Martin Judd	White	21.6%	Hispanic or Latino:	#Div/0!
<b>ADMINSTRATOR PHONE</b>	312-770-2115	Black	27.0%	Not Hispanic or Latino:	#Div/0!
<b>OWNERSHIP:</b>	Presence Chicago Hospitals Network	American Indian	0.1%	Unknown:	#Div/0!
<b>OPERATOR:</b>	Presence Chicago Hospitals Network	Asian	1.6%		
<b>MANAGEMENT:</b>	Church-Related	Hawaiian/ Pacific	0.1%	IDPH Number:	6007
<b>CERTIFICATION:</b>	Critical Access Hospital	Unknown	49.6%	HPA	A-02
<b>FACILITY DESIGNATION:</b>	General Hospital			HSA	6
<b>ADDRESS</b>	2233 West Division Street	<b>CITY:</b> Chicago	<b>COUNTY:</b> Suburban Cook (Chicago)		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	<u>Authorized CON Beds 12/31/2017</u>	<u>Peak Beds Setup and Staffed</u>	<u>Peak Census</u>	<u>Admissions</u>	<u>Inpatient Days</u>	<u>Observation Days</u>	<u>Average Length of Stay</u>	<u>Average Daily Census</u>	<u>CON Occupancy Rate %</u>	<u>Staffed Bed Occupancy Rate %</u>
<b>Medical/Surgical</b>	186	107	107	7,697	37,245	4,962	5.5	115.6	62.2	108.1
0-14 Years				0	0					
15-44 Years				1,647	6,208					
45-64 Years				2,822	13,060					
65-74 Years				1,444	7,849					
75 Years +				1,784	10,128					
<b>Pediatric</b>	14	2	2	214	450	229	3.2	1.9	13.3	93.0
<b>Intensive Care</b>	32	12	12	1,278	3,827	297	3.2	11.3	35.3	94.2
Direct Admission				970	2,825					
Transfers				308	1,002					
<b>Obstetric/Gynecology</b>	20	18	18	1,691	4,058	137	2.5	11.5	57.5	63.9
Maternity				1,538	3,683					
Clean Gynecology				153	375					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>			0	0	0		0.0	0.0		
<b>Total AMI</b>	120			5,197	35,308	0	6.8	96.7	80.6	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		117	117	5,197	35,308	0	6.8	96.7		82.7
<b>Rehabilitation</b>	15	8	8	252	2,827	0	11.2	7.7	51.6	96.8
<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>387</b>			<b>16,021</b>	<b>83,715</b>	<b>5,625</b>	<b>5.6</b>	<b>244.8</b>	<b>63.2</b>	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Charity Care</u>	<u>Totals</u>
<b>Inpatients</b>	36.9%	8.5%	0.0%	52.2%	1.5%	0.9%	
	5912	1359	0	8369	236	145	16,021
<b>Outpatients</b>	23.6%	46.7%	0.0%	24.3%	3.8%	1.6%	
	34074	67533	0	35143	5552	2308	144,610

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>			
<b>Inpatient Revenue ( \$ )</b>	38.7%	18.5%	0.0%	41.5%	1.3%	100.0%		2,940,688	
	53,728,755	25,766,534	0	57,730,689	1,747,409	138,973,387	1,161,124		
<b>Outpatient Revenue ( \$ )</b>	38.7%	18.5%	0.0%	41.5%	1.3%	100.0%			
	28,543,097	13,688,325	0	30,669,102	928,301	73,828,825	1,779,564	1.4%	

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>		
Number of Total Births:	1,317		Level I	Level II	Level II+	Kidney:		0
Number of Live Births:	1,317	Beds	0	0	0	Heart:		0
Birthing Rooms:	8	Patient Days	2,212	0	1,330	Lung:		0
Labor Rooms:	0	Total Newborn Patient Days			<b>3,542</b>	Heart/Lung:		0
Delivery Rooms:	0					Pancreas:		0
Labor-Delivery-Recovery Rooms:	0					Liver:		0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:		<b>0</b>
C-Section Rooms:	2	<u>Laboratory Studies</u>						
CSections Performed:	407	Inpatient Studies			582,132			
		Outpatient Studies			296,244			
		Studies Performed Under Contract			6,750			

**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	1	1	496	226	1288	390	1678	2.6	1.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	6	6	816	1065	1218	995	2213	1.5	0.9
Gastroenterology	0	0	0	0	0	2	0	1	1	0.0	0.5
Neurology	0	0	0	0	61	31	178	58	236	2.9	1.9
OB/Gynecology	0	0	0	0	155	289	288	267	555	1.9	0.9
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	1	77	2	135	137	2.0	1.8
Orthopedic	0	0	0	0	469	925	971	1350	2321	2.1	1.5
Otolaryngology	0	0	0	0	18	198	32	222	254	1.8	1.1
Plastic Surgery	0	0	0	0	3	12	7	20	27	2.3	1.7
Podiatry	0	0	0	0	198	263	159	356	515	0.8	1.4
Thoracic	0	0	0	0	34	1	92	2	94	2.7	2.0
Urology	0	0	1	1	277	467	400	497	897	1.4	1.1
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>2528</b>	<b>3556</b>	<b>4635</b>	<b>4293</b>	<b>8928</b>	<b>1.8</b>	<b>1.2</b>

**SURGICAL RECOVERY STATIONS**

Stage 1 Recovery Stations

9

Stage 2 Recovery Stations

19

**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	5	5	1002	5588	644	3555	4199	0.6	0.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

**Multipurpose Non-Dedicated Rooms**

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

**Emergency/Trauma Care**

Certified Trauma Center	No
Level of Trauma Service	<b>Level 1</b>
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	31
Persons Treated by Emergency Services:	63,785
Patients Admitted from Emergency:	11,836
Total ED Visits (Emergency+Trauma):	<b>63,785</b>

**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	<b>144,610</b>
Outpatient Visits at the Hospital/ Campus:	144,610
Outpatient Visits Offsite/off campus	0

**Cardiac Catheterization Labs**

Total Cath Labs (Dedicated+Nondedicated labs):	<b>2</b>
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	2
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

**Cardiac Catheterization Utilization**

Total Cardiac Cath Procedures:	<b>763</b>
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	428
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	162
EP Catheterizations (15+)	173

**Cardiac Surgery Data**

Total Cardiac Surgery Cases:	<b>43</b>
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	43
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	29

**Diagnostic/Interventional Equipment**

	Owned		Contract		Examinations
	Inpatient	Outpt	Inpatient	Outpt	
General Radiography/Fluoroscopy	0	0	18,266	37,968	0
Nuclear Medicine	3	0	823	1,801	0
Mammography	2	0	6	9,919	0
Ultrasound	4	0	3,499	18,288	0
Angiography	2	0			
Diagnostic Angiography			78	139	0
Interventional Angiography			45	66	0
Positron Emission Tomography (PET)	1	0	0	217	0
Computerized Axial Tomography (CAT)	2	0	6,505	11,517	0
Magnetic Resonance Imaging	1	0	1,503	2,735	0

**Therapeutic Equipment**

	Owned		Contract		Therapies/Treatments
	Inpatient	Outpt	Inpatient	Outpt	
Lithotripsy	0	0	0	0	0
Linear Accelerator	1	0	0	0	2,146
Image Guided Rad Therapy					753
Intensity Modulated Rad Thrpy					1,003
High Dose Brachytherapy	0	0	0	0	2
Proton Beam Therapy	0	0	0	0	0
Gamma Knife	0	0	0	0	0
Cyber knife	0	0	0	0	0

# E-020-19 Presence St Mary of Nazareth Hospital - Chicago

