

RECEIVED

FEB 06 2024

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

January 29, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Permit 21-020
Ascension Alexian Brothers Medical Center
in Elk Grove Village
f/k/a AMITA Alexian Brothers Medical
Center
Request for Permit Alteration

Dear Mr. Kniery:

The above-referenced project was granted a Permit on September 28, 2021, addressing a \$107.3M modernization project, approved for 70,348 square feet of new construction and 205,955 square feet of modernization/renovation.

With the filing of this alteration request, the Permit holders respectfully request approval to reduce the number of Phase I surgical recovery stations ("PACU") from the 24 proposed in the CON application to 17. The project cost and square footage to be addressed will remain as identified in the CON application.

Enclosed is a revised version of ATTACHMENT 14, Size, consistent with the proposed alteration identified above. In reviewing the CON application, HFSRB staff found the project to be in compliance with this (and all other applicable) review criterion. Below is an excerpt from the *State Agency Report* addressing the variance providing for compliance with Criterion 1110.120 (a), which remains applicable to the proposed alteration:

The State Board allows for a variance to the size requirements based upon the following:

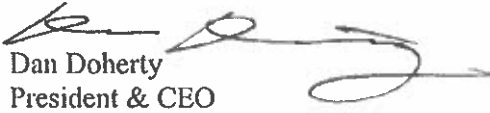
*"1) If the project square footage is outside the standards in Appendix B, the applicant shall submit architectural floor plans of the project identifying all clinical service areas and those clinical service areas or components of those areas that do not conform to the standards. The applicant shall submit documentation of one or more of the following: ...
B) The existing facility's existing configuration has constraints that require an architectural design that exceeds the standards of Appendix B as documented by architectural drawings delineating the constraints or impediments."*

...Based on the Applicant's explanation, the variance to the size requirements appears reasonable.

Also enclosed is a check in the amount of \$1,000; being provided as the required alteration filing fee.

Should you have any questions relating to this alteration request, please contact Jack Axel.

Sincerely,


Dan Doherty
President & CEO

enclosure

cc J.Roknich
J. Axel

ATTACHMENT 14 SIZE

The proposed project involves four clinical areas having HFSRB-adopted space standards, with each of the areas being planned either consistent with the standards identified in APPENDIX B to Section 1110 (please see table at conclusion of this ATTACHMENT) or justified through variance(s) addressed in Section 1110.120.a.

Medical/Surgical Beds

A 36-bed Medical/Surgical unit, consisting of all private rooms, will be developed through new construction atop the hospital's East tower. The unit, including all functions required by IDPH licensure, will consist of 24,223 dgsf, or 673 dgsf per bed, 13 dgsf per bed greater than the HFSRB's standard. The resultant 463 dgsf are acceptable per the variances addressed in Section 1110.120.a):

a) Size of Project – Review Criteria

- 1) The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the square footage range indicated in Appendix B, or exceed the square footage standard in Appendix B if the standard is a single number, unless square footage can be justified by documenting, as described in subsection (a)(2).**
- 2) If the project square footage is outside the standards in Appendix B, the applicant shall submit architectural floor plans (see HFSRB NOTE) of the project identifying all clinical service areas and those clinical service areas or components of those areas that do not conform to the standards. The applicant shall submit documentation of one or more of the following:**

B) The existing facility's physical configuration has constraints that

require an architectural design that exceeds the standards of Appendix B, as documented by architectural drawings delineating the constraints or impediments, in accordance with subsection (a); or

D) The project involves the conversion of existing space that results in excess square footage.

The 5-East Medical/Surgical unit to be developed through the renovation of currently non-clinical space, and importantly the floor to be developed through new construction atop the East tower, have been designed with "footprints" identical to the floors below. By duplicating the size of the units below, the applicants are saving approximately \$393,000 in construction-related costs. As a result, and as such, the 463 dgsf in excess of the HFSRB's standard, is being provided consistent with subsections 2) B) and 2) D), noted above.

Surgery

The surgical suite, consisting of fifteen operating rooms, will occupy 34,585 dgsf, or 2,306 DGSF per operating room. As such, the surgical suite is being planned consistent with the HFSRB-adopted standard of 2,750 dgsf per operating room.

Stage 1 Recovery/PACU

The Stage 1 Recovery/PACU will consist of 17 stations, and occupy 6,794 dgsf of space. The HFSRB does not have an adopted standard for the number of recovery stations to be provided. The planned space for the area exceeds the HFSRB's space standard by approximately 220 dgsf per station, but, as planned, is consistent with subsections 2) B) and 2) D), noted above.

Specifically, the Stage 1 Recovery/PACU will maintain its current location in the peri-operative area, adjacent to the surgical suite, while adding a minimal amount of support space. This added space is impractical for use by other functions. The Stage 1 Recovery/PACU will increase in size from its current configuration of 6,168 dgsf to 6,794 dgsf (36.8 dgsf per station). Because the function is surrounded on all sides by the surgical suite and an inpatient unit, a reduction in the size of the Stage 1/PACU would simply leave vacant space, as the vacated space would be within the surgical suite; and a reduction in size to simply be consistent with the HFSRB norm would require a major (and expensive) reconfiguration of the area to provide the needed support space.

Pre-Op/Stage 2 Recovery Area

13,546 dgsf will be provided for the pre-operative prep and Stage 2 recovery functions. A total of 34 stations, which will be generally interchangeable between the two functions, and with a common staff, will be provided; and it is anticipated that outpatients will often occupy the same bed/station for both pre-op and Stage 2 recovery care. For planning purposes, it is anticipated that 1) pre/op care and holding will be provided primarily to outpatients, with many inpatients receiving their pre-op care on their nursing unit; 2) a significant percentage of inpatients will "bypass" the Stage 2 recovery area, being transported from the Stage 1 Recovery/PACU directly to their inpatient room; and 3) ten of the beds will be primarily-designated as Stage 2 recovery beds, with 24 beds typically being used for both pre-op and Stage 2 recovery services. Approximately 58% of the patients currently having surgery performed at the hospital are outpatients, and that percentage is anticipated to increase to the 60-62% range by 2026.

The HFSRB does not have a space standard for pre-op beds, and as such, and because of the duality of the functions as described above, the Stage 2 recovery standard of 400 dgsf per bed was used for the planning of the entire area.

Architectural drawings of the areas discussed above will be provided upon the request of HFSRB staff.

DEPARTMENT/SERVICE	PROPOSED	STATE	DIFFERENC	MET
E	DGSF	STANDARD	E	STANDARD ?
Medical/Surgical Unit	24,223	23,760	463	NO*
Surgery	34,585	41,250	(6,665)	YES
Stage 1 Recovery/PACU	6,794	4,320	2,474	NO*
Pre-OP/Stage 2 Recovery	13,546	13,600	(54)	YES
*allowable variance met, as discussed above				