Advocate Illinois Masonic Medical Center
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June 24, 2024

Mr. John Kniery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62671

RE: Advocate Illinois Masonic Medical Center, Chicago
Project # 22-009
Permit Alteration Request

Dear Mr. Kniery,

Pursuant to Section 1130.750 of the Illinois Health Facilities and Services Review Board Rules, this letter is to request an alteration to the project scope to include:

- The addition of a normal newborn nursery with 10 bassinets.
- The decrease in NICU beds from 22 to 19.
- The addition of 5 centralized dialysis stations (4 open bays and 1 private) in the new Bed Tower on the 7th Medical Surgical floor.
- The transition of 3 Medical Surgical Beds from the new Bed Tower to the 8th Floor in the existing Stone building. These will become semi-private rooms instead of private rooms.

The normal newborn nursery is being added as a requirement of the IDPH Licensure Division, Title 77 Section Part 250 Hospital Licensing Standards 250.2440. The decrease in NICU beds will be to accommodate the normal newborn nursery.

The addition of the centralized dialysis stations to be located in the new Bed Tower on 7th Medical Surgical floor was due to a determination that maintaining this model of care was best for patients currently and in the future.

The space needed for the Dialysis service will relocate 3 Medical Surgical beds to the existing hospital building that will be added to a medical surgical floor that is part of the of the modernization in the project. This will allow the number of medical surgical beds to remain at 187.

For your review, attached are the following documents:

- Revised Attachment 9 (Cost Space Requirements)
- Revised Attachment 14
- Revised Attachment 18 (NICU/Normal Nursery Utilization)
- Attachment 30 (Dialysis)
- Revised Attachment 36C (Cost and Gross Square feet by Department)
- Revised Facility Bed Capacity – 2020 utilization (in CON) and 2023 utilization
- IMMC Permit Letter June 8, 2022
- Second Annual Progress Report

Note: Attachments 7 and 34 in the CON application will not change as a result of this alteration.

The Second Annual Progress Report submitted on June 1, 2024, highlighted the current status of the project. Following the annual report, the metal stud layout and mechanical, electrical, and plumbing rough-in has started on Ground and 1st floor levels. Mechanical units on the 4th and 9th interstitial floors are in preparation for installation. Patient room modular bathrooms are scheduled for delivery mid-June. Exterior curtain wall is in progress on the North and South building face

The construction of the alterations noted will not be implemented until the alteration is approved by the HFSRB Board.

The only bed change in this alteration request is the decrease of 3 NICU beds. All other bed categories of service would be consistent with the CON permit. Upon approval of the alteration to this permit, the CON authorized bed complement for Advocate Illinois Masonic Medical Center would be: 187 Medical Surgical Beds, 37 ICU beds, 24 Obstetric beds, 19 Neonatal beds, 22 Rehabilitation beds, and 34 AMI beds. The hospital's authorized beds would total 323 beds.

By this letter, we are requesting to ask the HFSRB Board to approve this alteration. Please contact me or Myndee Balkan if you have any questions or need additional information.

Sincerely,

Susan Nordstrom Lopez President
Advocate Illinois Masonic Medical Center

cc: Dennis Schmitt, Division Chief, Division of Life Safety and Construction, IDPH
Karen Senger, Division Chief, Division of Health Care Facilities and Programs, IDPH
Stephanie Glenn, Assistance Division Chief, Division of Health Care Facilities and Programs
John Kniery, Illinois Health Facilities and Services Review Board
George Roate, Illinois Health Facilities and Services Review Board
Myndee Balkan, Advocate Health
Roberto Orozco, Advocate Health
Natasza Naczas, Advocate Health
Heather Hwang, Advocate Illinois Masonic Medical Center

Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet** (**BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Department Gross Square Feet		Proposed Total Department Gross Square Feet			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Breast Imaging	$ 13,218,815	4,593	7,523	7,523	0	0	4,593
Outpatient Cancer Center	$ 8,510,172	0	6,826	6,799	27	0	0
Outpatient Heart Clinic	$ 13,444,669	2,055	8,334	0	8,334	0	2,055
Surgery	$ 46,452,301	42,216	24,886	20,696	4,190	19,742	22,474
Cath Lab	$ 12,252,151	4,641	6,879	0	6,879	0	4,641
Prep-Recovery	$ 15,191,073	1,485	13,031	0	13,031	7,710	1,485
PACU	$ 3,356,768	255	1,684	1,684	0	3,861	255
Triage	$ 3,404,828	3,012	2,013	2,013	0	0	3,012
LDR	$ 11,502,961	6,037	7,824	7,824	0	0	6,037
C-Section	$ 6,588,825	1,883	3,921	3,921	0	0	1,883
Post-Partum	$ 17,227,053	12,111	15,158	15,158	0	0	12,111
NICU	$ 18,018,118	4,971	10,250	10,250	0	0	4,971
Normal Baby Nursery	$ 1,914,193	0	810	810	0	0	0
Intensive Care Unit	$ 33,702,950	15,041	24,202	24,202	0	0	15,041
Med/Surg Unit	$ 88,407,132	36,026	85,353	85,353	0	0	36,026
Inpatient Dialysis Unit	$ 2,010,083	1,103	1,045	1,045	0	0	1,103
Clinical Backfill Renovations	$ 2,255,334	2,500	2,500	0	2,500	0	2,500
Inpatient Rehabilitation	$ 16,133,564	7,331	16,447	0	16,447	0	7,331
Inpatient Behavioral Health	$ 14,545,713	12,069	16,061	0	16,061	0	12,069
Total Clinical	$328,146,785	157,329	254,747	187,278	67,469	31,313	137,587
NON-CLINICAL Non-Reviewable							
Administration	$ 7,937,062	3,926	7,632	6,464	1,168	0	3,926
Public Lobby, Waiting, Toilets	$ 44,642,889	2,003	27,997	20,470	7,527	0	2,003

Support, Staff Respite, Staff Lockers, Lounge, Workroom, Gowning, Equip Storage	$ 26,110,478	7,653	30,398	26,572	3,826	0	7,653
Circulation	$ 5,934,335	948	4,846	1,824	3,022	0	948
Building Systems	$ 78,442,695	157	62,113	60,872	1,241	0	157
Boiler Plant Upgrades	$ 12,515,800	0	5,000	0	5,000	0	0
Demo Buildings 4,5 & 6	$ 54,444,208	0	122,890	0	122,890	0	0
Storage, EVS	$ 5,431,464	302	4,349	3,747	602	0	302
Elevator Lobby	$ 7,612,281	245	4,842	4,842	0	0	245
Elevator Shafts, MEP Shafts	$ 11,901,163	0	11,612	9,989	1,623	0	0
Stairs	$ 13,409,919	0	11,554	10,722	832	0	0
Non-Clinical Backfill Renovations	$ 30,311,460	0	33,855	0	33,855	0	0
Nursing Administration	$ 2,985,340	0	1,500	0	1,500	0	0
OR Waiting	$ 8,131,987	0	5,850	0	5,850	0	0
Non-Clinical Renovations at Inpatient Rehabilitation	$ 3,429,198	1,266	2,186	0	2,186	0	1,266
Non-Clinical Renovations at Behavioral Health	$ 3,331,040	1,996	1,902	0	1,902	0	1,996
Total Non-Clinical	$316,571,319	18,496	338,526	145,502	193,024	0	18,496
Total	$644,718,104	175,825	593,273	332,780	260,493	31,313	156,083

The proposed use of the vacated space is outlined below.

Current Dept. / Area	Uses:	Gross Square Feet
Breast Imaging	Medical Off. Ctr. - Re-rent	4,593
Outpatient Heart Clinic	Building Demolished	2,055
Surgery	Prep & Recovery / Support	22,474
Cath Lab	Outpatient Heart Clinic	4,641
Prep-Recovery	Outpatient Heart Clinic	1,485
PACU	Outpatient Heart Clinic	255
Triage	Admin. / Support Offices	3,012
LDR	Admin. / Support Offices	6,037
C-Section	Admin. / Support Offices	1,883
Post-Partum	Building Demolished	12,111
NICU-Including Normal Baby Nursery	Building Demolished	4,971
Intensive Care Unit	Cath Lab	15,041
Med/Surg Unit	Building Demolished	37,129
Inpatient Dialysis Unit	Admin. / Support Offices	1,103
Non-Clinical Backfill Renovations	Building Demolished	2,500
Inpatient Rehabilitation	Building Demolished	7,331
Inpatient Behavioral Health	Building Demolished	12,069
	TOTAL	137,587

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

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

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
Intensive Care Service	24,202	600-685 dgsf/Bed (37 beds x 600-685 = 22,200-25,345)	1,143	Yes
Medical-Surgical Service	85,353	500-660 dgsf/Bed (128 beds x 500-660 = 64,000-84,480)	-873	No
Inpatient Dialysis	1,045	NA	NA	Yes
Mammography	3,761	900 dgsf/Unit (5 x 900 = 4,500)	739	Yes
Ultra-Sound	3,762	900 dgsf/Unit (4 x 900 = 3,600)	162	No
DEXA	210	1,300 dgsf /unit General x-ray (1 x 1300 = 1,300)	1,090	Yes
Ambulatory Care (Cancer Center) (17 Exam, Consult, Infusion)	6,826	800 dgsf (17 x 800 = 13,600)	6,774	Yes
Ambulatory Care (Heart Clinic) (20 Exam, Procedure)	8,334	800 dgsf (20 x 800 = 16,000)	7,666	Yes
Multi-Disciplinary Physician Office (4 exam rooms)	2,500	800 dgsf (4 x 800 = 3,200)	700	Yes
Surgical Operating Suite (Class C) (11 ORs)	24,886	2,750 dgsf/Operating Room (11 x 2,750 = 30,250)	5,364	Yes
Cardiac Catheterization (4 Cath Labs)	6,879	1,800 dgsf (4 x 1,800 = 7,200)	321	Yes
Post-Anesthesia Recovery Phase I (6 bays)	1,684	180 dgsf/Recovery Station (6 x 180 = 1,080)	604	No
Post-Anesthesia Recovery / Pre-Operative Care - Phase II (32 bays)	13,031	400 dgsf/Recovery Station (32 x 400 = 12,800)	231	No
Labor Delivery Recovery (8 LDR) & Birthing Triage	9,837	1,120-1,600 dgsf/Room (8 x 1,120-1,600 = 8,960-12,800)	2,963	Yes
C-Section Suite (2 C-Section)	3,921	2,075 dgsf/OR (2 x 2,075 = 4,150)	229	Yes
Post-partum (24 beds)	15,158	1,120-1,600 dgsf/Bed (24 x 1,120-1,600 = 26,800-38,400)	23,242	Yes
Neonatal Intensive Care (NICU) (19 beds)	10,250	434-568 dgsf/Bed or Bassinet (19 x 434-568 = 8,246-10,792)	542	Yes
Normal Baby Nursery	810	NA	NA	Yes

Acute Mental Illness Service (Inpatient Behavioral Health) (34 beds)	16,061	440-560 dgsf/Bed (34 x 440-560 = 14,960-19,040)	2,979	Yes
Comprehensive Physical Rehabilitation Service (Inpatient Rehab) (22 beds)	16,447	525-660 dgsf/Bed (22 x 525-660 = 11,550-14,520)	1,927	No

The Intensive Care Unit was designed utilizing Advocate Aurora Health Patient Room and Support Room standards to provide private patient rooms and to improve operational efficiencies and clinical workflows. The proposed 600-685 dgsf/Bed for the unit has been met and is below the state standards, as outlined in the IL Administrative Code 1100.

The Medical-Surgical Units were designed utilizing Advocate Aurora Health Patient Room and Support Room standards to provide private patient rooms and to improve operational efficiencies and clinical workflows. The proposed 500-660 dgsf/Bed for the unit has been met and is below the state standards, as outlined in the IL Administrative Code 1100.

The Mammography unit was designed utilizing Advocate Aurora Health standards to improve operational efficiencies and clinical workflow. The proposed 900 dgsf/Unit has been met and is below the state standards, as outlined in the IL Administrative Code 1100.

The Ultrasound unit was designed utilizing Advocate Aurora Health standards to improve operational efficiencies, clinical workflow, equipment mobility, and allow for future flexibility and adaptability of room usage. Therefore, the proposed 900 dgsf/Unit exceeds the state standards, as outlined in the IL Administrative Code 1100.

The Operating Rooms were designed utilizing Advocate Aurora Health standards to improve operational efficiencies and clinical workflow. The proposed 2,750 dgsf for each of the modernized Operating Rooms meet and is below the state standards, as outlined in the IL Administrative Code 1100.

The Cardiac Catheterization Rooms were designed utilizing Advocate Aurora Health standards to improve operational efficiencies and clinical workflow. The proposed 1,800 dgsf for each of the modernized Cath Labs meet and is below the state standards, as outlined in the IL Administrative Code 1100.

The proposed Post-Anesthesia Recovery Phase I bays for the recovery of Inpatient and Outpatient surgical patients are not within the state standards for Phase II Recovery bays of 180 dgsf/recovery station. The reason the proposed Phase I Recovery bays are not within the state standards is due to renovations of an existing space within the Center for Advanced Care and the physical constraints present. This contributes to the 426 dgsf overage in this department.

The proposed 400 dgsf for each of the Phase II Recovery bays is not within the state standards for Phase II Recovery bays for the recovery of Inpatient and Outpatient surgical patients. The

reason the proposed Phase II Recovery bays are not within the state standards is due to renovations of an existing space within the Stone Pavilion and the physical constraints present.

The proposed Comprehensive Physical Rehabilitation Service (Inpatient Rehab) are not within the state standards of 525-60 dgsf/Bed. The reason the proposed Rehabilitation Service Department is not within the state standards is due to renovation of an existing space within the Stone Pavilion and the physical constraints present, including existing mechanical shafts, electrical rooms, and structure. This contributes to the 1,927 dgsf overage in this department.

Non-Clinical Department/Areas	**PROPOSED DGSF (in project)**
Ground Level	12,550 GSF
Level 1	16,375 GSF
Level 3	22,503 GSF
Level 4 Mechanical	26,733 GSF
Level 5	16,518 GSF
Level 6	14,336 GSF
Level 7	15,223 GSF
Level 8	15,223 GSF
Penthouse	31,642 GSF

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **Medical/Surgical**	**187**	**187**
☐ **Obstetric**	**24**	**24**
☐ **Pediatric**	**0**	**0**
☐ **Intensive Care**	**37**	**37**
☐ **NICU**	**22**	**19**

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110. 200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Attachment 18 for the NICU beds that was provided in the CON application is provided below.

The original design in the CON application included the Obstetric model of care at Advocate Illinois Masonic Medical Center with babies remaining in the mother's room without a normal newborn nursery. In this model, all babies needing any level of nursery care were to be cared for with the appropriate needed level of care in these NICU beds.
Based on the IDPH licensure requirement to develop space for a normal newborn nursery within the Mother Baby unit on the Obstetric floor, it was determined that a revised analysis of the number of NICU beds was needed.

The birth rate at Illinois Masonic Medical Center's service area, similar to the Chicago market and across the United States has continued to decline. Over the last three years, the number of OB deliveries for women living in the Central Chicago service area has decreased by 15%; a decline of 3,100 deliveries. Source: IHA Compdata

The modernized unit design will now be created with 15 NICU rooms. Four of these NICU rooms will be licensed for 2 beds each to accommodate multiple births. This will total 19 NICU beds. This will be in addition to the normal nursery that will be added with 10 bassinets.

Advocate Illinois Masonic will continue to be a Level III NICU Level III Preinatal Center and continue to have 4 levels of care that include ICU, intermediate, acute care, and normal newborn care.

As there is no bed need formula developed for neonatal intensive care beds, Illinois Masonic developed the need for the number of neonatal intensive care beds needed for this service to be 18-22 NICU beds at midday census. With the continued decline in NICU utilization, it was determined that a 19-bed unit could provide the projected number of NICU beds needed for the future.

Attachment 18 – In CON submission

Category of Service	
NICU Beds	
Expansion of Existing Services	(b)(2) − Planning Area Need – Service to Planning Area Residents
	(b)(4) − Planning Area Need – Service Demand – Expansion of Existing Category of Service
	(e) − Staffing Availability
	(f) − Performance Requirements
	(g) − Assurances

Modernization	(d)(1) & (2) & (3) − Deteriorated Facilities
	(d)(4) − Occupancy
	(f) − Performance Requirements

b) Planning Area Need − Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

Advocate Illinois Masonic Medical Center is a tertiary referral center and teaching hospital located in north-east section of Chicago, in the Lakeview Area.
As a designated Baby-Friendly hospital, Advocate Illinois Masonic Medical Center offers the highest level of prenatal and postnatal care by board-certified obstetricians, perinatologists, neonatologists, and certified nurse-midwives.
Advocate Illinois Masonic Medical Center's Neonatal Intensive Care Unit has a level III designation, the highest level NICU designation in IL.

The Hospital has 34 CON authorized NICU beds. Based on the declining birth rate at Advocate Illinois Masonic Medical Center IMMC, locally and nationally, the proposed project will decrease the number of NICU beds by 12 to develop a 22-bed unit at the project completion.

B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

In 2021, 89% of the NICU patients resided in the Hospital's service area and 99% within Cook County. The table below provides the NICU patient origin.

NICU Patient Origin 2021 (Jan-Jul)	
Service Area	
Primary – Patient Service Community	76%
Secondary – Patient Service Area	13%
Other	11%
Cook County	99%

NICU patient origin by zipcode for YTD 2021 is shown in Attachment 18, Exhibit 4.

C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The Hospital expects that the additional NICU patients will have similar patient origin.

4) Service Demand – Expansion of Existing Category of Service

The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest 2 years;

Advocate Illinois Masonic Medical Center's NICU occupancy has decreased lower than the State Standard minimum of 75% in recent years. The number of NICU and normal newborn days has declined due to the decrease in number of deliveries in the last few years. It is estimated in the future that a greater number of babies will require NICU care based on increasing maternal age and comorbidities of the mothers.

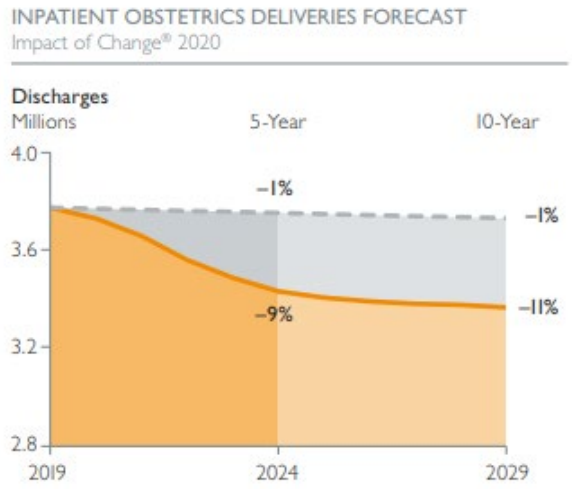
The NICU average daily census reported included only Level 4 babies that are cared for in the NICU. The Obstetric model of care at AIMMC was designed with babies remaining in the mother's room without a normal newborn nursery. All babies needing any level of nursery care will be cared with the appropriate needed level of care in these NICU beds.

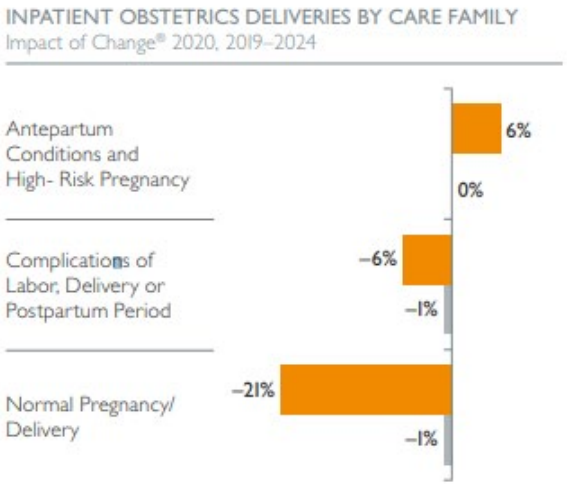
Similar to Obstetric utilization, the occupancy percentages are 20-25% higher at noon compared with the midnight census reported.

NICU Bed Utilization 2017-2020				
Year	Beds Authorized	Patient Days	Average Daily Census	CON Occupancy
2017	20	7,392	20.3	101.3%
2018	20	5,587	15.9	79.3%
2019	34	5,348	14.7	43.1%
2020	34	4,157	11.4	33.5%

Source: Advocate IMMC Finance

IMMC has experienced a decrease in OB deliveries that parallel the national birth rate declines. Sg2 identified "this national trend as one that has been seen short term and continues to dampen throughout the decade due to cultural norms (e.g. childbearing, smaller family sizes) and pandemic driven economic instability. At the same time rising maternal age and co-morbidities will contribute to a growing proportion of antepartum complications and high-risk pregnancies that will increase the length of stay. "Normal deliveries are projected to decline by 1%, with high-risk pregnancies increasing by 6% over the next five years.





ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest 2 years.

NICU babies would not be referred to other facilities as it is the routine practice of the hospital to admit all patients that present needing inpatient care. No referrals to other facilities have been included. Complex cardiac cases and surgery are transferred to Advocate Children's hospitals as needed.

B) Projected Referrals

The applicant shall provide the following:

The applicant did not include letters of referral from physicians. The patients are already presenting to the hospital as shown by the current demand. The members of the medical staff are sending their patients to Advocate Illinois Medical Center including times of high occupancy.

Therefore, criteria i) to iv) are not included.

> *i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;*
> *ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share within a 24-month period after project completion;*
> *iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and*
> *iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.*

C) Projected Service Demand – Based on Rapid Population Growth:

> *If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:*

The growth in population does not meet the criteria for Rapid Growth so criteria i) to vii) are not included.

> *i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;*
> *ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for*
> *county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;*
> *iii) Projections shall be for a maximum period of 10 years from*
> *the date the application is submitted;*
> *iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;*
> *v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;*
> *vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB, for each category of service in the application; and*

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.

d) Category of Service Modernization

1) If the project involves modernization of a category of hospital bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;
B) Non-compliance with licensing or life safety codes;
C) Changes in standards of care (e.g., private versus multiple bedrooms); or
D) Additional space for diagnostic or therapeutic purposes.

The new NICU rooms will all be Private rooms replacing the current ward style NICU unit. The NICU will be relocated in the new bed tower co-located on one floor with all Obstetric services. The proposed modernization will bring the NICU to the current facility codes and standards.

The newly designed NICU unit will provide updated facilities and equipment including larger room sizes to meet current NICU design and increased storage rooms strategically located for improved workflow and storage of medications, supplies, and equipment. The improved layout of these rooms minimizes the frequency of staff needing to exit the patient room for any necessary supplies. The NICU floor will include family consultation rooms for private medical consultation with families related to the care of the patients.

This floor is designed to include physician on call space for OB/Gyn physicians, residents, Midwives, Neonatologists and physician resident work rooms, core team stations, soiled workroom, clean supply, med prep, support, and nourishment.

2) Documentation shall include the most recent:

A) IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports; and
B) The Joint Commission reports.) Additional space for diagnostic or therapeutic purposes.

There are no reports for the NICU patient rooms.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;
B) Copies of citations for life safety code violations; and
C) Other pertinent reports and data.

The proposed modernization in this project is not related to maintenance or non-compliance with life safety codes or other code issues. The project is designed to replace and modernize outdated buildings. The new inpatient units will be designed with current industry standards for size, technology, and infrastructure. Therefore, no reports are included.

4) Projects involving the replacement or modernization of a category of service

or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

Projected Bed Need

The projections for demand were driven by the pattern of growth of patients currently in the NICU unit.

NICU volume reported includes only Level 4 patient days. Outlined below are the total volume of NICU patient days to include Levels 1,2,3 and 4. As the unit design does not provide for a normal newborn nursery, all babies needed any level of nursery care will be in cared for in the NICU beds.

The modernized unit design was created with 18 NICU rooms with 4 rooms to be licensed for 2 beds each to accommodate multiple births. As there is no formula developed for bed need for neonatal intensive care beds, IMMC developed the following need for the number of neonatal intensive care beds needed for this service.

NICU Bed Utilization 2017-2021 – Patient Days						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Level 1	4	4	8	17	21	99
Level 2	183	171	659	309	138	344
Level 3	4,080	3,931	3,107	3,330	3,075	2,050
Level 4 /NICU	4,150	4,265	3,618	2,131	2,114	1,664
TOTAL	8,417	8,371	7,392	5,787	5,348	4,157

Although the Compound Annual Growth Rate (CAGR) has been used to project the future growth or declines, the birth rate is projected to remain similar to these patient days and not continue to decline at this rate. Normal deliveries will continue to remain low, but high-risk pregnancies are projected to increase and therefore increase NICU patient days.

365 days per year x 75% =273 days per bed
4,157 patient days divided by 273 days per bed = 15 beds

The NICU days provided are at midnight and the noon census is 20-25% higher due to the discharge time later in the day to allow the mom and baby the care, testing and education needed prior to discharge. 15 beds at the midnight census translates to 18-22 NICU beds at midday census.

The analysis determined that a decrease in number of NICU beds to a 22-bed unit will provide the projected number of NICU beds needed for the future.

e) Staffing Availability − Review Criterion

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and The Joint Commission staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing a narrative explanation of how the proposed staffing will be achieved.

Advocate Illinois Masonic Medical Center has evaluated the staffing needs and does not expect any issues meeting the licensure and accreditation staffing requirements as a result of the proposed project. The hospital's ability to attract and place nurses has historically been strong. The Advocate Aurora system has a dedicated team of Recruiters and Sourcing Specialists. If there is a significant staff need anywhere in the system, resources are shifted quickly to address the situation. The staffing consultants at AAH work in a collaborative manner.
An additional source for IMMC's applicant pool comes from our active partnerships with local nursing programs and the long-standing nurse residency program.

Advocate IMMC has continually benefited from the strong reputation of AAH as an excellent place of employment. As evidenced by consistently being named as one of the Top 100 Places to work in Illinois.

f) Performance Requirements − Bed Capacity Minimum

There is no minimum unit size for a NICU unit.

g) Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The letter is provided as Attachment 18 Exhibit 1.

Attachment 18, Exhibit 4

NICU Patient Origin 2021 (Jan-Jul)		
Patient Zipcode	Service Area	NICU Patient Volume
60639	Primary	120
60104	Primary	65
60707	Primary	56
60625	Primary	54
60804	Primary	43
60645	Primary	40
60626	Primary	35

60636	Secondary	33
60647	Primary	28
60617	Secondary	21
60618	Primary	17
60641	Primary	15
60657	Primary	15
60630	Primary	12
60613	Primary	11
60651	Primary	9
60622	Secondary	7
60655	Primary	6
60402	Primary	5
60644	Secondary	5
60660	Primary	5
Other	Primary	40
TOTAL		**642**

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐ **Inpatient Dialysis Stations**	**5**	**5**

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) − Need Determination − Establishment
Service Modernization	(c)(1) − Deteriorated Facilities
	AND/OR
	(c)(2) − Necessary Expansion
	PLUS
	(c)(3)(A) − Utilization − Major Medical Equipment
	OR
	(c)(3)(B) − Utilization − Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Inpatient Dialysis Program

c) Service Modernization

The applicant shall document that the proposed Project meets one of the following:

2) - Necessary Expansion

The Inpatient Dialysis Service at Advocate Illinois Masonic Medical Center provides End Stage Renal Disease (ESRD) treatment to inpatients who require treatments during their inpatient

admission for other medical care. The service is provided by Illinois Masonic nursing staff with special competency in dialysis services. The current central dialysis service includes 5 dedicated patient stations located on the medical surgical unit within the main hospital's Building 7 that will be modernized to provide needed administrative support.

The project submitted and approved in CON # 22-009 in the Illinois Masonic Bed Tower project planned to provide these services completely at the patient's bed side. Further analysis during the planning process determined that the many patients receiving dialysis during their inpatient admission would benefit by having these services in the new bed tower by creating a dedicated space on the medical surgical floor.

The patients would benefit by not having to wait for these nurses to complete care with other patients causing their care to be delayed. Patients would have definitive scheduled time and earlier delivery of treatment of their dialysis care. This would avoid conflicts with other required medical care and testing. A centralized dialysis unit ensures the correct supplies are easily accessible and back up supplies are within close proximity to allow for minimal interruptions to care and treatment. This central dialysis service would allow multiple highly skilled dialysis nurses to be present to collaborate on their care and provide operational efficiencies for the nursing team.

The alteration to the project requires relocating the dialysis service to the 7th Floor of the new Bed Tower. This centralized service will include 5 patient stations with 4 open bays and 1 patient station. The private room would accommodate contact precaution patients, who cannot be treated within the open bay.

As the Medical Surgical Bed need continues to be as presented in the CON application, this change would require moving 3 Medical Surgical rooms included on the 7th floor of the new Bed Tower (in the original CON documents) to create space for this dedicated Dialysis Service. These 3 beds would now be included in the 8th Floor Stone (existing) building modernization and would be designed as semi-private instead of private beds.

As outlined below, the number of patients at IMMC has followed the growing trend for dialysis treatments needed in the service area. The 65+ population in this service area is expected to increase by over 11% over the next 5 years. This population has a higher incidence for kidney disease and with an increase of over 25,000 older adults in the area, there is a demonstrated need in the service area for dialysis treatment as this service supports these patients that require dialysis during their inpatient stay for other co-morbidities.

The majority of IMMC inpatients that require dialysis are currently able to receive their treatment in the current centralized dialysis suite. ICU patients and other isolation patients that require dialysis, will continue to receive treatment at their bed side. This may be due to the need for isolation from other patients and the inability to co-mingle in this location due to high-risk infections or the patient's acuity.

Illinois Masonic Medical Center	2021	2022	2023
TOTAL Dialysis Treatments	**2,163**	**1,351**	**1,473**

As there are no state utilization standards for inpatient dialysis, it was determined that 5 dialysis stations would continue to provide the continued access for these patients.

As outlined in Attachments 9, 14 and 37C, the total square footage of the proposed dialysis suite is 1,045 DGSF and is within the standards for 5 dialysis stations.

Cost & Gross Square Feet by Department

Dept. / Area	A	B	C	D	E	F	G	H	
	Cost / Sq. Ft.		Gross Sq. Ft.		Gross Sq. Ft.		Const. $	Mod. $	Total Cost (G+H)
	New	Mod.	New	Circ.*	Mod.	Circ.*	AxC	BxE	(G+H)
Reviewable									
Breast Imaging	$ 753	$ -	7,523	15%	0	15%	$5,664,819	$0	$5,664,819
Outpatient Cancer Center	$ 753	$ 500	6,799	15%	27	15%	$5,119,647	$13,500	$5,133,147
Outpatient Heart Clinic	$ -	$ 500	0	15%	8,334	15%	$0	$4,167,000	$4,167,000
Surgery	$ 900	$ 700	20,696	15%	4,190	15%	$18,626,400	$2,933,000	$21,559,400
Cath Lab	$ -	$ 700	0	15%	6,879	15%	$0	$4,815,300	$4,815,300
Prep-Recovery	$ -	$ 500	0	15%	13,031	15%	$0	$6,515,500	$6,515,500
PACU	$ 824	$ -	1,684	15%	0	15%	$1,387,818	$0	$1,387,818
Triage	$ 949	$ -	2,013	15%	0	15%	$1,910,418	$0	$1,910,418
LDR	$ 784	$ -	7,824	15%	0	15%	$6,131,278	$0	$6,131,278
C-Section	$ 743	$ -	3,921	15%	0	15%	$2,914,832	$0	$2,914,832
Post-Partum	$ 622	$ -	15,158	15%	0	15%	$9,435,648	$0	$9,435,648
NICU	$ 739	$ -	10,250	15%	0	15%	$7,572,085	$0	$7,572,085
Normal Baby Nursery	$739		810				$598,379		$598,379
Intensive Care Unit	$ 716	$ -	24,202	15%	0	15%	$17,328,390	$0	$17,328,390
Med/Surg Unit	$ 492	$ -	85,353	15%	0	15%	$41,977,459	$0	$41,977,459
Dialysis	$492		1,045				$513,941		$513,941
Clinical Backfill Renovations	$ -	$ 367	0	15%	2,500	15%	$0	$917,980	$917,980
Inpatient Rehabilitation	$ -	$ 390	0	15%	16,447	15%	$0	$6,414,330	$6,414,330
Inpatient Behavioral Health	$ -	$ 390	0	15%	16,061	15%	$0	$6,263,790	$6,263,790
Total Clinical			187,278		67,469		$119,181,114	$32,040,400	$151,221,514
Clinical Contingency									$11,918,111
Total Clinical Reviewable + Contingency									$163,139,625
Non-Reviewable									
Administration	$ 671	$ 1,100	6,464	15%	1,168	15%	$4,339,865	$1,284,800	$5,624,665
Public Lobby, Waiting, Toilets	$ 1,307	$ 1,230	20,470	15%	7,527	15%	$26,744,575	$9,258,210	$36,002,785
Support, Staff Respite, Staff Lockers, Lounge, Workroom, Gowning, Equip Storage	$ 500	$ 500	26,572	15%	3,826	15%	$13,286,000	$1,913,000	$15,199,000
Circulation	$ 658	$ 580	1,824	15%	3,022	15%	$1,200,922	$1,752,760	$2,953,682
Building Systems	$ 917	$ 995	60,872	15%	1,241	15%	$55,823,276	$1,234,795	$57,058,071
Boiler Plant Upgrades	$ -	$ 1,860	0	15%	5,000	15%	$0	$9,300,000	$9,300,000
Demo Buildings 4,5 & 6	$ -	$ 130	0	15%	122,890	15%	$0	$15,975,700	$15,975,700
Storage, EVS	$ 571	$ 500	3,747	15%	602	15%	$2,140,511	$301,000	$2,441,511
Elevator Lobby	$ 900	$ -	4,842	15%	0	15%	$4,357,800	$0	$4,357,800
Elevator Shafts, MEP Shafts	$ 574	$ 500	9,989	15%	1,623	15%	$5,730,490	$811,500	$6,541,990

Stairs	$ 719	$ 830	10,722	15%	832	15%	$7,707,188	$690,560	$8,397,748
Non-Clinical Backfill Renovations	$ -	$ 558	0	15%	33,855	15%	$0	$18,886,528	$18,886,528
Nursing Administration	$ -	$ 648	0	15%	1,500	15%	$0	$972,000	$972,000
OR Waiting	$ -	$ 820	0	15%	5,850	15%	$0	$4,797,000	$4,797,000
Non-Clinical Renovations at Inpatient Rehabilitation	$ -	$ 475	0	15%	2,186	15%	$0	$1,038,350	$1,038,350
Non-Clinical Renovations at Behavioral Health	$ -	$ 475	0	15%	1,902	15%	$0	$903,450	$903,450
Total Non-Reviewable			145,502		193,024		$121,330,627	$69,119,653	$190,450,279
Non-Reviewable Contingency									$19,590,326
Total Non-Reviewable + Contingency									$210,040,605
Total									$341,671,794
Contingency									$31,508,437
Total + Contingency									$373,180,231

* Include the percentage (%) of space for circulation

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Advocate Illinois Masonic Medical Center		**CITY: Chicago**			
REPORTING PERIOD DATES:		**From: Jan 1, 2020**		**to: Dec. 31, 2020**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	225	6,752	37,740	-38	187
Obstetrics	44	1,794	4,849	-20	24
Pediatrics					
Intensive Care	33	2,325	9,495	+4	37
Comprehensive Physical Rehabilitation	22	386	5,771	0	22
Acute/Chronic Mental Illness	39	1,040	7,807	-5	34
Neonatal Intensive Care	34	210	1,735	-15	19
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other – peds			10		
TOTALS:	397	12,105	67,407	-74	323

FACILITY NAME: Advocate Illinois Masonic Medical Center			CITY: Chicago		
REPORTING PERIOD DATES:		**From: Jan 1, 2023**		**to: Dec. 31, 2023**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	225	7,978	44,186	-38	187
Obstetrics	44	1,445	4,115	-20	24
Pediatrics					
Intensive Care	33	1,374	6,185	+4	37
Comprehensive Physical Rehabilitation	22	318	4,273	0	22
Acute/Chronic Mental Illness	39	704	5,597	-5	34
Neonatal Intensive Care	34	184	1,180	-15	19
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other – peds			35		
TOTALS:	397	12,003	65,571	-74	323