

DOCKET NO: A-	BOARD MEETING: August 12-13, 2008	PROJECT NO: 08-013	PROJECT COST: Original: \$235,896,765 Current: \$
FACILITY NAME: Carle Foundation Hospital		CITY: Urbana	
TYPE OF PROJECT: Substantive			HSA: IV

PROJECT DESCRIPTION: The applicants propose to expand and modernize its current hospital facility by constructing a nine-story, 348,400 gross square foot bed tower and modernizing 50,622 gross square feet.

STATE AGENCY REPORT

Carle Foundation Hospital

Urbana, Illinois

Project #08-013

APPLICATION SUMMARY	
Applicants	The Carle Foundation and Carle Foundation Hospital
Facility Name	Carle Foundation Hospital
Location	Urbana, Illinois
Application Received	February 29, 2008
Application Deemed Complete	March 7, 2008
Scheduled Review Period Ended	July 3, 2008
Review Period Extended by the State Agency?	No
Public Hearing Held?	No
Applicants' Deferred Project?	No
Can Applicants Request Another Deferral?	Yes (September 7, 2008)
Applicants' Modified the Project?	No

I. The Proposed Project

The applicants propose to expand and modernize its current hospital facility by constructing a nine-story, 348,400 gross square foot ("GSF") bed tower and modernizing 50,622 GSF.

II. Summary of Findings

- A. The State Agency finds the proposed project does **not** appear to be in conformance with the provisions of Part 1110.

- B. The State Agency finds the proposed project does **not** appear to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Carle Foundation Hospital and The Carle Foundation. The Carle Foundation is the entity that owns the site where the proposed project is to be located. Carle Foundation Hospital will be the operating entity/licensee. The proposed expansion project will be an addition to the applicant's existing North Tower facility.

The proposed project will be located in Champaign County (HSA IV) in the D-01 hospital planning area ("HPA"). HSA IV consists of the Illinois Counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermilion. There are four general hospitals in D-01, including Carle Foundation Hospital, Gibson Community Hospital, John & Mary Kirby Hospital and Provena Covenant

Medical Center.

The July, 2008 Inventory of Health Care Facilities and Services and Need Determination ("Inventory") indicates a computed excess of 182 M/S-Pediatric, 32 OB and a computed need for two ICU beds in D-01. This is a substantive project subject to both Parts 1110 and 1120 review. Project obligation will occur after permit issuance. An opportunity for a public hearing was offered, but no hearing was requested. Approximately 130 letters of support were included in the application and sixteen letters of support were received by the State Agency. No letters of opposition were received by the State Agency during the public comment period regarding this project. The anticipated project completion date is December 31, 2012.

Table One lists the applicant's beds, occupancy rates, average length of stay ("ALOS"), average daily census ("ADC") for calendar year 2006 and was obtained from IDPH's 2006 hospital profile. Table Two lists the applicant's beds, occupancy rates, average length of stay ("ALOS"), average daily census ("ADC") for FY 2007.

TABLE ONE								
Carle Foundation Hospital - Utilization Data for CY 2006								
Service	Authorized Beds	Admissions	Patient Days	ALOS	ADC	Occupancy	Target Occupancy	Target Occupancy Met?
Med/Surg	185	11,798	42,919	3.8	121.3	65.57%	85%	No
Pediatric	20	967	2,937	3.3	8.8	44.00%	65%	No
ICU	32	1,808	6,980	3.9	19.1	60.00%	60%	Yes
Obstetrics	28	2,344	5,985	2.6	16.5	58.93%	78%	No
Neonatal	25	352	7,020	19.9	19.2	76.80%	75%	Yes
Rehab	15	379	4,776	12.6	13.1	87.33%	85%	Yes
TOTAL	305	16,610	70,617					
Source: 2006 IDPH Annual Hospital Questionnaire								

TABLE TWO								
Carle Foundation Hospital - Utilization Data for CY 2007								
Service	Authorized Beds	Admissions	Patient Days	ALOS	ADC	Occupancy	Target Occupancy	Target Occupancy Met?
Med/Surg	185	12,629	47,414	3.8	132.90	71.88%	85%	No
Pediatric	20	1,076	2,996	3.1	9.10	45.5%	65%	No
ICU	32	1,843	6,847	3.72	18.8	58.6%	60%	No
Obstetrics	28	2,313	6,027	2.61	16.7	59.6%	78%	No
Neonatal	25	408	5,866	14.38	14.4	64.3%	75%	No
Rehab	15	433	4,810	11.11	11.1	87.9%	85%	Yes
TOTAL	305	18,702	73,960					

Source: Information provided by the applicants in response to the 2007 IDPH Questionnaire

IV. The Proposed Project - Details

The applicants propose to construct a nine-story, 348,400 GSF bed tower attached to an existing hospital tower, which will house a relocated 15-bed rehabilitation unit, eight vascular procedure labs, 88 medical/surgical (“M/S”) beds and 32 intensive care unit (“ICU”) beds. All the new patient rooms will be private. There will be no increase in the number of beds or services as the result of this project. The basement of the new bed tower will contain a pharmacy, mechanical and electrical space, a building support area and leased medical office space. The first floor of the proposed bed tower will house admitting for the outpatient Cardiac Clinic, offices and exam rooms for cardiovascular providers and support services. Adjacent to the new bed tower on the first floor of the North bed tower will be the Carle Digestive Health Center in modernized space that will include GI/procedures and recovery rooms, registration, offices and related support services. The second floor will house interventional radiology and the interventional cardiology departments. There is no third or fifth floor. The fourth floor will contain mechanical and electrical space. The sixth floor will house a 12-bed cardiovascular intensive care unit and 32-bed medical surgical beds along with family support. The 7th floor will house 32 medical surgical beds, nursing education and family support area. The eighth floor will house a 24-bed medical surgical unit, a 12-bed Surgical Intensive Care Unit and an 8 bed pediatric intensive care unit along with a family support area. The ninth floor will contain a 15-bed rehab unit along with a wound healing area and outpatient rehab. The new bed tower will be connected to the existing North Tower.

The applicants also propose to modernize 50,622 GSF with 15,495 GSF for endoscopy labs and recovery on the first floor adjacent to the new bed tower. The remaining modernization GSF is for non-clinical areas. The new bed tower will have 50,026 GSF of leased physician office space. The project involves the acquisition of a parcel of land, at a cost of \$614,500, and the demolition of a structure and parking lot.

V. Project Costs and Sources of Funds

Table Three shows the project's sources and uses of funds. The project is being funded with cash and securities of \$19,287,100 and bond proceeds in the amount of \$216,609,665. The State Agency notes the project has clinical and non-clinical components. The clinical components comprise 46% of the cost and 41% of the GSF; while the non-clinical components comprise 54% of cost and 59% of the GSF.

VI.

TABLE THREE			
Carle Foundation Hospital - Uses and Sources of Funds			
Use of Funds	Total	Clinical	Non Clinical
Preplanning Costs	\$2,892,101	\$1,185,761	\$1,706,340
Site Survey and Soil Investigation	\$50,000	\$20,500	\$29,500
Site Preparation	\$6,960,679	\$2,853,878	\$4,106,801
Off Site Work	\$5,000,000	\$2,050,000	\$2,950,000
New Construction Contracts	\$121,858,775	\$51,559,825	\$70,298,950
Modernization	\$10,441,425	\$3,486,375	\$6,955,050
Contingencies	\$13,400,000	\$5,494,000	\$7,906,000
A & E Fees	\$8,082,020	\$3,313,628	\$4,768,392
Consulting and Other Fees	\$755,000	\$309,550	\$445,450
Movable or Other Equipment	\$27,126,672	\$17,454,149	\$9,672,523
Bond Issuance Expense	\$3,560,000	\$1,459,600	\$2,100,400
Net Interest Expense	\$26,600,000	\$10,906,000	\$15,694,000
FMV of Equipment to be transferred to Bed Tower	\$8,876,765	\$8,876,765	\$0
Other Costs to be Capitalized	\$293,328	\$120,264	\$173,064
Totals	\$235,896,765	\$109,090,296	\$126,806,469
Source of Funds			
Cash and Securities	\$19,287,100		\$19,287,100
Bond Proceeds	\$216,609,665	\$109,090,296	\$107,519,369
Total	\$235,896,765	\$109,090,296	\$126,806,469

Payor Source

The applicant's current payor mix is shown in Table Four. This information was obtained from the 2007 IDPH Annual Hospital Questionnaire. The Carle Foundation Hospital FY 2006 Community Benefit Report can be found at pages 88-114 of the information submitted to the State Board.

	Medicare		Medicaid		Other Public		Other Insurance		Private Pay		Charity Care		Total
Inpatient	4,724	26.9%	2,484	14.1%	140	.8%	8,029	45.6%	245	1.4%	1,971	11.2%	17,593
Outpatient	13,320	14.8%	17,527	19.5%	1,236	1.4%	44,932	49.9%	3,770	4.2%	9,230	10.3%	90,015

Source: 2007 IDPH Annual Hospital Questionnaire

VII. Cost Space Requirements

Table Five displays the project's cost/space requirements. The applicant proposes 163,328 GSF of new clinical space and 15,495 GSF of modernized clinical space. The total square footage to be vacated is 163,806 of clinical and non-clinical space. The intent is to demolish 48,845 GSF of vacated space and re-use the remaining space primarily for family support space, physician office, on call rooms, outpatient services, research, and administrative.

	Cost (\$)	Existing GSF	Proposed GSF	New Const GSF	Remodeled GSF	As is GSF	Vacated GSF
CLINICAL							
Cardiac Cath	3,360,116	1,576	4,788	4,815	0	0	1,576
Cardiac Cath Support	3,844,031	4,147	6,093	6,093	0	0	4,147
Interventional Radiology	3,278,500	2,231	4,815	4,815	0	0	2,231
Interventional Radiology Support	3,844,031	5,869	6,093	6,093	0	0	5,869
Electrophysiology	2,185,667	791	3,210	3,210	0	0	791
Electrophysiology Support	2,550,701	2,082	4,043	4,043	0	0	2,082
Cath/Interv/Electro/Prep/Recovery	3,920,582	4,557	5,758	5,731	0	0	4,557
Gastro-Int/Colo-Rect Labs	3,947,396	1,531	7,101	0	7,101	0	1,531
Gastro-Int/Colo-Rect Recovery	4,666,166	10,805	8,394	0	8,394	0	10,805
ICU	14,778,576	20,112	20,936	20,921	0	0	20,112
M/S	40,108,842	48,942	56,820	56,820	0	18,939	30,003
IP Rehab	6,225,976	2,859	8,820	8,835	0	0	2,859
IP Occ Therapy	1,548,842	795	2,455	2,455	0	0	795
IP Phys Therapy	2,474,993	1,066	3,923	3,923	0	0	1,066
OP Rehab	2,934,340	1,567	4,843	4,843	0	0	1,567
ADL Treatment	469,384	241	744	744	0	0	241
Resp Therapy	227,210	121	375	375	0	0	121
Wound Ctr	3,348,149	2,979	5,307	5,307	0	0	2,979
Pharmacy	3,504,611	4,972	5,555	5,555	0	0	4,972
Pharmacy Storage	1,972,182	0	3,255	3,255	0	0	0
Total Clinical	109,190,296	117,243	163,328	147,833	15,495	18,939	98,304
NON-CLINICAL							
Support/Mech	36,714,676	0	62,762	62,681	81	0	
Conference	1,523,695	0	2,951	2,579	372	0	
Dining	775,373	0	1,384	1,384	0	0	
Elevator	14,174,046	0	31,477	21,477	10,000	0	
Nurse Education	2,376,191	0	4,657	4,657	0	0	

TABLE FIVE Carle Foundation Hospital - Cost/Space Requirements Summary							
	Cost (\$)	Existing GSF	Proposed GSF	New Const GSF	Remodeled GSF	As is GSF	Vacated GSF
Office Space	13,035,358	48,845	25,793	24,749	1,044	0	48,845
Leased Phys Space	31,673,640	14,444	58,916	50,026	8,890	0	14,444
Public Area	18,748,235	2,213	37,847	25,804	12,043	0	2,213
Staff Support	4,785,254	0	9,907	7,210	2,697	0	0
Total Non-Clinical	126,806,469	65,502	235,694	200,567	35,127	0	65,502
Project Total	235,896,765	182,745	399,022	348,400	50,622	18,939	163,806

VIII. Criterion 1110.420 - Modernization Review

A. Criterion 1110.420 (a) - Modernization of Beds

The applicant must document that the number of beds proposed in each category of service affected does not exceed the number of beds needed to support the facility's utilization in each service proposed at the appropriate modernization target as found in Part 1100. (Utilization shall be based upon the latest 12-month period for which data are available.)

1. Medical Surgical Beds

The applicants are proposing a total of 185 M/S beds; 88 M/S will be modernized in the proposed new bed tower in 56,820/GSF of new construction. 18,939/GSF will remain as is. 30,003/GSF will be vacated. The proposed medical surgical units will be all private rooms located on the 6th, 7th and 8th floors of the new bed tower. An 8-bed cardiovascular step down unit will be located on the 6th floor. A 24 bed cardiovascular unit will also be located on the 6th floor. Two 16-bed units will be located on the 7th floor and a 24-bed unit will located on the 8th floor. The current utilization (CY 2007) does not support the extent of the modernization being proposed by the applicants for the medical surgical service. (132.9/85% = 157 M/S beds)

2. Intensive Care Beds

The applicants are proposing a 32 intensive care beds to be located in the new bed tower on the 6th and 8th floors in 20,921/GSF of new construction. 20,112/GSF will be vacated. A 12-bed Surgical Intensive Care Unit and an 8 bed pediatric intensive care unit will be located on the 8th floor and a 12-bed cardiovascular intensive care unit will be located on the 6th floor. The applicants' current 12-month historical utilization (FY 2007) will support the number of beds being modernized. (18.8/60% = 32 beds)

3. Rehabilitation Beds

The applicants are proposing a total of 15 rehabilitation beds in 8,835/GSF of new construction. The applicants' current 12-month historical utilization (FY 2007) will support the number of beds to be modernized. (13.2/85% = 16 beds)

The extent of the modernization being proposed for intensive care and rehabilitation beds is warranted by the applicants' current 12 month historical utilization (FY 2007). The extent of the modernization being proposed for medical surgical beds is not warranted by the applicants' current historical utilization (FY 2007).

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE MODERNIZATION OF BEDS CRITERION (77 IAC 1110.420(b)).

B. Criterion 1110.420(b) - Modern Facilities

The criterion states:

"The applicant must document that the proposed project meets one of the following:

- 1) The proposed project will result in the replacement of equipment or facilities which have deteriorated and need replacement. Documentation shall consist of, but it not limited to: historic utilization data, downtime or time spent out-of-service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.
- 2) The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training, or other support services to meet the requirements of existing services or services previously approved to be added or expanded. Documentation shall consist of but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project."

1. Medical Surgical Beds

The applicants are proposing a total of 185 M/S beds; 88 M/S will be modernized in the proposed new bed tower in 56,820/GSF of new construction. 18,939/GSF will remain as is. 30,003/GSF will be vacated. The proposed medical surgical units will be all private rooms located on the 6th, 7th and 8th floors of the new bed tower. An 8-bed cardiovascular step down unit will be located on the 6th floor. A 24 bed cardiovascular unit will also be located on the 6th floor. Two 16-bed units will be located on the 7th floor and a 24-bed unit will located on the 8th floor. The current utilization (CY 2007) does not support the extent of the modernization being proposed by the applicants for the medical surgical service. (132.9/85% = 157 M/S beds)

2. Intensive Care Beds

The applicants are proposing a 32 intensive care beds to be located in the new bed tower on the 6th and 8th floors in 20,921/GSF of new construction. 20,112/GSF will be vacated. A 12-bed Surgical Intensive Care Unit and an 8 bed pediatric intensive care unit will be located on the 8th floor and a 12-bed cardiovascular intensive care unit will be located on the 6th floor. The applicants' current 12-month historical utilization (FY 2007) will support the number of beds being modernized. (18.76/60% = 32 beds)

3. Rehabilitation Beds

The applicants are proposing a total of 15 rehabilitation beds in 8,835/GSF of new construction. The applicants' current 12-month historical utilization (FY 2007) will support the number of beds to be modernized. (13.8/85% = 17 beds)

4. Cardiac Catheterization

Cardiac catheterization and cardiac catheterization support will be located on the second floor of the new bed tower in 10,881/GSF of new space. The applicants reported 1,775 procedures in FY 2007 for 3 laboratories which justifies the modernization of this service. (1,775 cath. procedures/400 cath procedure per lab = 5 laboratories)

5. Interventional Radiology

Interventional radiology and interventional radiology support will be located on the second floor of the new bed tower in 10,908/GSF of new space.

6. Electrophysiology

Electrophysiology and electrophysiology support will be located on the second floor of the new bed tower in 7,253/GSF of new space.

7. Prep Recovery

The applicants are proposing 5,758/GSF of new space in the new bed tower for 32 recovery stations to be located on the second floor.

8. GI Laboratory

The applicants are proposing 15,945/GSF of remodeled space for GI Labs, support and recovery space to be located on the first floor of the North tower adjacent to the new bed tower. The State Board does not have modernization standards for this service.

9. Occupational Rehabilitation (Inpatient)

The applicants are proposing 2,455/GSF of space to be located on the ninth floor of the new tower. The State Board does not have modernization standards for this service.

TABLE SIX Occupational Rehabilitation FY 2005-FY 2007			
Year	2005	2006	2007
Inpatient Treatments	33,397	34,068	30,971
Number of Visits	3,028	3,435	3,825
Source: Information provided by the applicants			

10. Physical Therapy (Inpatient)

The applicants are proposing 3,923/GSF of space on the ninth floor of the new structure. The State Board does not have modernization standards for this service.

TABLE SEVEN Physical Therapy Utilization FY 2005-FY 2007			
Year	2005	2006	2007
Inpatient Treatments	45,256	45,113	47,607
Number of Visits	4,723	4,902	5,389
Source: Information provided by the applicants			

11. Outpatient Rehabilitation

The applicants are proposing 4,843/GSF of space on the ninth floor of the new structure. The State Board does not have modernization standards for this service.

12. Respiratory Therapy

TABLE EIGHT Respiratory Therapy Utilization FY 2005-FY 2007			
Year	2005	2006	2007
Inpatient Treatments	190,989	187,652	213,252
Number of Visits	7,587	7,656	7,826
Source: Information provided by the applicants			

The applicants are proposing 375/GSF of new space on the ninth floor of the new structure. The State Board does not have modernization standards for this service.

13. ADL (Activities of Daily Living)Treatment

The applicants are proposing 744/GSf of new space on the ninth floor of the new structure. The State Board does not have modernization standards for this service.

14. Wound Center

The applicants are proposing 5,307/GSF of new space on the ninth floor of the new structure. The State Board does not have modernization standards for this service.

15. Pharmacy

The applicants are proposing 8,810/GSF of new space in the basement of the new structure for the pharmacy and pharmacy storage. The State Board does not have modernization standards for this service.

The applicants provided considerable documentation (pages 177 to 246 of the application) pertaining to the historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and code deficiencies involving the proposed project. However, the extent of the modernization is not warranted for medical surgical beds by the current historical utilization.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE MODERN FACILITIES CRITERION (77 IAC 1110.420(b)).

- C) Major Medical Equipment-Review Criterion
Proposed projects for the acquisition of major medical equipment must document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.

The applicants are not proposing acquisition of major medical equipment as defined by the State Board as part of this project. This criterion is not applicable to this project.

THE STATE AGENCY FINDS THE CRITERION 77 IAC 1110.420 (c) MAJOR MEDICAL EQUIPMENT IS **NOT** APPLICABLE TO THIS PROJECT.

IX. Cardiac Catheterization

- A) Criterion 1110.1330 (a) - Peer Review

Any applicant proposing the establishment or modernization of a cardiac catheterization unit shall detail in its application for permit the mechanism for adequate peer review of the program. Peer review teams will evaluate the quality of studies and related morbidity and mortality of patients and also the technical aspects of providing the services such as film processing, equipment maintenance, etc.

The applicants currently have an existing cardiac catheterization service at the hospital and have documented that a peer review of the program is in place and is functioning. See pages 476-487 of the application for permit for policies regarding the peer review function at the Hospital.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PEER REVIEW CRITERION (77 IAC 1110.1330(a)).

- B) Criterion 1110.1330 (b) - Establishment or Expansion of Cardiac Catheterization Service
C) Criterion 1110.1330 (c) - Unnecessary Duplication of Services

The applicants have an existing cardiac catheterization service in place at the hospital and are not requesting an expansion of this service. These criteria are not applicable to this project.

THE STATE AGENCY FINDS REVIEW CRITERION ESTABLISHMENT OR EXPANSION OF CARDIAC CATHETERIZATION (77 IAC 1110.1330 (b)) AND UNNECESSARY DUPLICATION OF SERVICE (77 IAC 1130.1330 (c)) ARE NOT APPLICABLE TO THE PROPOSED PROJECT.

D) Criterion 1110.1330 (d) Modernization of Existing Cardiac Catheterization Equipment

No proposed project for the modernization of existing equipment providing cardiac catheterization services will be approved unless the applicant documents that the minimum utilization standards (as outlined in 77 Ill. Adm. Code 1100.620) are met.

The minimum utilization standard is 400 cardiac catheterizations annually. In FY 2007 the applicants performed 1,775 procedures in 3 laboratories. The applicants have met the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE MODERNIZATION OF EXISTING CARDIAC CATHETERIZATION REVIEW CRITERION (77 IAC 1110.1330(d)).

E) Criterion 1110.1330 (e) - Support Services

- 1) Any applicant proposing the establishment of a dedicated cardiac catheterization laboratory must document the availability of the following support services;
 - A) Nuclear medicine laboratory.
 - B) Echocardiography service.
 - C) Electrocardiography laboratory and services, including stress testing and continuous cardiogram monitoring.
 - D) Pulmonary Function unit.
 - E) Blood bank.
 - F) Hematology laboratory - coagulation laboratory.
 - G) Microbiology laboratory.
 - H) Blood Gas laboratory.
 - I) Clinical pathology laboratory with facilities for blood chemistry.

- 2) These support services need not be in operation on a 24 hour basis but must be available when needed.

The applicants have an existing cardiac catheterization service in place. This criterion is not applicable to this project.

THE STATE AGENCY FINDS THE REVIEW CRITERION SUPPORT SERVICES (77 IAC 1110.1330 (e)) IS NOT APPLICABLE TO THIS PROJECT.

F) Criterion 1110.1330 (f) - Laboratory Location

Due to safety considerations in the event of technical breakdown it is preferable to group laboratory facilities. Thus in projects proposing to establish additional catheterization laboratories such units must be located in close proximity to existing laboratories unless such location is architecturally infeasible.

The applicants are modernizing the existing cardiac catheterization laboratories and acknowledge the need to place cath labs in close proximity to one another.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE LABORATORY LOCATION REVIEW CRITERION (77 IAC 1110.1330(f)).

G) Criterion 1110.1330 (g) - Staffing

It is the policy of the State Board that if cardiac catheterization services are to be offered that a cardiac catheterization laboratory team be established. Any applicant proposing to establish such a laboratory must document that the following personnel will be available:

- 1) Lab director board-certified in internal medicine, pediatrics or radiology with subspecialty training in cardiology or cardiovascular radiology.
- 2) A physician with training in cardiology and/or radiology present during examination with extra physician backup personnel available.
- 3) Nurse specially trained in critical care of cardiac patients, knowledge of cardiovascular medication, and understanding of catheterization equipment.

- 4) Radiologic technologist highly skilled in conventional radiographic techniques and angiographic principles, knowledgeable in every aspect of catheterization instrumentation, and with thorough knowledge of the anatomy and physiology of the cardiovascular system.
- 5) Cardiopulmonary technician for patient observation, handling blood samples and performing blood gas evaluation calculations.
- 6) Monitoring and recording technician for monitoring physiologic data and alerting physician to any changes.
- 7) Electronic radiologic repair technician to perform systematic tests and routine maintenance; must be immediately available in the event of equipment failure during a procedure.
- 8) Darkroom technician well trained in photographic processing and in the operation of automatic processors used for both sheet and cine film.

The applicants have an existing cardiac catheterization service in place. This criterion is not applicable to this project.

THE STATE AGENCY FINDS THE REVIEW CRITERION STAFFING (77 IAC 1110.1330 (g)) IS NOT APPLICABLE TO THIS PROJECT.

H) Criterion 1110.1330 (h) - Continuity of Care

Any applicant proposing the establishment, expansion or modernization of a cardiac catheterization service must document that written transfer agreements have been established with facilities with open-heart surgery capabilities for the transfer of seriously ill patients for continuity of care.

The applicants have an existing open heart surgery service in place.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CONTINUITY OF CARE REVIEW CRITERION (77 IAC 1110.1330(g)).

I) Criterion 1110.1330 (i) - Multi-Institutional Variance" - Review Criteria

- 1) A variance to the establishment requirements of 1110.1330(b), "Establishment or Expansion of Cardiac Catheterization Service" shall be granted if the applicant can demonstrate that the proposed new program is necessary to alleviate excessively high demands on an existing operating program's capacity.
- 2) Each of the following must be documented:

- A) That the proposed unit will be affiliated with the existing operating program. This must be documented by written referral agreements between the facilities, and documentation of shared medical staff;
 - B) That the existing operating program provides open heart surgery;
 - C) That initiation of a new program at the proposed site is more cost effective, based upon a comparison of charges, than expansion of the existing operating program;
 - D) That the existing operating program currently operates at a level of more than 750 procedures annually per laboratory; and
 - E) That the proposed unit will operate at the minimum utilization target occupancy and that such unit will not reduce utilization in existing programs below target occupancy (e.g., certification of the number of patients transferred to other service providers in each of the last three years and market studies developed by the applicant indicating the number of potential catheterization patients in the area served by the applicant).
- 3) The existing operating program cannot utilize its volume of patient procedures to justify a second affiliation agreement until such time as the operating program is again operating at 750 procedures annually per laboratory and the affiliate is operating at 400 procedures per laboratory.

This criterion is not applicable to this project.

THE STATE AGENCY FINDS THE REVIEW CRITERION MULTI-INSTITUTIONAL VARIANCE (77 IAC 1110.1330 (h)) IS NOT APPLICABLE TO THIS PROJECT.

X. General Review Criteria

A. Criterion 1110.230(a) - Location

This criterion is not applicable since the applicants do not propose to establish a new health care facility or a new category of service.

THE STATE AGENCY FINDS THE PROPOSED PROJECT IS NOT APPLICABLE TO THE LOCATION CRITERION.

B. Criterion 1110.230(b) - Background of Applicants

The criterion states:

“The applicant shall 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. [20 ILCS 3960/6] In evaluating the fitness of the applicant, the State Board shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.”

The applicants provided licensure and certification information as required. The applicants certified that they have not had any adverse actions within the past three years. The applicants appear fit, willing and able and have the qualifications, background and character to adequately provide a proper standard of healthcare service for the community. The applicants provided zoning and property ownership information as required.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE BACKGROUND OF APPLICANT CRITERION.

C. Criterion 1110.230(c) - Alternatives

The criterion states:

“The applicant must document that the proposed project is the most effective or least costly alternative. Documentation shall consist of a comparison of the proposed project to alternative options. Such a comparison must address issues of cost, patient access, quality, and financial benefits in both the short and long term. If the alternative selected is based solely or in part on improved quality of care, the applicant shall provide empirical evidence including quantifiable outcome data that verifies improved quality of care. Alternatives must include, but are not limited to: purchase of equipment, leasing or utilization (by contract or agreement) of other facilities, development of freestanding settings for service and alternate settings within the facility.”

The applicants considered five alternatives:

1. Continue operations in the existing building and “Do Nothing”.

The applicants rejected this alternative because it does not address any of the patient care issues urgently needing attention such as public and patient circulation, poor vertical transportation and operational inefficiencies. The applicants estimate that this alternative would cost \$3,569,480 in the short term, but that the status quo could not be maintained indefinitely thereby requiring the construction of the bed tower at a later date.

2. Modernize Rogers Building and Parkview Building.

The applicants rejected this alternative because it will not serve the public interest and it is not economically feasible to modernize a facility that does not comply with Accessibility and Building Code requirements. The applicants estimate that this alternative would cost \$75-\$95 million.

3. Demolish and Replace Obsolete Buildings on the Existing Footprint.

The applicants rejected this alternative because the phased replacement building option would significantly limit the hospital's ability to provide quality clinical services during construction, it would take substantially longer to complete, result in higher costs, and would not have an ideal footprint. The applicants estimate that this alternative would cost \$263,526,765.

4. Construct a Comprehensive Replacement Hospital at a New Site in Champaign, Illinois (at the Carle Foundations Clearview Property)

The applicants rejected this alternative because of the significantly increased costs for a separate location's development and duplication of support services. The applicants estimate that this alternative would cost \$297,917,843.

5. Construct a Rehabilitation Hospital in Champaign, Illinois

The applicants rejected this alternative because their previous rehabilitation hospital project was rejected by the Board and a local unit was approved at another facility. The applicants estimate that this alternative would cost \$18,729,867 and only meet the needs of a portion of their patients.

The applicants state that the alternative of using existing space was not considered because it is already fully allocated.

The applicants are not proposing to add beds or to establish new services. The applicants documented that the proposed project is the most effective or least costly alternative consisting of a comparison of the proposed project to alternative options as required by the criterion. The applicants addressed issues of cost, patient access, quality, and financial benefits in both the short and long term and considered the purchase of equipment, leasing or utilization of other facilities, development of freestanding settings for service and alternate settings within the facility. While the applicants addressed this criterion appropriately, the extent of the modernization being proposed for medical surgical beds is not justified by the applicants' historical utilization. It would appear a better alternative would be to reduce the number of medical surgical beds being proposed for this project justified by the State Board's target occupancy.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE ALTERNATIVES CRITERION (77 IAC 1110.230(c)).

D. Criterion 1110.230(d) - Need for the Project

This criterion states:

"The project must be needed.

- 1) If the State Board has determined need pursuant to Part 1100, the proposed project shall not exceed additional need determined unless the applicants meet the criterion for a variance.
- 2) If the State Board has not determined need pursuant to Part 1100, the applicants must document that it will serve a population group in need of the services proposed and that insufficient service exists to meet the need. Documentation shall include but not be limited to:
 - A) area studies (which evaluate population trends and service use factors);
 - B) calculation of need based upon models of estimating need for the service (all assumptions of the model and mathematical calculations must be included);
 - C) historical high utilization of other area providers; and
 - D) identification of individuals likely to use the project.

- "3) If the project is for the acquisition of major medical equipment that does not result in the establishment of a category of service, the applicants must document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition."

The State Agency notes that the applicants are not proposing to add or decrease beds, or establish new services. The July, 2008 Inventory of Health Care Facilities and Services and Need Determination ("Inventory") indicates a computed excess of 182 M/S-Pediatric, and a computed need for two ICU beds in planning area D-01. The applicants point out that they are a tertiary care facility, provide an unparalleled degree of specialization in the area, there is a low utilization of some of the critical access hospitals in the area, and there is an in-migration from other planning areas of patients who use Carle Foundation Hospitals services.

The applicants are not at State Board's modernization target occupancy for medical surgical beds. The applicants meet or exceed the State Board target occupancy rates for Rehab, ICU and cardiac catheterization services proposed to be modernized by this project. The applicants are not in compliance with the criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE REVIEW CRITERION NEED FOR THE PROJECT.

E. Criterion 1110.230(e) - Size of the Project

This criterion states:

"The applicants must document that the size of a proposed project is appropriate.

- 1) The proposed project cannot exceed the norms for project size found in Appendix B of this Part unless the additional square footage beyond the norm can be justified by one of the following:
 - A) the proposed project requires additional space due to the scope of services provided;
 - B) the proposed project involves an existing facility where the facility design places impediments on the architectural design of the proposed project;

- C) the proposed project involves the conversion of existing bed space and the excess square footage results from that conversion; or
 - D) the proposed project includes the addition of beds and the historical demand over the last five year period for private rooms has generated a need for conversion of multiple bed rooms to private usage.
- "2) When the State Board has established utilization targets for the beds or services proposed, the applicants must document that in the second year of operation the annual utilization of the beds or service will meet or exceed the target utilization. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures which would increase utilization."

1. Size

Table Nine displays the departments that have GSF standards established by the State Board, the project's GSF, and a comparison to State Board standards.

TABLE NINE Size of Project						
Department	Beds/ Rooms	Standard per Bed / Room	Proposed GSF	State Standard	Difference	Exceed Standard
M-S	88 Beds	401 GSF/Bed	56,820	35,288	244.6 GSF/Bed	Yes
ICU	32 Beds	603 GSF/Bed	20,936	19,296	654.2 GSF/Bed	Yes
Rehab	15 beds	588 GSF/Bed	8,820	8,820	0	No
Cardiac Cath	3 Labs	1,596 GSF/Lab	4,788	4,788	0	No
Respiratory Ther	NA	8.9 GSF/Bed (305 Beds)	375	2,714	-8.89 GSF/Bed	No
Occup Ther	NA	4.3 GSF/bed (245 Beds)	4,876*	1,019	19.9 GSF/Bed	Yes
Physical Ther	NA	23 GSF/Bed (220 Beds)	6,344*	4,876	28.8 GSF/Bed	Yes
Pharmacy	NA	12 GSF/Bed (305 Beds)	5,555	3,540	18.2/GSF/Bed	Yes

*Calculated by taking all of inpatient therapy plus half of outpatient therapy area

Medical Surgical, ICU, Occupational Therapy, Physical Therapy and Pharmacy exceed the State Board Standard.

The applicants provided considerable explanation (pages 133 to 145 of the application) to justify the GSF used for these areas including construction standards, efficient use of layout, the need for family and support space, charting space, and prevailing regulations.

2. Utilization

TABLE TEN Projected Utilization			
	2012 Occupancy	2013 Occupancy	Standard
M-S	89.6%	94.1%	85%
ICU	65.0%	66.3%	60%
IP Rehab	88.0%	94.0%	85%

The applicants are projecting meeting the State Board's target occupancy for the second year after project completion for all bed services proposed to be modernized. The applicants are currently at or above the target occupancy for cardiac cath, ICU beds, and Inpatient Rehabilitation Beds. It appears the applicants meet the utilization standard for this criterion. However, the applicants do not meet the State Board standards for size and therefore a positive finding cannot be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE SIZE OF THE PROJECT CRITERION.

XI. Review Criteria - Financial Feasibility

- A. Criterion 1120.210(a) - Financial Viability
- B. Criterion 1120.210(b) - Availability of Funds
- C. Criterion 1120.210(c) - Start-Up Costs

The applicants provided evidence of an "A" bond rating (pages 144-147 of the application). Therefore, these criteria are not applicable.

XII. Review Criteria - Economic Feasibility

- A. Criterion 1120.310(a) - Reasonableness of Financing Arrangements

The applicants provided evidence of an "A" bond rating (pages 144-147 of the application). Therefore, the criterion is not applicable.

- B. Criterion 1120.310(b) - Conditions of Debt Financing

The criterion states:

"The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as

prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.”

The project is being funded with cash and securities of \$19,287,100 and a bond issue of \$216,609,665. The applicants provided a certification that the selected form of debt financing will be at the lowest net cost available.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE CONDITIONS OF DEBT FINANCING CRITERION (77 IAC 1110.310 (b)).

C. Criterion 1120.310(c) - Reasonableness of Project Cost

The criterion states:

- 1) Construction and Modernization Costs
Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.
- 2) Contingencies
Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides

evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

BOARD NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.

3) Architectural Fees

Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

4) Major Medical and Movable Equipment

A) For each piece of major medical equipment, the applicant must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

5) Other Project and Related Costs

The applicant must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed."

The State Agency by rule reviews the clinical cost of the proposed project only. See page 506-507 of the application for permit for complete breakdown of costs.

Preplanning Costs - This cost is \$1,185,761, or 1.52% of construction, modernization, contingencies and equipment. This appears reasonable when compared to the State Standard of 1.8%.

Site Survey, Soil Investigation and Site Preparation - These costs are estimated to be \$2,874,378, or 5.0% of the clinical new construction and contingency costs. These costs appear unreasonable compared to the State standard of 5.0%.

New Construction and a Proportionate Share of Contingencies - This cost is \$56,705,860 or \$383.58 per GSF. This appears high when compared to the adjusted State standard of \$370.16 per GSF.

TABLE ELEVEN New Construction and Contingencies		
Proposed Project	State Standard	Difference
\$56,705,860	\$54,721,863	\$1,983,997
\$383.58/GSF	\$370.16/GSF	\$13.42/GSF

Modernization and a Proportionate Share of Contingencies - This cost is \$3,834,340 or \$247.46 per GSF. This appears reasonable when compared to the adjusted State standard of \$259.11 per GSF.

Contingencies - This cost is \$5,494,000, or 10% of construction and modernization costs. This appears reasonable compared to the State standard of 10%.

Architectural and Engineering Fees - This cost is \$3,313,628, or 5.67% of construction modernization and contingencies. This appears reasonable compared to the State standard of 2.30% - 5.80%.

Consulting and Other Fees - This cost is \$309,550. The State Board does not have a standard for this cost.

Moveable Equipment - These costs total \$17,454,149. The State Board does not have a standard for this cost.

Bond Issuance Expense - This cost is \$1,459,600. The State Board does not have a standard for these costs.

FMV Lease (Equipment) - This cost is \$8,876,765 and represents the book value of equipment to be transferred to the new bed tower. The State Board does not have a standard for these costs.

Net Interest During Construction - This cost is \$10,906,000. The State Board does not have a standard for these costs.

Other Costs To Be Capitalized - This cost is \$120,264. The State Board does not have a standard for these costs (comprised of permits, utility connections, cost escalation).

THE STATE AGENCY FINDS THE PROPOSED DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COST CRITERION.

D. Criterion 1120.310(d) - Projected Operating Costs

The criterion states:

“The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service.”

The applicants project \$4,175 as the annual operating costs per equivalent patient day for the first year of operation. The State Board does not have a standard for this cost.

E. Criterion 1120.310(e) - Total Effect of the Project on Capital Costs

The criterion states:

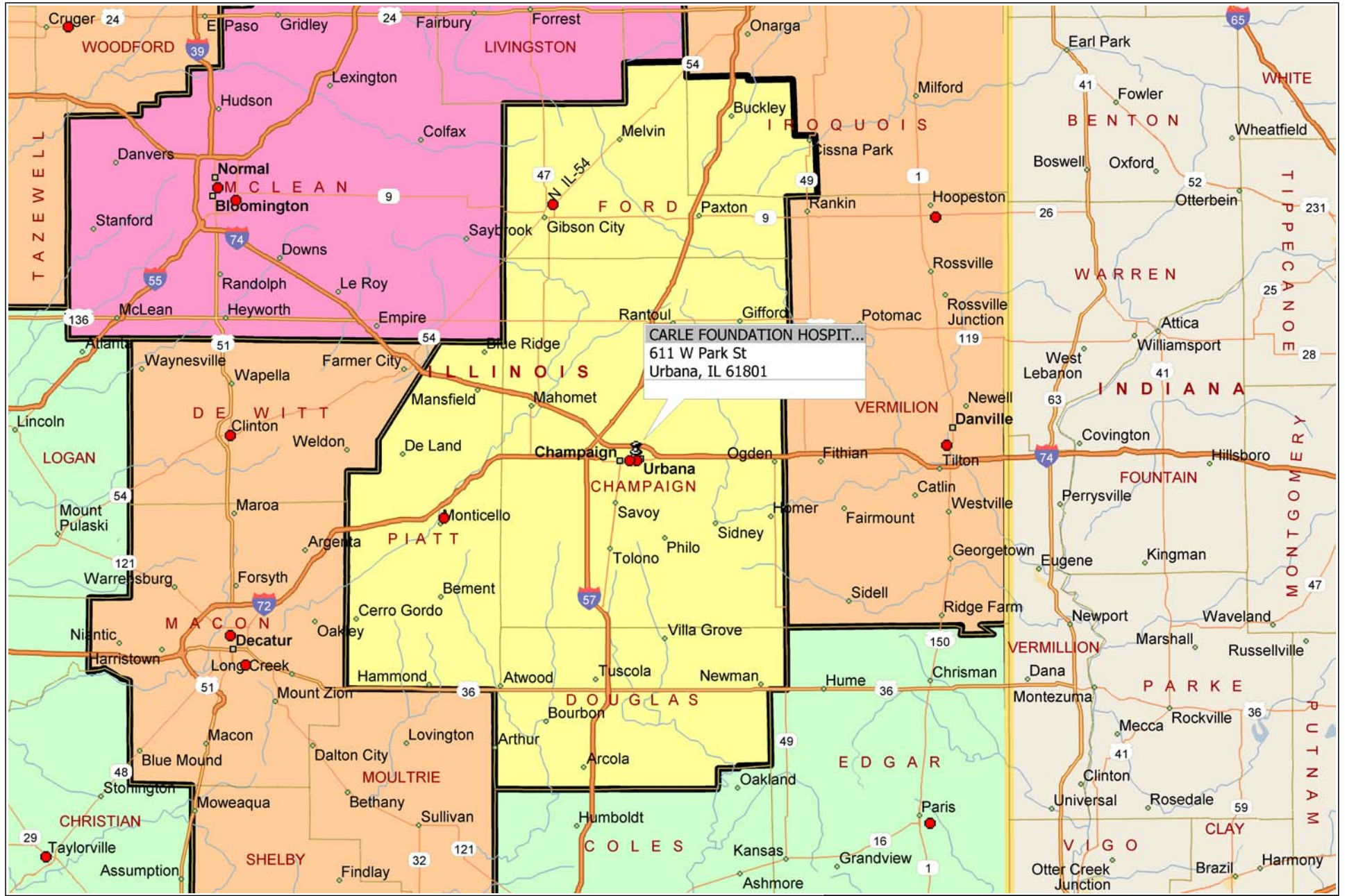
“The applicant must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.”

The applicants project \$39,300 in total annual capital costs for the first year of operation. The State Board does not have a standard for this cost.

F. Criterion 1120.310(f) - Non-Patient Related Services

This criterion is not applicable.

08-013 CARLE FOUNDATION HOSPITAL



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Ownership, Management and General Information

ADMINISTRATOR NAME: James C. Leonard, MD
ADMINSTRATOR PHONE: 217-383-3220
OWNERSHIP: The Carle Foundation
OPERATOR: Carle Foundation Hospital
MANAGEMENT: Non-Government Other Non-Profit
FACILITY DESIGNATION/ CERTIFICATION: Short Term Acute Care Hospital
ADDRESS: 611 West Park Street

Patients by Race

White 84.1%
 Black 9.0%
 American Indian 0.0%
 Asian 0.8%
 Hawaiian/ Pacific 0.0%
 Unknown: 6.1%

Patients by Ethnicity

Hispanic or Latino: 1.6%
 Not Hispanic or Latino: 98.4%
 Unknown: 0.0%

 IDPH Number: 3798
 HPA D-01
 HSA 4

CITY: Urbana

COUNTY: Champaign County

Birthing Data

Number of Deliveries: 2,151
 Number of Live Births: 2,148
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 7
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 2
 CSections Performed: 668

Newborn Nursery Utilization

Level 1 Patient Days 3,601
 Level 2 Patient Days 2,918
 Level 2+ Patient Days 0
 Total Nursery Patientdays **6,519**

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: **0**

Laboratory Studies

Inpatient Studies 16,436
 Outpatient Studies 22,129
 Studies Performed Under Contract 23,976

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds	Beds Setup 10/1/2007	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	185	170	170	167	12,629	47,414	1,085	3.8	132.9	71.8	78.2
0-14 Years					3	4					
15-44 Years					2,212	7,852					
45-64 Years					3,892	14,263					
65-74 Years					2,669	10,550					
75 Years +					3,853	14,745					
Pediatric	20	20	20	18	1,076	2,996	325	3.1	9.1	45.5	45.5
Intensive Care	32	24	28	27	1,843	6,847	0	3.7	18.8	58.6	67.0
Direct Admission					734	2,696					
Transfers					1,109	4,151					
Obstetric/Gynecology	28	28	28	28	2,313	6,027	66	2.6	16.7	59.6	59.6
Maternity					2,313	6,027					
Clean Gynecology					0	0					
Neonatal	25	25	25	25	408	5,866	0	14.4	16.1	64.3	64.3
Long Term Care	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds					0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	15	15	15	15	433	4,810	0	11.1	13.2	87.9	87.9
Dedicated Observation	10						1156				
Facility Utilization	305	282			17,593	73,960	2,632	4.4	209.8	68.8	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	26.9%	14.1%	0.8%	45.6%	1.4%	11.2%	17,593
	4724	2484	140	8029	245	1971	
Outpatients	14.8%	19.5%	1.4%	49.9%	4.2%	10.3%	90,015
	13320	17527	1236	44932	3770	9230	

Financial Year Reported: 7/1/2006 to 6/30/2007

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	35.1%	11.1%	0.0%	51.5%	2.4%	100.0%		6,874,446
	74,497,054	23,487,706	0	109,391,137	5,134,869	212,510,766	4,834,624	
Outpatient Revenue (\$)	15.5%	3.7%	0.0%	75.6%	5.2%	100.0%		
	14,059,993	3,316,478	7,981	68,606,394	4,740,388	90,731,234	2,039,822	2.3%

* Note: According to a Bed Change, approved by the Board on 3/15/2007, Carle Foundation Hospital added 8 Medical-Surgical beds and 2 OB beds to an existing unit. Hospital now has 185 Medical-Surgical and 28 OB beds.

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	0	0	902	129	3622	299	3921	4.0	2.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	17	17	1344	1374	3687	2349	6036	2.7	1.7
Gastroenterology	0	0	0	0	2	0	3	0	3	1.5	0.0
Neurology	0	0	0	0	329	74	1166	158	1324	3.5	2.1
OB/Gynecology	0	0	0	0	425	524	1022	658	1680	2.4	1.3
Oral/Maxillofacial	0	0	0	0	155	166	454	345	799	2.9	2.1
Ophthalmology	0	0	0	0	9	1839	19	1882	1901	2.1	1.0
Orthopedic	0	0	0	0	2176	442	6103	744	6847	2.8	1.7
Otolaryngology	0	0	0	0	200	806	749	1094	1843	3.7	1.4
Plastic Surgery	0	0	0	0	166	175	513	363	876	3.1	2.1
Podiatry	0	0	0	0	174	87	322	117	439	1.9	1.3
Thoracic	0	0	0	0	140	8	386	13	399	2.8	1.6
Urology	0	0	1	1	349	637	976	934	1910	2.8	1.5
Totals	0	0	18	18	6371	6261	19022	8956	27978	3.0	1.4

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	17	Stage 2 Recovery Stations	18
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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	6	6	1244	6906	1327	6399	7726	1.1	0.9
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											
None	0	0	0	0	0	0	0	0	0	0.0	0.0
None	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	8
Cath Labs used for Angiography procedures	8
Dedicated Diagnostic Catheterization Labs	3
Dedicated Interventional Catheterization Labs	3
Dedicated EP Catheterization Labs	2

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,942
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,182
Interventional Catheterizations (0-14):	0
Interventional Catheterizations (15+)	593
EP Catheterizations (15+)	167

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>	
Level of Trauma Service	Level 1 Adult	Level 2 N/A
Operating Rooms Dedicated for Trauma Care	1	
Number of Trauma Visits:	843	
Patients Admitted from Trauma	755	
Emergency Service Type:	Comprehensive	
Persons Treated by Emergency Services:	52,946	
Patients Admitted from Emergency:	7,006	
Total ED Visits (Emergency+Trauma):	53,789	

Cardiac Surgery Data

Total Cardiac Surgery Cases:	403
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	403
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	287

Outpatient Service Data

Total Outpatient Visits	90,015
Outpatient Visits at the Hospital/ Campus:	73,851
Outpatient Visits Offsite/off campus	16164

Diagnostic and Therapeutic Equipment

Equipment	Hospital Owned			Examinations		
	Hospital Owned	Shared	Contracted	Inpatient	Outpatient	Contractual
General Radiography/Fluoroscopy	0	0	8	0	0	44,592
Nuclear Medicine	0	0	3	0	0	1,250
Mammography	0	0	4	0	0	382
Ultrasound	4	0	15	561	23	18,031
Angiography	7	0	0	1,127	2,630	0
Positron Emission Tomography (PET)	0	0	0	0	0	0
Computerized Axial Tomography (CAT)	0	0	4	0	0	18,515
Magnetic Resonance Imaging	0	0	3	0	0	1,855
Treatment Courses						
Lithotripsy	0	0	1	144		
Radiation Therapy Equipment:						
Linear Accelerator	0	0	2	719	0	0
	0	0	0	0	0	0