

DOCKET NO: A -	BOARD MEETING: August 12-13, 2008	PROJECT NO: 08-016	PROJECT COST: Original: \$25,603,708
FACILITY NAME: Carlinville Area Hospital		CITY: Carlinville	Current:
TYPE OF PROJECT: Substantive			HSA: III

PROJECT DESCRIPTION: The applicants propose to construct a new 25-bed critical access hospital and discontinue operations at their current 33-bed facility.

The State Agency Notes the Following:

Carlinville Area Hospital is a Critical Access Hospital (“CAH”) and is designated a “necessary provider” by the State of Illinois because of its rural location. All CAH designated hospitals in Illinois are classified as a "necessary provider." Each CAH is less than 35 miles from other designated facilities and were approved based on eligibility criteria. Illinois' criteria means the hospitals have to be located in a state designated rural area or rural-urban commuting area (“RUCA”) and meet at least one of the following criteria:

- 1) located in a county or area where the percentage of elderly over 65 years of age is greater than the state average;
- 2) located in a county or area where the percentage of residents at 200% or below the federal poverty level is greater than the state average;
- 3) located in a physician shortage area (“PSA”); or
- 4) located in a federal health professional shortage area (“HPSA”).

A list of all CAH designated facilities is referenced at the end of this report.

STATE AGENCY REPORT
PROJECT #08-016

APPLICATION SUMMARY	
Applicants(s)	<u>Carlinville Area Hospital Association</u> <u>Middle Macoupin Health Care System and</u> <u>Affiliates</u>
Facility Name	Carlinville Area Hospital
Location	Carlinville
Application Received	March 13, 2008
Application Deemed Complete	March 28, 2008
Review Period Ended	July 24, 2008
Public Hearing Requested	No
Can Applicants Request Deferral	Yes

I. The Proposed Project

The applicants propose to discontinue operations at the current site and construct a new facility approximately 1.7 miles away, in approximately 54,549 GSF of space. The applicants note the new facility will continue to operate as a Critical Care Hospital, and will operate with a total of 25 authorized beds as required by rule. Total project cost is: \$25,603,708.

The State Agency notes the following information for the State Board. The applicants state the transition to the new facility will occur simultaneously with the discontinuation of the old facility, with no interruption in operations.

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 Carlinville Area Hospital Association d/b/a Carlinville Area Hospital and Middle Macoupin Health care Systems and Affiliates. The proposed facility will be located in Carlinville, Macoupin County (HSA III), in the E-02 hospital planning area ("HPA"). Currently, there are four hospitals in E-02, including: Community Memorial Hospital, Staunton, St. Francis Hospital, Litchfield, Hillsboro Area Hospital, Hillsboro, and the applicants. The applicants propose to replace the existing facility, Carlinville Area Hospital, to new facility

located approximately 1.7 miles from the original site.

The State Board’s July 2008 update to its Inventory of Health Care Facilities and Services and Need Determination (“Inventory”) indicates a computed excess of 71 M/S, and 3 ICU beds for planning area E-02.

There are three facilities located within 45 minutes travel time of the proposed facility. Table One lists the acute care hospitals within 45 minutes travel time of the proposed site, along with the hospital to be discontinued as part of the project. The State Agency notes distance and travel time was furnished and verified using Map Quest. Utilization data was obtained from IDPH’s 2006 hospital profiles.

TABLE ONE Facility’s Within a 45-minute Travel Time									
Hospital	Location	HSA/ HPA	Distance (miles) ⁽²⁾	Travel Time (minutes)	2006 Utilization ⁽³⁾				
					M/S	PED	ICU	OB	LTC
St. Francis Hospital	Litchfield	III/E-02	20.1	29	12.9%		15.8%	16.1%	51.5
Community Memorial Hospital	Staunton	III E-02	20.9	34	8.4%		31.0%		
Hillsboro Area Hospital	Hillsboro	III/E-02	29.3	43	10.1%				45.4%
Carlinville Area Hospital	Carlinville	III/E-02	n/a	n/a	27.8%				

. Service recently discontinued.
 2. Travel time and distance supplied by the applicants; verified by Map Quest.
 3. IDPH Hospital Profiles - 2006

This is a substantive project subject to both a Part 1110 and Part 1120 review. A public hearing was offered on this project; however, no hearing was requested. Project obligation will occur after permit issuance. The anticipated project completion date is March 1, 2011.

IV. The Proposed Project - Details

The applicants propose to construct a new 25-bed critical access hospital and discontinue operations at their current facility. The new facility will be approximately 1.7 miles from the old site. All services provided at the existing facility will be provided at the new site.

Table Two outlines the average length of stay (“ALOS”), average daily census (“ADC”) and utilization for the applicant’s facility. This information is furnished by the applicants in response to the 2007 IDPH Annual Hospital Questionnaire.

TABLE TWO
Carlenville Area Hospital Operational Data – Calendar Year 2007

Service	Authorized Beds	ALOS	ADC	Occupancy	Target Occupancy	Occupancy Met Yes/No
Medical/Surgical	25	3.69	5.72	22.89%	80%	No
TOTALS	25	3.69	5.72	22.89%		

Source: IDPH 2007 hospital profile.
 The applicants have 33 M/S beds, however the applicants are a critical access hospital and by rule can only operate 25 M/S beds they are discontinuing 8 beds as part of this project.

Table Three outlines the payor mix for the applicant’s facility for calendar year (“CY”) 2007. Payor mix information was obtained from the Illinois Department of Public Health’s (“IDPH”) 2007 Annual Hospital Questionnaire.

TABLE THREE
Payor Mix

Payment Source	Inpatient		Outpatient	
	Number of Patients	Percentage	Number of Patients	Percentage
Medicare	659	85.9%	12,123	48.3%
Medicaid	32	4.2%	3,840	15.3%
Other Public	0	0.0%	0.0	0.0
Other Insurance	58	7.6%	7,686	30.6%
Charity Care	4	1.8%	1,279	5.10%
Private Pay	14	.5%	177	.7%
TOTALS	767	100.00%	25,105	100.00%

Source: IDPH 2007 Hospital Questionnaire

V. Project Costs and Sources of Funds

The proposed project is being funded with \$9,603,708 in gifts and bequests and \$16,000,000 in bond issues. Table Four outlines the project’s costs information.

TABLE FOUR
Project Costs and Sources of Funds

Use of Funds	Clinical	Non-Clinical	Total
Preplanning Costs	\$146,329	\$68,671	\$215,000
Site Survey and Soil Investigation	\$30,627	\$14,373	\$45,000
Site Preparation	\$843,905	\$396,039	\$1,239,944
Off Site Work	\$269,027	\$126,253	\$395,280
New Construction Contracts	\$11,579,150	\$3,227,227	\$14,806,377
Contingencies	\$1,036,039	\$486,206	\$1,522,245
A & E Fees	\$746,489	\$350,323	\$1,096,812
Consulting and Other Fees	\$559,350	\$262,500	\$821,850
Movable or Other Equipment	\$2,536,345	\$963,655	\$3,500,000
Bond Issuance Expense During Construction	\$398,287	\$186,913	\$585,200

TABLE FOUR Project Costs and Sources of Funds			
Use of Funds	Clinical	Non-Clinical	Total
Net Interest Expense During Construction	\$894,988	\$420,012	\$1,315,000
Other Costs	\$41,517	\$19,483	\$61,000
TOTALS	\$19,082,053.00	\$6,521,656	\$25,603,708
Source of Funds			
Gifts & Bequests			\$9,603,708
Bond Issues (project related)			\$16,000,000
TOTALS			\$25,603,708

VI. Cost/Space Requirements

Table Five displays the project's cost/space requirements for the clinical portion only. The clinical portion comprises 74.5% of the cost and approximately 68% of the GSF; while the non-clinical portion comprises 25.5% of the cost and 32% of the GSF. The definition of non-clinical as defined in the Planning Act [20 ILCS 3960/3] states, "non-clinical service area means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving treatment at the health care facility."

TABLE FIVE Clinical Square Footage and Cost		
Departments	Total GSF	Total Cost
Surgery	3,264	\$1,880,542
Central Sterile Storage	549	\$339,556
Recovery	1,867	\$971,090
Emergency	3,643	\$1,853,784
Clinic	2,335	\$911,898
Imaging	4,334	\$3,467,192
Nuclear Medicine	564	\$284,541
Inpatient Nursing Unit	12,640	\$5,892,932
Laboratory	1,613	\$980,670
Pharmacy	760	\$306,912
Physical Therapy	2,406	\$892,604
Occupational Therapy	762	\$281,712
Respiratory Therapy	299	\$123,412
Pulmonary Rehab	180	\$85,265
Cardiac Rehab	125	\$80,323
Dietary	1,785	\$729,619
TOTALS	37,126	\$19,082,052

VII. Review Criterion 1110.130 - Discontinuation

The criterion states:

- “a) The applicant must provide the following:
- 1) the reasons for the discontinuation;
 - 2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;
 - 3) the availability of other services or facilities in the planning area that are available and willing to assume the applicant's workload without conditions, limitations, or discrimination;
 - 4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and
 - 5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use.
- b) Each application for discontinuation will be analyzed to determine:
- 1) that the stated reasons for the proposed discontinuation are valid and are of such a nature to warrant discontinuation;
 - 2) that the discontinuation project will not adversely affect the services needed by the planning area as calculated in the appropriate Appendix of this Subchapter;
 - 3) that the discontinuation project will not have an adverse affect on the health delivery system by creating demand for services which cannot be met by existing area facilities;
 - 4) that the discontinuation project is in the public interest and would not cause planning area residents unnecessary hardship by the limitation of access to needed services including the effect of the proposed discontinuation on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, the elderly and other underserved groups to obtain needed health care;
 - 5) that (in every project for discontinuation except the discontinuation of a total health care facility) the anticipated use to which the physical plant and equipment will be put once the discontinuation takes place and the date such action will occur is appropriate.”

The applicants propose the discontinuation of its hospital at the current

site in Carlinville and to relocate approximately 1.7 miles away. The State Agency notes the proposed relocation is within HSA III and the services provided will remain unchanged. The applicants intend to obtain critical access hospital designation at the new site.

The applicants indicates the reason for the discontinuation of the current hospital is the need to replace the existing facility because of its age and need to address deficiencies cited by Illinois Department of Public Health (IDPH) and Center for Medicare & Medicaid Services (CMS). These deficiencies involve patient flow, patient privacy, infection control, and unsafe work environments.

The applicants anticipate the discontinuation will occur on March 1, 2011, and will occur in conjunction with the completion of the new facility. No interruption in services will occur, patients will transfer to the new facility via ambulance, and all current employees will report to the new facility, once instructed to do so. The applicants have indicated the proposed facility will serve patients without conditions, limitation or discrimination.

There are five buildings on the existing hospital campus. The medical office building and wellness center will continue to operate. The hospital, the administrative office building, and the outpatient physical therapy building will be sold to a developer for commercial/residential use or demolished.

There is an excess of 71 M/S Pediatric Beds and 3 ICU beds in the planning area; therefore it appears the discontinuation is warranted. It appears the discontinuation project will not create a hardship for area residents considering the applicants proposes to establish a new facility approximately two miles mile from the current site. It appears the reasons for discontinuation are valid and the community will not be negatively impacted by the project.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REQUIREMENTS OF THE DISCONTINUATION CRITERION (77 IAC 1110.130).

VIII. Bed Related Review Criteria

A. Criterion 1110.320(a) - Establishment of Additional Hospitals

The criterion states:

“A proposed general hospital to be located within a Metropolitan Statistical Area (M.S.A.*) must contain a minimum of 100 MS beds.”

The proposed hospital will not be located within a MSA; therefore, this requirement is not applicable.

THE STATE AGENCY FINDS CRITERIAN ESTABLISHMENT OF ADDITIONAL HOSPITALS (77 IAC 1110.320 (a)) IS NOT APPLICABLE TO THIS PROJECT.

B. Criterion 1110.320(b) - Allocation of Additional Beds

This criterion states:

“The applicants proposing to establish a category of service must document that access to the service will be improved. Documentation shall consist of at least one of the following: the proposed service is not available within the planning area;

- 1) the proposed service is not available within the planning area;
- 2) existing facilities have restricted admission policies resulting in access limitations;
- 3) existing service providers are experiencing occupancy levels in excess of the category of service target levels;
- 4) the travel time to existing service providers is excessive (exceeds 45 minutes) for area residents to be served by the project.

1. There are three additional hospitals within the E-02 planning area and there is an excess of M/S beds in this planning area even with the proposed discontinuation of Carlinville Area Hospital. The applicants do not meet the requirements of subsection 1 of this criterion.

2. There has been no documentation provided that indicates other facilities in the planning area have restrictive admission policies. The applicants do not meet the requirements of subsection 2 of this criterion.
3. Existing service providers are not experiencing occupancy levels in excess of the category of service target levels; therefore the applicants do not meet the requirements of subsection 3 of this criterion.
4. The travel time to existing service providers is not excessive (exceeds 45 minutes) for area residents to be served by the project; therefore the applicants do not meet the requirements of subsection 4 of this criterion.

While the applicants do not meet the subsections of this criterion the proposed replacement of a critical access hospital will provide needed access in the E-02 planning area. It appears the applicants will improve access in this planning area; therefore a positive finding can be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ALLOCATION OF ADDITIONAL BEDS CRITERION (77 IAC 1110.320 (b)).

C. Criterion 1110.320(c) – Addition of Beds to Existing Facilities

This criterion is not applicable to this project.

THE STATE AGENCY FINDS CRITERIAN ESTABLISHMENT OF ADDITIONAL HOSPITALS (77 IAC 1110.320 (a)) IS NOT APPLICABLE TO THIS PROJECT.

IX. Review Criteria Relating to Med/Surg, Pediatric, OB and ICU

A. 1110.520(a) - Unit Size

The criterion states:

“Unit Size-Review Criterion

- 1) Obstetrics
 - A) The minimum unit size for a new obstetric unit within a Metropolitan Statistical Area is 20 beds.
 - B) The minimum unit size for a new obstetric unit outside a Metropolitan Statistical Area is 7 beds.
- 2) Intensive Care. The minimum unit size for an intensive care unit is 4 beds.
- 3) Pediatrics. The minimum size for a pediatric unit within a Metropolitan Statistical Area is 16 beds.

The hospital is not located within an MSA; therefore this criterion is not applicable.

THE STATE AGENCY FINDS THE ABOVE CRITERION (UNIT SIZE 77 IAC 1110.520 (a) IS NOT APPLICABLE TO THE PROJECT.

B. Criterion 1110.520(b) - Variances to Bed Need

The criterion states:

- “A) the applicant must document that access to the proposed service is restricted in the planning area as documented by:
- i) the absence of the service within the planning area
 - ii) limitations on government funded or charity patients
 - iii) restrictive admission policies of existing providers
 - iv) the area population and existing care system exhibit indicators of median [medical] care problems such as an average family income level below the State average poverty level, high infant mortality or designation as a Health Manpower Shortage Area; or
 - v) the project will provide service for a portion of the population who must currently travel over 45 minutes to receive service.”

Medical Surgical Beds

The applicants are designated a “necessary provider” by the State of Illinois because of the hospital’s rural location. The applicants serve a

population group that is predominantly elderly as illustrated by its payor mix (see Table Three above). The applicants propose beds in excess of the target occupancy ($6.9 \text{ ADC}/80\% = 9 \text{ beds}$). To maintain the CAH designation, the bed complement can be no more 25 beds as required by Federal rule. Because of the age of the population that will be served by the hospital and the designation as a critical access hospital, it appears there is restricted access in the health service area that will be accommodated by the proposed new facility. As a result, a positive finding can be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REVIEW CRITERION VARIANCE TO COMPUTED BED NEED (77 IAC 1110.520 (b)).

X. General Review Criteria

A. Criterion 1110.230(a) - Location

The criterion states:

“An applicant who proposes to establish a new health care facility or a new category of service or who proposes to acquire major medical equipment that is not located in a health care facility and that is not being acquired by or on behalf of a health care facility must document the following:

- 1) that the primary purpose of the proposed project will be to provide care to the residents of the planning area in which the proposed project will be physically located. Documentation for existing facilities shall include patient origin information for all admissions for the last 12 months. Patient origin information must be presented by zip code and be based upon the patient's legal residence other than a health care facility for the last six months immediately prior to admission. For all other projects for which referrals are required to support the project, patient origin information for the referrals is required. Each referral letter must contain a certification by the health care worker physician that the representations contained therein are true and correct. A complete set of the referral letters with original notarized signatures must accompany the application for permit.

- 2) that the location selected for a proposed project will not create a maldistribution of beds and services. Maldistribution is typified by such factors as: a ratio of beds to population (population will be based upon the most recent census data by zip code), within 30 minutes travel time under normal driving conditions of the proposed facility, which exceeds one and one half times the State average; an average utilization rate for the last 12 months for the facilities providing the proposed services within 30 minutes travel time under normal driving conditions of the proposed project which is below the Board's target occupancy rate; or the lack of a sufficient population concentration in an area to support the proposed project."

The applicants provided a map (application page 37) outlining the intended geographic service area of the proposed facility. The applicants anticipate patient origin for the replacement hospital to be the same as that of the existing hospital. The applicants notes there is one facility located within 30 minutes of the proposed hospital (See Table One above). It appears the purpose of the proposed hospital is to serve the patients of the planning area and that the location selected will not cause a maldistribution of service in the planning area.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE LOCATION CRITERION (77 IAC 1110.230(a)).

C. 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 provided representations that the State Agency can access any and all information to determine whether adverse actions have been taken against the applicants. 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 STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE BACKGROUND OF APPLICANTS CRITERION (77 IAC 1110.230(b)).

C. Criterion 1110.230(c) - Alternatives

This 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 must document the project is the most effective or least costly alternative. This information can be found at pages 42-45 of the application.

The applicants considered four alternatives:

1. Modernize/Expand or Demolish/Replace at Current Location
2. Choose different site for replacement facility other than present location.
3. Do Nothing.
4. Construct a replacement hospital at the chosen site.

Modernize/Expand or Demolish/Replace at Current Location

The applicants rejected this alternative based on the \$34,000,000 cost estimate associated with demolition and reconstruction on the existing

site. The applicants also noted impracticalities associated with phased-building plan for the new facility in an effort to minimally disrupt patient services.

Choose different site for replacement facility other than present location.

The applicants' notes this alternative was not seriously considered, based on the fact that no other sites were readily available. The applicants note that a site, located directly across the street from the current site was considered. However, the current landowner was not interested in selling the property at the time of inquiry. The applicants could not supply a cost with this alternative.

Do Nothing

The applicants emphatically rejected this option, due to the serious facility deficiencies that exist and the potential loss of CMS certification if these shortfalls are not corrected. The applicants also stated that these deficiencies, if left in place, would ultimately result in the closure of Carlinville Area Hospital. Although this option would result in no initial cost, the applicants predicted that the costs associated with updating the facility to be CMS standards would be approximately \$35,000,000.

Construct a replacement hospital at a chosen site.

According to the applicants, "The proposed project combines the construction for all areas of the hospital having licensure standards, and allows the hospital the opportunity to meet any demands for future growth. Since the applicants documented that the proposed new hospital is needed to serve an underserved population, this was the option of choice. Project price: \$25,603,708.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ALTERNATIVES CRITERION (77 IAC 1110.1330(c)).

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

This criterion reads as follows:

"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 applicant meets the criterion for a variance.
- "2) If the State Board has not determined need pursuant to Part 1100, the applicant 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 applicant 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 Board's Inventory update (July 2008) shows a computed excess of 71 M/S beds in the E-02 planning area. It is noted that although computed excess beds exist for the category of service proposed, the applicants was successful in addressing the bed need variance. From the applicant's material, it appears a new hospital is necessary to meet the needs of the planning area.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE NEED CRITERION (77 IAC 1110.230(d)).

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

This criterion reads as follows:

"The applicant 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 applicant 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."

Size

The State Agency identified the departments involved in this project that are considered clinical and that have GSF standards established by the State Board. Table Nine displays those departments' gross square footage and a comparison to State Board's standards. The following departments meet the State standards for which the State Board has established guidelines: Intensive Care, Surgery/Recovery, Diagnostic Radiology and Laboratory. The project exceeds the standards in M/S, Pharmacy, and Central Supply.

TABLE NINE
 Project's Proposed Size

Departments	Beds/ Rooms	State Standard/ Unit of Measure	State Standard GSF	Proposed GSF	Difference	Exceed Standard
Medical Surgical	25	401 GSF/BED	10,025	12,640	2,615 GSF	Yes
ICU/CCU	N/A	603 GSF/BED	603	N/A	N/A	N/A
LDRP	N/A	1,119 GSF/BED	2,238	N/A	N/A	N/A

TABLE NINE
 Project's Proposed Size

Departments	Beds/ Rooms	State Standard/ Unit of Measure	State Standard GSF	Proposed GSF	Difference	Exceed Standard
Nursery	N/A	152 GSF/OB BED	304	N/A	N/A	N/A
Surgery/Recovery	2/2	3,264/1,867 GSF	5,596	5,131	-465 GSF	No
Laboratory		225/FTE	2,047.5	1,613	-434 GSF	No
Pharmacy	25	12 GSF/BED	300	760	460 GSF	Yes
Radiology		1,386 GSF/UNIT	6,930	4,334	-2,596	No
Emergency		744.6 GSF/TREAT.	3,723	3,643	80 GSF	No
Central Supply	25	18 GSF/BED	450	549	99 GSF	Yes

The applicants indicate some departments exceed the norm because the standard is based upon the number of beds. Also, the applicants note the project will include all private rooms with bathrooms which require more space than traditional configurations. The reported overages in the Pharmacy stem from the need for an office for the pharmacist-in-charge, a walk-up dispensing window, and pharmacy prescription record storage. The excessive space in Central Sterile Storage stems from the need to address infection control issues and the need for sterile storage space for certain equipment.

Utilization

As previously referenced, the applicant's hospital is designated a CAH and therefore bed capacity cannot exceed 25 beds. The applicants propose a 25-bed replacement facility. Although it appears the proposed hospital is warranted and the size may be necessary, the facility is not projected to meet target utilization within the first two years of operation (2012). Therefore, the applicants did not provide documentation that in the second year of operation the annual utilization of the beds or service will meet or exceed the utilization targets established by the State Board. In addition, the gross square footage for three departments appears high compared to State standards.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE SIZE OF THE PROJECT CRITERION (77 IAC 1110.1330(e)).

XI. Review Criteria - Financial Feasibility

B Criterion 1120.210(a) – Financial Viability

The criterion states:

“1) Viability Ratios

Applicant (including co-applicant) must document compliance with viability ratio standards detailed in Appendix A of this Part or address a variance. Applicant must document compliance for the most recent three years for which audited financial statements are available. For Category B applications, the applicant also must document compliance through the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later, or address a variance.

B Variance for Applications Not Meeting Ratios

Applicant not in compliance with any of the viability ratios must document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.”

This review criterion specifies that certain ratios be met as an indication of financial viability for those applicants that do not have a bond rating of “A” or better. Table Nine and Ten display the applicants’ ratio information.

TABLE NINE Viability Ratios					
Carlinville Area Hospital Association (Hospital)					
Ratio	State Standard	Historical			Projected 2012
		2005	2006	2007	
Current Ratio	1.5 or more	.79	.80	.91	1.14
Net Margin Percentage	3.5% or more	-2.39%	.93%	5.01%	.48%
Percent Debt to Total Capitalization	60% or less	130%	119.6%	76.2%	55.6%
Debt Service Coverage	1.75 or more	.52	2.2	2.71	1.62
Days Cash on Hand	90 days or more	15.04	12.97	19.44	26.25
Cushion Ratio	5 days or more	1.38	1.06	1.6	.71

The Hospital’s current ratio was consistently low for the three historical years, and is predicted to be low during its second year of operation. This ratio is an indication that an entity has the ability to

meet its current obligations by measuring if a business has enough assets to cover its liabilities.

The Hospital's the net margin percentage ratio was below the State standard for two of the three historical years. This ratio is an indication of the amount of profit being realized on every dollar of sales.

The Hospital's percent debt to total capitalization ratio exceeded the State standard for the three historical years, but is expected to meet the standard for year 2012. This ratio measures the amount of a company's assets that are financed by long-term debt.

The Hospital's days' cash on hand and the cushion ratio was below the State standard for all years reported. The days' cash on hand ratio indicates the amount of cash, short-term investment and unrestricted long-term investments remaining after paying all fixed-debt expenses (principle and interest). The cushion ratio is an indication of the cash reserves the hospital has to meet debt service both principle and interest.

TABLE TEN Viability Ratios					
Middle Macoupin Health Care Systems and Affiliates (Health System)					
Ratio	State Standard	Historical			Projected 2012
		2005	2006	2007	
Current Ratio	1.5 or more	1.16	.98	.95	2.24
Net Margin Percentage	3.5% or more	5.06	1.00	-1.73	3.08
Percent Debt to Total Capitalization	60% or less	54.98	67.65	73.69	51.29
Debt Service Coverage	1.75 or more	2.63	2.24	.80	1.86
Days Cash on Hand	90 days or more	37.35	31.04	30.88	66.31
Cushion Ratio	5 days or more	3.08	2.55	2.85	1.81

The Health System’s current ratio does not meet the State Board’s standard for FY 2005-2007, the net margin percentage for FY 2006 -2007, the debt service coverage for FY 2007, day’s cash on hand and cushion ration for all years presented.

Considering the applicants does not have an “A” bond rating and since evidence of another entity assuming legal responsibility to meet debt obligations in the event of default has not been provided, the applicants have not met the requirements of the criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1110.210(a)).

B. Criterion 1120.210(b) - Availability of Funds

The criterion states:

“The applicants must document that financial resources shall be available and be equal to or exceed the estimated total project cost and any related cost.”

The applicants propose to fund \$9,603,708 of the project with gifts and bequests and the remaining \$16,000,000 through bond financing. The applicants have stated all gifts and bequests will be used for the new construction. Sufficient resources appear available to fund the project.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1110.210(b)).

C. Criterion 1120.210(c) - Start-Up Costs

The criterion states:

“The applicant must document that financial resources shall be available and be equal to or exceed any start-up expenses and any initial operating deficit.”

The applicants are currently operating a Critical Access Hospital; there are no operating start-up costs for this project.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE START-UP CRITERION (77 IAC 1110.210(c)).

XII. Review Criteria - Economic Feasibility

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

The criterion states:

“This criterion is not applicable if the applicants have documented a bond rating of "A" or better pursuant to Section 1120.210. Applicants that have not documented a bond rating of "A" or better must document that the project and related costs will be:

- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or
- 2) funded in total or in part by borrowing because:
 - A) a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
 - B) borrowing is less costly than the liquidation of existing investments and the existing investments being retained

may be converted to cash or used to retire debt within a 60 day period. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.”

The applicants indicate all available cash and equivalents are not being used for project funding prior to borrowing. The applicants has provided a notarized letter stating a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times. The applicants have met the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF FINANCING ARRANGEMENTS CRITERION (77 IAC 1110.310(a)).

B. Criterion 1120.310(b) - Terms 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 applicants documented that this project will be funded with a mortgage from a private lender insured by the United States Department of Housing and Urban Development. The applicants documented in a notarized statement (page 209 of the application) that the selected form of debt financing will be at the lowest net cost available or if a more costly

form of financing is selected it will be more favorable because of the financing terms. It appears the applicants are in compliance with the conditions of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TERMS OF DEBT FINANCING CRITERION (77 IAC 1110.310(b)).

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

This 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 project's costs reflect clinical costs only and do not include non-clinical costs that are not reviewable under the Planning Act.

Preplanning costs - These costs are \$146,329, or less than 1% of construction, contingencies and equipment costs. This is reasonable compared to the State standard of 1.8%.

Site Survey, Soil Investigation and Site Preparation - These costs total \$874,532, or 6.9% of construction and contingency costs. These costs appear high when compared to the State standard of 5%.

TABLE ELEVEN		
Applicant's Site Survey and Site Preparation	Adjusted State Standard	Difference
\$874,532	\$630,759	\$243,773

Off Site Work - These costs total \$269,027. The State Board does not have a standard for these costs.

New Construction and Contingencies - These costs are \$12,615,189 for construction costs and contingencies, or \$339.79 per GSF. This appears high compared to the adjusted State standard of \$296 per GSF. Table Ten displays the State Agency's finding.

TABLE TWELVE		
Applicant's Total Construction Cost	Adjusted State Standard	Difference
\$12,615,189	\$10,989,296	\$1,625,893
Applicant's Construction Cost per GSF	Adjusted State Standard per GSF	Difference per GSF
\$339.79	\$296.00	\$43.79

Contingencies - This cost is \$1,036,039, or 8.9% of construction costs. This appears reasonable when compared to the State standard of 10% or less for new construction.

Architectural and Engineering Fees - These costs total \$746,489, or 5.9% of construction and contingencies. This appears reasonable compared to the State standard of 3.75% - 8.00%.

Consulting or Other Fees - These costs total \$559,350. The State Board does not have a standard for these costs.

Equipment - These costs total \$2,536,345. The State Board does not have an equipment standard for hospital-based projects.

Bond Issuance Expense (project related) - These costs total \$398,287. The State Board does not have a standard for these costs.

Net Interest Expense during Construction - This cost is \$894,988. The State Board does not have a standard for this cost.

Other Costs to be Capitalized - These costs are \$41,517. The State Board does not have a standard for this cost.

THE STATE AGENCY FINDS THE PROPOSED PROJECT IS **NOT** IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1110.310(c)).

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 projects \$1,971.00 of annual operating costs per patient day for FY 2012, which is the first full year after project completion and when the applicants estimates the project will achieve or exceed target occupancy. The State Board does not have a standard for this cost.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1110.310(d)).

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 projects \$159.00 per patient day in annual capital costs,

which is the second full year after project completion and when the applicants estimate the project will achieve or exceed target occupancy. The State Board does not have a standard for this cost.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1110.310(e)).

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

The criterion states:

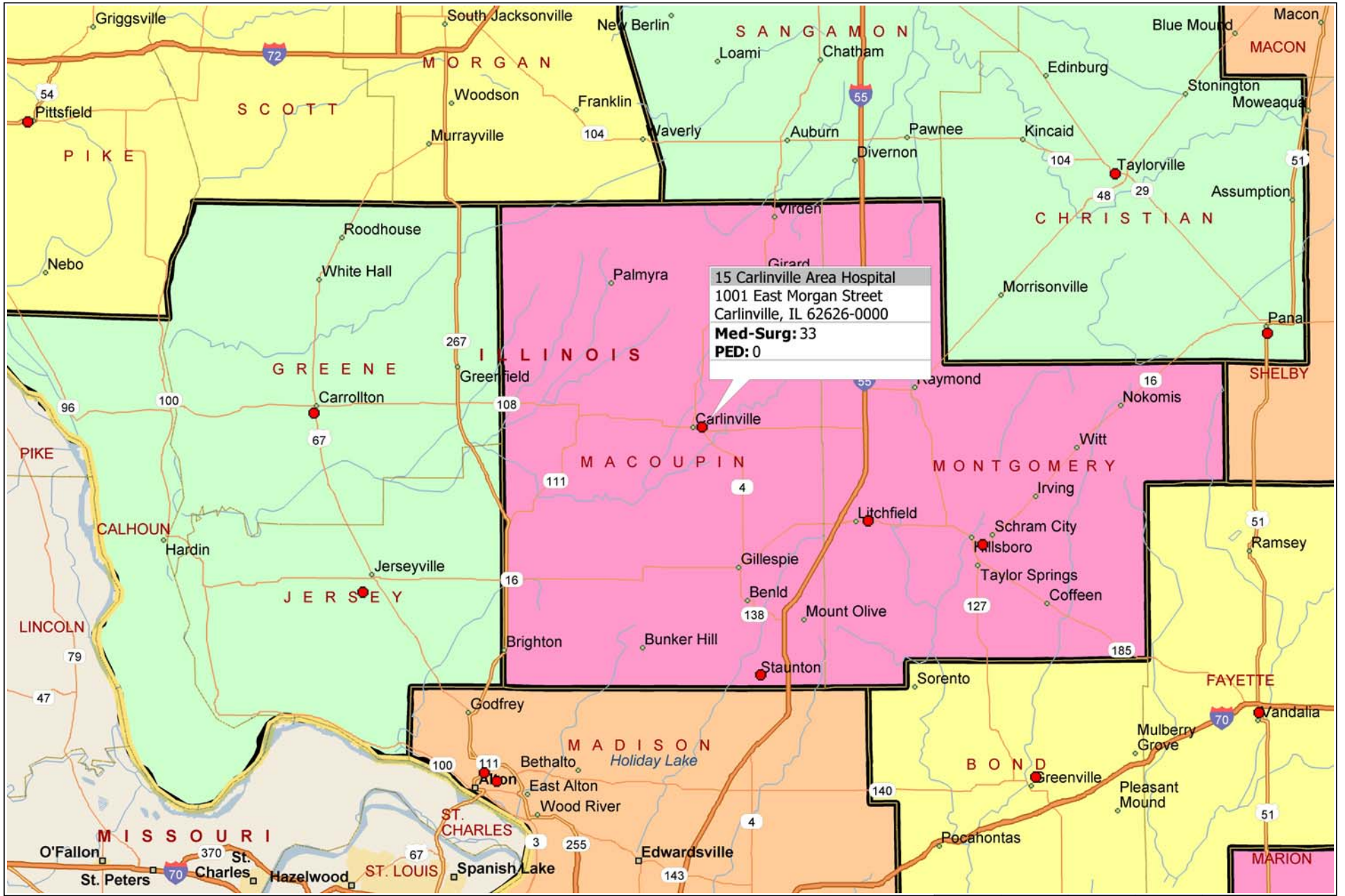
The applicant must document that projects involving non-patient related services (medical office buildings) will be self-supporting and not result in increased charges to patients or that increased charges to patients are justified based upon such factors as, but not limited to, a cost benefit or other analysis which demonstrates that the project will improve the applicant's financial viability.

This criterion is not applicable to the proposed project.

CRITICAL ACCESS HOSPITALS IN ILLINOIS

Abraham Lincoln Memorial Hospital	Lincoln
Carlinville Area Hospital	Carlinville
Clay County Hospital	Flora
Community Medical Center of Western Illinois	Monmouth
Community Memorial Hospital	Staunton
Crawford Memorial Hospital	Robinson
Dr. John Warner Hospital	Clinton
Eureka Community Hospital	Eureka
Fairfield Community Hospital	Fairfield
Fayette County Hospital	Vandalia
Ferrell Hospital	Eldorado
Franklin Hospital	Benton
Galena-Strauss Hospital	Galena
Gibson Area Hospital & Health Services	Gibson City
Hamilton Memorial Hospital District	McLeansboro
Hammond-Henry Hospital	Genesco
Hardin County General Hospital	Rosiclare
Hillsboro Area Hospital	Hillsboro
Hoopeston Community Hospital	Hoopeston
Hopedale Medical Complex	Hopedale
Illini Community Hospital	Pittsfield
John and Mary E. Kirby Hospital	Monticello
Kewanee Hospital	Kewanee
Lawrence County Hospital	Lawrenceville
Marshall Browning Hospital	DuQuoin
Mason District Hospital	Havana
Massac Memorial Hospital	Metropolis
Memorial Hospital	Carthage
Memorial Hospital	Chester
Mendota Community Hospital	Mendota
Mercer County Hospital	Aledo
Mercy Harvard Hospital	Harvard
Morrison Community Hospital	Morrison
Pana Community Hospital	Pana
Paris Community Hospital	Paris
Perry Memorial Hospital	Princeton
Pinckneyville Community Hospital	Pinckneyville
Red Bud Regional Hospital	Red Bud
Rochelle Community Hospital	Rochelle
Salem Township Hospital	Salem
Sarah D. Culbertson Memorial Hospital	Rushville
Sparta Community Hospital	Sparta
St. Francis Hospital	Litchfield
St. Joseph Memorial Hospital	Murphysboro
St. Joseph's Hospital	Highland
St. Vincent Memorial Hospital	Taylorville
Thomas H. Boyd Memorial Hospital	Carrollton
Union County Hospital District	Anna
Valley West Hospital	Sandwich
Wabash General Hospital	Mt. Carmel
Washington County Hospital	Nashville

Hospital Medical-Surgical Pediatric



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Ownership, Management and General Information

ADMINISTRATOR NAME: Kenneth Reid
ADMINSTRATOR PHONE 217-854-3141 ext 311
OWNERSHIP: Middle Macoupin HealthCare Systems
OPERATOR: Carlinville Area Hospital Association
MANAGEMENT: Non-Government Corporation
FACILITY DESIGNATION/
CERTIFICATION: Critical Access Hospital
ADDRESS 1001 East Morgan Street

CITY: Carlinville

COUNTY: Macoupin County

Patients by Race

White 98.7%
 Black 0.1%
 American Indian 0.0%
 Asian 0.0%
 Hawaiian/ Pacific 0.0%
 Unknown: 1.2%

Patients by Ethnicity

Hispanic or Latino: 0.0%
 Not Hispanic or Latino: 0.0%
 Unknown: 100.0%

 IDPH Number: 0182
 HPA E-02
 HSA 3

Birthing Data

Number of Deliveries: 0
 Number of Live Births: 0
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 CSections Performed: 0

Newborn Nursery Utilization

Level 1 Patient Days 0
 Level 2 Patient Days 0
 Level 2+ Patient Days 0
 Total Nursery Patientdays 0

Organ Transplantation

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

Laboratory Studies

Inpatient Studies 11,611
 Outpatient Studies 53,802
 Studies Performed Under Contract 2,446

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	25	25	25	11	566	2,089	99	3.9	6.0	24.0	24.0
0-14 Years					3	3					
15-44 Years					1	1					
45-64 Years					130	397					
65-74 Years					95	331					
75 Years +					337	1,357					
Pediatric	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission					0	0					
Transfers					0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity					0	0					
Clean Gynecology					0	0					
Neonatal	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds					201	1,364		6.8	3.7		
Acute Mental Illness	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0						0				
Facility Utilization	25	25			767	3,453	99	4.6	9.7	38.9	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	85.9%	4.2%	0.0%	7.6%	1.8%	0.5%	767
	659	32	0	58	14	4	
Outpatients	48.3%	15.3%	0.0%	30.6%	5.1%	0.7%	25,105
	12123	3840	0	7686	1279	177	

Financial Year Reported: 8/1/2006 to 7/31/2007

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 (\$)	83.2%	2.2%	0.0%	11.9%	2.6%	100.0%	1,199	63,516
	3,029,995	81,914	0	433,545	95,870	3,641,324		
Outpatient Revenue (\$)	33.7%	8.6%	0.0%	46.0%	11.8%	100.0%	62,317	
	2,598,245	663,930	0	3,545,333	906,399	7,713,907		
								Totals: Charity Care as % of Net Revenue
								0.6%

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	8	22	33	73	106	4.1	3.3
Gastroenterology	0	0	0	0	17	146	74	522	596	4.4	3.6
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	1	0	3	3	0.0	3.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	204	0	492	492	0.0	2.4
Orthopedic	0	0	0	0	1	11	4	34	38	4.0	3.1
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	7	0	22	22	0.0	3.1
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	2	62	7	160	167	3.5	2.6
Totals	0	0	2	2	28	453	118	1306	1424	4.2	2.9

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	1	Stage 2 Recovery Stations	2
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Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
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
<u>Multipurpose Non-Dedicated Rooms</u>											
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):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterizations (15+)	0
EP Catheterizations (15+)	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>	
Level of Trauma Service	Level 1 N/A	Level 2 N/A
Operating Rooms Dedicated for Trauma Care	0	
Number of Trauma Visits:	0	
Patients Admitted from Trauma	0	
Emergency Service Type:	Basic	
Persons Treated by Emergency Services:	5,845	
Patients Admitted from Emergency:	291	
Total ED Visits (Emergency+Trauma):	5,845	

Cardiac Surgery Data

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

Outpatient Service Data

Total Outpatient Visits	20,263
Outpatient Visits at the Hospital/ Campus:	20,263
Outpatient Visits Offsite/off campus	0

Diagnostic and Therapeutic Equipment

<u>Equipment</u>	<u>Hospital Owned</u>			<u>Examinations</u>		
	<u>Hospital Owned</u>	<u>Shared</u>	<u>Contracted</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Contractual</u>
General Radiography/Fluoroscopy	1	0	0	669	5,513	0
Nuclear Medicine	0	0	1	30	79	0
Mammography	1	0	0	0	784	0
Ultrasound	0	0	1	119	792	0
Angiography	0	0	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	0	232	1,592	0
Magnetic Resonance Imaging	0	0	1	23	303	326
<u>Treatment Courses</u>						
Lithotripsy	0	0	0	0		
<u>Radiation Therapy Equipment:</u>						
Linear Accelerator	0	0	0	0	0	0
	0	0	0	0	0	0