

<b>DOCKET NO:</b> A-	<b>BOARD MEETING:</b> August 12-13, 2008	<b>PROJECT NO:</b> 08-022	<b>PROJECT COST:</b> Original: \$2,205,347 Current:
<b>FACILITY NAME:</b> Poplar Creek Surgical Center		<b>CITY:</b> Hoffman Estates	
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA: VII</b>

**PROJECT DESCRIPTION:** The applicants are proposing a change of ownership of a multi-specialty ambulatory surgical treatment center (ASTC) located at 1800 McDonough Road, Suite 100 in Hoffman Estates, Illinois in HSA VII. The cost of the proposed transaction is \$2,205,347.

Applicants	1800 McDonough Road Surgery Center, LLC M & G Health Associates, , S.C.
Facility Name	Poplar Creek Surgical Center
Location	Hoffman Estates, Illinois
Application Received	April 2, 2008
Application Deemed Complete	April 18, 2008
Scheduled Review Period Ended	June 17, 2008
Review Period Extended by the State Agency?	No
Public Hearing Requested?	No
Applicants' Deferred Project?	No
Can Applicants Request Deferral?	Yes
Applicants' Modified the Project?	No

### **STATE AGENCY REPORT**

Poplar Creek Surgery Center  
Hoffman Estates, Illinois  
#08-022

#### **I. The Proposed Project**

The applicants are proposing a change of ownership of a multi-specialty ambulatory surgical treatment center (ASTC) located at 1800 McDonough Road, Suite 100 in Hoffman Estates, Illinois in HSA VII. The cost of the proposed transaction is \$2,205,347.

#### **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 1800 McDonough Road Surgery Center, LLC, ("Surgery Center") 1800 McDonough Road Properties, LLC (owner of the site), and M & G Health Associates, S.C. the current licensee. 1800 McDonough Road Properties, LLC is proposing to purchase the assets of Poplar Creek Surgery Center and then lease the facility to the 1800 McDonough Road Surgery Center, LLC. The proposed operating entity licensee will be 1800 McDonough Road Surgery Center, LLC. The owner of the site is 1800 McDonough Road Properties, LLC.

("Properties"). The cost of the transaction is \$2,205,347.

This is a non-substantive Category B project, which is subject to both a Part 1110 and Part 1120 review. An opportunity for public hearing was offered, but none was requested. Project obligation will occur after permit issuance. The anticipated completion date for this transaction is September 30, 2008. This transaction is considered a change of ownership under current State Board rules because there will be a change in control of a licensed health care facility (77 IAC 1130.140).

#### **IV. The Proposed Project - Details**

The applicants are 1800 McDonough Road Surgery Center, LLC, ("Surgery Center") 1800 McDonough Road Properties, LLC ("Properties") (owner of the site), and M & G Health Associates, S.C. the current licensee. 1800 McDonough Road Properties, LLC is proposing to purchase the building housing Poplar Creek Surgery Center and then lease that space to 1800 McDonough Road Surgery Center, LLC. The proposed operating entity licensee will be 1800 McDonough Road Surgery Center, LLC. The owner of the site is 1800 McDonough Road Properties, LLC. ("Properties").

The purchase agreement consists of a Real Estate and Business Purchase Agreement which sets forth the terms and conditions for the both the purchase of the real estate (including the building) and the purchase of the Surgery Center (referred to as the "Business"). The building consists of a 44,795 square foot office building. The surgery center will be housed in 27,278 square feet of space. The remainder is subdivided into 13 office suites which house various medical related businesses. The Surgery Center will be owned by 1800 McDonough Road Surgery Center, LLC. 1800 McDonough Road Properties, LLC ("Properties") is the landlord of the multi-tenant professional office building and will not own or control any assets of the surgery center. Properties will lease space in the building to the Surgery Center upon approval of the Illinois Health Facilities Planning Board.

Poplar Creek Surgery Center was approved originally as Project #91-044 as a multi-specialty ASTC for the following surgical services: general, pain management, gastroenterology, OB/Gyn, Orthopedic, and Podiatry surgical services. Poplar Creek Surgery Center has 4 operating rooms, 1 procedure room, 11 exam rooms, and 7 recovery stations. In CY 2006 Poplar Creek Surgery Center performed 220 total surgeries and had total surgery hours of 346.25/hrs.

**V. Project Costs and Sources of Funds**

This project is being funded with cash and securities of \$161,000 and a lease with a FMV of \$2,044,347.

<b>Table One</b>	
<b>Total Costs and Sources of Funds</b>	
<b>Total Costs</b>	
<b>Preplanning Costs</b>	<b>\$62,000</b>
<b>Consulting and Other Fees</b>	<b>\$56,000</b>
<b>FMV of Leased Space</b>	<b>\$2,044,347</b>
<b>Other Costs to Capitalized</b>	<b>\$43,000</b>
<b>Total</b>	<b>\$2,205,347</b>
<b>Sources of Funds</b>	
<b>Cash and Securities</b>	<b>\$161,000</b>
<b>Leases</b>	<b>\$2,044,347</b>
<b>Total</b>	<b>\$2,205,347</b>

**VI. General Review Criteria**

**A. Criterion 1110.230(b) - Background of Applicants**

The criterion states:

“1) 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. 1800 McDonough Road Surgery Center, LLC. (proposed operating entity/licensee) and 1800 McDonough Road Properties, LLC (owner of the site) are new entities and have certified no adverse actions as defined by the State Board have been taken against any health care facility owned or operated by the applicant.

The current operating entity licensee (M&G Health Associates, S.C.) of Poplar Creek Surgery Center is no longer certified to participate in the Medicare program. The termination date was effective June 12, 2007 and

there has been no recertification of this Medicare participation as of the date of this report. The March 14, 2007 survey conducted by IDPH found noncompliance with the following Conditions of Coverage:

- Governing Body and Management
- Evaluation of Quality
- Medical Staff

The April 30, 2007 revisit by IDPH found noncompliance with the following Conditions of Coverage:

- Governing Body and Management
- Evaluation of Quality

Under current State Board rules this loss of certification is an adverse action as defined by the 1110.230 (b) (2) A). The applicants do not meet the requirements of this criterion. See pages 26-32 of the application for permit.

THE STATE AGENCY NOTES THE APPLICANTS HAVE NOT MET THE REQUIREMENTS OF THE BACKGROUND OF APPLICANT CRITERION (77 IAC 1110.230(b)).

## VII. Changes of Ownership, Mergers and Consolidations

### A. Criterion 1110.240(b) - Impact Statement

The criterion states:

“The applicant must submit an impact statement which details any proposed changes in the beds or services currently offered, who the anticipated operating entity will be, the reason for the transaction, any anticipated additions or reductions in employees, and a cost/benefit analysis of the transaction. The statement must reflect at least a two-year period following the date of the change of ownership, merger or consolidation.”

The applicants provided an impact statement (page 34-37 of the application), which detailed there would be no change in the services offered, no addition or reduction in employees, no cost or benefit associated with the transaction, now or in the next two years. It appears the applicants have met the requirements of this criterion.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE

REQUIREMENTS OF THE IMPACT STATEMENT CRITERION (77 IAC 1110.240(b)).

B. Criterion 1110.240(c) - Access

The criterion states:

“The applicant must document any changes which may result in the restriction of patient admissions and document that no reductions in access to care will result from the transaction. Documentation shall consist of a written certification that the admission policies of the facilities involved will not become more restrictive and the submission of both the current formal admission policies of all institutions involved and the anticipated policy following completion of the project.”

The applicants’ state there will be no change in the admission policies or a reduction in access to care currently in effect at the facility. A copy of the admission policies was provided as required (pages 55-63 of the application).

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE REQUIREMENTS OF THE ACCESS CRITERION (77 IAC 1110.240(c)).

C. Criterion 1110.240(d) - Health Care System

The criterion states:

- “1) The applicant must document that:
  - A) the applicant's care system will not restrict the use of other area care providers; or
  - B) the project improves access to services previously unavailable in the community because of the structure of the applicant's care system.
- 2) Documentation must detail the current and proposed relationship with those health care or health related organizations which are to be owned (in whole or in part), affiliated, operated, or under management contract with the applicant and provide the following:
  - A) all care system service providers and services offered including location, types of services, number of beds, and utilization levels for provided services over the last 12-month period; and

- B) the proposed relationship of the project to the care system. Data should include where referrals for categories of service not available at the proposed project will be made, how duplication of services will be resolved, time and travel factors involving referrals within the care system and any organization policies concerning the use of care system providers over other area providers.”

The applicants have stated this criterion is not applicable to this change of ownership.

THE STATE AGENCY NOTES THE REQUIREMENTS OF THE HEALTH CARE SYSTEM CRITERION (77 IAC 1110.240(d)) ARE NOT APPLICABLE TO THIS PROJECT.

### **VIII. Financial Feasibility Review Criteria**

#### **A. Criterion 1120.210(a) - Financial Viability**

The criterion states:

- “1) Viability Ratios  
Applicants (including co-applicants) must document compliance with viability ratio standards detailed in Appendix A of this Part or address a variance. Applicants 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.
- 2) Variance for Applications Not Meeting Ratios  
Applicants 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.”

Table Two displays the current applicant’s financial information. This entity will cease to exist as the conclusion of the proposed transaction.

<b>TABLE TWO</b>					
<b>Applicants' Financial Ratio Information</b>					
<b>M &amp; G Health Associates, Inc.</b>					
<b>Ratio</b>	<b>State Standard</b>	<b>Historical</b>			<b>Projected</b>
		<b>2005</b>	<b>2006</b>	<b>2007</b>	
Current Ratio	>=1.5	.44	-.24	12.36	NA
Net Margin Percentage	>=3.5%	-1.14%	-4.82%	-6.83%	NA
Percent Debt to Total Capitalization	<=80%	0%	0%	-320%	NA
Projected Debt Service Coverage	>=1.75	154.68	-83.49	-277.07	NA
Days Cash on Hand	>=45	9	-7	-8	NA
Cushion Ratio	>=5	70.1	-242.51	-2.01	NA

<b>TABLE THREE</b>					
<b>Applicants' Financial Ratio Information</b>					
<b>1800 McDonough Road Surgery Center, LLC</b>					
<b>Ratio</b>	<b>State Standard</b>	<b>Historical</b>			<b>2010</b>
		<b>2005</b>	<b>2006</b>	<b>2007</b>	
Current Ratio	>=1.5	NA	NA	NA	11.96
Net Margin Percentage	>=3.5%	NA	NA	NA	61.85
Percent Debt to Total Capitalization	<=80%	NA	NA	NA	0%
Projected Debt Service Coverage	>=1.75	NA	NA	NA	10.58
Days Cash on Hand	>=45	NA	NA	NA	135.82
Cushion Ratio	>=5	NA	NA	NA	N/A

<b>TABLE FOUR</b>					
<b>Applicants' Financial Ratio Information</b>					
<b>1800 McDonough Road Properties, LLC</b>					
<b>Ratio</b>	<b>State Standard</b>	<b>Historical</b>			<b>2010</b>
		<b>2005</b>	<b>2006</b>	<b>2007</b>	
Current Ratio	>=1.5	NA	NA	NA	12.36
Net Margin Percentage	>=3.5%	NA	NA	NA	39.34%
Percent Debt to Total Capitalization	<=80%	NA	NA	NA	755
Projected Debt Service Coverage	>=1.75	NA	NA	NA	1.95
Days Cash on Hand	>=45	NA	NA	NA	902.53
Cushion Ratio	>=5	NA	NA	NA	2.9

1800 McDonough Road Surgery Center, LLC and 1800 McDonough Road Properties, LLC. are new entities therefore these entities do not have historical financial information. The current licensee (M&G Health Associates, Inc.) does not meet the current ratio for 2005 and 2006, the net margin percentage and days cash on hand for all years presented, the percent debt coverage for 2007, the projected debt service coverage for 2006 and 2007, and the cushion ratio for 2006 and 2007.

THE STATE AGENCY NOTES THE APPLICANTS HAVE NOT **MET** THE REQUIREMENTS OF FINANCIAL VIABILITY CRITERION (77 IAC 1120.210(a)).

B. Criterion 1120.210(b) - Availability of Funds

The criterion states:

“The applicant 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 have demonstrated that sufficient funds are available to fund the change of ownership.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE REQUIREMENTS OF CRITERION (77 IAC 1120.210(b)) AVAILABILITY OF FUNDS.

C. Criterion 1120.210(c) - Operating 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 have indicated the operating start-up costs will be \$88,000. The applicants have indicated sufficient resources are available to fund these operating start-up costs.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE OPERATING START-UP COSTS CRITERION (77 IAC 1120.210(c)).

IX. **Economic Feasibility Review Criteria**

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

The criterion states:

“This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has 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 have stated that all available cash and equivalents have been used prior to borrowing.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE REQUIREMENTS OF CRITERION (77 IAC 1120.310 (a)) REASONABLENESS OF FINANCING ARRANGEMENTS.

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 applicants are funding a portion of the project with a lease with a FMV of \$2,044,347. A copy of the lease has been provided as required subject to approval by the Illinois Health Facilities Planning Board. The applicants have met the requirements of this criterion.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE REQUIREMENTS OF CRITERION (77 IAC 1120.310 (b)) CONDITIONS OF DEBT FINANCING.

C. Criterion 1120.310(c) - Reasonableness of Project and Related Costs

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.”

Preplanning Costs – These costs total \$62,000 and include pre-design studies of \$7,000, legal fees of \$45,000 and accounting and marketing studies of \$10,000.

Consulting and Other fees – These costs total \$56,000 and include CON application fee of \$6,000, legal fees of \$20,000, CON Application preparation of \$30,000. The State Board does not have standards for these costs.

Other Costs to be Capitalized - These costs total \$43,000 and include title and recording costs of \$25,000, organizational costs of \$13,000, and loan costs of \$5,000. The State Board does not have standards for these costs.

FMV of leased space - These costs total \$2,044,347. The State Board does not have standards for these costs.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE REQUIREMENTS OF CRITERION (77 IAC 1120.310 (c)) REASONABLENESS OF PROJECT AND RELATED COSTS.

D. Criterion 1120.310(d) - Projected Operating Cost

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.”

Projected operating costs per surgical hours are \$670.73. The State Board does not have standards for this cost.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE REQUIREMENTS OF CRITERION (77 IAC 1120.310 (d)) PROJECTED OPERATING COSTS.

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 are estimating capital costs per hour of \$83.37.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE

REQUIREMENTS OF CRITERION (77 IAC 1120.310 (e) TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS.

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.

THE STATE AGENCY NOTES THE REQUIREMENTS OF CRITERION (77 IAC 1120.310 (f) NON- PATIENT RELATED SERVICES IS NOT APPLICABLE TO THIS PROJECT.

# 08-022 POPLAR CREEK SURGERY CENTER



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Reference Numbers 007 7002215 031

POPLAR CREEK SURGICAL CENTER

1800 MCDONOUGH RD., STE . 100

HOFFMAN ESTATES, IL 60192

Number of Operating Rooms 4

Procedure Rooms 1

Exam Rooms 11

Number of Recovery Stations Stage 1 7

Number of Recovery Stations Stage 2 0

**Administrator**

John T Girardi

Date

Completed

3/26/2007

**Registered Agent**

David Hochman

Property Owner

Oakwood Properties (also owned by John Girardi)

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Alexius Medical Center	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	2.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	0.00
Certified Aides	2.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>11.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	1	1	2	Medicaid	0	0	0
15-44	67	65	132	Medicare	5	0	5
45-64	28	48	76	Other Public	0	1	1
65-74	5	2	7	Insurance	97	112	209
75+ Yea	3	0	3	Private Pay	2	3	5
TOTAL	104	116	220	Charity Care	0	0	0
				TOTAL	104	116	220

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	22	9.25	22.00	31.25	1.42
General	7	4.50	6.50	11.00	1.57
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	27	27.25	26.75	54.00	2.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	29	42.25	29.00	71.25	2.46
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	67	16.75	38.50	55.25	0.82
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	68	55.50	68.00	123.50	1.82
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	220	155.50	190.75	346.25	1.57

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Cysto Room	1	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	0	0	0	0.00