FACILITY NAME: Adventist LaGrange Memorial Hospital

CITY: LaGrange

TYPE OF PROJECT: Substantive

HSA: VII

The applicants (Adventist LaGrange Memorial Hospital, Adventist Health System/Sunbelt, Inc and Adventist Midwest Health) are proposing to establish a 16-bed comprehensive physical rehabilitation category of service. The cost of the project is $2,260,392. The anticipated project completion date is February 28, 2015.

The State Board Staff notes the applicants view this project as a relocation of comprehensive rehabilitation services from one facility (Adventist Hinsdale Hospital) to another facility (Adventist LaGrange Memorial Hospital). These facilities are approximately 7 minutes apart and are located in the same comprehensive physical rehabilitation planning area. Under current State Board rules the projects are viewed as an establishment of a 16-bed comprehensive physical rehabilitation service at Adventist LaGrange Memorial Hospital and the discontinuation of a 15-bed comprehensive physical rehabilitation service at Adventist Hinsdale Hospital. If the State Board should approve this project to establish the 16-bed comprehensive physical rehabilitation category of service the applicants are proposing to discontinue the 15-bed comprehensive physical category of service at Hinsdale Hospital (Project #13-074). If both projects are approved by the State Board the result will be an increase of 1 comprehensive physical rehabilitation bed in the comprehensive physical rehabilitation planning area.
EXECUTIVE SUMMARY

PROJECT DESCRIPTION:
- The applicants (Adventist LaGrange Memorial Hospital, Adventist Health System/Sunbelt, Inc and Adventist Midwest Health) are proposing to establish a 16-bed comprehensive physical rehabilitation category of service. The cost of the project is $2,260,392. The anticipated project completion date is February 28, 2015.

WHY THE PROJECT IS BEFORE THE STATE BOARD:
- This project is before the State Board because the project proposes to establish a category of service as required by Illinois Health Facilities Planning Act.

PURPOSE:
- The applicants are proposing the establishment of a 16-bed comprehensive physical rehabilitation service for the following reasons

  1. The Rehabilitation unit at Adventist Hinsdale Hospital is located in a section of the building that was originally constructed in 1951, and while it has served the needs of patients for many years, it is currently in need of a major renovation in order to provide state-of-the-art inpatient medical care.

  2. The Disability Rights Bureau of the Illinois Attorney General (AG) conducted an investigation and in response the applicants stated they would renovate the existing unit to meet new ADA standards. After assessing the cost and the disruption to patient care during the construction, the applicants determined moving the service to Adventist LaGrange Memorial Hospital would make the most sense. Patients will be transferred from Hinsdale Hospital to LaGrange Memorial Hospital starting January 1, 2015 pending the approval of Projects #13-073 Adventist LaGrange Memorial Hospital and Project #13-074 Adventist Hinsdale Hospital by the Illinois Health Facilities and Services Review Board.

NEED:
- There is a calculated excess of 68 comprehensive physical rehabilitation (“CPR”) beds in the HSA 7 comprehensive physical rehabilitation planning area by CY 2015. In addition there are 20 facilities within 45 minutes of which 17 facilities are not at the State Board’s target occupancy of 85%. Based upon the patient origin information of the existing unit at Adventist Hinsdale Hospital, it appears that the patients proposed to be served by the proposed new unit are primarily from HSA 7. There is no absence of service in the planning area or access limitations due to payor status. However the proposed service does not appear to improve access as there has been no evidence of restrictive admission policies at existing provider nor does the area population and existing care system exhibit indicators of medical care problems.

FINANCIAL:
- The applicants have a better than “A” bond rating. Standard & Poor's Ratings Services has affirmed its 'AA'-long-term ratings and Moody's Investors Service has affirmed the Aa3 and Aa3NMIG 1 ratings for the applicants.
CONCLUSION:
- The applicants addressed a total of 17 criterion and did not meet the following:

<table>
<thead>
<tr>
<th>State Board Standards Not Met</th>
<th>Reasons for Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1110.234 (a) - Size of the Project</strong></td>
<td>The facility size is in excess of the State Standard by 22.6 GSF per bed. The State Board Standard is 525-660 GSF per Bed. The applicants are proposing 683 GSF per Bed.</td>
</tr>
<tr>
<td><strong>1110.1430(b) - Planning Area Need</strong></td>
<td>The February 2014 Addendum to the Inventory of Health Care Facilities indicates a calculated excess of 68 comprehensive physical rehabilitation beds by CY 2015. In addition there are 20 facilities within 45 minutes 17 of which are not operating at the State Board’s Target Occupancy of 85%.</td>
</tr>
</tbody>
</table>
I. The Proposed Project

The applicants are proposing to establish a 16-bed comprehensive physical rehabilitation category of service. The estimated cost of the project is $2,260,392. The anticipated project completion date is February 28, 2015.

II. Summary of Findings

A. The State Board Staff finds the proposed project DOES NOT appear to be in conformance with the provisions of Part 1110.

B. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Adventist LaGrange Memorial Hospital, Adventist Health System/Sunbelt Inc and Adventist Midwest Health. Adventist LaGrange Memorial Hospital is located at 5101 S. Willow Springs Rd, in LaGrange, Illinois in the HSA 07 Service Area and the HSA 07 Comprehensive Physical Rehabilitation Planning Area.

There are eleven hospitals in the HSA 07 planning area that provide comprehensive physical rehabilitation services. HSA 07 is comprised of DuPage County and Suburban Cook County. The operating entity licensee is Adventist LaGrange Memorial Hospital and the owner of the site is Adventist Health System/Sunbelt, Inc. The February 2014 Addendum to the Inventory of Health Care Facilities indicate a calculated excess of 68 comprehensive physical rehabilitation beds in the HSA 07 planning area.

There is no land acquisition cost. The estimated start-up costs operating deficit for this project is $1,837,000. This is a substantive project subject to a Part 1110 and Part 1120 review. Project obligation will occur after permit issuance.
IV. Summary of Support and Opposition Letters

No public hearing was requested and no letters of opposition were received by the State Board Staff.

V. The Proposed Project - Details

The applicants are proposing to establish a 16-bed comprehensive physical rehabilitation category of service at Adventist LaGrange Memorial Hospital. The cost of project is $2,260,392. The anticipated project completion date is February 28, 2015.

VI. Project Costs and Sources of Funds

The applicants are funding this project with cash and securities of $2,260,392. Debt is not being used to fund this project.

<table>
<thead>
<tr>
<th>TABLE ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Costs and Sources of Funds</td>
</tr>
<tr>
<td>USE OF FUNDS</td>
</tr>
<tr>
<td>Modernization Contracts</td>
</tr>
<tr>
<td>Contingencies</td>
</tr>
<tr>
<td>Architectural/Engineering Fees</td>
</tr>
<tr>
<td>Consulting and Other Fees</td>
</tr>
<tr>
<td>Movable or Other Equipment</td>
</tr>
<tr>
<td>TOTAL USES OF FUNDS</td>
</tr>
<tr>
<td>SOURCE OF FUNDS</td>
</tr>
<tr>
<td>Cash and Securities</td>
</tr>
<tr>
<td>TOTAL SOURCES OF FUNDS</td>
</tr>
</tbody>
</table>

VII. Safety Net Impact Statement

The applicants provided the following information:

Safety Net Services in the Community
The proposed project is not designed to have, nor to our knowledge will it have, any impact on essential safety net services in the community.

Safety Net Services at other area hospitals and health care providers
Other area hospitals provide safety net services in the community. The proposed project is not designed to, nor to our knowledge will it impair their ability to, subsidize their safety net services. This project is a relocation of inpatient rehabilitation services from Adventist Hinsdale Hospital to Adventist La Grange Memorial Hospital and, as such, should have no impact at all on other area hospitals.
In FY'12 Adventist La Grange Memorial Hospital contributed over $23 million in community benefits. Our community benefit contribution is distributed as follows:

Language Assistance Services: $54,106  
Government Sponsored Indigent Health Care $14,843,627  
Donations $164,964  
Volunteer Services $152,418  
Education $4,680,544  
Research $125,178  
Subsidized health services $163,915  
Bad Debt expense $429,073  
Other Community Benefits $614,995  
Charity Care $2,387,116

VIII. Cost Space Chart

The applicants are proposing a total of 15,969 GSF of space for this service. Of this amount 13,022 GSF is considered clinical space.

<table>
<thead>
<tr>
<th>TABLE TWO</th>
<th>Cost Space Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Cost</td>
</tr>
<tr>
<td>Rehab Unit</td>
<td>$1,336,268</td>
</tr>
<tr>
<td>Total Clinical</td>
<td>$1,336,268</td>
</tr>
<tr>
<td>Public Places</td>
<td>$35,000</td>
</tr>
<tr>
<td>Shafts</td>
<td>$0</td>
</tr>
<tr>
<td>Lounge</td>
<td>$0</td>
</tr>
<tr>
<td>Offices</td>
<td>$49,689</td>
</tr>
<tr>
<td>Storage</td>
<td>$123,576</td>
</tr>
<tr>
<td>Total Non Clinical</td>
<td>$208,265</td>
</tr>
<tr>
<td>Total</td>
<td>$1,544,542</td>
</tr>
</tbody>
</table>

IX. Section 1110.230 - Project Purpose, Background and Alternatives

A) Criterion 1110.230 (b) - Purpose of the Project

The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

The applicants stated the following regarding the purpose of the project.

The purpose of the proposed project is to enhance the care for the residents of Health Service Area 07, DuPage and Western Cook Counties, and the communities surrounding the hospitals by providing a modern, efficient
Rehabilitation unit, which meets the health care needs of the patient population of Adventist Hinsdale and Adventist La Grange Memorial Hospitals.

The project is proposed for the following reasons:

• **As a response to the Attorney General's review**
  Constructed in 1951, the wing that houses the Rehabilitation unit at Adventist Hinsdale Hospital is located within the oldest part of the building. A review by the Attorney General was commenced in 2010 based on concerns that the unit was not accessible to people with disabilities. Multiple improvements to the unit were made, enhancing accessibility until a permanent solution could be achieved. The plan was originally to begin a modernization project in 2013. However, based on the lower cost and lower disruption of patient care, the decision was made to move the service to Adventist La Grange Memorial Hospital.

• **Prepare for projected increase in rehabilitative care**
  Rehabilitation volume is expected to grow (Truven inpatient demand estimates) by 2.5% annually over the next 5 years. The current space at Adventist Hinsdale Hospital cannot be expanded and the proposed project will provide 6,738 GSF of additional space for equipment and treatment of patients. The space will also include the rehab apartment that is currently not available at Adventist Hinsdale Hospital.

• **Improve quality by creating best practices in rehabilitative care**
  The larger therapy space on the unit, which includes a gym and an apartment, will allow our clinicians the ability to better prepare patients for discharge to home and the community.

The goals of the proposed project are 1) to provide a modern, ADA compliant, health care facility capable of meeting the needs of the residents of DuPage and Cook Counties well into the future; 2) improve quality of care; 3) to be in the 90th percentile for patient satisfaction, physician satisfaction and employee satisfaction by 2015. (See pages 45 and 46 of the application for permit)

**B) Criterion 1110.230 - Background of Applicant**

1) An applicant must 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 qualifications, background and character of the applicant, HFPB 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. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity
owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

The applicants have provided the necessary attestations as required by this criterion. The applicants have attested that they have not had any adverse actions in the past three years. (See pages 31-44 of the application for permit for facility, licensure and accreditation information)

C) Criterion 1110.230 (c) - Alternatives to the Proposed Project
The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The applicants considered the following alternatives:

Alternative 1 - Modernize Rehabilitation unit at Adventist Hinsdale Hospital; keep it on the 3rd floor

This alternative would keep the services currently at Adventist Hinsdale Hospital by completely renovating the existing space. The modernization costs are higher for this alternative due to the updating of an older facility. The patient pavilion at Adventist La Grange Memorial Hospital was built in 2006 and requires fewer infrastructure upgrades. Furthermore, Adventist La Grange Memorial Hospital already has three rooms that are ADA compliant and only requires the updating of 12 rooms.

This option was not selected because it would be too disruptive to patients of the hospital, would take longer to complete and the cost was almost double the amount of the option selected. The cost to modernize at Adventist Hinsdale Hospital; keeping it on the 3rd floor = approximately $4,565,614

Alternative 2 - Modernize Rehabilitation unit at Adventist Hinsdale Hospital; move to 5th floor

This alternative would keep the services currently at Adventist Hinsdale Hospital by moving the unit to another wing and modernizing existing Medical/Surgical beds to make them ADA compliant.

The cost of relocation and modernization at Adventist Hinsdale Hospital is very close to the cost of the option selected. However, this option was ultimately not selected because Adventist Hinsdale Hospital currently uses the Medical/Surgical unit and has a higher occupancy for Medical/Surgical beds than does Adventist La Grange Memorial Hospital. Furthermore, the unit at Adventist La Grange Memorial Hospital is currently unoccupied making a perfect option for unused
space. The cost to modernize at Adventist Hinsdale Hospital; moving it to the 5th floor = approximately $2,245,500. (See pages 70 and 71 of the application for permit)

X. Section 1110.234 - Project Scope and Size, Utilization

A) Criterion 1110.234 - Size of Project

1) The applicant shall document that the physical space proposed for the project is necessary and appropriate.

The applicants stated the following in regards to the proposed modernization.

The proposed project includes two clinical departments: Comprehensive Physical Rehabilitation beds (CPR), and dedicated therapy space for physical therapy, occupational therapy, and speech therapy. The proposed space for the 16-bed CPR unit totals 10,921 GSF, of which only 2,956 GSF is being modernized. The only space in the CPR area that is being remodeled is the patient bathrooms in order to make them ADA compliant. The remaining 7,965 GSF is being used 'as-is' with no renovation cost. The dedicated therapy space consists of a gym (1,044 GSF), a model apartment (589 GSF), and a dayroom (532 GSF). The gym will have five therapist workstations, with exercise space to allow the patients to use the therapy equipment that is needed to develop strength and mobility. It will also allow for the fitting and trial of orthotics. The size of the gym was determined by working with our therapists, as well as our partners at Marianjoy Rehabilitation Hospital.

The model apartment is being constructed to allow the therapists an opportunity to instruct patients on how to return to their home environment. This space will allow the patients to learn how to handle tasks such as managing personal hygiene, making the bed, cooking a meal, cleaning, etc., in a more natural environment. The goal is to allow the patient to seamlessly return to independent living. The proposed dayroom is a multipurpose room which will be used for: 1) patient interaction with their families, 2) group training sessions, and 3) conference space. Since a patient in a rehabilitation unit is in the hospital for a longer period of time, it is important to have space where they can interact with their family, and have an area to teach family members how to effectively provide assistance and care to the patient. This space also allows the patient's therapists and physicians to meet with family members to determine patient needs and determine the best plan of care. The size of the rooms was determined by the size of the existing footprint and by visiting other facilities which provide similar services. There are no published standards for this space and it is normally developed through staff input and the architects' experience with other facilities.

The following table shows the project's square footage versus the State Norms:
### TABLE THREE
**Size of the Project**

<table>
<thead>
<tr>
<th></th>
<th>Proposed GSF</th>
<th>State Standard</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Bed Rehab Unit</td>
<td>10,921 GSF</td>
<td>525-660 GSF/Bed</td>
<td>10,560 GSF</td>
</tr>
<tr>
<td>Therapy</td>
<td>2,101 GSF</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

The applicants are proposing a total of 10,921 GSF for the 16 bed unit. This exceeds the State Board Standard by 22.6 GSF per bed or 361 GSF in total. (See page 77 of the application for permit)

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE SIZE OF THE PROJECT CRITERION (77 IAC 1110.234 (a)).**

**B) Criterion 1110.234 (b) - Project Services Utilization**
The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B.

The applicants have stated the following in regards to the projected utilization: *To determine the historical utilization for Rehabilitation services, we took Adventist Hinsdale Hospital’s Rehabilitation volume from the 2011 and 2012 IDPH Hospital Profiles. To find projected volume, we used Truven's Market Planner Plus to determine the annual growth rate for Rehabilitation patient days for the service area. The historical occupancy percent is based on AHH's 15-bed unit. Upon project completion in 2015, the projected occupancy rate decreases with the addition of one bed. The expected demand for rehabilitation services continues to grow without change to market share or service area. In summary, the utilization of Rehabilitation services will meet or exceed the State Board’s utilization targets by 2016, only one year after project completion.* (See page 78 of the application for permit)

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT SERVICES UTILIZATION CRITERION (77 IAC 1110.234 (b)).**

### XI. Section 1110.630 - Comprehensive Physical Rehabilitation Beds

**A) Criterion 1110.630 (b) - Planning Area Need**
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)
A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

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

3) Service Demand – Establishment of Comprehensive Physical Rehabilitation

The number of beds proposed to establish CPR service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals.

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

There is a calculated excess of 68 comprehensive physical rehabilitation (“CPR”) beds in the HSA 7 comprehensive physical rehabilitation planning area by CY 2015. Based upon the patient origin information of the existing unit at Adventist Hinsdale Hospital, it appears that the patients proposed to be served by the proposed unit are primarily from HSA 7. The total number of patients served at Adventist Hinsdale Hospital in 2012 was 394 patients, with 321 patients (81.5%) living in HSA 7 and 73 (18.5%) living outside of the HSA. The projected volume for this service is based upon the utilization of the CPR at Adventist Hinsdale Hospital and projections from Truven's Market Planner Plus to determine the annual growth rate for Rehabilitation patient days for the service area. The defined service area population is projected to increase by 4.6% from 2013 to 2023. Other factors are 1) the aging of the population; 2) the increase of risk factors, such as diabetes, obesity, high blood pressure, etc.; and 3) the further development of technology to treat spinal cord and head injuries. The projected increase in patient days for this service, based upon the above factors, amounts to
a conservative 2.5% increase annually. There is no absence of service in the planning area or access limitations due to payor status. However the proposed service does not appear to improve access as there has been no evidence of restrictive admission policies at existing provider nor does the area population and existing care system exhibit indicators of medical care problems. In addition there are 20 facilities within 45 minutes of which 17 are not at the State Board’s target occupancy of 85%. (See pages 81-84 of the application for permit)

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE PLANNING AREA NEED CRITERION (77 IAC 1110.630 (b).

| Table Four |
| Facilities within 45 minutes of the proposed service |

<table>
<thead>
<tr>
<th>Facility</th>
<th>City</th>
<th>Time</th>
<th>Beds</th>
<th>Occ. %</th>
<th>Met Occ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adventist Hinsdale Hospital</td>
<td>Hinsdale</td>
<td>6.9</td>
<td>15</td>
<td>83.1%</td>
<td>No</td>
</tr>
<tr>
<td>Loyola University Medical Center</td>
<td>Maywood</td>
<td>19.6</td>
<td>32</td>
<td>78.90%</td>
<td>No</td>
</tr>
<tr>
<td>Rush Oak Park Hospital</td>
<td>Oak Park</td>
<td>25.3</td>
<td>26</td>
<td>12.30%</td>
<td>No</td>
</tr>
<tr>
<td>Advocate Christ Medical Center</td>
<td>Oak Lawn</td>
<td>27.6</td>
<td>37</td>
<td>90.00%</td>
<td>Yes</td>
</tr>
<tr>
<td>Schwab Rehabilitation Hospital</td>
<td>Chicago</td>
<td>27.6</td>
<td>81</td>
<td>65.70%</td>
<td>No</td>
</tr>
<tr>
<td>Westlake Hospital</td>
<td>Melrose Park</td>
<td>27.6</td>
<td>40</td>
<td>31.50%</td>
<td>No</td>
</tr>
<tr>
<td>Mercy Hospital and Medical Center</td>
<td>Chicago</td>
<td>28.8</td>
<td>24</td>
<td>45.90%</td>
<td>No</td>
</tr>
<tr>
<td>Rush University Medical Center</td>
<td>Chicago</td>
<td>31.1</td>
<td>59</td>
<td>56.50%</td>
<td>No</td>
</tr>
<tr>
<td>University of Illinois Hospital</td>
<td>Chicago</td>
<td>31.1</td>
<td>18</td>
<td>59.20%</td>
<td>No</td>
</tr>
<tr>
<td>Alexian Brothers Medical Center</td>
<td>Elk Grove Village</td>
<td>34.5</td>
<td>66</td>
<td>89.40%</td>
<td>Yes</td>
</tr>
<tr>
<td>Holy Cross Hospital</td>
<td>Chicago</td>
<td>34.5</td>
<td>20</td>
<td>51.50%</td>
<td>No</td>
</tr>
<tr>
<td>Silver Cross Hospital</td>
<td>New Lenox</td>
<td>34.5</td>
<td>24</td>
<td>64.20%</td>
<td>No</td>
</tr>
<tr>
<td>Advocate Lutheran General Hospital</td>
<td>Park Ridge</td>
<td>35.7</td>
<td>45</td>
<td>74.80%</td>
<td>No</td>
</tr>
<tr>
<td>Rehabilitation Institute of Chicago</td>
<td>Chicago</td>
<td>35.7</td>
<td>182</td>
<td>88.30%</td>
<td>Yes</td>
</tr>
<tr>
<td>Ingalls Memorial Hospital</td>
<td>Harvey</td>
<td>36.8</td>
<td>52</td>
<td>53.80%</td>
<td>No</td>
</tr>
<tr>
<td>Presence St. Mary of Nazareth Hospital</td>
<td>Chicago</td>
<td>36.8</td>
<td>15</td>
<td>62.50%</td>
<td>No</td>
</tr>
<tr>
<td>Marionjoy Rehabilitation Hospital</td>
<td>Wheaton</td>
<td>38</td>
<td>108</td>
<td>82.20%</td>
<td>No</td>
</tr>
<tr>
<td>Presence Resurrection Medical Center</td>
<td>Chicago</td>
<td>38</td>
<td>65</td>
<td>60.80%</td>
<td>No</td>
</tr>
<tr>
<td>Advocate Illinois Masonic Medical Center</td>
<td>Chicago</td>
<td>41.4</td>
<td>22</td>
<td>61.30%</td>
<td>No</td>
</tr>
<tr>
<td>Rush Copley Medical Center</td>
<td>Aurora</td>
<td>41.4</td>
<td>18</td>
<td>57.60%</td>
<td>No</td>
</tr>
</tbody>
</table>

Time determined by MapQuest and adjusted per 1100.510(d) Utilization taken from 2012 Hospital Profile Information

B) Criterion 1110.630 (c) - Unnecessary Duplication/Maldistribution

1) The applicant shall document that the project will not result in an unnecessary duplication.
2) The applicant shall document that the project will not result in maldistribution of services.

3) The applicant shall document that, within 24 months after project completion, the proposed project will not lower the utilization of other area providers.

The applicants in response to this criterion stated the following:

“The 30-minute travel time by ZIP Code includes many areas which are outside of the HSA 7. This makes it very difficult to determine the ratio of beds per thousand population and compare that figure to the planning area in which the applicant is located (HSA 7). The ratio of beds per 1,000 population in the HSA is based upon the 2015 population estimates published in the Board's Inventory of Health Care Facilities, which is 0.14 beds per 1,000 population. The State Average based upon the 2010 estimates in the same document total 0.13 beds per 1,000 population.

Based upon these figures and the fact that the proposed project will result in a change of only one bed, a maldistribution of services in this HSA is not expected. Looking at the facilities within the 30-minute travel time of ALMH, the closest hospital is 7.5 miles and 19.6 minutes away. All of the other facilities within the 30-minute travel time are between 25.3 and 28.8 minutes from ALMH. All of those facilities are to the east of Adventist La Grange Memorial Hospital. The closest hospitals to the west, providing Rehabilitation services, are all above a 30-minute drive time from Adventist La Grange Memorial Hospital. A Rehabilitation unit at Adventist La Grange Memorial Hospital provides area patients with a centralized location for care and will provide existing patients of Adventist Hinsdale Hospital with a local option, thus maintaining access to necessary care.

The unit is being replaced in order to provide a modern facility to accommodate the planning area patients. The staff and the clinical team treating the patients will remain the same. The service area for the service will also remain unchanged. The only difference between the existing and proposed unit is: 1) the size of the unit (15 beds existing vs.16 beds proposed) and 2) the fact that the proposed unit will be fully modernized to meet all of the treatment needs of the patients.

The proposed project does not pose an unnecessary duplication of services and is needed to continue to meet the needs of Adventist Midwest Health's patients. The applicant is proposing to replace an existing 15-bed Comprehensive Physical Rehabilitation unit now located at Adventist Hinsdale Hospital with a 16-bed Comprehensive Physical Rehabilitation unit at Adventist La Grange Memorial Hospital. The current unit is operating at 83.1% occupancy. By 2016, the first full year after project completion, the proposed unit is projected to operate at 85.3% occupancy, with no increase in market share and no change in the service area of the facility. The increase of one bed is needed to satisfy the State Board's
minimum unit size and will meet target occupancy requirements by 2016. It will not impact the utilization of any of the area facilities.”

There are seven facilities within 30 minutes. Of these seven facilities 6 of the facilities are not operating at the State Board’s target occupancy of 85%. However, the applicants are proposing to discontinue a 15-bed comprehensive physical rehabilitation category of service at its sister facility (Adventist Hinsdale Hospital) that will result in an increase of ONE comprehensive physical rehabilitation bed in the planning area. If both projects are approved it does not appear an unnecessary duplication/maldistribution of service will occur in this planning area. The applicants have met the requirements of this criterion. (See pages 84-87 of the application for permit)

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE UNNECESSARY DUPLICATION MALDISTRIBUTION CRITERION (77 IAC 1110.630 (c)).

<table>
<thead>
<tr>
<th>TABLE FIVE</th>
<th>Facilities within 30 minutes of proposed facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>City</td>
</tr>
<tr>
<td>Adventist Hinsdale Hospital</td>
<td>Hinsdale</td>
</tr>
<tr>
<td>Loyola University Medical Center</td>
<td>Maywood</td>
</tr>
<tr>
<td>Rush Oak Park Hospital</td>
<td>Oak Park</td>
</tr>
<tr>
<td>Advocate Christ Medical Center</td>
<td>Oak Lawn</td>
</tr>
<tr>
<td>Schwab Rehabilitation Hospital</td>
<td>Chicago</td>
</tr>
<tr>
<td>Westlake Hospital</td>
<td>Melrose Park</td>
</tr>
<tr>
<td>Mercy Hospital and Medical Center</td>
<td>Chicago</td>
</tr>
</tbody>
</table>

Time determined by MapQuest and adjusted per 1100.510(d)
Utilization taken from 2012 Hospital Profile Information

C) Criterion 1110.630 (d) - Staffing

1) Availability
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

The applicants state the following:
“The Comprehensive Rehabilitation Unit/Service at Adventist Hinsdale Hospital is an established and well-respected program in the Chicago western suburbs. The unit has been CARF (Commission on Accreditation of Rehabilitation
Facilities) accredited since 1987 and continues to focus on service expansion and quality improvement. In addition to the Inpatient Rehabilitation Programs - Hospital (Adults) accreditation, the unit was recently surveyed for Stroke Specialty Certification. A copy of the most recent CARF accreditation is appended to this attachment. To ensure the commitment to rehab excellence, Adventist Hinsdale Hospital has also partnered with Marianjoy Rehabilitation Hospital for administrative and clinical oversight/support of the CPR unit. A copy of the agreement is appended to this attachment. All of this expertise indicates an established pattern of practice excellence that will be transferred to the new unit at Adventist La Grange Memorial Hospital.

The applicant is proposing to employ the clinical team that currently provides care to rehabilitation patients at Adventist Hinsdale Hospital when the unit is moved to Adventist La Grange Memorial Hospital. A list of the clinical team and their qualifications is appended to this attachment. Also included is the Operational Plan for Service Excellence containing the staffing plan.” The applicants have met the requirements of this criterion. (See page 87 or application for permit)

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING CRITERION (77 IAC 1110.630 (d)).

D) Criterion 1110.630 (e) - Performance Requirements – Bed Capacity Minimums

1) The minimum freestanding facility size for comprehensive physical rehabilitation is a minimum facility capacity of 100 beds.

2) The minimum hospital unit size for comprehensive physical rehabilitation is 16 beds.

The applicants are proposing a 16 bed unit. The applicants have met the requirements of this criterion. (See page 87 or application for permit)

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PERFORMANCE REQUIREMENTS CRITERION (77 IAC 1110.630 (e)).

E) Criterion 1110.630 (f) - Assurances

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

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ASSURANCES CRITERION (77 IAC 1110.630 (f)).

XII. Section 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources.

The applicants have a better than “A” bond rating. Standard & Poor's Ratings Services has affirmed its 'AA-'long-term ratings and Moody's Investors Service has affirmed the Aa3 and Aa3NMIG 1 ratings for the applicants. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1120.120).

XIII. Section 1120.130 - Financial Viability

The applicant shall document that the applicants are financially viable.

The applicants have a better than “A” bond rating. Standard & Poor's Ratings Services has affirmed its 'AA-'long-term ratings and Moody's Investors Service has affirmed the Aa3 and Aa3NMIG 1 ratings for the applicants. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1120.130).

XIV. Section 1120.140 - Economic Feasibility

A) Criterion 1120.140 (a) - Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements.

The applicants have a better than “A” bond rating. Standard & Poor's Ratings Services has affirmed its 'AA-'long-term ratings and Moody's Investors Service
has affirmed the Aa3 and Aa3NMIG 1 ratings for the applicants. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF FINANCING ARRANGEMENTS CRITERION (77 IAC 1120.140(a)).

B) Criterion 1120.140 (b) - Conditions of Debt Financing
This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable.

The total costs are being funded with cash and securities. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CONDITIONS OF DEBT FINANCING CRITERION (77 IAC 1120.140(b)).

C) Reasonableness of Project and Related Costs
The applicant shall document that the estimated project costs are reasonable and shall document compliance with the State Board Standards.

**Modernization and Contingency Costs** – These costs are $1,462,664 or $289.23 per GSF. This appears reasonable when compared to the State Board Standard of $295.61.

**Contingency Costs** – These costs are $126,396 or 9.45% of modernization costs. These costs appear reasonable when compared to the State Board Standard of 10-15%.

**Architectural and Engineering Fees** – These costs are $100,790 or 6.89% of modernization and contingency costs. This appears reasonable when compared to the State Board Standard of 7.49-11.25%.

**Movable Equipment** – These costs are $350,000. The State Board does not have a standard for these costs.

D) Projected Operating Costs
The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated costs of salaries, benefits and supplies for the service.
The projected operating costs per equivalent patient day are $391. The applicants have met this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1120.140(d)).

E) Total Effect of the Project on Capital Costs
The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

The total effect of the Project on Capital Costs is $70 per equivalent patient day.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140(e)).
Facility Utilization Data by Category of Service

Clinical Service

<table>
<thead>
<tr>
<th>Authorized CON Beds</th>
<th>Peak Beds Set up and Staffed</th>
<th>Peak Census</th>
<th>Admissions</th>
<th>Inpatient Days</th>
<th>Observation Days</th>
<th>Average Length of Stay</th>
<th>Average Daily Census</th>
<th>CON Occupancy Rate %</th>
<th>Staffed Bed Occupancy Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Surgical</td>
<td>165</td>
<td>144</td>
<td>110</td>
<td>6,431</td>
<td>28,681</td>
<td>2,897</td>
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<td></td>
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<td></td>
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<td>0-14 Years</td>
<td>23</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>15-44 Years</td>
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<td>65-74 Years</td>
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<td>75 Years +</td>
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<td>Pediatric</td>
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<tr>
<td>Intensive Care</td>
<td>27</td>
<td>27</td>
<td>26</td>
<td>1,495</td>
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<td>20.5</td>
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<td>Direct Admission</td>
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<td>Obstetric/Gynecology</td>
<td>13</td>
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<td>11</td>
<td>556</td>
<td>1,363</td>
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<tr>
<td>Dedicated Observation</td>
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<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

Facility Utilization: 205

(Includes ICU Direct Admissions Only)

Inpatient and Outpatient Served by Payor Source

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>62.5%</td>
</tr>
<tr>
<td>5303</td>
<td></td>
</tr>
<tr>
<td>34.7%</td>
<td>96.6%</td>
</tr>
</tbody>
</table>

Financial Year Reported: 1/1/2012 to 12/31/2012

Inpatient and Outpatient Net Revenue by Payor Source

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>55.7%</td>
</tr>
<tr>
<td>49,785,950</td>
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<tr>
<td>23.2%</td>
<td>6.7%</td>
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Birth Data

<table>
<thead>
<tr>
<th>Birth Rate</th>
<th>Number of Total Births</th>
<th>Number of Live Births</th>
<th>Number of C-Sections</th>
<th>Birth Rate</th>
<th>Number of Total Births</th>
<th>Number of Live Births</th>
<th>Number of C-Sections</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>508</td>
<td>506</td>
<td>1</td>
<td></td>
<td>508</td>
<td>506</td>
<td>1</td>
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</table>

Newborn Nursery Utilization

<table>
<thead>
<tr>
<th>Inpatient Studies</th>
<th>Outpatient Studies</th>
<th>Studies Performed Under Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>211,946</td>
<td>149,541</td>
<td>39,897</td>
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Organ Transplantation

<table>
<thead>
<tr>
<th>Transplant Type</th>
<th>Number of Cases</th>
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</thead>
<tbody>
<tr>
<td>Kidney</td>
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</table>
### Hospital Profile - CY 2012

<table>
<thead>
<tr>
<th>Surgical Specialty</th>
<th>Operating Rooms</th>
<th>Surgical Cases</th>
<th>Surgical Hours</th>
<th>Hours per Case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inpatient</td>
<td>Outpatient</td>
<td>Combined</td>
<td>Total</td>
</tr>
<tr>
<td>Cardiovascular</td>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Dermatology</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General</td>
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<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Gastroenterology</td>
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<td>0</td>
</tr>
<tr>
<td>Neurology</td>
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<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>OB/Gynecology</td>
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<td>Oral/Maxillofacial</td>
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<td>Plastic Surgery</td>
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<td>1</td>
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<td>Podiatry</td>
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<tr>
<td>Thoracic</td>
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</tr>
<tr>
<td>Urology</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Hours:**
- Total Hours: 17,684
- Outpatient: 4,233
- Inpatient: 5,781
- Combined: 7,688

### SURGICAL RECOVERY STATIONS

<table>
<thead>
<tr>
<th>Stage 1 Recovery Stations</th>
<th>Stage 2 Recovery Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>30</td>
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</tbody>
</table>

#### Dedicated and Non-Dedicated Procedure Room Utilization

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Combined</th>
<th>Total</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Total Cases</th>
<th>Hours per Case</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
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<td>0</td>
<td>3</td>
<td>3</td>
<td>781</td>
<td>2716</td>
<td>3461</td>
<td>1.0</td>
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<tr>
<td>Laser Eye Procedures</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>150</td>
<td>0</td>
<td>153</td>
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<tr>
<td>Pain Management</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>Cystoscopy</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

**Multipurpose Non-Dedicated Rooms**
- Inpatient: 0
- Outpatient: 0

#### Emergency/Trauma Care

- Certified Trauma Center: Yes
- Level of Trauma Service: Level 1 (Not Answered)
- Operating Rooms Dedicated for Trauma Care: 1
- Number of Trauma Visits: 397
- Patients Admitted from Trauma: 306
- Emergency Service Type: Comprehensive
- Number of Emergency Room Stations: 15
- Persons Treated by Emergency Services: 26,804
- Patients Admitted from Emergency: 6,093
- Total ED Visits (Emergency-Trauma): 27,201

#### Cardiac Catheterization Utilization

- Total Cardiac Cath Procedures: 947
- Diagnostic Catheterizations (0-14yrs): 0
- Diagnostic Catheterizations (15yrs+): 548
- Intervventional Catheterizations (0-14yrs): 0
- Intervventional Catheterizations (15yrs+): 227
- EP Catheterizations (15yrs+): 172

#### Cardiac Surgery Data

- Total Cardiac Surgery Cases: 55
- Pediatric (0 - 14 Years): 0
- Adult (15 Years and Older): 55
- Coronary Artery Bypass Grafts (CABGs): 44

#### Cardiac Catheterization Labs

- Total Cath Labs (Dedicated+Non-dedicated labs): 2
- Cath Labs used for Angiography procedures: 0
- Dedicated Diagnostic Catheterization Lab: 0
- Dedicated Interventional Catheterization Labs: 0
- Dedicated EP Catheterization Labs: 0

#### Diagnostic/Interventional Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Owned Contract</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Contract</th>
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<td>General Radiography/Fluoroscopy</td>
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<td>7,955</td>
<td>30,360</td>
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<tr>
<td>Nuclear Medicine</td>
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<td>0</td>
<td>802</td>
<td>1,296</td>
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<tr>
<td>Mammography</td>
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<td>0</td>
<td>3</td>
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<td>5,072</td>
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<td>Diagnostic Angiography</td>
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<td>Interventional Angiography</td>
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<td>Positron Emission Tomography(PET)</td>
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<td>Computerized Axial Tomography(CAT)</td>
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</table>

#### Radiation Equipment

<table>
<thead>
<tr>
<th>Radiation Equipment</th>
<th>Owned Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithotripsy</td>
<td>0</td>
</tr>
<tr>
<td>Linear Accelerator</td>
<td>1</td>
</tr>
<tr>
<td>Image Guided Rad Therapy</td>
<td>0</td>
</tr>
<tr>
<td>Intensity Modulated Rad Thrp</td>
<td>0</td>
</tr>
<tr>
<td>Proton Beam Therapy</td>
<td>0</td>
</tr>
<tr>
<td>Gamma Knife</td>
<td>0</td>
</tr>
<tr>
<td>High Dose Brachytherapy</td>
<td>0</td>
</tr>
<tr>
<td>Cyber knife</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Therapies/Treatments

- Total: 12
- Lithotripsy: 0
- Linear Accelerator: 1
- Image Guided Rad Therapy: 0
- Intensity Modulated Rad Thrp: 0
- Proton Beam Therapy: 0
- Gamma Knife: 0
- High Dose Brachytherapy: 0
- Cyber knife: 0
