

DOCKET NO: A -	BOARD MEETING: May 20-21, 2008	PROJECT NO: 07-148	PROJECT COST: Original: \$397,839,241 Current:
FACILITY NAME: Silver Cross Hospital		CITY: Joliet and New Lenox	
TYPE OF PROJECT: Substantive			HAS: IX

CORRECTED STATE AGENCY REPORT
May 7, 2008

The State Agency notes that the report for Project #07-148 has been corrected. On page three, the State Agency corrected the reference regarding the number of criteria reviewed for the project and clarified the number of criteria there were (and were not) successfully addressed. Under Section VII – Payor Source, the State Agency has added information on the applicants’ commitment to charity care (as referenced in the applicants’ April 28, 2008 information to the State Agency). This information was inadvertently omitted in the previous version of the report. Under Section IX – Discontinuation, the State Agency has corrected the applicants’ stated alternatives on the redevelopment of the Joliet campus. The previous version of the report inadvertently listed one potential option for the campus when several options were considered. Finally, the State Agency corrected Table Six (page 10 of the report) to reflect the number of acute care beds needed. The previous version of the report contained a computational error in the last column of this table. Specifically, the State Agency indicated 21 medical/surgical-pediatric and 94 obstetric beds would be needed in the planning area (with the approval of this project). The actual number of beds needed will be 33 and 81 respectively.

PROPOSED PROJECT: The applicants propose to establish a new hospital at Maple Road and Clinton Street in New Lenox. The current facility located in Joliet will be discontinued as part of this project. The new facility will contain 553,867 gross square feet of space and contain 194 medical/surgical, eight pediatric, 30 obstetric, 22 intensive care, 20 acute mental illness and 15 rehabilitation beds. The total estimated project cost is \$397,839,241.

STATE AGENCY REPORT
Corrected May 7, 2008

Silver Cross Health System and
 Silver Cross Hospital and Medical Centers d/b/a
 Silver Cross Hospital
 New Lenox, Illinois
 Project #07-148

APPLICATION SUMMARY	
Applicants	Silver Cross Health System and Silver Cross Hospital and Medical Centers
Facility Name	Silver Cross Hospital
Location	New Lenox, Illinois
Application Received	November 21, 2007
Application Deemed Complete	December 5, 2007
Scheduled Review Period Ended	April 3, 2008
Review Period Extended by the State Agency?	No
Public Hearing Requested?	Yes
Applicants' Deferred Project?	No
Can Applicants Request Another Deferral?	No
Applicants' Modified the Project?	No

I. The Proposed Project

The applicants propose to establish a new replacement hospital at the corner of Maple Road (Route 6) and Clinton Street in New Lenox. The current facility located in Joliet will be discontinued as a part of this project. The new facility will contain 553,867 gross square feet ("GSF") of space and has an estimated total project cost of \$397,839,241.

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. Item for State Board Consideration

The State Agency notes this project is for a replacement hospital. Thus under current State Board rules, this project requires the discontinuation of the present

facility and the establishment of a new facility. The applicants have accomplished this as one application for permit. Under current State Board rules, the discontinuation of a facility that results in a computed bed need in the planning area results in the State Agency being unable to render a positive finding on the discontinuation criterion. Both the current hospital in Joliet and the proposed hospital in New Lenox are located in the A-13 planning area. Based on the April 2008 update to the Inventory of Health Care Facilities and Services and Need Determination ("Inventory"), there is a computed need for 12 additional Medical/Surgical-Pediatric ("M/S"), 85 obstetric ("OB") and one intensive care ("ICU") beds in the planning area. There is a computed need for 24 additional acute mental illness ("AMI") beds in the 9-A-13 AMI planning area. Finally, there is a computed excess of 16 beds in the HSA IX Comprehensive Physical Rehabilitation Planning Area. Since there is a computed need for additional beds in the planning and since the applicants propose the discontinuation of an existing healthcare facility, a positive finding cannot be made on the proposed discontinuation.

There were 36 criteria identified during the review of the application. From this amount, the State Agency determined that seven criteria were not applicable. Of the remaining 29 criteria, the State Agency determined the applicants successfully addressed 20 criteria. The applicants did not meet the following criteria: Discontinuation, Allocation of Additional Beds, Unit Size, Access Variance to Bed Need for Rehabilitation Beds, Location, Alternatives, Need, Size and Reasonableness of Project Costs.

IV. General Information

The applicants are Silver Cross Health System and Silver Cross Hospital and Medical Centers. The current hospital is a 304-bed acute care facility located in Joliet in the A-13 planning area. There are three other acute care providers in A-13. The hospital is also located in the HSA IX planning area for Comprehensive Physical Rehabilitation and in the 9-A-13 AMI planning area.

The new hospital will also be located in the A-13 planning area, approximately 3.5 miles east of the current hospital campus and contain 289 beds (a reduction of 15 beds from the current hospital). The April 2008 Inventory update indicates a computed need for 12 M/S, 85 OB and one ICU bed in the A-13 planning area. There is a computed need for 24 additional AMI beds in the 9-A-13 planning area. The Inventory update also indicates a computed excess of 16 rehabilitation beds in the HSA IX Comprehensive Physical Rehabilitation Planning Area.

TABLE ONE
Time and Distance for all Hospitals Located within 45 Minutes Travel Time of the Proposed Site

Hospital	Location	HPA	Distance (miles) ¹	Travel Time (minutes) ¹	2006 Beds ²					2006 Utilization ²				
					M/S-Ped	ICU	OB	AMI	Rehab	M/S-Ped	ICU	OB	AMI	Rehab
Provena St. Joseph Med Ctr	Joliet	A-13	10.8	20.7	332	52	28	31	32	71%	55%	58%	72%	47%
Advocate South Suburban Hospital	Hazel Crest	A-04	18.5	27.6	207	20	16	NA	NA	59%	62%	48%	NA	NA
Palos Community Hospital	Palos Heights	A-04	14.9	27.6	332	24	32	48	NA	66%	65%	44%	39%	NA
Bolingbrook Hospital ³	Bolingbrook	A-13	18.1	34.5	106	12	20	NA	NA	NA	NA	NA	NA	NA
St. James Hospital & Health Canter	Olympia Fields	A-04	19.1	28.8	136	26	9	NA	NA	75%	76%	34%	NA	NA
Ingalls Memorial Hospital	Harvey	A-04	21.0	32.2	404	26	32	48	53	42%	79%	59%	40%	77%
St. James Hospital & Health Center	Chicago Heights	A-04	23.4	39.1	317	20	24	NA	20	40%	85%	42%	NA	88%
Adventist LaGrange Hospital	LaGrange	A-04	22.3	41.4	173	27	23	NA	NA	61%	34%	20%	NA	NA
Morris Hospital	Morris	A-13	29.0	41.4	70	8	8	NA	NA	58%	52%	50%	NA	NA

1. Distance and travel times from Map Quest adjusted by 1.15 per for 77 IAC 1100.510(d).
2. Bed Numbers and Utilization calculations from CY 2006 Annual Hospital Questionnaire.
3. Bolingbrook Hospital was approved in November 2004. The project has a required completion date of October 21, 2008.
4. NA = Not Available; facility does not offer the service.

Table One lists the three other facilities in A-13 as well as hospitals within a 45 minute travel time of the proposed site. The 45 minute travel time is in reference to 77 IAC 1110.320(b)(4) - Allocation of Additional Beds Criterion. The table contains data on authorized beds for the M/S, OB, ICU, Rehabilitation and AMI services; respective occupancy rates for calendar year 2006 and distance and travel times. The State Agency notes authorized bed and utilization data were obtained from IDPH's 2006 hospital profiles; while distance and travel times were obtained from Map Quest. Travel times taken from Map Quest were adjusted per 77 IAC 1100(d), which became effective on March 19, 2008. This new rule allows Map Quest travel times to be adjusted by 1.15 for counties in the Chicago Metropolitan Area. These counties include Cook (excluding Chicago) DuPage, Will, Kendall, Kane, McHenry, Lake, and Aux Sable Township of Grundy County, plus the counties of Winnebago, Peoria, Sangamon and Champaign. The table is sorted based on travel time from the applicants' proposed facility. Hospitals within the A-13 planning area are bolded.

This is a substantive project subject to both Parts 1110 and 1120 review. Project obligation will occur after permit issuance. The project completion date is March 30, 2012.

The State Agency notes two public hearings were held for the project. The first hearing was held on January 22, 2008 in Joliet and the second hearing was held on January 23, 2008 in New Lenox. The New Lenox hearing was attended by 160 individuals, with 14 testifying in opposition and 49 testifying in support. The Joliet hearing was attended by 190 individuals, with 34 testifying in opposition and 50 testifying in support. Two public hearings were held since both communities are affected by the project. In addition, 1,228 letters of support and 19 letters of opposition were received by the State Agency. One of the opposition letters contained appendices from the public hearings, newspaper articles and MapQuest determinations and was 122 pages in length.

Table Two lists the applicants' beds, occupancy rates, average length of stay ("ALOS") and average daily census ("ADC"), by category of service, for the period January 1, 2006 thru December 31, 2006. The State Agency notes the information provided with the application agrees to the information provided as part of the 2006 IDPH Hospital Questionnaire.

TABLE TWO								
Silver Cross Hospital								
Utilization Data January 1, 2006- December 31, 2006								
Service	Authorized Beds	Proposed Beds	Admissions	Patient Days	ALOS	ADC	Authorized Bed Occupancy	Proposed Bed Occupancy
Medical/Surgical	184	194	11,717	47,906	4.1	131.2	71%	68%

TABLE TWO								
Silver Cross Hospital Utilization Data January 1, 2006- December 31, 2006								
Service	Authorized Beds	Proposed Beds	Admissions	Patient Days	ALOS	ADC	Authorized Bed Occupancy	Proposed Bed Occupancy
Pediatrics	39	8	593	2,010	3.4	5.5	14%	69%
Obstetrics	26	30	2,268	5,887	2.6	16.1	62%	54%
ICU	18	22	1,120	4,233	3.8	11.6	64%	53%
Acute Mental Illness	20	20	727	3,542	4.9	9.7	49%	49%
Rehabilitation	17	15	361	4,232	11.7	11.6	68%	77%
TOTALS	304	289	16,786	67,810	4.0	185.8		

Source: 2006 IDPH Annual Hospital Questionnaire

V. The Proposed Project - Details

The applicants propose to establish a new hospital at the corner of Maple Road (Route 6) and Clinton Street in New Lenox. The new hospital will provide acute care services in 553,867 GSF of space. The applicants propose a facility with 289 inpatient beds, including 194 M/S, eight Pediatric, 30 OB, 22 ICU, 20 AMI and 15 rehabilitation beds. The current hospital (located at 1200 Maple Road in Joliet) will be discontinued once the new facility is licensed and operational. The total cost of the project is \$397,839,241.

The new facility will contain a basement and seven levels. The lower level will house pharmacy, central sterile processing and a variety of non-clinical space. The first floor will contain a lobby, gift shop, the emergency department (“ED”), radiology, mental health services and administrative functions. The second level will house surgery and related services, cardiac catheterization laboratories, ICU and respiratory therapy. The third level will contain OB and related services, nurseries and physician on-call rooms. The fourth floor will include inpatient physical therapy, pediatrics and an M/S wing. The fifth floor will include M/S units and inpatient dialysis. The sixth floor will contain only M/S units. The seventh floor will contain the hospital’s mechanical penthouses.

VI. Proposed Sources and Uses of Funds

This project will be funded with cash and securities of \$112,839,241, gifts and bequests of \$10,000,000 and a bond issue of \$275,000,000. Table Three displays the project’s cost information. The State Agency notes the project contains both clinical and non-clinical components. The clinical costs comprise 69.1% of the total estimated project cost.

TABLE THREE Project Costs and Sources of Funds			
Source of Funds	Total	Non Clinical	Clinical
Preplanning Costs	4,175,000	1,461,250	2,713,750
Site Survey and Soil Investigation	125,000	43,750	81,250
Site Preparation	7,417,797	2,596,229	4,821,568
Off Site Work	18,942,279	6,629,798	12,312,481
New Construction Contracts	218,889,949	79,566,029	139,323,920
Contingencies	21,888,994	7,956,602	13,932,392
A & E Fees	14,351,873	5,539,635	8,812,238
Consulting and Other Fees	9,198,037	3,131,813	6,066,224
Movable or Other Equipment	92,461,882	12,432,183	80,029,699
Bond Issuance Expense	2,500,000	875,000	1,625,000
Net Interest Expense	6,500,000	2,275,000	4,225,000
Other Costs to be Capitalized	1,388,430	485,950	902,480
TOTALS	\$397,839,241	\$122,993,239	\$274,846,002
Use of Funds	Total		
Cash and Securities	112,839,241		
Gifts and Bequests	10,000,000		
Bond Issue	275,000,000		
TOTAL	\$397,839,241		

VII. Payor Source

The applicants' current payor mix is outlined in Table Four. This information was provided by the applicants as part of the IDPH Annual Hospital Questionnaire (2006). The applicants state they expect the payor mix to remain the same at the new facility. The applicants also indicate they are committed to expend \$4 million dollars per year for the next ten years (for a total of \$40 million dollars) on charity care.

TABLE FOUR Silver Cross Hospital's Payor Mix													
	Medicare		Medicaid		Other Public		Other Insurance		Private Pay		Charity Care		Total
Inpatient	7,208	43.7%	3,281	19.9%	22	.1%	4,824	29.2%	722	4.4%	455	2.8%	16,512
Outpatient	30,269	25.6%	12,045	10.2%	88	.1%	72,038	60.9%	3,195	2.7%	716	.6%	118,351
Source: 2006 IDPH Annual Hospital Questionnaire													

VIII. Cost Space Requirements

The applicants propose 341,642 GSF of clinical space in the new structure. This is 61.7% of the total GSF proposed (553,867). Table Five displays this information.

TABLE FIVE		
Project's Clinical Cost/ Space Requirements		
Clinical Space	Proposed GSF	Cost
Medical- Surgical	116,893	82,108,402
ICU	15,011	12,807,865
Rehabilitation	9,466	6,786,687
Obstetric	18,821	14,541,291
Pediatric	6,094	5,848,494
AMI	10,010	7,254,934
Labor-Delivery-Recovery	18,345	13,504,037
Nurseries	3,399	2,594,014
Outpatient Antepartum Testing	2,566	1,851,412
Surgery	32,475	33,586,417
PACU Recovery	4,245	3,792,585
Same Day Surgery	21,817	16,862,384
Central Sterile Supply	6,435	3,441,975
Pharmacy	6,808	5,137,187
Emergency Department	28,075	22,617,556
Nuclear Medicine	2,784	2,498,778
MRI	1,900	3,990,112
Diagnostic Radiology	19,172	16,634,579
Outpatient Mental Health	2,315	1,264,099
Neuro-diagnostics	676	629,753
Cardiac Catheterization	6,325	11,352,118
Inpatient Dialysis	3,227	2,528,807
Physical Therapy	2,943	2,049,704
Respiratory Therapy	1,800	1,172,813
Total Clinical	341,642	\$274,8846,002
Non-Clinical Space	Proposed GSF	Cost
Ambulance Garage	2,408	846,802
Central On-call rooms	1,331	643,672
Patient Transportation	1,052	554,768
Education	5,530	3,819,042
Materials Management	8,102	3,793,001
Nutritional Services	21,856	19,174,423
Pastoral Services	500	590,549
Administration	6,369	2,863,798
Executive Office Suite	7,364	3,261,080
Clinical Engineering	1,071	689,019
Mechanical/Electrical	43,363	30,616,211
Stairs	8,791	3,284,193
Elevators	13,377	4,414,432
Retail Space	1,804	1,444,291
Security	430	177,375
Corridors	44,636	20,148,677

TABLE FIVE		
Project's Clinical Cost/ Space Requirements		
Clinical Space	Proposed GSF	Cost
Lobby/Public Spaces	33,749	18,428,769
Environmental Services	4,645	2,380,675
Facilities Engineering	3,002	1,300,218
Information Systems	948	3,412,664
Patient Equipment	1,284	484,634
Volunteer Auxiliary	613	304,945
Total Non Clinical	212,225	\$122,993,239
TOTALS	553,867	\$397,839,241

IX. Discontinuation

A) Criterion 1110.130(a) - Discontinuation

The criterion states:

“Discontinuation means to cease operation of an entire health care facility or to cease operation of a category of service and is further defined in 77 Ill. Adm. Code 1130.”

The applicants 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 applicants' 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.

The applicants propose to discontinue the existing hospital in Joliet once the proposed new hospital is operational. The applicants anticipate closing this facility on March 31, 2012. According to the applicants, the existing hospital's buildings are old and no longer provide the physical environment that foster clinical excellence. The applicants state the buildings and land which comprise the existing campus present many

limitations that make expansion and renovation on the site nearly impossible and cost prohibitive. The applicants believe they have selected a replacement site which has excellent interstate access and is located in the center of the hospital's primary service area.

The applicants indicate that since they will not cease operation of the current hospital until the new hospital is operational, patients will not need to be transferred to other acute care facilities in the planning area. The application also contains an affidavit which indicates that the Medical Staff of the hospital support the new facility.

Upon project approval, the applicants will begin planning for the transition to the new facility. The applicants will appoint an internal transition team, engage a transition consultant and develop a formal and final transition plan.

The applicants engaged three firms to help identify potential uses for the existing campus (see page 32 of the application for a discussion of the Redevelopment Plan). Also, the applicants formed The Silver Cross Healthy Community Commission to assist in the redevelopment. At this time, the applicants indicate that a number of the older, obsolete buildings on the existing campus will be demolished. Further, the applicants have committed to spend up to \$8 million on site preparation costs for the redevelopment of the existing campus. In connection with this commitment, the applicants indicate they will obtain a CON for the redevelopment costs if necessary. The applicants identified a number of alternative uses for the campus, including the establishment of an urgent care center that also has primary care capabilities. The applicants have received a letter of interest for the redevelopment of the campus (see attachment DISC-1 of the application).

As stated, the April 2008 Inventory update indicates a computed need for an additional 12 M/S, 85 OB and one ICU beds in the A-13 planning area. There is also a computed need for 24 additional AMI beds in the 9-A-13 planning area. Finally, there is a computed excess of 16 rehabilitation beds in the HSA IX Comprehensive Physical Rehabilitation planning area. Based on the Inventory update, the discontinuation of the current hospital will increase the need for beds in the A-13 planning area. Specifically, the computed need for M/S beds will increase from 12 to 235, the need for OB beds will increase from 85 to 111, the need for ICU beds will increase from one to 19, the need for AMI beds will increase from 24 to 44 and the need for Rehabilitation beds will increase from the current excess of 16 beds to a

need for one additional bed in the planning area. Since a computed need for additional beds will occur from the discontinuation, a positive finding cannot be made.

The State Agency notes, however, that the establishment of the new hospital will address (in part) the need created by the discontinuation. With the approval of the hospital in New Lenox, the computed need for M/S beds will drop from 235 to 33, the need for ICU beds will decrease from a need for 19 additional beds to a computed excess of three, the need for OB beds will decrease from 111 to 81, the need for AMI beds will decrease from 44 to 24 and the need for Rehabilitation beds will decrease from a need for one additional bed to an excess of 14 beds. Table Six displays this information.

April 2008 Inventory Update				Inventory Pending Discontinuation of Joliet Hospital				Inventory Pending Establishment of New Lenox Hospital		
Service	Existing Beds	Calculated Bed Need	Beds Needed or Excess ()	Discontinued Beds Joliet	Existing Beds After Discontinuation	Bed Excess	Beds Needed	Proposed Beds New Lenox	Existing Beds	Beds Needed or Excess ()
M/S-Ped	731	743	12	223	508	0	235	202	710	33
ICU	90	91	1	18	72	0	19	22	94	(3)
OB	82	167	85	26	56	0	111	30	86	81
Rehab	73	57	(16)	17	56	0	1	15	71	(14)
AMI	51	75	24	20	31	0	44	20	51	24

Source: Information taken from IDPH April 2008 update to Inventory.

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

X. Bed 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.

AGENCY NOTE: *M.S.A.'s are defined and named in the U.S. Bureau of the Census publication, Metropolitan Statistical Areas: 1984, available from the U.S. Government Printing Office, Washington, D.C. 20402.”

The applicants propose a new facility with 289 beds, including 194 M/S beds in New Lenox. The new facility would be located in an MSA. Thus, the applicants have met the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ESTABLISHMENT OF ADDITIONAL HOSPITALS REVIEW CRITERION.

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

The 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:

- 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.”

The applicants indicate the new location will improve access to services in the planning area. The applicants utilized a Hammes study to size the replacement facility. The study concluded that the applicants should reduce and redistribute the complement of authorized beds. The study used zip code levels, 2005 population estimates and five year population projections to make this determination. From this study, the applicants concluded that their market share and in-migration would remain constant. According to the applicants, the replacement facility will be in the center of the hospital’s primary service area. The applicants indicate that the same patients will be served but the distribution of beds will be improved in the planning area.

In regards to the requirements of the criterion, the State Agency notes the following: the services proposed by the project are available in the planning area, thus the requirements of subsection 1) of the criterion is not met; no documentation of restrictive admission policies were submitted, thus the requirement of subsection 2) of the criterion is not met; as seen in Table One

existing providers in the planning area are not experiencing occupancy levels that exceed the State Board's target utilization for all services proposed; thus the requirement of subsection 3) of the criterion is not met; also as seen in Table One, there are nine acute care providers within a 45-minute travel time thus the requirement of subsection 4) of the criterion is not met.

The State Agency also notes the applicants' inpatient bed services historic utilization from the latest 12 months (2006) fell below the target occupancy for all service proposed with the exception of ICU which operated at 64%. The applicants submitted numerous letters of support from area physicians which indicate numerous referrals to the facility. These letters can be found on pages 275-657 of the application.

Since the applicants could not meet any of the conditions specified in the criterion, the State Agency is unable to make a positive finding. See pages 866-867 of the application for a complete discussion of this criterion.

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

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

This criterion is not applicable to this project.

XI. Medical/Surgical, Obstetric, Pediatric and Intensive Care Review Criteria

A) Criterion 1110.530(a) - Unit Size

The criterion states:

- "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.”

As stated, the proposed facility will be located within an MSA. The applicants propose 30 OB, 22 ICU, and eight pediatric beds. The applicants have met the requirements of this criterion for OB and ICU beds. However, the proposed pediatric unit is smaller than the 16-bed standard. Based on the hospital’s historic utilization, the applicants state a 16-bed pediatric unit is too large and the proposed eight-bed unit will meet the needs of pediatric patients in the planning area.

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

- b) Criterion 1110.530(b) - Variances to Bed Need

As stated, there is a computed need for additional beds in the A-13 planning area (with the exception of Rehabilitation beds). Since there is a computed need and the applicants’ proposal does not exceed the computed need, this criterion is not applicable. The State Agency notes a review of the variance to bed need for the Rehabilitation service is contained in this report.

XII. Comprehensive Physical Rehabilitation Review Criteria

- A) Criterion 1110.620(a) - Facility Size

The criterion states:

- “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 15 beds.”

The Rehabilitation unit proposed by the applicants will contain 15 beds, which is in conformance with the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FACILITY SIZE CRITERION.

- B) Criterion 1110.620(b) - Access Variance to Bed Need

The criterion states:

- “1) The applicants must document that access to the proposed service is restricted in the planning area as documented by:
 - a) the absence of the service within the planning area;
 - b) limitations on governmentally funded or charity patients;
 - c) restrictive admission policies of existing providers; or
 - d) the project will provide service for a portion of the population who must currently travel over 45 minutes to receive service.
- 2) The applicants must also document that the number of beds proposed will not exceed the number needed to meet the health care needs of the population identified as having restricted access at the target occupancy rate.”

As noted, the planning area for the Comprehensive Physical Rehabilitation service is HSA IX. In addition to the applicants' service, the only other providers of the Rehabilitation service in the planning area are Provena St. Joseph Medical Center (Joliet) and Riverside Medical Center (Kankakee). Using MapQuest and adjusting for the locations identified, Provena St. Joseph Medical Center is 20.7 minutes away and Riverside Medical Center is 60 minutes away from the proposed site in New Lenox. The applicants have stated that neither facility has restrictive admission policies or limitations or governmentally funded or charity care patients.

Based on the MapQuest determination, the only other facility that provides the Rehabilitation service within 30 minutes travel time of the proposed facility in New Lenox would be Provena St. Joseph Medical Center. Provena St. Joseph Medical Center is authorized for 32 Rehabilitation beds and experienced a 47.4% occupancy rate for 2006 (based on IDPH's hospital profile). The State Agency notes Provena received a CON in May 2005 to construct a new patient bed tower and add two additional Rehabilitation beds. This project has a required completion date of December 31, 2010. In its CON application for Project #04-094, Provena indicated that its rehabilitation service would be at or above the 85% occupancy (the State Board's standard) by 2010. Based on this information, the applicants state that Provena's Rehabilitation services will be unable to accommodate any patients from Silver Cross Hospital.

As noted, there is currently a computed excess of 16 Rehabilitation beds in the planning area. The applicants' 17-bed unit operated at 68% in 2006. The new unit will contain 15 beds (two less than the current unit).

Considering the applicants' historic utilization, these 15 beds will operate at 77% utilization. The State Board's target utilization for Rehabilitation is 85%. Provena St. Joseph Medical Center's 32-bed rehabilitation unit operated at 47.4% in 2006. Based on this information, it appears there is capacity in Provena's unit to handle additional patients. Considering there is excess capacity in the planning area and that the applicants' Rehabilitation service did not operate at target utilization, it does not appear the proposed 15 -bed unit is needed.

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

C) Criterion 1110.620(c) - Staffing

The criterion states:

- "1) The applicants must document that personnel possessing proper credentials in the following categories are available to staff the service:
- a) Medical Director - Medical direction of the facility shall be vested in a physician who is a doctor of medicine licensed to practice in all of its branches and who has had three year of post-graduate specialty training in the medical management of inpatients requiring rehabilitation services.
 - b) Rehabilitation Nursing - Supervisors, for all nurses participating as part of the rehabilitation team, must be available on staff and shall have documented education in rehabilitation nursing and at least one year of rehabilitation nursing experience.
 - c) Allied Health - The following allied health specialists must be available on staff:
 - i) Physical Therapist - Graduate of a program in physical therapy approved by the American Physical Therapy Association.
 - ii) Occupational Therapist - Registered by the American Occupational Therapy Association or graduate of an approved educational program, with the experience needed for registration. Educational programs are approved by the American Medical Association's council on Medical Education in collaboration with the American Occupational Therapy Association.

- ii) Social Worker
- d) Other Specialties - The following personnel must be available on staff or on a consulting basis:
 - i) Speech Pathologist;
 - ii) Psychologist;
 - iii) Vocational Counselor or Specialist;
 - iv) Dietician;
 - v) Pharmacist;
 - vi) Audiologist;
 - vii) Prosthetist and Orthotist; and
 - viii) Dentist.

- 2. Documentation shall consist of:
 - A) letters of interest from potential employees;
 - B) applications filed with the applicants for a position;
 - C) signed contracts with required staff; or
 - D) a narrative explanation of how other positions will be filled.”

The applicants have indicated that the required staff is available at the current facility location and, upon the relocation, the same staff will still be serving the rehabilitation service.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING CRITERION.

XIII. Acute Mental Illness Review Criteria

- A) Criterion 1110.730(a) - Unit Size

The criterion states:

“The minimum unit size for acute mental illness beds is 20 beds for facilities within a metropolitan statistical area. The minimum unit size for acute mental illness beds is 10 beds for facilities within non-metropolitan statistical areas.”

As noted, the new hospital will be located in an MSA. The applicants propose 20 AMI beds for the new hospital. The applicants meet the requirements of the criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE UNIT SIZE CRITERION.

B) Criterion 1110.730(b) - Supportive Mental Health Services

The criterion states:

“The applicants must document that the proposed project is or will be a component of an integrated community mental health system, as indicated by the existence of formal multi-institutional service agreements with non-hospital providers. The formal agreements must include:

- 1) A specific process for linking of patients to needed aftercare services;
- 2) A specific process for the exchange of information concerning the patient; and
- 3) Designated staff members or points of contact between the facilities and/or professionals.”

For their current AMI service, the applicants have the required agreements with non-hospital based providers. These agreements will remain in place for the new facility.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SUPPORTIVE MENTAL HEALTH SERVICES CRITERION.

C) Criterion 1110.730(c) – Variance to Bed Need

As noted, there is a computed need for 24 additional AMI beds in the 9-A-13 Planning Area. Since there is a computed need and the applicants’ proposal does not exceed the need, this criterion is not applicable.

D) Criterion 1110.730 (d) - Type of Admissions

The criterion states:

“The applicants must document that the acute mental illness service will annually achieve the target occupancy beginning in the second year of operation. Documentation shall consist of statistical evidence that there are an available number of patients suffering from psychiatric disorders as referenced in the Diagnostic and Statistical Manual of Mental Disorders, IV Edition (1980), DMS-111, American Psychiatric Association, which would utilize the acute mental illness service.”

The applicants' AMI service operated at 49% utilization for 2006 (the most recent data available). The State Agency notes the target occupancy for the AMI services is 85%. The applicants project a total of 6,426 AMI patient days by the end of 2014, which yields an occupancy rate of 88%. The applicants have seven psychiatrists on staff that will provide AMI service at the new facility. The applicants documented these psychiatrists' generated 721 admissions for the 12-month period ending June 30, 2007. Based on the applicants' documentation and assuming the projections for 2014 are achieved, it appears the new hospital will achieve the target utilization level for the AMI service if the projections are accepted.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TYPE OF ADMISSIONS CRITERION.

XIV. Cardiac Catheterization

A) Criterion 1110.1330 - Peer Review

The criterion states:

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

The applicants have a cardiac catheterization program at the existing facility. Documentation of the peer review of the cardiac catheterization program was provided as required.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PEER REVIEW CRITERION.

B) Criterion 1110.1330 (b) - Establishment or Expansion of Cardiac Catheterization Service

The criterion states:

"There shall be not additional adult or pediatric catheterization categories of service started in a health planning area unless:

- 1) the standards as outlined in 77 Ill. Adm. Code 1100.620 are met; unless
- 2) in the circumstances where area programs have failed to meet those targets, the applicants can document historical referral volume in each of the prior three years for cardiac catheterization in excess of 400 annual procedures (e.g., certification of the number of patients transferred to other service providers in each of the last three years)."

The requirements of 77 IAC 1100.620 state that no additional cardiac catheterization service will be initiated in the planning area unless all existing providers of the service are performing 400 procedures annually. The planning area for this service is HSA IX. Table Seven list these providers and the number of cardiac catheterizations performed in 2006. The data was obtained from the 2006 hospital profiles.

TABLE SEVEN		
Cardiac Catheterization Providers in HSA IX - 2006		
Facility	Location	Cardiac Catheterizations Performed
Morris Hospital	Morris	361
Provena Saint Joseph Medical Center	Joliet	2,414
Provena Saint Mary's Hospital	Kankakee	1,084
Riverside Medical Center	Kankakee	1,992
Silver Cross Hospital	Joliet	595
TOTAL		6,446

As seen in the table, all providers of the service in the planning area achieved 400 procedures in 2006 with the exception of Morris Hospital. The applicants performed 595 procedures in 2006 and project this volume will be maintained at the new hospital. However since the applicants offer cardiac catheterization and will continue to provide this service at the new hospital and will continue to serve the same patients, it does not appear that establishing the service at the new hospital will adversely impact any other facilities in the planning area.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ESTABLISHMENT OR EXPANSION OF CARDIAC CATHETERIZATION SERVICE CRITERION.

- C) Criterion 1110.1330(c) - Unnecessary Duplication of Services

The criterion states:

- “1) Any application proposing to establish cardiac catheterization services must indicate if it will reduce the volume of existing facilities below 200 catheterizations.
- 2) Any applicants proposing the establishment of cardiac catheterization services must contact all facilities currently providing the service within the planning area in which the applicant’s facility is located, to determine the impact the project will have on the patient volume at existing services.”

Based on the 2006 Annual Hospital Questionnaire, the applicants performed 595 catheterizations in 2006. However on page 944 of the CON application, the applicants indicated 958 cardiac catheterizations were performed in 2006. For the purposes of the review of this application, the State Agency relied on the data furnished in the 2006 questionnaire.

The applicants contacted 68 hospitals within 90 minutes travel time of the proposed hospital requesting a statement on the potential impact on the proposed establishment of cardiac catheterization service in New Lenox. Responses were received from 11 hospitals, including: Morris Hospital (Morris), Condell Medical Center (Libertyville), Children’s Memorial Hospital (Chicago), Lake Forest Hospital (Lake Forest), Westlake Community Hospital (Melrose Park), Northwest Community Hospital (Arlington Heights), West Suburban Medical Center, MacNeal Hospital (Berwyn), Swedish Covenant Hospital (Chicago), Gottlieb Memorial Hospital (Melrose Park) and Vista Health System (Waukegan). These 11 facilities stated the proposed establishment of cardiac catheterization at the new hospital would not have an impact on their hospitals. Only one facility, The University of Chicago Hospitals, indicated the project might impact their program. The University of Chicago indicated that if the applicants were expanding the catheterization service, its hospital could lose approximately 92 patients annually. These patients were noted to have received service at The University of Chicago Hospital but resided within 12 miles of Silver Cross Hospital. Of the 68 facilities located within 90 minutes travel time that provide the cardiac catheterization service, seven hospitals operated below 200 procedures annually. However considering the facility already offers cardiac catheterization service, it does not appear that establishing the service at the new facility will adversely impact any facilities located within 90 minutes travel time.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE UNNECESSARY DUPLICATION OF SERVICE CRITERION.

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

This criterion is not applicable to this project because the applicants are proposing the establishment of this service.

E) Criterion 1110.1330(e) - Support Services

The criterion states:

- “1) Any applicants proposing the establishment of a dedicated cardiac catheterization laboratory must document the availability of the following support services;
 - A) Nuclear medicine laboratory.
 - B) Echocardiography service.
 - C) Electrocardiography laboratory and services, including stress testing and continuous cardiogram monitoring.
 - D) Pulmonary Function unit.
 - E) Blood bank.
 - F) Hematology laboratory - coagulation laboratory.
 - G) Microbiology laboratory.
 - H) Blood Gas laboratory.
 - I) Clinical pathology laboratory with facilities for blood chemistry.
- 2) These support services need not be in operation on a 24 hour basis but must be available when needed.”

The applicants provided documentation indicating the services referenced in the criterion would either be available 24 hours a day or on an as needed basis as is the standard in the present facility.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SUPPORT SERVICES CRITERION.

F) Criterion 1110.1330(f) - Laboratory Location

The criterion states:

“Due to safety considerations in the event of technical breakdown it is preferable to group laboratory facilities. Thus in projects proposing to establish additional catheterization laboratories such units must be located

in close proximity to existing laboratories unless such location is architecturally infeasible.”

The applicants propose to establish three dedicated labs and one special procedures lab with cardiac catheterization capabilities (for a total of four labs). The proposed cardiac catheterization laboratories will be located on second floor of the new facility adjacent to one another.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE LABORATORY LOCATION CRITERION.

G) Criterion 1110.1330(g) - Staffing

The criterion states:

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

- 1) Lab director board-certified in internal medicine, pediatrics or radiology with subspecialty training in cardiology or cardiovascular radiology.
- 2) A physician with training in cardiology and/or radiology present during examination with extra physician backup personnel available.
- 3) Nurse specially trained in critical care of cardiac patients, knowledge of cardiovascular medication, and understanding of catheterization equipment.
- 4) Radiologic technologist highly skilled in conventional radiographic techniques and angiographic principles, knowledgeable in every aspect of catheterization instrumentation, and with thorough knowledge of the anatomy and physiology of the cardiovascular system.
- 5) Cardiopulmonary technician for patient observation, handling blood samples and performing blood gas evaluation calculations.
- 6) Monitoring and recording technician for monitoring physiologic data and alerting physician to any changes.
- 7) Electronic radiologic repair technician to perform systematic tests and routine maintenance; must be immediately available in the event of equipment failure during a procedure.

- 8) Darkroom technician well trained in photographic processing and in the operation of automatic processors used for both sheet and cine film."

The applicants have an existing cardiac lab team in place at their present location and that team will be relocated to the new facility.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING CRITERION.

- H) Criterion 1110.1330(h) - Continuity of Care

The criterion states:

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

The applicants state the current facility has a transfer agreement with Provena Saint Joseph Medical Center (Joliet). This agreement will remain in force with the establishment of the hospital in New Lenox.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CONTINUITY OF CARE CRITERION.

- I) Criterion 1110.1330(i) - Multi-Institutional Variance

The criterion states:

- "1) A variance to the establishment requirements of 1110.1330(b), "Establishment or Expansion of Cardiac Catheterization Service" shall be granted if the applicants can demonstrate that the proposed new program is necessary to alleviate excessively high demands on an existing operating program's capacity.
- 2) Each of the following must be documented:
 - A) That the proposed unit will be affiliated with the existing operating program. This must be documented by written referral agreements between the facilities, and documentation of shared medical staff;

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

The applicants currently provide cardiac services. These services will be maintained at the proposed new location.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE MULTI-INSTITUTIONAL VARIANCE (77 IAC 1110.1330(i)).

XV. General Review Criteria

- A) Criterion 1110.230(a) - Location

The criterion states:

"An applicants 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 propose a replacement facility for Silver Cross Hospital. Information on the location of the facility and facilities located within 30 minutes travel time were provided as required. Table One identifies four facilities that are located within 30 minutes travel time of the proposed facility. These include Provena Saint Joseph Medical Center (Joliet), Advocate South Suburban Hospital (Hazel Crest), Palos Community Hospital (Palos Heights) and St. James Hospital and Health Center (Olympia Fields).

The proposed location for the replacement hospital is approximately three and one half miles from the present hospital. The proposed target population remains the same for the replacement facility compared to the current hospital. Patient origin information by zip code was provided for the prior 12 months. From the material submitted, it appears the applicants will continue to serve the same patient population as served by the present hospital.

With the approval of this application, there will be a computed excess of three ICU beds in the A-13 Planning Area and 14 Rehabilitation beds in the HSA IX Comprehensive Physical Rehabilitation Planning Area. As noted in Table Six, the discontinuation of the current hospital and the establishment of the new hospital would result in a computed excess of beds in two categories of service and a computed need in three categories (M/S-Peds, OB and AMI) will still remain. Therefore, it appears the discontinuation of the current hospital and the establishment of the new facility will perpetuate a mal-distribution of service in the A-13 Planning Area. The three existing hospitals in A-13 (which includes the applicants' current hospital) operated below target utilization levels. In addition, there is a new facility (Adventist Bolingbrook Hospital) which has not been in operation for a year. The State Agency notes Adventist Bolingbrook Hospital is located in A-13 but is more than 30 minutes travel time from the proposed new hospital. Since there are existing providers within a 30 minute travel time that are underutilized, a negative is made for this criterion.

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

B. Criterion 1110.230(b) - Background of Applicants

The criterion states:

"The applicants will demonstrate that they are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care service for the community."

A listing of all health care facilities owned by the applicants has been provided along with proof of current licensure. In addition, a statement that no adverse actions have been taken against any facility owned by the applicants were provided. It appears the applicants have demonstrated 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.

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

C. Criterion 1110.230(c) - Alternatives

The criterion states:

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

The applicants investigated six alternatives to the proposed project (outlined in Attachment GRC #3, pages 691-738 of the application). The alternatives considered by the applicants include the following:

Do Nothing - This alternative was rejected by the applicants because it is not in the best interests of the hospital’s patients or the community the hospital serves. It is noted this option would have no cost.

Revitalization of the Existing Hospital Campus - This option was rejected by the applicants was rejected due to the time frame and cost, disruptions to hospital service and the sub-par nature of the possible renovation. The estimated cost was \$381,000,000.

Construct a Replacement Hospital on the Existing Campus - This alternative was rejected due to cost, size limitations, construction timing issues and a negative impact on the neighborhood. The estimated cost was \$465,900,000.

Construct a 100-bed Satellite Hospital in New Lenox and Maintain the Existing Campus in Joliet - The alternative was rejected because it does not fix the aging campus, would create additional operating inefficiencies, increase operating and staffing costs, create an excess bed capacity and ultimately a duplication of services. No cost was identified in the applicants’ material.

Construct a Replacement Hospital in Joliet - The alternative was rejected because it would not be in the center of the planning area, it would not improve access and no sites were available that were large enough to accommodate the proposed campus. No cost was identified in the applicants' material.

Construct a Replacement Hospital in Frankfort - The alternative was rejected because it will not center the hospital's service area and it will not improve access. No cost was identified in the applicants' material.

As noted in the report, there will be a computed excess of ICU and Rehabilitation beds in the A-13 and HSA IX Planning Areas after project completion (see Table Six). In addition, all three of the other existing acute care facilities in A-13 operated their M/S, OB, ICU, AMI and Rehabilitation services below the target utilization levels for 2006. As a result, it appears the most effective and least costly alternative would be to use other underutilized facilities.

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

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

The criterion states:

"The project must be needed.

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

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

The requirements of this criterion state that if the State Board has established need per 77 IAC 1100, the applicants shall not exceed additional need unless the requirements for a variance are met. As noted, there is a computed need identified in the A-13 Planning Area for the M/S, OB, ICU and AMI services. Further, the discontinuation of the Joliet campus will contribute to the computed need (see Table Six). However, the establishment of the hospital in New Lenox will alleviate some of the computed bed need identified for the M/S, OB and AMI services. The establishment of the new facility will create a computed excess of three ICU beds in the planning area. Finally, the applicants were not at the target occupancy for the Rehabilitation service. There is currently a computed excess of Rehabilitation beds in the planning area.

For all other services that have established need criteria, the applicants are at the State Board’s required standards at the existing location in Joliet. The applicants provided documentation that this workload would be maintained at the new location. The services the applicants propose at the new facility and that the State Board has not determined need include: cardiac catheterization, emergency, surgery and radiology.

The applicants propose an emergency department (“ED”) with 38 treatment rooms. In 2006 the Joliet hospital reported 54,078 visits to the ED. Based on the State Board’s standard of 2,000 visits per treatment room, the applicants can justify 28 rooms ($54,078 / 2,000 = 27.04$ or 28). The applicants project 75,217 ED visits for 2014. This level of utilization would justify the proposed 38 treatment stations. The applicants’ state demand for ED service increased 19% from 2004 to 2006. That State Agency notes the 2004-2006 hospital profiles were examined and the 19% increase is confirmed. If the State Board accepts these projections, the applicants can justify 38 treatment rooms. However based upon historic utilization, the State Agency must make a negative finding.

The applicants report 12,190 hours of general surgery and 3,752 hours dedicated to gastroenterology procedures in 2006. The hospital currently has 12 operating rooms (“ORs”). The new facility will contain 15 surgery

suites; eleven general and four gastroenterology. Based on the State Board's standard of 1,500 hours of surgery per OR per year and the historic utilization, the facility can justify the need for nine general ORs and three gastroenterology rooms (for a total of 12 rooms). Again, the applicants identified a growth in the number of surgical procedures of 5% from 2004 to 2006. This increase was verified by the State Agency through the hospital profiles. The applicants anticipate the growth in the demand for surgical services to increase to 21,295 hours of surgery by 2014. The State Agency notes the applicants did not separate general and gastroenterology procedure hours in their projections for 2014. Should these projections materialize, the applicants can justify 15 ORs. Also if the projections are accepted, the rooms will be appropriately utilized. However, the State Agency must again make a negative finding based on historic utilization.

The applicants currently have eight general radiology rooms, three CT scanners and six special procedure rooms. The replacement facility will include eight general rooms (one will be mobile), three CT scanners and 10 special procedure rooms (3 mobile). In 2006, the applicants reported 51,342 general procedures for radiology. Utilizing the State Board's guideline of 6,500 procedures per room, the applicants can justify the proposed eight general procedure rooms. Based on historic utilization, the applicants can also justify the three proposed CT scanners. Finally, the applicants propose 10 special procedure rooms. Historic utilization for these rooms in 2006 was 23,473. Given the 2,000 procedure per room standard, the applicants can justify 12 rooms (based on historic utilization). Based on the historic utilization and the applicants' material, it appears the proposed radiology department is reasonable.

The applicants are not proposing the acquisition of major medical equipment as defined by the Planning Act. Therefore, this portion of the criterion is not applicable to this project.

As stated, the April 2008 Inventory update shows a computed need for an additional 12 M/S-Peds, 85 OB, one ICU and 24 AMI beds in the A-13 and 9-A-13 Planning Areas respectively. There is currently a computed excess of Rehabilitation beds in the HSA IX Planning Area. As a result of the proposed discontinuation of the Joliet facility and the establishment of the New Lenox facility, there will be a computed excess of ICU and Rehabilitation beds. The applicants' proposal exceeds the calculated bed need for those two services; therefore, the applicants are not in compliance with this criterion.

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

E. Criterion 1110.230(e) - Size of Project

The criterion states:

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

- 1) The proposed project cannot exceed the norms for project size found in Appendix B of this Part unless the additional square footage beyond the norm can be justified by one of the following:
 - A) the proposed project requires additional space due to the scope of services provided;
 - B) the proposed project involves an existing facility where the facility design places impediments on the architectural design of the proposed project;
 - C) the proposed project involves the conversion of existing bed space and the excess square footage results from that conversion; or
 - D) the proposed project includes the addition of beds and the historical demand over the last five year period for private rooms has generated a need for conversion of multiple bed rooms to private usage.
- 2) When the State Board has established utilization targets for the beds or services proposed, the applicants must document that in the second year of operation the annual utilization of the beds or service will meet or exceed the target utilization. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures which would increase utilization.”

The applicants exceed the State standards for M/S, Pediatrics, OB, ICU, Rehabilitation, surgery, recover, PACU recovery, pharmacy, cardiac catheterization and central sterile processing. Table Eight displays this information. The applicants provided a detailed explanation for these areas exceeding the standards. This discussion can be found at pages 837-854 of the application.

TABLE EIGHT
Departments/Functions of the Proposed Project Compared to State Standards

Department	Beds / Rooms	Standard per Bed / Room	Proposed GSF	State Standard	Difference	Exceed Standard
M-S	194	401/GSF/Bed	116,893	77,794 GSF	39,099	Yes
Pediatrics	8	420 GSF/Bed	6,094	3,360 GSF	2,734	Yes
OB	30	476/GSF/Bed	18,821	14,280 GSF	4,544	Yes
ICU	22	603/GSF/Bed	15,011	13,266 GSF	1,745	Yes
AMI	20	586/GSF/Bed	10,010	11,720 GSF	1,710	No
Rehabilitation	15	588 GSF/Bed	9,466	8,820 GSF	646	Yes
Surgery	15	2,078/GSF /Room	32,475	31,170 GSF	1,305	Yes
Recovery/Same Day Surg	70	180/GSF/Room	21,817	12,600 GSF	9,271	Yes
PACU Recovery	15	180/GSF/Room	4,245	2,701 GSF	1,545	Yes
Labor-Delivery-Recovery	12	No standard	18,385	No Standard		
Nurseries	NA	152/GSF/Bed	3,399	4,560 GSF	1,161	No
Pharmacy	NA	12/GSF/Bed	6,808	3,468 GSF	3,340	Yes
Outpt Mental Health		No standard	2,315	No Standard		
MRI	2	3,400/GSF/Room	1,900	6,800 GSF	4,900	No
Diagnostic Radiology	17	1,386/GSF/Room	19,172	23,562 GSF	4,390	No
Nuclear Medicine	3	11.7/GSF/Bed	2,784	3,381 GSF	597	No
Emergency	38	744.6/GSF/Room	28,075	28,295 GSF	220	No
Cardiac Catheterization	4	1,596 GSF per lab	6,384	6,325 GSF	59	Yes
Physical Therapy	NA	23/GSF/Bed	2,943	6,647 GSF	3,704	No
Outpatient Testing	NA	No Standard	2,566	No standard	No standard	No standard
Neuro-Diagnostics	NA	No Standard	676	No standard	No standard	No standard
Inpatient Dialysis	NA	No Standard	3,227	No standard	No standard	No standard
Central Sterile Processing	NA	18 GSF/Bed	6,435	5,202	1,233	Yes
Respiratory Therapy	NA	8.9/GSF/Bed	1,800	2,572	1,799	No

(1) Source: Information provided by the applicants

Table Nine illustrates the number of beds that are justified at a given growth rate at the target occupancy by 2014 (the second year after project completion). The State Agency notes that over the past five years, the applicants' facility in Joliet has experienced a growth in inpatient days of approximately 5% per year. This was verified with the data contained in the hospital profiles. Assuming this growth continues, the applicants' projections appear reasonable and attainable. However, the State Agency notes the difficulty to make projections given the uncertainty of the health care environment; especially projections in which the timeframe is eight years into the future.

TABLE NINE
Projected Utilization for different growth factors at the State Board's Target Occupancy ⁽¹⁾⁽²⁾

Service	Beds Requested	Target Occupancy	2012	2013	2014	2012	2013	2014
			Projected Patient Days			Projected Occupancy		
Med/Surg	194	85%	56,617	58,827	61,037	80%	83%	86%
Pediatric	8	65%	2,359	2,451	2,543	81%	84%	87%
ICU	22	60%	5,185	5,386	5,588	65%	67%	70%
OB	30	75%	7,997	8,308	8,621	73%	76%	78%
Rehab	15	85%	4,419	4,592	4,765	81%	84%	87%

TABLE NINE Projected Utilization for different growth factors at the State Board's Target Occupancy ⁽¹⁾⁽²⁾									
				2012	2013	2014	2012	2013	2014
Service	Beds Requested		Target Occupancy	Projected Patient Days			Projected Occupancy		
AMI	20		85%	5,959	6,192	6,426	82%	85%	88%
TOTALS	289								

1. Based upon Hammes Study
 2. Includes observation day projections for M/S, Peds and OB.

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

XVI. Financial Feasibility Criteria

A. Criterion 1120.210(a) - Financial Viability

The criterion states:

“If an applicants has not documented a bond rating of “A” or better (pursuant to Section 1120.120), then the applicants must address the review criteria in this Section.”

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 applicants 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 applicants default.”

The applicants provided a bond rating of “A” from Fitch Ratings as required by rule.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY RATIOS CRITERION.

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

The applicants provided a bond rating from Fitch Ratings documenting a bond rating of A. These criteria are not applicable to this project.

XVII. Economic Feasibility 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 applicants must submit a notarized statement signed by two authorized representatives of the applicants 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 provided evidence of an “A” bond rating from Fitch Ratings. This criterion is not applicable to this project.

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

The criterion states:

“The applicants 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 applicants 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 applicants entity.”

The applicants provided a notarized letter attesting to the requirements of this criterion (page 1181 of the application for permit).

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CONDITIONS OF DEBT FINANCING CRITERION.

C. Criterion 1120.310(c) - Reasonableness of Project 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 applicants 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 applicants 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 applicants 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 applicants 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 applicants 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 applicants 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 applicants must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed."

The State Agency notes only the clinical costs of the project were evaluated for reasonableness to the State Board's standards.

Preplanning Costs - These costs total \$2,713,750, or 1.2% of construction, contingencies and equipment. This appears reasonable compared to the State Standard of 1.8%.

Site Survey/Soil Investigation/Site Preparation- These costs are \$4,902,818, or 3.2% of construction and contingency costs. This appears reasonable compared to the State standard of 5%.

Off Site Work - These costs total \$12,312,481. The State Board does not have standards for these costs.

New Construction Costs and Contingencies - These costs total \$153,256,312, or \$448.58 per GSF. This appears high compared to the adjusted State standard of \$405.98 per GSF. Under the standard, the applicants would be allowed \$138,699,819 for this cost. The applicants exceed the standard by \$14,556,493, or 10.5%. Table Ten displays the State Agency's finding.

TABLE TEN		
Proposed Construction Costs	Adjusted State Standard	Difference
\$153,256,312	\$138,699,819	\$14,556,493
Proposed Construction Costs per GSF	Adjusted State Standard per GSF	Difference per GSF
\$448.58	\$405.98	\$42.60

Contingencies - These costs total \$13,932,392, or 10% of construction costs. This appears reasonable compared to the State standard of 10% - 15%.

Architectural/Engineering Fees - These costs total \$8,812,238, or 5.8% of construction and contingency costs. These costs appear reasonable compared State standard of 2.3% - 5.8%.

Consulting and Other Fees - These costs total \$6,066,224. The State Board does not have standards for these costs.

Movable or Other Equipment - These costs total \$80,029,699. The State Board does not have standards for hospital-based projects.

Bond Interest Expense - These costs total \$1,625,000. The State Board does not have standards for these costs.

Net Interest Expense During Construction - These costs total \$4,225,000. The State Board does not have standards for these costs.

Other Costs to be Capitalized - These costs total \$902,480. The State Board does not have standards for these costs.

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

D. Criterion 1120.310(d) - Projected Operating Costs

The criterion states:

“The applicants 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 projected operating cost per equivalent patient day is \$1,827.48. The State Board does not have standards for these costs.

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

The criterion states:

“The applicants 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 projected capital cost per equivalent patient day is \$39.80. The State Board does not have standards for these costs.

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

This criterion is not applicable to the project.

Ownership, Management, and Other General Information:

Ownership: Silver Cross Hospital & Medical Centers
 Operator: Silver Cross Hospital & Medical Centers
 Management: Non-Government Other Non-Profit
 Facility Type:
 Address: 1200 Maple Street IDPH Number: 2170
 City: Joliet HPA A-13
 County: Will County HSA 9

Patients by Race

White 79.6%
 Black 19.2%
 American Indian 0.0%
 Asian 0.1%
 Hawaiian/ Pacific 0.0%
 Unknown: 1.1%

Patients by Ethnicity

Hispanic or Latino: 12.5%
 Not Hispanic or Latino 86.5%
 Unknown: 1.1%

Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds	Beds Setup 10/1/2006	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Beds Occupancy Rate %
Medical/Surgical	184	165	165	165	11,252	43,408	3,674	4.2	129.0	70.1	78.2
0-14 Years					0	0					
15-44 Years					2,613	7,298					
45-64 Years					3,470	12,628					
65-74 Years					2,017	8,735					
75 Years +					3,152	14,747					
Pediatric	39	20	20	20	527	1,012	649	3.2	4.6	11.7	22.8
Intensive Care	18	18	18	18	1,633	4,067	1	2.5	11.1	61.9	61.9
Direct Admission					1,233	2,807					
Transfers					400	1,260					
Obstetric/Gynecology	26	22	22	22	2,318	5,503	76	2.4	15.3	58.8	69.5
Maternity					2,221	5,267					
Clean Gynecology					97	236					
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					0	0		0.0	0.0		
Acute Mental Illness	20	14	14	14	794	3,672	0	4.6	10.1	50.3	71.9
Rehabilitation	17	17	17	17	388	4,813	0	12.4	13.2	77.6	77.6
Dedicated Observation	0						0				
Totals	304	256			16,912	62,475	4,400	4.0	183.2		
Minus ICU Transfers					400						
Facility Utilization	304	256			16,512	62,475	4,400	4.0	183.2		

Inpatient and Outpatient Information by Payor Source

	Medicare	Medicaid	Other Public	Other Insurance	Private Pay	Charity Care	Totals
Inpatients	43.7%	19.9%	0.1%	29.2%	4.4%	2.8%	
	7208	3281	22	4824	722	455	16512
Outpatients	25.6%	10.2%	0.1%	60.9%	2.7%	0.6%	
	30269	12045	88	72038	3195	716	118351

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	104	122	273	255	528	2.6	2.1
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	7	7	1364	1347	2446	1732	4178	1.8	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	116	9	614	12	626	5.3	1.3
OB/Gynecology	0	0	0	0	371	440	674	520	1194	1.8	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	6	484	10	502	512	1.7	1.0
Orthopedic	0	0	0	0	826	758	1878	1040	2918	2.3	1.4
Otolaryngology	0	0	0	0	144	365	293	433	726	2.0	1.2
Plastic Surgery	0	0	0	0	33	136	83	170	253	2.5	1.3
Podiatry	0	0	0	0	5	178	10	285	295	2.0	1.6
Thoracic	0	0	0	0	26	0	66	0	66	2.5	0.0
Urology	0	0	1	1	202	257	477	386	863	2.4	1.5
Totals	0	0	8	8	3197	4096	6824	5335	12159	2.1	1.3

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

13

Stage 2 Recovery Stations

21

Surgical Utilization - Procedure Rooms

<u>Room Type</u>	<u>Inpatient Rooms</u>	<u>Outpatient Rooms</u>	<u>Combined Rooms</u>	<u>Total Rooms</u>	<u>Inpatient Cases</u>	<u>Outpatient Cases</u>	<u>Inpatient Hours</u>	<u>Outpatient Hours</u>	<u>Total Hours</u>
<i>Gastrointestinal</i>	0	0	3	3	1190	3669	939	2813	3752
<i>Laser Eye Procedures</i>	0	0	1	1	0	110	0	31	31
<i>Pain Management</i>	0	0	0	0	0	0	0	0	0
<i>C-Section Procedures</i>	0	0	0	0	0	0	0	0	0
<i>Cystoscopy</i>	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0

Birthing Data

Organ Transplantation

Cardiac Catheterization Labs

Number of Deliveries:	2,008
Number of Live Births:	1,991
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0

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

Multi-Purpose Catheterization Labs	1
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1
Total Catheterization Labs	2

Cardiac Catheterization Utilization

Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	466
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations	129

Cardiac Surgery Data

Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Total:	0
Coronary Artery Bypass Grafts (CABGs):	0

Trauma Care

Level of Trauma Service	Level 2
Operating Rooms Dedicated for Trauma Care	0

Laboratory Studies

Inpatient Studies	461,576
Outpatient Studies	937,338
Studies Performed Under Contract	0

Newborn Nursery Utilization

Level 1 Patient Days	4,112
Level 2 Patient Days	598
Level 2+ Patient Days	167
Total Nursery Patientdays	4877

Emergency Service Data

Emergency Service Type:	Comprehensive
Persons Treated by Emergency Services:	51,268
Patients Admitted from Emergency:	10,203

Outpatient Service Data

Persons Treated by Outpatient Services:	117,635
Patients Admitted from Outpatient Services:	0

Diagnostic and Therapeutic Equipment

Examinations

<u>Equipment</u>	<u>Diagnostic and Therapeutic Equipment</u>			<u>Examinations</u>		
	<u>Hospital Owned</u>	<u>Shared</u>	<u>Contracted</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Contractual</u>
<i>General Radiography/Fluoroscopy</i>	14	0	0	12,499	42,078	0
<i>Nuclear Medicine</i>	4	0	0	3,023	2,926	0
<i>Mammography</i>	3	0	0	0	7,225	0
<i>Ultrasound</i>	6	0	0	5,669	17,904	0
<i>Angiography</i>	1	0	0	173	321	0
<i>Positron Emission Tomography (PET)</i>	0	0	1	0	0	288
<i>Computerized Axial Tomography (CAT)</i>	2	0	0	4,708	17,897	0
<i>Magnetic Resonance Imaging</i>	2	1	0	2,278	5,251	0

Treatment Courses

<i>Lithotripsy</i>	0	0	0	0
<u>Radiation Therapy Equipment:</u>				
<i>Linear Accelerator</i>	0	0	0	0
	0	0	0	0

Contractors for Equipment

Contractor

<u>Type of Equipment</u>	
GE MRI	REMEDY MEDICAL
GE PET	MEDICAL OUTSOURCING

