

DOCKET NO: A - 13	BOARD MEETING: February 26-27, 2008	PROJECT NO: 07-104	PROJECT COST: Original: \$475,479,765 Current: \$
FACILITY NAME: Elmhurst Memorial Hospital		CITY: Elmhurst	
TYPE OF PROJECT: Substantive			HSA: VII

PROJECT DESCRIPTION: The applicants propose to discontinue Medical/Surgical (“M/S”), Pediatric (“Peds”), Intensive Care (“ICU”), Obstetric (“OB”), Cardiac Catheterization (“Cardiac Cath”) and Open-heart Surgery services at Elmhurst Memorial Hospital (Berteau Avenue facility). The discontinuation of these services will result in the discontinuation of 289 M/S beds, 26 Peds beds, 26 OB beds and 30 ICU beds. The applicants also propose to establish a new 259-bed acute care hospital at their York Street property in Elmhurst. The York Street hospital will have 198 M/S, six Peds, 20 OB, and 35 ICU beds in addition to Cardiac Cath and Open-heart Surgery services. The Berteau Avenue facility will continue to operate Skilled Nursing Care and Acute Mental Illness (“AMI”) services. The total project entails new construction and modernization of 1,042,501 GSF upon project completion. The total estimated project cost is \$475,479,765.

The State Agency notes the applicants originally submitted this application as a modernization project, and proposed to “relocate” beds/services from their current facility to the proposed facility, without the establishment of a new facility. The applicants explained that modernization is justified due to the hospital’s need to correct deficiencies, and that they are applying for a single hospital license for buildings on both the York Street and Berteau Avenue campuses (in accordance with Section 4.5 of the Illinois Hospital Licensing Act).

However, the State Board’s rules do not allow the “relocation” of beds/services between facilities and locations. Therefore, the State Agency views and reviewed this application as the discontinuation of beds/services (Berteau Avenue campus) and the establishment of a new facility (York Street campus). During the review of the application, the State Agency requested that the applicants submit additional material to satisfy the requirements for discontinuation and the establishment of a new facility. While the applicants stated they disagreed with this determination, they complied with this request, and made the following statement; “By submitting this information, EMH does not intend to waive its rights to have its application reviewed as a modernization project and not as a project to establish a new hospital or establish any new categories of service.”

STATE AGENCY REPORT
 Elmhurst Memorial Hospital
 Elmhurst, Illinois
 Project #07-104

APPLICATION SUMMARY	
Applicant(s)	Elmhurst Memorial Healthcare and Elmhurst Memorial Hospital
Facility Name	Elmhurst Memorial Hospital
Location	Elmhurst, Illinois
Application Received	June 22, 2007
Application Deemed Complete	September 11, 2007
Scheduled Review Period Ended	January 4, 2008
Review Period Extended by the State Agency?	No
Public Hearing Held?	September 27, 2007
Applicants' Deferred Project?	No
Can Applicants Request Another Deferral?	No
Applicants' Modified the Project?	No

I. The Proposed Project

The applicants propose to discontinue M/S, Peds, ICU, OB, Cardiac Catheterization and Open-heart Surgery services at Elmhurst Memorial Hospital's Berteau Avenue facility. This discontinuation will result in the discontinuation of 289 M/S, 26 Peds, 26 OB and 30 ICU beds. The applicants also propose to establish a new 259-bed acute care hospital at their York Street property in Elmhurst. The new hospital will have 198 M/S, six Peds, 20 OB, and 35 ICU beds in addition to Cardiac Cath and Open-heart Surgery services. The Berteau Avenue facility will continue to operate Skilled Nursing Care and AMI services. The total project entails new construction and modernization of 1,042,501 GSF. The total estimated project cost is \$475,479,765.

II. Summary of Findings

- A. The State Agency finds the proposed project does **not** appear to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project does **not** appear to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Elmhurst Memorial Hospital ("EMH") and Elmhurst Memorial Healthcare. Elmhurst Memorial Healthcare is the parent corporation

of EMH. Elmhurst Memorial Healthcare is the entity that owns the site where the proposed hospital will be located. EMH will be the operating entity and will hold the license of the proposed hospital. Table One displays Elmhurst Memorial Hospital's utilization data for 2006. This data includes authorized beds, authorized beds, average length of stay, average daily census and occupancy for all services provided. This data was obtained from IDPH's hospital profile.

TABLE ONE				
Service	Authorized Beds	Average Length of Stay	Average Daily Census	Utilization
M/S	289	5.9	173.1	59.9%
Pediatric	26	4.9	3.3	12.6%
ICU	30	2.7	22.2	74.0%
OB	26	3.3	14.4	55.5%
Long-term Care	38	12.9	30.6	80.5%
AMI	18	7.5	12.4	69.1%
TOTALS	427	5.7	256.0	60.0%

Table Two displays EMH's payor mix. This data was also obtained from IDPH's 2006 hospital profile.

TABLE TWO		
Elmhurst Memorial Hospital's 2006 Payor Mix Information		
Payor	Patients	Percent of Patients
Medicare	8,435	51.7%
Medicaid	1,258	7.7%
Other Public	32	0.2%
Other Insurance	6,094	37.3%
Private Pay	217	1.3%
Charity	289	1.8%
TOTALS	16,325	100.0%

The proposed facility does not have an address but will be located at "York Street to Euclid Avenue, Roosevelt Road to Harvard Street" in Elmhurst, and will be adjacent to the hospital's existing ambulatory surgery center ("ASTC") located at 1200 South York Road in Elmhurst. The proposed York Street location is approximately 10 minutes and 3.1 miles from the existing hospital.

The new facility will be located in DuPage County (HSA VII) in the A-05 hospital planning area ("HPA"). A-05 is comprised of DuPage and Suburban Cook Counties (excluding Chicago). Currently, there are six general hospitals in A-05, including: Central DuPage Hospital (Winfield), Edward Hospital (Naperville), Adventist Glen Oaks (Glendale Heights), Advocate Good Samaritan Hospital (Downers Grove), Adventist Hinsdale Hospital (Hinsdale), and the applicants' facility Elmhurst Memorial Hospital. Table Three reflects the occupancy of the

hospitals in Planning Area A-05. The table contains data on authorized beds for the M/S, OB, and ICU; respective occupancy rates for CY 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 are from the proposed York Street facility and were obtained from Map Quest. The table is sorted based on travel time from the applicants' proposed facility.

Hospital	Location	Distance (miles) ⁽¹⁾	Travel Time (minutes) ⁽¹⁾	2006 Beds ⁽²⁾			2006 Utilization ⁽²⁾⁽³⁾		
				M/S- Peds	ICU	OB	M/S-Peds	ICU	OB
Hinsdale Hospital	Hinsdale	5.3	9	221	31	37	60%	70%	56%
Good Samaritan	Downers Grv	6.4	9	201	44	36	74%	80%	37%
Elmhurst Mem.	Elmhurst	3.1	10	315	30	26	60%	74%	56%
Glen Oaks	Glendale Hts	14.7	20	103	10	15	19%	100%	27%
Edward Hospital	Naperville	17.1	25	206	39	25	81%	80%	120%
Central DuPage	Winfield	16.7	26	271	32	35	55%	73%	89%

1) Distance and Travel Time is from the proposed York Street facility and was determined from MapQuest
 2) Beds and Utilization determined from the IDPH Annual Hospital Questionnaires 2006.
 3) The State Board's target utilization for the M/S service is 80% (for hospitals with 1-100 beds), 85% (for hospitals with 101-199 beds) and 90% (for hospitals with 200 or more beds). The target utilization for the ICU service is 60% regardless of the number of ICU beds in the facility. The target utilization for the OB service is 60% (for hospitals with OB units with 1-10 beds, 75% for hospitals with OB units with 11-25 beds, and 78% for hospitals with OB units of 26 or more beds)

There are 76 facilities within a 45-minute drive time of the proposed facility. Table Four reflects the occupancy of the hospitals within 45 minutes travel time of the proposed facility. The table contains data on authorized beds for M/S, OB, and ICU services; respective occupancy rates for 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 are from the proposed York Street facility and were obtained from Map Quest. The table is sorted based on travel time from the applicants' proposed facility.

Name	City	Distance (miles) ⁽¹⁾	Travel Time (minutes) ⁽¹⁾	Beds ⁽²⁾				Utilization ⁽²⁾			
				M/S	PED	OB	ICU	M/S	PED	ICU	OB
Adventist Bolingbrook Hospital	Bolingbrook	21.6	27	Not operational in 2006							
Adventist Hinsdale Hospital	Hinsdale	5.3	9	197	24	37	31	1%	36%	70%	57%
Advocate Good Samaritan	Downers Grove	6.3	9	185	16	36	44	74%	55%	80%	37%
Elmhurst Memorial Hospital	Elmhurst	3.0	10	289	26	26	30	60%	13%	74%	56%
Loyola University Medic	Maywood	6.6	10	298	32	30	134	64%	59%	70%	112%
Rush Oak Park Hospital	Oak Park	8.3	12	187	0	0	14	25%	0%	59%	0%
Kindred Hospital - Northlake	Northlake	5.5	13	94	0	0	0	65%	0%	0%	0%
RML Health Providers, L.P.	Hinsdale	8.9	13	174	0	0	0	36%	0%	0%	0%
Loretto Hospital	Chicago	10	13	125	10	0	12	41%	0%	74%	0%
Westlake Community Hospital	Melrose Park	7.1	14	158	5	24	20	30%	14%	82%	39%
Adventist LaGrange Memorial	LaGrange	7.4	14	165	8	23	27	61%	7%	34%	20%

Name	City	Distance (miles) ⁽¹⁾	Travel Time (minutes) ⁽¹⁾	Beds ⁽²⁾				Utilization ⁽²⁾			
				M/S	PED	OB	ICU	M/S	PED	ICU	OB
Gottlieb Memorial Hospital	Melrose Park	9.2	16	154	12	30	24	59%	4%	62%	19%
West Suburban Hospital	Oak Park	10.8	17	135	29	20	24	60%	4%	52%	79%
Advocate Bethany Hospital	Chicago	12.9	18	150	0	0	0	16%	0%	0%	0%
Rush University Medical Center	Chicago	14.9	18	468	70	44	95	54%	20%	58%	63%
MacNeal Memorial Hospital	Berwyn	11.2	19	301	10	25	26	54%	27%	54%	53%
John H. Stroger Hospital of Cook	Chicago	14.6	19	228	40	40	98	95%	41%	55%	72%
Adventist Glen Oaks Hospital	Glendale Height	14.6	20	103	0	15	10	0%	0%	1%	0%
Alexian Brothers Medical Center	Elk Grove Villa	13.8	20	257	0	28	36	75%	0%	64%	84%
Mount Sinai Hospital Medical	Chicago	14.3	20	276	31	27	34	44%	49%	27%	101%
University of Illinois Medical	Chicago	15.2	20	248	44	45	65	63%	37%	90%	59%
St. Anthony Hospital	Chicago	14.6	21	77	12	20	15	56%	43%	29%	58%
Sacred Heart Hospital	Chicago	14.7	22	111	0	0	8	30%	0%	40%	0%
Norwegian American Hospital	Chicago	15.1	23	98	5	48	12	79%	78%	83%	31%
Resurrection Medical Center	Chicago	17.1	23	318	17	23	30	59%	8%	81%	39%
Advocate Lutheran General	Park Ridge	17.9	23	313	48	62	61	70%	57%	52%	58%
Saint Mary Of Nazareth Hospital	Chicago	16.1	24	186	14	20	32	61%	42%	46%	71%
St. Elizabeth's Hospital	Chicago	16.4	25	186	14	20	32	61%	42%	46%	71%
Edward Hospital	Naperville	17.1	25	199	7	25	39	81%	90%	80%	120%
Holy Family Hospital	Des Plaines	18.9	25	220	0	0	18	19%	0%	10%	0%
Central DuPage Hospital	Winfield	16.7	26	261	10	35	32	55%	81%	73%	90%
Northwestern Memorial Hospital	Chicago	19	26	506	0	134	92	73%	0%	74%	67%
Palos Community Hospital	Palos Heights	19.4	26	315	17	32	24	66%	18%	65%	44%
Mercy Hospital & Medical Center	Chicago	19.8	26	289	37	30	30	37%	8%	33%	59%
Michael Reese Hospital	Chicago	19.8	26	456	50	81	42	12%	12%	20%	16%
St. Bernard Hospital	Chicago	23.2	28	110	28	22	10	67%	6%	41%	39%
Our Lady of Resurrection Medical	Chicago	15.1	29	377	0	0	20	30%	0%	88%	0%
Northwest Community Hospital	Arlington Heigh	17.7	29	336	16	44	60	67%	34%	42%	55%
Advocate Christ Medical Center	Oak Lawn	18.5	29	368	45	39	103	88%	76%	64%	84%
Lincoln Park Hospital	Chicago	20.8	30	293	21	20	32	11%	0%	21%	12%
Children's Memorial Hospital	Chicago	20.9	30	0	151	0	48	0%	71%	78%	0%
Kindred Chicago Central Hospital	Chicago	22.3	30	107	0	0	7	31%	0%	76%	0%
Glenbrook Hospital	Glenview	23.5	30	131	0	0	12	87%	0%	81%	0%
Provena Mercy Medical Center	Aurora	24.3	30	156	28	16	16	50%	24%	30%	51%
Advocate Illinois Masonic Medical	Chicago	21.8	31	347	30	53	37	43%	33%	68%	49%
Rush-Copley Medical Center	Aurora	23.8	31	116	0	28	12	66%	0%	72%	105%
Saint Joseph Hospital	Chicago	21.6	32	242	16	23	37	54%	12%	43%	67%
Kindred Hospital Chicago North	Chicago	23.4	32	126	0	0	8	67%	0%	83%	0%
University Of Chicago Medical	Chicago	23.6	32	327	64	50	92	81%	77%	90%	58%
St. Alexius Medical Center	Hoffman Estates	22.1	33	239	35	28	29	51%	51%	64%	77%
St. Francis Hospital & Heath Ctr	Blue Island	23.6	33	319	33	30	28	47%	9%	65%	36%
Oak Forest Hospital	Oak Forest	23.9	33	137	0	0	8	43%	0%	86%	0%
Ingalls Memorial Hospital	Harvey	27.3	33	355	49	32	26	48%	6%	79%	59%
Neuro and Ortho Inst of Chicago	Chicago	23	34	52	0	0	18	9%	0%	29%	0%

Name	City	Distance (miles) ⁽¹⁾	Travel Time (minutes) ⁽¹⁾	Beds ⁽²⁾				Utilization ⁽²⁾			
				M/S	PED	OB	ICU	M/S	PED	ICU	OB
Little Company of Mary Hospital	Evergreen Park	20.6	35	339	37	40	29	45%	11%	22%	40%
Swedish Covenant Hospital	Chicago	22.8	35	182	6	21	18	80%	42%	76%	82%
Thorek Memorial Hospital	Chicago	23.1	35	187	0	0	11	37%	0%	73%	0%
Louis A. Weiss Memorial Hospital	Chicago	24.3	36	287	0	18	16	23%	0%	78%	36%
Jackson Park Hosp. Foundation	Chicago	26.7	36	203	15	20	12	18%	0%	61%	13%
Advocate South Suburban	Hazel Crest	28.5	36	207	0	16	20	59%	0%	62%	48%
Advocate Trinity Hospital	Chicago	29.1	36	206	0	32	12	58%	0%	88%	36%
Methodist Hospital of Chicago	Chicago	23.6	37	157	0	0	13	17%	0%	37%	0%
Rush North Shore Medical Center	Skokie	24.5	37	173	2	19	20	65%	0%	68%	29%
Holy Cross Hospital	Chicago	21.9	38	204	0	16	20	69%	0%	87%	36%
Roseland Community Hospital	Chicago	29.5	38	132	0	20	10	37%	0%	40%	18%
South Shore Hospital	Chicago	28.2	39	117	0	0	8	67%	0%	74%	0%
Delnor Community Hospital	Geneva	30	39	121	0	18	20	61%	0%	76%	76%
St. Francis Hospital	Evanston	27.1	42	290	20	19	46	39%	15%	50%	41%
Lake Forest Hospital	Lake Forest	34.5	42	74	10	23	10	76%	33%	63%	80%
St. James Hospital	Olympia Fields	35.1	42	118	18	9	26	85%	39%	76%	37%
Advocate - Good Shepherd	Barrington	32.1	43	113	14	24	18	82%	12%	81%	60%
Sherman Hospital	Elgin	31.4	44	189	8	28	30	68%	54%	48%	57%
Highland Park Hospital	Highland Park	32.8	44	138	6	25	17	59%	22%	62%	60%
St. James Hospital	Chicago Heights	34.3	44	307	10	24	20	43%	5%	43%	38%
Provena Saint Joseph Hospital	Elgin	31.2	45	99	0	15	15	74%	0%	70%	30%

1) Distance and Travel Time is from the proposed York Street facility and was determined from MapQuest
 2) Beds and Utilization was determined from the IDPH Annual Hospital Questionnaires

Table Five outlines the proposed bed capacity of Elmhurst Memorial Hospital's Berteau Avenue and York Street facilities.

TABLE FIVE			
Proposed Bed Capacity			
Elmhurst Memorial Hospital - Berteau Avenue (existing hospital)			
Category of Service	Existing Beds	Bed Changes	Proposed Beds
Medical-Surgical	289	-289	0
Pediatrics	26	-26	0
Obstetrics	26	-26	0
Intensive Care	30	-30	0
Acute Mental Illness	18	0	18
Nursing Care	38	0	38
TOTAL	427	-371	56
Elmhurst Memorial Hospital - York Street (proposed hospital)			
Category of Service	Proposed Beds		
Medical-Surgical	198		
Pediatrics	6		
Obstetrics	20		
Intensive Care	35		
TOTAL	259		

This is a Category B substantive project subject to both a Part 1110 and Part 1120 review. Project obligation will occur after permit issuance. The anticipated project completion date is June 30, 2013. The Illinois Department of Public Health's January 2008 update to the Inventory of Healthcare Facilities and Services and Need Determination ("Inventory") shows a computed excess of 403 M/S-Peds, 22 ICU, and 81 OB beds in the A-05 planning area.

A public hearing was held for this project on October 26, 2007. Ninety-two individuals attended the hearing. There were 65 individuals who testified in support for the project and three individuals who testified in opposition. The transcript and written comments from this hearing are included in the State Board's packet of material. Separately, the State Agency received 33 letters of support and two letters of opposition for this proposal.

IV. The Proposed Project - Details

The applicants propose to discontinue M/S, Peds, ICU, OB, Cardiac Cath and Open-heart Surgery services at their Berteau Avenue facility (Elmhurst) and discontinue 289 M/S, 26 Peds, 26 OB and 30 ICU beds. The applicants also propose to establish a new 259-bed acute care hospital at their York Street property in Elmhurst. The York Street campus hospital will have 198 M/S, six Peds, 20 OB, and 35 ICU beds in addition to Cardiac Cath and Open-heart Surgery services. The hospital's Berteau Avenue facility will continue to operate Skilled Nursing Care and AMI services. The York Street hospital will have six floors, plus a lower level, with mechanicals located on the 6th floor. The first

floor will contain Peds, the second floor will contain ICU, the third floor will contain OB, and the fourth and fifth floors will contain M/S beds. The new hospital will have all private rooms.

The York Street facility will be located in adjacent to, and attached to, the applicants existing ASTC and medical office building (“MOB”). The ASTC is Elmhurst Outpatient Surgery Center. The project also proposes expansion and modernization of the MOB, and vacating space at the Berteau Avenue location. The proposed York Street location is approximately 10 minutes and 3.1 miles from the existing Berteau Avenue facility.

In accordance with Section 4.5 of the Illinois Hospital Licensing Act, Elmhurst Memorial Hospital stated they will propose that IDPH issue a single hospital license for buildings on both the York Street and Berteau Avenue campuses. Inpatient and outpatient services will be provided at both locations, and the two locations will operate with a single board of directors, a single medical staff that is governed by a single set of medical staff bylaws, rules and regulations, a single chief executive officer, and with coordination of services and operations between the two locations.

The total estimated project cost is \$475,479,765. The applicants had previously purchased the land at a cost of \$4,912,373. The applicants state that plans have not been made for the vacated space at the Berteau Avenue facility.

V. Project Costs and Sources of Funds

Table Six shows the project’s sources and uses of funds. The project is being funded with cash and securities of \$153,640,142, a bond issue of \$166,974,182 and a lease of \$9,680,000. The State Agency notes the project has clinical and non-clinical components. The clinical components comprise 53.4% of the cost and 43.5% of the GSF; while the non-clinical components comprise 46.6% of cost and 56.5% of the GSF.

TABLE SIX			
Project Cost Information			
Use of Funds	Total	Clinical	Non Clinical
Preplanning Costs	\$5,019,614	\$2,218,115	\$2,801,499
Site Survey and Soil Investigation	\$235,000	\$0	\$235,000
Site Preparation	\$4,400,000	\$239,231	\$4,160,769
Off Site Work	\$14,674,058	\$0	\$14,674,058
New Construction Contracts	\$289,825,628	\$146,353,935	\$143,471,693
Modernization	\$1,181,520	\$1,181,520	\$0

TABLE SIX			
Project Cost Information			
Contingencies	\$29,100,714	\$14,753,545	\$14,347,169
A & E Fees	\$14,000,970	\$6,089,943	\$7,911,027
Consulting and Other Fees	\$16,558,484	\$7,308,235	\$9,250,249
Movable or Other Equipment	\$69,504,155	\$55,260,444	\$14,243,711
Bond Issuance Expense	\$2,827,147	\$1,512,241	\$1,314,906
Net Interest Expense	\$16,832,475	\$9,003,690	\$7,828,785
FMV Lease (Equipment)	\$9,680,000	\$9,680,000	\$0
Other Costs to be Capitalized	\$1,640,000	\$713,344	\$926,656
TOTALS	\$475,479,765	\$254,314,243	\$221,165,522
Source of Funds	Total	Clinical	Non Clinical
Cash and Securities	\$153,640,142	\$77,660,061	\$75,980,081
Bond Proceeds	\$312,159,623	\$166,974,182	\$145,185,441
FMV Lease (Equipment)	\$9,680,000	\$9,680,000	\$0
TOTALS	\$475,479,765	\$254,314,243	\$221,165,522

VI. Cost Space Requirements

The applicants proposing to:

- Construct a new hospital (York Street campus) with 837,096 GSF
- Vacate 385,223 GSF at their existing hospital facility (Berteau Avenue facility); with 148,076 GSF remaining
- Expand their existing MOB by 29,786 GSF;
- Remodel 7,104 GSF in their existing MOB; and,
- Vacate 3,562 GSF at their existing MOB.

Table Seven displays a summary of the project’s clinical cost/space requirements for all three related structures; the York Street facility (new hospital), the Berteau Avenue facility (current hospital) and the existing MOB. At the end of this report, there is a table which provides details of each component of the project.

TABLE SEVEN							
Elmhurst Memorial Hospital Project - Cost/Space Requirements Summary							
Structure	Cost	Existing	Upon Project Completion	New	Remodeled	As is	Vacated Space
YORK STREET (New Hospital)							
Clinical	\$234,981,774	0	355,360	355,360	0	0	0
Non-Clinical	\$215,163,737	0	481,736	481,736	0	0	0
Totals	\$450,145,511	0	837,096	837,096	0	0	0
BERTEAU AVENUE (Existing Hospital)							
Total Clinical	\$0	312,159	30,531	0	0	30,531	281,628
Non-Clinical	\$0	221,140	117,545	0	0	117,545	103,595
Totals	\$0	533,299	148,076	0	0	148,076	385,223
MOB (Existing)							

TABLE SEVEN Elmhurst Memorial Hospital Project - Cost/Space Requirements Summary							
Structure	Cost	Existing	Upon Project Completion	New	Remodeled	As is	Vacated Space
Clinical	\$19,332,469	29,318	43,446	17,690	7,104	18,652	3,562
Non-Clinical	\$6,001,785	1,787	13,883	12,096	0	1,787	0
Totals	\$25,334,254	31,105	57,329	29,786	7,104	20,439	3,562
TOTAL PROJECT							
Clinical	\$254,314,243	312,159	385,891	355,360	7,104	30,531	281,628
Non-Clinical	\$221,165,522	222,927	613,164	493,832	0	119,332	103,595
Project Total	\$475,479,765	564,404	1,042,501	866,882	7,104	168,515	388,785

The applicants state they do not have any plans for the vacated space at the existing hospital (Berteau Avenue). The space vacated by Diagnostic Imaging at the MOB will be remodeled and become part of the Ambulatory Care Service.

VII. Bed Related Review Criteria

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

The criterion states:

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

The proposed hospital will be located in DuPage County, which is within a Metropolitan Statistical Area (“MSA”). The applicants propose 198 M/S 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 ESTABLISHMENT OF ADDITIONAL HOSPITALS CRITERION.

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

This criterion states:

“The applicant 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 propose to discontinue services at one hospital and establish a new facility with the identical services approximately 10 minutes and 3.1 miles away, intended to serve the same patient population. The proposed hospital will provide M/S/Peds, OB, and ICU inpatient services. As indicated in Table One, the proposed services are available in the planning area, the applicant did not document any restricted admission policies and the travel time to planning area facilities is not greater than 45 minutes. All planning area facilities exceed the ICU target occupancy of 60%. Central DuPage and Edward Hospitals exceed the OB target occupancy of 78%. Finally, all planning area hospitals are below the target occupancy for M/S (which varies from 80 - 90% depending on bed size).

The January 2008 update to the Inventory shows a computed excess of 403 M/S-Peds, 22 ICU, and 81 OB beds in the A-05 planning area. The discontinuation of services at the Berteau Campus would result in a computed excess of 88 M/S-Peds and 55 OB beds and a computed need for eight additional ICU beds. After discontinuing the beds at the Berteau Campus and establishing the new facility on York Street, there would be a computed excess of 292 M/S-Peds, 27 ICU and 75 OB beds. The bed inventory impact on planning area A-05 is reflected in Table Eight.

Bed Category	January 2008 Inventory Update	Inventory with discontinuation of services at Berteau Campus	Inventory with establishment of new facility at York Street
M/S-Peds	+403	+88	+292
OB	+81	+55	+75
ICU	+22	-8	+27

Table Nine illustrates the existing facility’s beds needed to achieve target occupancy, compared to the proposed number of beds at the new hospital. The State Agency notes 2006 data was obtained from the IDPH 2006 Annual Hospital Questionnaires.

TABLE NINE Elmhurst Memorial Hospital - Bed Need					
Bed Category	Current beds ⁽¹⁾	Occupancy ⁽¹⁾	Beds needed to achieve target occupancy ⁽²⁾	Proposed beds for new facility	Variance
M/S-Peds	315	56.5%	198	198	0
OB	26	55.5%	20	20	0
ICU	30	74.0%	37	35	-2
Total	371		255	253	-2
<small>(1) IDPH 2006 Annual Hospital Questionnaires (2) Target occupancy is 90% for M/S/Peds, 60% for ICU and 78% for OB.</small>					

As seen in Table Nine, the applicants request a number of beds at the proposed facility that would allow the hospital to achieve target occupancy.

Therefore, the State Agency notes the following:

- The applicants are not proposing to add new services to the planning area that would cause a further negative impact on the existing occupancy levels of the planning area providers.
- The State Agency notes that the proposed facility meets the State Board’s target occupancy standards.
- Area providers are in excess of target utilization in some services.

However, the applicants do not prove that access to the services will be improved as required of this criterion. Therefore, a positive finding cannot be made.

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 since the project is for the discontinuation of beds at one facility and the establishment of a new facility.

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

A. 1110.530(a) - Unit Size

The criterion states:

“Unit Size – Review Criterion

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

The new hospital will be located within an MSA. It will contain have 198 M/S, six Peds, 20 OB, and 35 ICU beds. The applicants are in conformance with the review criterion.

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

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

The criterion reads as follows:

“The applicant must document one or more of the following:

- 1) High Occupancy Variance
 - A) The applicant must document that the applicant facility has experienced high occupancy. Documentation shall consist of evidence that the historical average annual occupancy rate has equaled or exceeded the target occupancy for the prior 24-month period.
 - B) The applicant must also document that the number of beds proposed will not exceed the number needed to reduce the facility's high occupancy to the target occupancy, or if the number of beds proposed exceeds the number of beds justified by the applicant's historical workload, then projections may be used. Utilization projections must be based upon the following:
 - i) projections shall be based upon population projections from the U.S. Bureau of the Census
 - ii) projections shall be for a maximum period of 5 years from the date the application is submitted;
 - iii) projections shall be zip code and age-specific; and
 - iv) projections shall be based upon the applicant's service area as defined by historical patient origin, and shall

not include projected changes in market share. The projections provided must also demonstrate that the proposed number of beds will not exceed the number of beds needed to meet the target occupancy rate over the next 5 years.

As noted, there is a computed excess of MS, OB and ICU beds in the A-05 planning area. However as seen in Table Nine, the applicants propose an appropriate number of beds, according to their occupancy, for the proposed facility.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE VARIANCE TO BED NEED CRITERION.

IX. Review Criteria Relating to Open-heart Surgery

A. Criterion 1110.1230(a) - Peer Review

The criterion states:

“The applicant must document the mechanism for peer review of an open-heart surgery program.”

The applicants already operate a facility with Open-heart Surgery and already have a peer review program. The applicants certified they will continue to use the same peer review program at the proposed facility and they provided a copy of this program.

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

B. Criterion 1110.1230(b) - Establishment of Open-heart Surgery

The criterion states:

“The applicant must document a minimum of 200 open-heart surgical procedures will be performed during the second year of operation or that 750 cardiac catheterizations were performed in the latest 12 month period for which data is available. Anticipated open-heart surgical volume must be documented by historical referral volume of at least 200 patients directly referred following catheterization at the applicant facility to other

institutions for open-heart surgery for each of the last two years.”

According to the 2006 Annual Hospital Questionnaire, Elmhurst Memorial Hospital performed 1,758 Diagnostic Catheterizations, 425 Interventional Catheterizations and 700 EP Catheterizations. The hospital also performed 194 cardiac surgery procedures and 135 Coronary Artery Bypass Graphs. The applicants meet the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ESTABLISHMENT OF OPEN-HEART SURGERY CRITERION.

C. Criterion 1110.1230(c) - Unnecessary Duplication of Services

The criterion states:

“The applicant must document that the volume of any existing service within 90 minutes travel time from the applicant will not be reduced below 350 procedures annually for adults and 75 procedures annually for pediatrics. Documentation shall consist of proof of contact of all facilities within 90 minutes travel time currently providing open-heart surgery to determine the projected impact the project will have on existing open-heart surgery volume.”

The applicants provided certification that they contacted all facilities providing open-heart surgery within 90 minutes travel time. There were no letters received by the State Agency indicating that the new program would have an adverse impact on area providers. The applicants are discontinuing the provision of open-heart surgery services at their existing Berteau Avenue facility and establishing the service at the new York Street facility. Therefore, an additional open-heart surgery program is not being introduced to the planning area and there should be no additional impact on area providers. Table Ten reflects the 2006 volume of cardiac surgeries of Planning Area A-05 providers as obtained from the IDPH 2006 Annual Hospital Questionnaires.

TABLE TEN Planning Area A-05 Open-heart Surgery Volume		
Hospital	Location	2006 Cardiac Surgeries*
Elmhurst Memorial Hosp.	Elmhurst	194
Adventist Hinsdale Hospital	Hinsdale	102
Advocate Good Samaritan Hospital	Downers Grove	239
Central DuPage Hospital	Winfield	405
Edward Hospital	Naperville	282

As seen in Table Ten, area providers operating below 350 procedures annually for 2006 (including the applicants' facility). Therefore, a positive finding cannot be made.

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

D. Criterion 1110.1230(d) - Support Services

The criterion states:

"The applicant must document that the following support services and facilities are immediately available on a 24-hour basis and how such services will be mobilized in the case of emergencies.

- 1) Surgical and cardiological team appropriate for age group served.
- 2) Cardiac surgical intensive care unit.
- 3) Emergency room with full-time director, staffed 24 hours for cardiac emergencies with acute coronary suspect surveillance area and voice communication linkage to the ambulance service and the coronary care unit.
- 4) Catheterization-angiographics laboratory services.
- 5) Nuclear medicine laboratory.
- 6) Cardiographics laboratory, electrocardiography including exercise stress testing, continuous electrocardiograph (ECG) monitoring and phonocardiography.
- 7) Echocardiography service. This may or may not be a part of the cardiographics laboratory.
- 8) Hematology laboratory.
- 9) Microbiology laboratory.
- 10) Blood gas and electrolyte laboratory with microtechniques for pediatric patients.
- 11) Electrocardiographic laboratory.

- 12) Blood bank and coagulation laboratory.
- 13) Pulmonary function unit.
- 14) Installation of pacemakers.
- 15) Organized cardiopulmonary resuscitation team or capability.
- 16) Preventive maintenance program for all biomedical devices, electrical installations, and environmental controls.
- 17) Renal Dialysis."

The applicants are discontinuing the provision of open-heart surgery service at their existing facility and establishing the service at a new facility. The applicants provided documentation regarding the provision of these support services at the new facility.

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

E. Criterion 1110.1230(e) – Staffing

The criterion states:

"The applicant must document that a cardiac surgical team will be established. Such a team must be composed of at least the following:

- A) Two cardiac surgeons (at a minimum, one of which must be certified and the other qualified by the American Board of Thoracic Surgery) with special competence in cardiology, including cardiopulmonary anatomy, physiology, pathology, and pharmacology; extracorporeal perfusion technique; and interpretation of catheterization angiographic data.
- B) Operating room nurse personnel (Registered Nurse (RN), Licensed Practical Nurse (LPN), Surgical Technician). The nurse to patient ratio for the ICU module of open-heart surgery patient care should be no less than one nurse per one patient in the immediate recovery phase and one nurse per two patients thereafter.
- C) Anesthesiologists (Board certified by the American Board of Anesthesiology).
- D) Adult Cardiologists (Board certified by the American Board of Internal Medicine with subspecialty certification in cardiology).
- E) Physician who is Board certified in anatomic and clinical

pathology, with special expertise in microbiology, bloodbanking, lab aspects of blood coagulation, blood gases, and electrolytes.

- F) Pump technician, or operator of the extracorporeal pump oxygenator, who should have in-depth experience on the active cardiac surgical service that includes perfusion physiology, mechanics of pump operation, sterile technique, and use of monitoring equipment, whether he/she be a physician, nurse or technician.
 - G) Radiologic Technologist experienced in angiographic principles and catheterization procedure techniques who is experienced in the usage, operation and care of all catheterization equipment.
- 2) Documentation shall consist of:
- A) letters of interest from potential employees;
 - B) applications filed with the applicant for a position;
 - C) signed contracts with required staff; or
 - D) a narrative explanation of how other positions will be filled.

The applicants are discontinuing the provision of open-heart surgery services at their existing facility and establishing the service at a new facility. The applicants provided documentation regarding the establishment of these positions at the new facility.

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

X. Review Criteria Relating to Cardiac Catheterization

A. Criterion 1110.1330(a) – Peer Review

The criterion states:

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

The applicants currently operate a facility with cardiac catheterization service and have a peer review program. The applicants certified they

will continue to use the same peer review program at the new facility and provided a copy of this program.

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 applicant 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 standards as outlined in 77 Ill. Adm. Code 1100.620 state that no additional cardiac catheterization service should be started unless each facility in the planning area offering cardiac catheterization service operates at a level of 400 procedures annually. According to the 2006 Annual Hospital Questionnaire, Elmhurst Memorial Hospital performed 1,758 Diagnostic Catheterizations, 425 Interventional Catheterizations and 700 EP Catheterizations. They also performed 194 cardiac surgery procedures and 135 Coronary Artery Bypass Graphs. Table Eleven reflects the volume of Cardiac Catheterizations at all planning area A-05 facilities (data was obtained from the 2006 IDPH Annual Hospital Questionnaires).

Facility	Cardiac Catheterization Procedures
Adventist Glen Oaks Hospital	3
Adventist Hinsdale Hospital	1,019
Adventist LaGrange Mem Hospital	1,037
Advocate Christ Medical Center	5,000
Advocate Good Samaritan Hosp	2,499
Advocate Lutheran General Hosp	2,103
Advocate South Suburban Hosp	526
Alexian Brothers Medical Center	3,426

TABLE ELEVEN	
Volume of Cardiac Catheterization Procedures in the HSA VII Planning Area	
Facility	Cardiac Catheterization Procedures
Central DuPage Hospital	2,130
Edward Hospital	1,375
Elmhurst Memorial Hospital	1,758
Evanston Hospital	2,158
Glenbrook Hospital	204
Gottlieb Memorial Hospital	733
Ingalls Memorial Hospital	3,158
Little Company of Mary Hospital	479
Loyola University Medical Center	4,399
MacNeal Memorial Hospital	1,989
Northwest Community Hospital	3,198
Palos Community Hospital	1,590
Rush North Shore Medical Center	1,926
Rush Oak Park Hospital	137
St. Alexius Medical Center	1,166
St. Francis Hospital	1,946
St. James Hospital & Health Center	536
West Suburban Hospital	885
Westlake Community Hospital	967

* Source: 2006 IDPH Annual Hospital Questionnaires.

All area facilities are operating at a volume above 400 annual procedures. In addition, the applicants are discontinuing the provision of cardiac catheterization service at their existing facility and establishing the service at a new facility; therefore, the net result is that a new program is not being added to 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 applicant proposing the establishment of cardiac catheterization service must contact all facilities currently providing the service within the planning area in which the

applicant facility is located, to determine the impact the project will have on the patient volume at existing services.”

All area providers are currently operating at a volume in excess of 200 procedures (see Table Eleven). The applicants are discontinuing the provision of cardiac catheterization service at their existing facility and establishing the service at a new facility. Therefore, a new program is not being added to the planning area and it will not have an additional impact on current providers. The applicants provided documentation certifying that they contacted area providers. Several responses were received by the State Agency, all indicating there will not be an adverse impact on their facilities.

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

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

The applicants are discontinuing the provision of cardiac catheterization service at their existing facility and establishing the service at a new facility; therefore, this criterion is not applicable.

E. Criterion 1110.1330(d) - Support Services

The criterion states:

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

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

The applicants are discontinuing the provision of cardiac catheterization service at their existing facility and establishing the service at a new facility. The new facility will continue the same program with the same staff and support services. The applicants supplied verification and documentation reflecting that all support services will be available.

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

F. Criterion 1110.1330(f) - Laboratory Location

This criterion is for the addition of laboratories in an existing facility. The applicants are discontinuing the provision of cardiac catheterization services at their existing facility and establishing the service at a new facility; therefore, this criterion is not applicable.

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 applicant proposing to establish such a laboratory must document that the following personnel will be available:

- 1) Lab director board-certified in internal medicine, pediatrics or radiology with subspecialty training in cardiology or cardiovascular radiology.
- 2) A physician with training in cardiology and/or radiology present during examination with extra physician backup personnel available.
- 3) Nurse specially trained in critical care of cardiac patients, knowledge of cardiovascular medication, and understanding of catheterization equipment.
- 4) Radiologic technologist highly skilled in conventional radiographic techniques and angiographic principles, knowledgeable in every aspect of catheterization instrumentation, and with thorough knowledge of the anatomy and physiology of the cardiovascular system.
- 5) Cardiopulmonary technician for patient observation, handling

- blood samples and performing blood gas evaluation calculations.
- 6) Monitoring and recording technician for monitoring physiologic data and alerting physician to any changes.
 - 7) Electronic radiologic repair technician to perform systematic tests and routine maintenance; must be immediately available in the event of equipment failure during a procedure.
 - 8) Darkroom technician well trained in photographic processing and in the operation of automatic processors used for both sheet and cine film.

The applicants are discontinuing the provision of cardiac catheterization services at their existing facility and establishing the service at a new facility. The new facility will continue the same program with the same staff. The applicants supplied verification and documentation reflecting that all staffing will be available.

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

The applicants are discontinuing the provision of cardiac catheterization service and open-heart surgery at their existing facility and establishing both services at a new facility. The applicants propose the establishment of open-heart surgery for the proposed facility; therefore, this criterion is not applicable.

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

The applicants are not seeking a variance. The applicants are discontinuing the provision of cardiac catheterization service at their existing facility and establishing the service at a new facility. The services at the current facility will remain operational until the functions at the new facility are available. Therefore, this criterion is not applicable.

XI. General Review Criteria

A. Criterion 1110.230(a) - Location

The criterion states:

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

- 1) that the primary purpose of the proposed project will be to provide care to the residents of the planning area in which the proposed project will be physically located. Documentation for existing facilities shall include patient origin information for all admissions for the last 12 months. Patient origin information must be presented by zip code and be based upon the patient's legal residence other than a health care facility for the last six months immediately prior to admission. For all other projects for which referrals are required to support the project, patient origin information for the referrals is required. Each referral letter must contain a certification by the health care worker physician that the representations contained therein are true and correct. A complete set of the referral letters with original notarized signatures must accompany the application for permit.
- 2) that the location selected for a proposed project will not create a maldistribution of beds and services. Maldistribution is typified by such factors as: a ratio of beds to population (population will be based upon the most recent census data by zip code), within 30 minutes travel time under normal driving conditions of the proposed facility, which exceeds one and one half times the State average; an average utilization rate for the last 12 months for the facilities providing the proposed services within 30 minutes travel time under normal driving conditions of the proposed project which is below the Board's target occupancy rate; or the lack of a sufficient population concentration in an area to support the proposed project.”

The applicants provided a map outlining the intended service/market areas for the proposed facility. The target area will remain unchanged for the new facility as compared to their current facility. The applicants anticipate 69% of patient admissions to originate from DuPage County zip

codes, which is within the A-05 planning area. Therefore, the applicants demonstrated that the primary purpose of the project is to provide care to the residents of the planning area in which the proposed project will be located. The State Agency notes there are providers in the planning area operating above the target occupancy levels for the services proposed by the applicants.

The applicants also provided the ratio of beds to population for A-05. According to the applicants, the planning area has a bed to population ratio of 1.80 beds per thousand. This is below the State average of 2.6 beds per thousand populations. This appears to indicate a mal-distribution of beds in the A-05 planning area. In addition, the discontinuation of services, and the establishment of a new facility, will result in a computed excess of beds in the planning area. Therefore, a positive finding cannot be made.

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 applicant shall demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the fitness of the applicant, the State Board shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.”

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

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

C. Criterion 1110.230(c) - Alternatives

The criterion states:

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

The applicants considered five alternatives:

1. Do Nothing. Continue all services in their present facilities on the Berteau Avenue campus and on the York Street campus without modernizing, expanding or replacing those facilities.

The applicants rejected this alternative because it does not address the significant facility deficiencies and compliance issues. The applicants estimate this alternative would cost a minimum of \$112.7 million in capital expenditures to correct current code citations.

2. Modernize the Berteau Avenue hospital building in the existing facility.

The applicants rejected this alternative because it was infeasible considering the age of the facility, the extensive modernization required, the inability to correct deficiencies, the need not to disrupt patient care, the current inefficiencies of the facility layout, lack of parking, and lack of campus space and accessibility. The applicants estimate this alternative would cost approximately \$248 million.

3. Replace the Bertaeu Avenue hospital building on its existing site.

The applicants rejected this alternative because of the limited size of the campus, anticipated lack of city approval due the high-rise type of structure that would be needed, and resulting limited accessibility. The applicants estimate this alternative would cost \$655 million.

4. Replace the MOB in its entirety on the York Street campus and discontinue the existing hospital on the Berteau Avenue campus.

The applicants rejected this alternative because the costs exceed the cost of the proposed project, and the current facility location would still benefit the community with some services. The applicants estimate this alternative would cost \$520 million.

5. Undertake a joint venture with Adventist Midwest Health to build a single hospital that would replace acute care services at both Elmhurst and Hinsdale hospitals.

The applicants rejected this alternative because consensus was not reached between the two entities and the resulting costs would exceed the cost of the proposed project. The applicants estimate this alternative would cost in excess of \$700 million.

6. Use other area facilities

The applicants state the project does not propose to increase its capacity, but rather to decrease its bed capacity. This option is not considered to be an alternative to this project because it would not satisfy the need for this project, which is to continue serving its patients with new facilities. The use of other area facilities would not meet this need. The modernization and expansion that is proposed in this project is all necessary to meet the needs of Elmhurst Memorial Hospital's current workload. The applicants state this alternative would have \$0 costs to Elmhurst Memorial Hospital but might cause other hospitals to incur significant capital costs in order to accommodate the workload of this active hospital if it were, in fact, possible for them to do so.

7. Use of underutilized space

The applicants state this alternative is not feasible due to the age, deficiencies, inefficiencies and inaccessibility of the facility and the inability to transform the rooms into private rooms. The applicants estimate that this alternative would cost \$248 million.

Therefore, the State Agency notes the following:

1. The applicants are not proposing to add new services to the planning area that would cause a further negative impact on the existing occupancy levels of the planning area providers.
2. The State Agency notes the proposed facility meets the State Board's target occupancy standards.
3. Area providers are in excess of target utilization in some services.

However, the proposed project results in a computed excess of bed capacity in the planning area. Therefore, a positive finding cannot be made.

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

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

This criterion states:

"The project must be needed.

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

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

As seen in Table Nine, the applicants request a number of beds at the proposed facility that would allow the hospital to achieve target occupancy. However, the project will result in a computed excess of beds in the M/S, OB and ICU services. As a result, a positive finding cannot be made.

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 the Project

This criterion states:

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

- 1) The proposed project cannot exceed the norms for project size found in Appendix B of this Part unless the additional square footage beyond the norm can be justified by one of the following:
 - A) the proposed project requires additional space due to the scope of services provided;
 - B) the proposed project involves an existing facility where the facility design places impediments on the architectural design of the proposed project;
 - C) the proposed project involves the conversion of existing bed space and the excess square footage results from that conversion; or
 - D) the proposed project includes the addition of beds and the historical demand over the last five year period for private rooms has generated a need for conversion of multiple bed rooms to private usage.
- "2) When the State Board has established utilization targets for the beds or services proposed, the applicants must document that in the second year of operation the annual utilization of the beds or

service will meet or exceed the target utilization. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures which would increase utilization."

1. Size

Table Twelve displays the departments that have GSF standards established by the State Board, the project's proposed GSF and a comparison to State Board's standards. The proposed GSF combines GSF for all related locations; existing hospital, new hospital and the MOB.

Department	Beds/ Rooms	Proposed GSF Standard per Bed / Room / Lab	Proposed GSF	State Standard	Difference	Exceed Standard
M-S	198 Beds	401	100,698	79,398	21,300	Yes
Pediatric	6 Beds	420	3,806	2,520	1,286	Yes
ICU	35 Beds	603	19,283	21,105	-1,822	No
OB	20 Beds	476	10,395	9,520	875	Yes
LDRs	8 LDRs	1,975	15,150	15,800	-650	No
Cardiac Cath	3 Labs	1,596	4,724	4,788	-64	No
Emergency	24 Rooms	744.6	15,699	17,870	-2,171	No
Nursery I, II	NA	152	3,317	3,040	277	Yes
Surgery	15 ORs	2,078	30,210	31,170	-960	No
Recovery	15 Stations	180	2,691	2,700	-9	No
Diag Radiology	43 Rooms	1,386	44,895	59,598	-14,703	No
MRI	4 Rooms	3,400	7,843	13,600	-5,757	No
Nuclear Med	4 Rooms	1,135	4,148	4,540	-392	No
Respiratry Ther	NA	20.5 Procedures per GSF	5,151	8,943	-3,792	No
PT/OT	NA	7.5 trtmnts/GSF & 4.3 GSF/bed	13,602	14,882	-1,280	No
Laboratory	NA	225 GSF per FTE	27,762	37,822	-10,060	No
Pharmacy	NA	12	3,776	3,780	-4	No
Central Supply	NA	18	5,120	5,670	-550	No
OP Testing	1 Room	667	638	667	-29	No
Amb Care	27 Rooms	4.1	14,149	28,529	-14,380	No

All of the departments meet the standards for which the State Board has established guidelines with the exception of the following: M/S, Obstetric, Peds, and Nursery.

The applicants provided considerable explanation to justify the GSF used for these areas including the use of private rooms with private showers, ADA standards, use of family centered care, and the need for infection rooms, support areas, and prevailing regulations. The applicants computed that when additional space attributable to private rooms was subtracted from the proposed GSF for M/S, OB and the Nursery, the GSF

is within the State Board's standard. Additional GSF in this computation pertains to GSF required by licensure standards per room, space for toilets and showers and resulting additional corridor space (see application pages 249 - 265). The applicants also provided considerable documentation pertaining to the guidelines used in determining appropriate GSF, including the American Institute of Architects, Academy of Architecture for Health and a report issued by the Robert Wood Johnson Foundation.

2. Utilization

The project's estimated completion date is June 2013. As seen in Table Six, the proposed facility bed count already meets target utilization based on 2006 volumes (with the exception of ICU beds).

The applicants do not meet the State Board standards for size and; therefore, a positive finding cannot be made.

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

XII. Criterion 1110.420 - Modernization Review

A. Criterion 1110.420 (a) - Modernization of Beds

There is no modernization occurring with the bed portion of this project; therefore this criterion is not applicable.

B. Criterion 1110.420(b) - Modern Facilities

The criterion states:

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

- 1) The proposed project will result in the replacement of equipment or facilities which have deteriorated and need replacement. Documentation shall consist of, but it not limited to: historic utilization data, downtime or time spent out-of-service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.

- 2) The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training, or other support services to meet the requirements of existing services or services previously approved to be added or expanded. Documentation shall consist of but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.”

The applicants are proposing to modernize 7,104 GSF at their existing MOB for Diagnostic Radiology, MRI and Ambulatory Care. Table Thirteen reflects the proposed GSF compared to the State Standard. This same material is also contained in the Size criterion under the General Review Criteria in Table Eleven.

TABLE THIRTEEN Departments/Functions of the Proposed Project Compared to State Standards						
Department	Beds/ Rooms	Standard per Bed / Room	Proposed GSF	State Standard	Difference	Exceed Standard
Diag Radiology	43 Rooms	1,386 GSF/Room	44,895	59,598	-14,703	No
MRI	4 Rooms	3,400 GSF/Room	7,843	13,600	-5,757	No
Amb Care	27 Rooms	4.1 Visits/GSF	14,149	28,529	-14,380	No

The applicants provided considerable documentation pertaining to the deterioration, need for replacement and code violations at the existing Berteau Avenue facility. As seen in Table Thirteen, the applicants do not exceed the State Board standard for the proposed services.

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

XIII. Review Criteria - Discontinuation

- A. Criterion 1110.130(a) – Discontinuation

The criterion states:

“The applicant must provide the following:

- 1) the reasons for the discontinuation;
- 2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;
- 3) the availability of other services or facilities in the planning

- area that are available and willing to assume the applicant's workload without conditions, limitations, or discrimination;
- 4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and
 - 5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use.

The applicants propose the discontinuation of services at their Berteau Avenue facility and to establish a new facility on York Street with services identical to those being discontinued. The applicants state the reason for the discontinuation and establishment of a new facility is that it will enable them to continue serving their current patient caseload in improved physical facilities. The anticipated or actual date of discontinuing services is the same date that the applicants anticipate the new facility becoming operational, which is January 2011. As a result of this project, it is not necessary to determine the availability of other services or facilities in the planning area that are available and willing to assume the applicant's workload since they will continue to serve the same patient population with the same services 3.1 miles from their current campus. It appears the applicants do not anticipate a period of time where the services will not be available; therefore, a closure plan is not needed.

The applicants provided information regarding the anticipated use of equipment in the vacated space. The applicants have not determined the anticipated use of the vacated space. The applicants verified they will apply for appropriate Certificate-of-Need permits, if required for the future use of this vacated space.

It appears the discontinuation project will not have an adverse affect on the health delivery system by creating demand for services, will not cause planning area residents unnecessary hardship, and due to their verification that appropriate Certificate-of-Need applications will be filed, it appears the anticipated use for the vacated space will be handled appropriately.

However, as seen in Table Six, the discontinuation of services, prior to the opening of the same services at a new location, will create a computed need in the planning area for eight ICU beds. Since the discontinuation will create a need for service, a positive finding cannot be made. The State

Agency notes that should the State Board approve the project, the bed need will be addressed due to the resulting excess of beds in all proposed services after the new facility is established.

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

XIV. Review Criteria - Financial Feasibility

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

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

XV. Review Criteria - Economic Feasibility

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

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

- B. Criterion 1120.310(b) - Conditions of Debt Financing
The criterion states:

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

The project is being funded with cash and securities of \$153,640,142 and a bond issue of \$312,159,623 and a lease of \$9,680,000. The applicants

provided a certification that the selected form of debt financing will be at the lowest net cost available.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE CONDITIONS OF DEBT FINANCING CRITERION.

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

The criterion states:

1) Construction and Modernization Costs

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

2) Contingencies

Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

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

3) Architectural Fees

Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides

evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

- 4) Major Medical and Movable Equipment
 - A) For each piece of major medical equipment, the applicant must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
 - B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.
- 5) Other Project and Related Costs
 The applicant must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed.”

Preplanning Costs - This cost is \$2,218,115, or 1.29% of construction, modernization, contingencies and equipment. This appears reasonable when compared to the State Standard of 1.8%.

New Construction and Proportionate Contingencies - This cost is \$160,831,778, or \$431.13 per GSF. This appears high compared to the adjusted State standard of \$400.01 per GSF. Under the standard, the applicants would be allowed \$149,222,554 for this cost. The applicants exceed the standard by \$11,609,224, or 7.8%. Table Fourteen displays the State Agency’s finding.

TABLE FOURTEEN		
Proposed Construction Cost	Adjusted State Standard	Difference
\$160,831,778	\$149,222,554	\$11,609,224
Proposed Construction Cost per GSF	Adjusted State Standard per GSF	Difference per GSF
\$431.13	\$400.01	\$30.12

Modernization and Proportionate Contingencies - This cost is \$1,457,222, or \$205.13 per GSF. This appears reasonable when compared to the adjusted State standard of \$280.01 per GSF.

Contingencies - This cost is \$14,753,545, or 10% of construction and modernization costs. This appears reasonable compared to the State standard of 10%.

Proportionate Architectural and Engineering Fees for New Construction - This cost is \$5,976,139, or 3.7% of construction and contingencies. This appears reasonable compared to the State standard of 2.30% - 5.80%.

Proportionate Architectural and Engineering Fees for Modernization - This cost is \$113,804, or .80% of modernization and contingencies. This appears reasonable compared to the State standard of 3.8% - 10.0%.

Consulting and Other Fees - This cost is \$7,308,235. The State Board does not have a standard for this cost.

Moveable Equipment - These costs total \$55,260,444, or \$213,360 per bed. The State Board does not have a standard for this cost.

Bond Issuance Expense - This cost is \$1,512,241. The State Board does not have a standard for these costs.

FMV Lease (Equipment) - This cost is \$9,680,000. The State Board does not have a standard for these costs.

Net Interest During Construction - This cost is \$9,003,690. The State Board does not have a standard for these costs.

Other Costs To Be Capitalized - This cost is \$713,344. The State Board does not have a standard for these costs.

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

D. Criterion 1120.310(d) - Projected Operating Costs

The criterion states:

“The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill.

Adm. Code 1100, whichever is later. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service.”

The applicants project the following annual operating costs per equivalent patient day for the first year of operation.

	<u>FY 2012</u>
Elmhurst Memorial Hospital (Berteau Ave plus York St campus)	\$755.12
M/S Service	\$518.12
Peds Service	\$573.73
ICU Service	\$1,054.05
OB Service	\$397.44
Cardiac Cath Service	\$6,163.72
Open Heart Surgery Service	\$19,319.21

The State Board does not have a standard for these costs.

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

The criterion states:

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

The applicants project \$248.70 per equivalent patient day in annual capital costs for the first year of operation. The State Board does not have a standard for this cost.

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

This criterion is not applicable.

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Elmhurst Memorial Hospital Project - Cost/Space Requirements Detail							
Cost/Space Requirements - York Street Hospital							
York Street	Cost (\$)	Existing	Upon Project Completion	New	Remodeled	As is	Vacated Space
York Street Clinical Components:							
Medical/Surgical	\$54,419,267	0	100,698	100,698	0	0	0
Pediatric Service	\$2,045,501	0	3,806	3,806	0	0	0
Intensive Care Service	\$12,137,120	0	19,283	19,283	0	0	0
Obstetric Service	\$5,580,962	0	10,395	10,395	0	0	0
Cardiac Catheterization	\$6,692,719	0	4,724	4,724	0	0	0
Emergency Depart	\$8,744,088	0	14,999	14,999	0	0	0
LDR	\$10,922,100	0	15,150	15,150	0	0	0
OP Antepptum Testing	\$335,450	0	638	638	0	0	0
Newborn (I, II)	\$1,752,386	0	3,317	3,317	0	0	0
Surgery	\$27,069,789	0	30,210	30,210	0	0	0
Recovery (PACU)	\$1,756,810	0	2,691	2,691	0	0	0
Same Day Surgery	\$15,629,679	0	28,175	28,175	0	0	0
Endoscopy	\$3,094,835	0	3,510	3,510	0	0	0
Diag Rad - York St.	\$17,951,767	0	15,867	15,867	0	0	0
MRI - York St.	\$3,880,877	0	2,776	2,776	0	0	0
Nuclear Medicine	\$4,732,453	0	4,148	4,148	0	0	0
Non-Inv Diag Cardio	\$4,425,074	0	6,356	6,356	0	0	0
Respiratory Therapy	\$2,533,890	0	5,011	5,011	0	0	0
Pulmo Funct Testing	\$371,136	0	606	606	0	0	0
Neurology/EEG	\$239,417	0	338	338	0	0	0
Physical/OccupTherapy	\$1,837,082	0	3,222	3,222	0	0	0
Acute Dialysis	\$689,314	0	970	970	0	0	0
Ambulatory Care	\$0	0	0	0	0	0	0
Pre-Admission	\$652,352	0	1,333	1,333	0	0	0
Clinical Decision Unit	\$2,222,266	0	4,306	4,306	0	0	0
Registration	\$6,416,504	0	13,203	13,203	0		0
Laboratory	\$18,274,522	0	27,762	27,762	0	0	0
Morgue	\$1,002,434	0	1,640	1,640	0	0	0
Pharmacy	\$1,857,087	0	3,431	3,431	0	0	0
Central Sterile Supply	\$4,063,435	0	5,120	5,120	0	0	0
Medical Records	\$1,574,848	0	3,627	3,627	0	0	0
Central Monitoring	\$732,726	0	624	624	0	0	0
Food Services/Kitchen	\$11,343,884	0	17,424	17,424	0	0	0
York Street Total Clinical Components	\$234,981,774	0	355,360	355,360	0	0	0
York Street Non-Clinical Components:							
Ambulance Garage	\$1,534,388	0	4,829	4,829	0	0	0
Central On-Call Rooms	\$1,849,422	0	3,981	3,981	0	0	0
Central Transport	\$1,356,765	0	3,386	3,386	0	0	0
Education/Conference	\$13,616,220	0	27,720	27,720	0	0	0
EMS Support	\$161,811	0	359	359	0	0	0
Information System	\$2,681,454	0	1,477	1,477	0	0	0

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Materials Management	\$10,910,082	0	24,433	24,433	0	0	0
Dining Room/Servery	\$8,691,882	0	14,411	14,411	0	0	0
Spiritual Care	\$579,865	0	1,243	1,243	0	0	0
Administration	\$21,037,177	0	42,721	42,721	0	0	0
Physician Services	\$4,578,035	0	9,628	9,628	0	0	0
Family Support Services	\$28,041,170	0	58,664	58,664	0	0	0
Staff Services	\$21,012,513	0	46,110	46,110	0	0	0
Mechanical, Electrical,	\$39,874,258	0	111,574	111,574	0	0	0
Facility Operations	\$4,184,763	0	9,920	9,920	0	0	0
Biomedical	\$3,211,928	0	6,226	6,226	0	0	0
Public Spaces	\$17,158,992	0	31,991	31,991	0	0	0
Corridors	\$14,400,518	0	29,989	29,989	0	0	0
Retail Space	\$3,681,120	0	7,025	7,025	0		0
Security	\$971,014	0	2,138	2,138	0	0	0
Stairs	\$6,122,878	0	17,299	17,299	0	0	0
Elevators	\$9,507,482	0	26,612	26,612	0	0	0
York Street Total Non-Clinical Components	\$215,163,737	0	481,736	481,736	0	0	0
York Street Total Project	\$450,145,511	\$0	\$837,096	\$837,096	0	0	0
Cost/Space Requirements - Berteau Avenue Hospital							
Berteau Avenue	Cost (\$)	Existing	Upon Project Completion	New	Remodeled	As Is	Vacated Space
Berteau Avenue Clinical Components:							
Medical/Surgical Service	\$0	89,122	0	0	0	0	89,122
Pediatric Service	\$0	8,970	0	0	0	0	8,970
Intensive Care Service	\$0	12,027	0	0	0	0	12,027
Obstetric Service	\$0	In LDRP	0	0	0	0	0
Cardiac Catheterization	\$0	7,448	0	0	0	0	7,448
Emergency Dept	\$0	12,535	700	0	0	700	11,835
LDR Suite	\$0	29,404	0	0	0	0	29,404
Outpatient Antepartum	\$0	643			0	0	643
Nurseries (Levels I, II)	\$0	2,440	0	0	0	0	2,440
Surgery	\$0	22,742	0	0	0	0	22,742
Recovery (PACU)	\$0	2,498	0	0	0	0	2,498
Same Day Surgery	\$0	4,586	0	0	0	0	4,586
Endoscopy	\$0	5,305	0	0	0	0	5,305
Diagnostic Radiology:	\$0	24,081	9,500	0	0	9,500	14,581
MRI - Berteau Ave.	\$0	991	991	0	0	991	0
Nuclear Medicine	\$0	4,782	0	0	0	0	4,782
Non-Inva Diag Cardio	\$0	6,852	0	0	0	0	6,852
Respiratory Therapy	\$0	3,419	140	0	0	140	3,279
Pulmonary Function	\$0	130	0	0	0	0	130
Neurology/EEG	\$0	429	0	0	0	0	429
Physical/Occ Therapy	\$0	7,165	4,000	0	0	4,000	3,165
Acute Dialysis	\$0	1,634	0	0	0	0	1,634
Ambulatory Care -	\$0	687	687	0	0	687	0

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Pre-Admission	\$0	690	0	0	0	0	690
Clinical Decision Unit	\$0	0	0	0	0	0	0
Admitting/Patient Reg	\$0	8,689	4,162	0	0	4,162	4,527
Laboratory	\$0	23,362	0	0	0	0	23,362
Morgue	\$0	731	0	0	0	0	731
Pharmacy	\$0	8,214	345	0	0	345	7,869
Central Sterile Supply	\$0	9,930	0	0	0	0	9,930
Medical Records	\$0	2,350	0	0	0	0	2,350
Central Monitoring	\$0	297	0	0	0	0	297
Food Services/Kitchen	\$0	10,006	10,006	0	0	10,006	0
Berteau Avenue Total Clinical Components	\$0	312,159	30,531	0	0	30,531	281,628
Berteau Avenue Non-Clinical Components:							
Ambulance Garage	\$0	0	0	0	0	0	0
Central On-Call Rooms	\$0	1,618	0	0	0	0	1,618
Central Transport	\$0	1,858	0	0	0	0	1,858
Education/Conference	\$0	8,534	6,181	0	0	6,181	2,353
EMS Support	\$0	71	0	0	0	0	71
Information Systems	\$0	3,076	0	0	0	0	3,076
Materials Management	\$0	24,220	6,640	0	0	6,640	17,580
Dining Room	\$0	6,925	6,925	0	0	6,925	0
Spiritual Care	\$0	1,599	756	0	0	756	843
Administration	\$0	20,625	2,816	0	0	2,816	17,809
Physician Services	\$0	7,074	4,740	0	0	4,740	2,334
Family Support Services	\$0	0	0	0	0	0	0
Staff Services	\$0	3,374	2,196	0	0	2,196	1,178
Mechanical, Electrical,	\$0	72,644	48,939	0	0	48,939	23,705
Facility Operations	\$0	23,337	8,165	0	0	8,165	15,172
Biomedical	\$0	4,695	0	0	0	0	4,695
Public Spaces	\$0	4,807	3,697	0	0	3,697	1,110
Corridors/Connectors	\$0	5,132	3,497	0	0	3,497	1,635
Security	\$0	681	681	0	0	681	0
Stairs	\$0	13,789	9,366	0	0	9,366	4,423
Elevators	\$0	16,042	11,907	0	0	11,907	4,135
Berteau Avenue Total Non-Clinical Components	\$0	221,140	117,545	0	0	117,545	103,595
Berteau Avenue Project Total	\$0	533,299	148,076	0	0	148,076	385,223
Cost/Space Requirements - Elmhurst Memorial MOB							
MOB Department	Cost (\$)	Existing	Upon Project Completion	New	Remodeled	As is	Vacated Space
MOB Clinical Components:							
Diagnostic Radiology	\$13,212,494	10,243	19,528	12,847	1,353	5,328	3,562 ^b
MRI - MOB	\$3,411,899	2,569	4,076	1,507	1,016	1,553	0
Physical/Occ Therapy	\$0	6,380	6,380	0	0	6,380	0
Ambulatory Care	\$2,708,076	10,126	13,462	3,336	4,735	5,391	0

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MOB Total Clinical Components	\$19,332,469	29,318	43,446	17,690	7,104	18,652	3,562
MOB Non-Clinical Components:							
Information Systems	\$1,366,059	695	3,195	2,500	0	695	0
Corridors/Connectors	\$4,635,726	1,092	10,688	9,596	0	1,092	0
MOB Total Non-Clinical Components	\$6,001,785	1,787	13,883	12,096	0	1,787	0
MOB Project Total	\$25,334,254	31,105	57,329	29,786	7,104	20,439	3,562

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 KK - Review completed on 1/29/08

