

DOCKET NO: A-24	BOARD MEETING: October 22-24, 2007	PROJECT NO: 07-059	PROJECT COST: Original: \$256,629,561 Current: \$
FACILITY NAME: Central Dupage Hospital		CITY: Winfield	
TYPE OF PROJECT: Substantive			HSA: VII

**PROJECT DESCRIPTION:** The applicants propose a major modernization of their current hospital structure by constructing a five-story bed tower to house 202 private medical surgical (“M/S”) rooms in approximately 325,000 gross square feet (“GSF”) of space and relocating administrative functions and vacating one building. In addition, the applicants will discontinue 48 M/S beds. This will result in the hospital have 207 M/S beds. The proposed cost of the project is \$256,629,561.

<b>APPLICATION SUMMARY</b>	
Applicants	Central DuPage Hospital Association Central DuPage Health Central DuPage Hospital
Facility Name	Central DuPage Hospital
Location	Winfield, Illinois
Application Received	March 20, 2007
Application Deemed Complete	April 3, 2007
Scheduled Review Period Ended	August 1, 2007
Review Period Extended by the State Agency	No
Public Hearing Requested	No
Applicants' Deferred Project	No
Can Applicants Request Another Deferral?	No
Applicants' Modified the Project	No

### **STATE AGENCY REPORT**

Central DuPage Hospital Association,  
Central DuPage Health and  
Central DuPage Hospital  
Winfield, Illinois  
Project #07-059

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

The applicants propose a major modernization of their current hospital structure by constructing a five-story bed tower to house 202 private M/S rooms in approximately 325,000 GSF of space and relocating administrative functions and vacating one building. In addition, the applicants will discontinue 48 M/S beds, which results in 207 M/S beds for the hospital. The proposed cost of the project is \$256,629,561.

#### **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 Central Dupage Hospital Association, Central Dupage Health and Central Dupage Hospital ("CDH"). The operating entity/licensee and the owner of the site is Central DuPage Hospital Association, an Illinois not-for-profit corporation.

CDH is located at 25 North Winfield Road in Winfield (DuPage County - HSA VII). The hospital is located in the A-05 hospital planning area ("HPA"). There are five additional acute care providers in A-05 that provide M/S services. There are 21 acute care facilities located within 30 minutes of CDH and 62 acute care facilities located within 45 minutes travel time. Table One identifies the facilities within the A-05 planning area that provide medical surgical services and the time and distance to these facilities from CDH. The State Agency notes the distance and travel time was obtained from Map Quest.

TABLE ONE Facilities within the A-05 Planning Area Maintain M/S services				
#	Facility	City	Travel Time (minutes)	Distance (miles)
1	Edward Hospital	Naperville	11	6.3
2	Good Samaritan Hospital	Dowers Grove	15	10.0
3	Hinsdale Hospital	Hinsdale	25	17.4
4	Glen Oaks Medical Center	Glendale Heights	24	16.3
5	Elmhurst Memorial Hospital	Elmhurst	25	18.7

Source: Map Quest

Table Two shows the utilization for Central Dupage Hospital for the period March 1, 2006- February 28, 2007. The data includes existing and proposed beds, average length of stay ("ALOS"), average daily census ("ADC") and utilization. This data was furnished by the applicants. Table Three shows data for calendar year 2005 and was obtained from IDPH's Annual Hospital Questionnaire for CDH.

TABLE TWO CDH Utilization - March 1, 2006 thru February 28, 2007								
Category of Service	Existing Beds	Proposed Beds	Admissions	Patient Days	ALOS	ADC	Utilization	Proposed Utilization
Medical Surgical (1)	255	207	12,988	53,061	4.1	145.4	57.0%	70.2%
Pediatrics	10	10	1,071	2,578	2.4	7.1	70.6%	70.6%
Obstetrics	35	35	3,172	9,453	3.0	25.9	74.0%	74.0%
Intensive Care	38	38	2,872	9,877	3.4	27.1	71.2%	71.2%
Neonatal	8	8	341	2,216	6.5	6.1	75.9%	75.9%
AMI	15	15	984	5,033	5.1	13.8	91.9%	91.9%
<b>TOTALS</b>	<b>361</b>	<b>307</b>	<b>21,428</b>	<b>82,218</b>	<b>3.8</b>	<b>225.3</b>	<b>62.4%</b>	<b>73.3%</b>

(1) Five M/S beds are used exclusively for a substance abuse detoxification unit.  
 Source: Central DuPage Hospital

TABLE THREE CDH Utilization - January 1, 2006- December 31, 2006								
Category of Service	Existing # of Beds	Proposed # Beds	Number of Admissions	Patient Days	ALOS	ADC	Utilization	Proposed Utilization
Medical Surgical	255	207	12,323	52,797	4.28	144.65	56.73%	69.88%
Pediatrics	10	10	1,073	2,949	2.75	8.08	80.79%	80.79%
Obstetrics	35	35	3,739	11,369	3.04	31.15	88.99%	88.99%
Intensive Care	38	38	2,958	8,559	2.89	23.45	61.71%	61.71%
Neonatal	8	8	239	1,501	6.28	4.11	51.40%	51.40%
AMI	15	15	1,146	5,283	4.61	14.47	96.49%	96.49%
<b>Total</b>	<b>361</b>	<b>307</b>						

(1) Five M/S beds are used exclusively for a substance abuse detoxification unit.  
 Source: 2006 IDPH Questionnaire

Table Four shows the applicants' patients by payment source. The data in Table Four is for calendar year 2006 and was taken from the IDPH profile. The applicants also submitted the Community Benefits report that is filed with the State of Illinois Attorney General's Office for the period July 1, 2005 thru June 30, 2006. This report indicates \$5,766,000 was provided in charity care. See page 114-115 of the application for this report.

TABLE FOUR CDH Payor Source Information January 1, 2006- December 31, 2006													
	Medicare		Medicaid		Other Public		Other Insurance		Private Pay		Charity Care		Totals
Inpatients (1)	7,626	36.37%	1,773	8.46%	23	0.11%	10,104	48.19%	834	3.98%	605	2.89%	20,965
Outpatients (2)	80,248	20.24%	36,522	9.21%	483	0.12%	242,568	61.19%	28,603	7.22%	7,990	2.02%	396,414
Total (3)	87,874	21.05%	38,295	9.18%	506	0.12%	252,672	60.54%	29,437	7.05%	8,595	2.06%	417,379

1) Inpatient percentage based upon total number of inpatients  
 2) Outpatient percentage based upon total number of outpatients  
 3) Total percentage based upon total number of patients  
 Source: 2006 IDPH Questionnaire

This is a substantive project subject to both a Part 1110 and Part 1120 review. An opportunity for a public hearing was offered for this project. No hearing was requested, however. Letters of support were received for this project. No letters of opposition was received. The application was received on March 20, 2007 and deemed complete on April 3, 2007. Project obligation will occur after permit issuance. The anticipated project completion date is October 31, 2012.

The Illinois Department of Public Health's August 16, 2007 update to the Inventory of Healthcare Facilities and Services and Need Determination ("Inventory") shows a computed excess of 451 M/S-Ped, 13 ICU and 67 OB beds in the A-05 planning area.

The State Board’s target occupancy for the modernization of M/S beds with a bed complement of over 200 beds is 88%.

**IV. The Proposed Project - Details**

The applicants propose a five-story bed tower to house 202 M/S private rooms in 325,000 GSF to replace private and semi-private rooms in the Center and South Buildings. The applicants will also discontinue 48 M/S beds. Administrative space, educational center, physician lounge, medical library, retail space, material management and storage and distribution services will also be included in the new space. There will be eight nursing care units with 24-26 M/S beds in each unit in the new bed pavilion. The lower level will contain education and conference areas, administrative areas, med staff office and retail space. The first floor will contain imaging and mechanicals and the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> floors will contain the medical surgical units. 76 beds will be located on the 2<sup>nd</sup> and 3<sup>rd</sup> floors and 50 beds on the 4<sup>th</sup> floor.

The Center Building will be completely vacated and the space vacated in the South Building will be used for support services such as finance and human resources. The Center Building will not be demolished, however, because it is internal to the campus (i.e., between the West and East Buildings). The space vacated in this building (i.e., floors 2, 3, 4 and 5) will remain unoccupied (mothballed) until written approval to use the space is given by IDPH and HFPB. The total space being vacated in the Center Building is 70,119 GSF.

Also as part of this project, the Medical Imaging Department will be relocated to the courtyard adjacent to the South Building. The ground underneath the Medical Imaging Space will be excavated for shell space for a future Emergency Department expansion. A new parking structure will also be built adjacent to the bed tower to allow for 400 parking spaces.

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

The project is being funded with cash and securities of \$81,629,561 and a bond issue of \$175,000,000. Table Five outlines the project’s sources and uses of funds. See pages 31-38 of the application for the inflation cost estimating methodology.

TABLE FIVE Project Costs and Sources of Funds			
Use of Funds	Clinical	Non Clinical	Total

<b>TABLE FIVE</b>			
<b>Project Costs and Sources of Funds</b>			
<b>Use of Funds</b>	<b>Clinical</b>	<b>Non Clinical</b>	<b>Total</b>
Preplanning Costs	\$599,252	\$646,594	\$1,245,846
Site Survey and Soil Investigation	\$74,555	\$80,445	\$155,000
Site Preparation	\$4,297,643	\$4,637,165	\$8,934,808
New Construction Contracts	\$77,251,718	\$83,354,764	\$160,606,482
Modernization Contracts	\$5,580,808	\$6,021,704	\$11,602,512
Contingencies	\$8,036,517	\$8,671,418	\$16,707,935
A & E Fees	\$5,177,195	\$5,586,205	\$10,763,400
Consulting and Other Fees	\$4,230,805	\$4,565,048	\$8,795,853
Movable of Other Equipment	\$7,882,705	\$8,505,455	\$16,388,160
Bond Issuance Expense	\$2,675,084	\$2,886,421	\$5,561,505
Net Interest During Construction	\$7,632,537	\$8,235,523	\$15,868,060
<b>Totals</b>	<b>\$123,438,819</b>	<b>\$ 133,190,742</b>	<b>\$256,629,561</b>
<b>Source of Funds</b>	<b>Clinical</b>	<b>Non Clinical</b>	<b>Total</b>
Cash and Securities	\$41,650,422	\$39,979,140	\$81,629,561
Bond Issues	\$89,291,474	\$85,708,527	\$175,000,000
<b>Totals</b>	<b>\$130,941,896</b>	<b>\$125,687,667</b>	<b>\$256,629,561</b>

(1) The totals may not equal the column or row totals because of rounding.

**VI. Cost Space Requirements**

Table Six displays the project's clinical cost/space requirements. The clinical portion comprises 48.2% of the costs and 46.9% of the GSF. The non-clinical portion comprises 51.8 of the costs and 53.1% of the space.

<b>TABLE SIX</b>							
<b>Cost/ Space Requirements</b>							
<b>Clinical</b>	<b>Cost</b>	<b>Present</b>	<b>Proposed</b>	<b>New</b>	<b>Renovated</b>	<b>As Is</b>	<b>Vacated</b>
Medical Surgical	105,038,479	74,906	137,500	136,058	0	1,442	74,906
Diagnostic Radiology	4,494,177	3,861	8,672	7,195	1,477		3,861
MRI	2,197,337	2,211	4,240	3,569	671		2,211
Nuclear Medicine	776,324	1,923	1,498	1,498	0		1,923
CT	1,289,381	6,290	2,488	2,488	0		6,290
Ultrasound	1,386,811	1,818	2,676	0	2,676		1,818
Circulation	8,333,299	14,632	16,080	1,445	14,635		14,632
<b>Sub Total</b>	<b>\$123,515,808</b>	<b>105,641</b>	<b>173,154</b>	<b>152,253</b>	<b>19,459</b>	<b>1,442</b>	<b>105,641</b>
<b>Non-Clinical</b>	<b>Cost</b>	<b>Present</b>	<b>Proposed</b>	<b>New</b>	<b>Renovated</b>	<b>As Is</b>	<b>Vacated</b>
Support Services	\$2,797,262	8,500	9,910		9,910		8,500
Building Circulation	\$24,251,494		33,787	32,635	1,152		
Mechanical Space	\$15,526,087		31,079	31,079			

TABLE SIX Cost / Space Requirements							
Clinical	Cost	Present	Proposed	New	Renovated	As Is	Vacated
Administrative	\$15,115,481	22,500	25,810	16,621	9,189		22,500
Canopies	\$7,673,224		19,229	19,229			
Tele/Elect.	\$4,568,008		9,003	8,851	152		
Conference Center	\$10,598,801		14,099	14,099			
Human Res. and Fin.	\$3,926,432		13,864				
Material Management Storage	\$6,544,054		12,528	12,528	13,864		
Medical Staff Adm.	\$2,232,677	1,516	2,955	2,955			1,516
Nursing Education	\$2,894,610	3798	3,574	3,574		3,798	
Public Spaces	\$9,084,686		17,054	13,353			
Retail	\$2,489,307	5562	3,680	3,680	3,701		
Shelled	\$5,722,839		13,707	13,707			
Parking	\$19,888,791						
<b>Sub Total</b>	<b>\$133,313,753</b>	<b>41,876</b>	<b>210,279</b>	<b>172,311</b>	<b>37,968</b>	<b>3,798</b>	<b>32,516</b>
<b>TOTALS</b>	<b>\$256,829,561</b>	<b>147,517</b>	<b>383,433</b>	<b>324,564</b>	<b>57,427</b>	<b>5,240</b>	<b>138,157</b>

**VII. Modernization Criteria**

A) Criterion 1110.420 (a) - Modernization of Beds

The criterion states:

“The applicant must document that the number of beds proposed in each category of service affected does not exceed the number of beds needed to support the facility's utilization in each service proposed at the appropriate modernization target as found in Part 1100. (Utilization shall be based upon the latest 12-month period for which data are available.)”

Medical Surgical Beds

The applicants propose to modernize 202 M/S beds in a new five-story bed tower, rather than in their existing location. This is being done to reduce the disruption to patient care and to avoid extending the length of the project by two years. The applicants state this modernization is being proposed to meet current standards of care, reduce infections, increase family involvement in patient care, eliminate HIPPA violations, eliminate the unavailability of the second bed because of gender issues, improve patient safety, and comply with ADA requirements. All of the M/S beds being modernized were built before 1980. The M/S bed complement will be reduced by 48 M/S beds for a

total of 207 M/S beds. The modernization will consist of 136,058 GSF of new space. The applicants most recent 12 months of utilization (March 1, 2006-February 28, 2007) indicates an ADC of 146. Based upon this data, the applicants can justify the modernization of 166 M/S beds at the target occupancy rate of 88% (146 ADC/88% target occupancy = 166 beds). The applicants have not met the requirements of this criterion and it appears the extent of the modernization proposed is excessive.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE NOT MET THE REQUIREMENTS OF CRITERION (77 IAC 1110.420 (a) MODERNIZATION OF BEDS.

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 is not limited to: historical 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.”

Medical Surgical Beds

The applicants propose to modernize 202 M/S beds in a new five-story bed tower. The beds will be all private rooms in 136,058 GSF of new space, or 675 GSF per bed. This exceeds the State Board’s standard of 401 GSF per bed. The applicants most recent 12 months of

utilization (March 1, 2006- February 28, 2007) indicates an ADC of 146. Based upon this data, the applicants can justify the modernization of 166 M/S beds at the target occupancy rate of 88%. (146 ADC/88% target occupancy = 166 beds). The applicants have not met the requirements of this criterion and it appears the extent of the modernization being proposed is excessive.

### Medical Imaging Department

The hospital's magnetic resonance imaging (MRI) function, nuclear medicine, ultrasound, mammography, and general radiology, will be consolidated in one area with these functions removed from both the Center Building and the Ambulatory Services Pavilion. All of these modalities will be located adjacent to the new bed tower. The Medical Imaging Department will be excavated 12 feet below the first grade level to create shelled space for a future emergency department expansion. The emergency department expansion is not part of this project.

### Magnetic Resonance Imaging (MRI)

The applicants propose 4,240 GSF to house the MRI function, of which 3,569 GSF will be new construction and 671 GSF will be remodeled space. The applicants propose two rooms to house this function. Based upon the number of visits, the applicants can justify five rooms/machines (9,472/Visits/2,000 Visit = 5 MRI) in 4,240 GSF (see Table Seven). The applicants justified the modernization of this function.

	<b>FY 04</b>	<b>FY 05</b>	<b>FY 06</b>
Visits	9,213	8,955	9,472
Scans	10,134	9,850	10,419

### Diagnostic Radiology

The applicants are modernizing this function in 7,195 GSF of new space, 1,477/GSF of remodeled space and 7,124 of allocated circulation space. The applicants propose 10 general procedure

rooms, three CT rooms, four mammography rooms and five ultrasound rooms for a total of 22 diagnostic rooms. The applicants' 2006 utilization justifies the number of rooms requested.

TABLE EIGHT Diagnostic Radiology Utilization at CDH				
Department	# of Rooms	2006 Visits/Procedures	State Standard	Rooms Justified
General Radiology	10	104,912	6,500 Procedures/Room	16
Mammography	4	19,724	2,000 Visits/Room	10
Ultrasound	5	19,788	2,000 Visits/Room	10
CT Rooms	3	33,426	2,000 procedures/room	17
Total	22			36

Source: 2006 IDPH Questionnaire

### Nuclear Medicine

The applicants are modernizing this function in 1,498 GSF of new space and 1,231 GSF of allocated circulation space. The applicants propose three camera rooms. Based on FY 2006 total volume, the applicants can justify the number of rooms at the GSF proposed (2.9 GSF per procedure x 2,829 FY 2006 total procedures = 8,204 GSF). Table Nine displays this information.

TABLE NINE Nuclear Medicine Utilization at CDH			
	FY 04	FY 05	FY 06
In Patient Procedures	912	726	578
Out Patient Procedures	2,427	2,190	2,251
Totals	3,339	2,916	2,829

### Shelled Space

The applicants propose 13,707 GSF of "shell space". The ground underneath the new Medical Imaging location will be excavated for shell space for a future Emergency Department expansion. The applicants state "although shell space adds to the cost of this capital construction project, the strategy of building shell space as part of an initial project will allow the applicants to lower total costs over time, as well as have significant additional advantages for a facility which

includes the earlier completion of future projects and minimal construction disruption at the hospital. The State Agency notes no application for permit has been submitted by the applicants for an emergency department modernization/expansion. The applicants state that any modernization/construction for this space will be brought before the State Board. The State Agency does not have a standard for shell space.

#### Vacated Space

The applicants propose to vacate approximately 129,257/GSF of space. The Center Building, which currently houses medical imaging on the 2<sup>nd</sup> floor, and M/S units on the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> floors will be vacated. The total GSF in this building is 70,119/GSF. The applicants have not identified a use for this space as the time of this report. The Center Building's 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> floors serve as a connector for the hospital's other buildings and will continue to provide that function. The vacated space in the Center Building will be secured and unused. The space vacated in the South Building will be used for support services such as finance and human resources and other non-clinical functions. Approximately 59,538 GSF of space will be vacated in the South Building. The South Building is also used as a connector to other buildings on the campus. The applicants state "that while it is somewhat unconventional to leave vacated space in this case it is the most reasonable approach to providing contemporary services." It is estimated to cost \$83,000 per year to provide limited utilities and routine maintenance to the vacated space.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE **NOT** MET THE REQUIREMENTS OF CRITERION (77 IAC 1110.420 (b) MODERN FACILITIES.

C) Criterion 1110.420 (c) Major Medical Equipment

The criterion states:

"Proposed projects for the acquisition of major medical equipment must document that the equipment will achieve or exceed any applicable target

utilization levels specified in Appendix B within 12 months after acquisition.”

The applicants certified that no major medical equipment is being purchased for this modernization. All existing medical equipment will be moved to the new Medical Imaging Department.

THE STATE AGENCY NOTES THE APPLICANTS HAVE MET THE MAJOR MEDICAL EQUIPMENT CRITERION (77 IAC 1110.420(c)).

### **VIII. General Review Criteria**

#### **A. Criterion 1110.230(a) - Location**

This criterion is not applicable to the project because the applicants are not proposing a new hospital, establishing a category of service or acquiring major medical equipment that is not located in a health care facility.

#### **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. See pages 44-51 of the application for a complete discussion of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE BACKGROUND OF APPLICANT CRITERION (77 IAC 1110.230(b)).

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 provided information regarding the need for this project at pages 308-315 of the information submitted to the State Board.

The applicants considered seven alternatives:

1. Do Nothing
2. Convert the 72 Existing Semi-Private rooms into Private Rooms
3. Convert the 63 Existing Small Private rooms into 42 Private Rooms
4. Combine Alternative 2 and 3
5. Proposed Project
6. Construction of new 202 Bed Pavilion and Demolition of Center Building
7. Construction of the new 202 Bed Pavilion and Re-Use the Center Building

The first alternative was rejected because it would allow existing deficiencies (identified by the applicants at page 53-54 of the application) to continue. To address the second alternative (Convert the 72 Existing Semi-Private rooms into Private Rooms), the applicants included a narrative at application pages 54-55 demonstrating its assessment of renovating 72 existing beds to meet existing “contemporary standards.” This alternative was rejected because this conversion would not address many of the problems identified, cause

disruption to patient care, have acute care units at different locations throughout the campus, have patient units remain inappropriately sized, and extend the length of the project by two years. The approximate cost for this alternative is \$140,000,000.

The third alternative (Convert the 63 Existing Small Private rooms into 42 Private Rooms) was dismissed by the applicants for many of the same reasons identified in Alternative Two above. See pages 55-56 of the application. The approximate cost for this alternative is \$125,000,000

The fourth alternative (Combine the Second and Third Options) was rejected for all of the reasons identified above. The cost of this alternative is \$165,000,000.

The fifth alternative (build a new five-story bed tower on site and within the planning area) is being proposed as the least costly alternative and would meet all of the needs of the community.

The sixth alternative (Construction of new 202 Bed Pavilion and Demolition of Center Building) was rejected because the Center Building serves as a connector between other buildings and many of the utilities for the campus run through the Center Building. Finally, Center Building could not be demolished until after the construction of the Bed Pavilion and then it would be impossible because of the disruption to the campus.

The seventh alternative (Construction of the new 202 Bed Pavilion and Re-Use the Center Building) was rejected because the hospital will have limited uses for the building. Table Ten summarizes the alternatives identified by the applicants.

TABLE TEN Alternatives to the Proposed Project								
	Description	Community Need	Access	Quality	Construction and Cost	Benefit to Proposed Service Area.	Time Line	Status
1	Do Nothing	Status Quo	Inferior	Same	-	None	None	Reject
2	Convert the 72 Existing Semi-Private Rooms into Private Rooms	Partially Met	Inferior	Same	\$140,000,000	Marginal	7 + Years	Reject
3	Convert the 63 Existing Small Private Rooms into 42 Adequate Sized Private Rooms	Partially Met	Inferior	Same	\$125,000,000	Marginal	7 + Years	Reject
4	Combine 3 and 4	Partially Met	Inferior	Same	\$165,000,000	Marginal	7 + Years	Reject
5	Construct a New 202 Bed Pavilion	Fully met	Optimal	Improved	\$256,629,581	Significant	5 Years	Accept
6	Construct a new 202 Bed Pavilion with All Private rooms and Demolish Center Building	Partially Met	Optimal	Improved	\$125,000,000	Significant	Not Provided	Reject
7	Construct new 202 Bed Pavilion with all Private Rooms and Re-use the Center Building	Partially Met	Optimal	Improved	Not Provide	Significant	Not Provided	Reject

As stated previously, there is a computed excess of M/S beds in the A-05 planning area and facilities within 30 minutes travel time of the proposed site have not achieved target utilization for all services proposed. Given that the applicants have been unable to justify the extent of the modernization being proposed for the M/S beds, the alternative of reducing the scope of this project or utilizing other planning area facilities would be the less costly and the appears to be the most appropriate alternative.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE ALTERNATIVES CRITERION (77 IAC 1110.230(c)).

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."

The applicants provided information regarding the need for this project at pages 316-317 of the information submitted to the State Board.

The applicants are basing the need for this project on the following:

- Age of existing buildings at the campus. Buildings currently housing M/S beds were built in 1976 and 1979.
- Projected Population growth of 3.04% in DuPage County for the years 2005-2015.
- Increase in the 65+ population age group of 37.36% in Dupage County for the years 2005-2015.

The applicants' average daily census (ADC) for the latest 12 month period (March 1, 2006- February 28, 2007) is 146. Based upon this data, the applicants can justify the modernization of 166 beds at the target occupancy and not the 202 beds being proposed ( $146 \text{ ADC} / .88\% = 166 \text{ beds}$ ).

The applicants have been unable to justify the extent of the modernization being proposed under Criterion (77 IAC 1110.420-Modernization). The applicants have not met the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE REVIEW CRITERION NEED FOR THE PROJECT 1110.230 (d).

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."

The State Agency identified the departments involved in this project that are considered reviewable and that have GSF standards established by the State Board. Table Eleven displays those departments' GSF and a comparison to State Board standards (77 IAC 1100 Appendix B).

<b>TABLE ELEVEN</b>					
<b>Gross Square Footage Standards</b>					
<b>Department</b>	<b>Beds/Rooms</b>	<b>State Standard</b>	<b>Proposed</b>	<b>State Standard</b>	<b>Difference</b>
Medical Surgical	202 Beds	401 GSF/BED	137,500	81,002	56,498
Diagnostic Radiology	22	1,386 GSF/UNIT	15,796	30,492	-4,680
MRI	2	3,400 GSF/UNIT	4,240	6,800	-2,560
Nuclear Medicine	3	1,135 GSF/TX ROOM	2,729	3,405	-772

**Size**

The GSF of the patient bed areas, as proposed, are approximately 70% greater than the State Board’s standard. The applicants state the reason for the proposed nursing units being significantly larger than IDPH’s standard is because the standard does not reflect current standard of care guidelines. The remaining departments/functions fall within the standards.

**Utilization**

The applicants are required to justify that the number of beds modernized will meet or exceed the State Board’s target utilization rate of 88% by the second year after project completion. Table Eleven below outlines the projection the applicants provided. The applicants can justify 209 beds by the second year after project completion (67,219 projected days/365 days in a year = 184 ADC / 88% target occupancy = 209 beds). The remaining departments / services are at or will achieve the target occupancy for modernization. Table Twelve displays this information.

<b>TABLE TWELVE</b>					
<b>Projected Number of Days</b>					
<b>Age Groups</b>	<b>2015 Projected Population (1)</b>	<b>Use Rate (2)</b>	<b>Projected Days</b>	<b>Market Share of A-05 (3)</b>	<b>2015 Projected Patient Days</b>
0-14	180,162	0.0508	9,152	0.18	1,830
15-64	645,498	0.1664	107,411	0.18	21,482
65+	133,018	1.6504	219,533	0.18	43,907
Total	958,678		336,096		67,219

**Sources:**

- (1) Department of Commerce and Economic Opportunity.
- (2) IDPH 2002 Inventory of Health Care Facilities Services and Need Determination.
- (3) Market Share based upon 2002 Inventory of Health Care Facilities Services and Need Determinations for A-05 Planning Area.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE SIZE OF THE PROJECT CRITERION (77 IAC 1110.230(e)).

**IX. Review Criteria - Financial Feasibility**

- A. Criterion 1120.210(a) - Financial Viability
- B. Criterion 1120.210(b) - Availability of Funds

The applicants provided evidence of an AA bond rating from Fitch and Standard and Poor's (pages 113-119 of the application). Therefore, these criteria are not applicable.

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

There is no start-up costs associated with this project; therefore this criterion is not applicable to this project.

**X. Review Criteria - Economic Feasibility**

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

The applicants have provided evidence of an AA bond rating from Fitch and Standard and Poor's (pages 113-119 of the application). Therefore, this criterion is not applicable to this project.

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

The criterion states:

"The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the

requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.”

The applicants have certified (page 85 of the application) that the selected form of debt financing is at the lowest net cost available. The applicants have met the requirements of this criterion.

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

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."

The State Agency notes only the clinical costs will be reviewed against the established standards in Part 1120. The State Board's construction standards are taken from RS MEANS for the second quarter of 2007 and adjusted for complexity. The figure is then inflated by 3% per year until the completion date of October 31, 2012.

Preplanning Costs - These costs total \$599,252 or less than 1% of construction, contingencies and equipment costs. This appears reasonable compared to the State standard of 1.8%.

Site Survey, Soil Investigation and Site Preparation - These costs total \$4,372,198, or less than 1% of construction, and contingency costs. This appears reasonable compared to the State standard of 5%.

New Construction and a Proportionate Share of Contingencies - These costs total \$84,725,679, or \$556.48 per GSF. This appears high compared to the adjusted State standard of \$451.69 per GSF. Under the standard, the applicants would be allowed \$67,647,074 for this expense. The applicants exceed the standard by \$17,078,605, or 25.2%. The applicants have stated the difference between the State Standard and the applicants' budget amount is based upon the use of a 10% inflation factor for the first two years of project construction and a 5% inflation factor until project completion. Table Thirteen displays the State Agency's finding.

TABLE THIRTEEN		
Proposed Construction Cost	Adjusted State Standard	Difference
\$84,725,679	\$67,647,074	\$17,078,605
\$556.48 per GSF	\$451.69 per GSF	\$104.79 per GSF

Modernization and a Proportionate Share of Contingencies - These costs total \$6,143,364 or \$315.71 per GSF. This appears high compared to the adjusted State Standard of \$271.85. Under the standard, the applicants would be allowed \$5,289,929 for this cost. The applicants exceed the standard by \$853,435, or 16.1%. The applicants have stated the difference between the State Standard and the applicants' budget amount is based upon the use of a 10% inflation factor for the first two years of project construction and a 5% inflation factor until project completion. Table Fourteen displays the State Agency's finding.

TABLE FOURTEEN		
Proposed Modernization Cost	Adjusted State Standard	Difference
\$6,143,364	\$5,289,929	\$853,435
\$315.71 per GSF	\$271.85 per GSF	\$43.86

Contingencies - These costs total \$8,036,517 or 9.7% of construction and modernization costs. This appears reasonable compared to the State standard of 10-15%.

Architectural and Engineering Fees - These costs total \$5,177,195, or 5.7% of construction, modernization and contingencies. This appears reasonable compared to the State standard of 4.1%- 8.9%.

Consulting or Other Fees - These costs total \$4,230,805 and include CON, consulting fees, legal fees, and plan review costs. A complete breakdown of these costs can be found at page 91 of the application for permit. The State Board does not have standards for this cost.

Movable or Other Equipment - These costs total \$7,882,705. The applicants have identified that none of the equipment proposed represents major medical equipment, which exceeds the State Board's threshold. Also, the State Board does not have an equipment standard for hospital-based projects.

Bond Issuance Expense - These costs total \$2,675,084. The State Board does not have standards for these costs.

Net Interest Expense During Construction - These costs total \$7,632,537. 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 COST CRITERION (77 IAC 1120.310(c)).

D. Criterion 1120.310(d) - Projected Operating Costs

The criterion states:

"The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service."

The applicants project \$5302.50 of annual operating costs per equivalent patient day for the first year of operation. The State Board does not have a standard for this cost.

THE STATE AGENCY NOTES THE STATE BOARD DOES NOT HAVE A STANDARD FOR THIS COST.

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 \$1172.87 per adjusted patient day in annual capital costs for the first year of operation. The State Board does not have a standard for this cost.

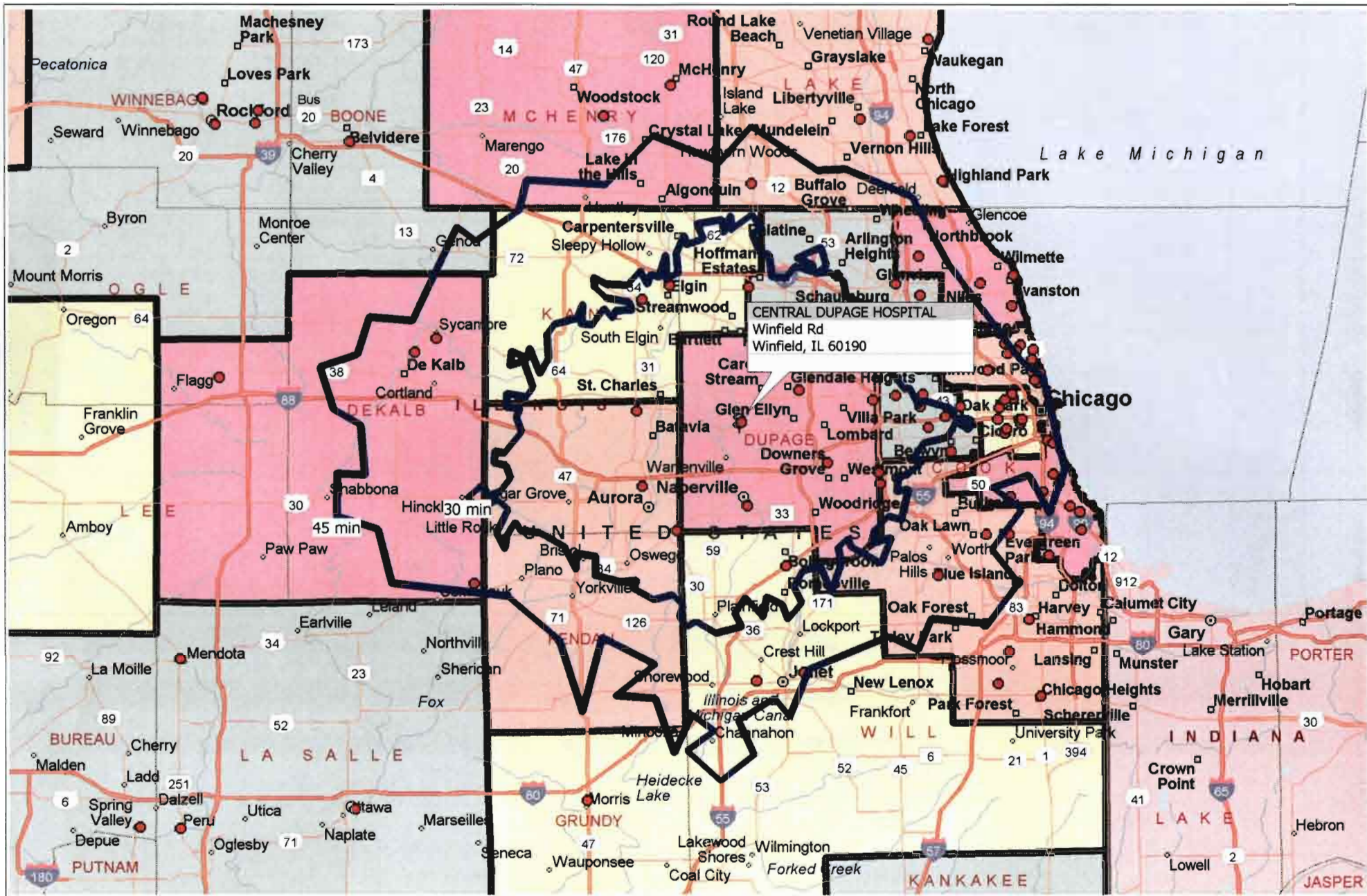
THE STATE AGENCY NOTES THE STATE BOARD DOES NOT HAVE A STANDARD FOR THIS COST.

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

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

This criterion is not applicable.

# 07-059 CENTRAL DUPAGE HOSPITAL



CENTRAL DUPAGE HOSPITAL  
07-059

#	NAME	STREET	CITY	Med-Surg	PED	STATE	ZIP	Distance	Time
1	Central DuPage Hospital	Hospital Road	Winfield	261	10	IL	60190-0000	0	0
2	Glen Oaks Medical Center	701 Winthrop Avenue	Glendale Heights	103		IL	60139-0000	8.1	12
3	Edward Hospital	809 South Washington	Naperville	199	7	IL	60566-0000	9.1	17
4	Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	185	16	IL	60515-0000	12.6	17
5	Delnor Community Hospital	300 Randall Road	Geneva	121		IL	60134-0000	12.9	18
6	Provena Mercy Center	1325 North Highland Avenue	Aurora	156	28	IL	60506-1458	14.7	19
7	Rush Copley Memorial Hospital	2000 Ogden Avenue	Aurora	116		IL	60504-4206	14.1	19
8	Alexian Brothers Medical Center	800 Biesterfield Road	Elk Grove Villa	241	16	IL	60007-0000	15.9	20
9	Elmhurst Memorial Hospital	200 Berteau Avenue	Elmhurst	289	26	IL	60126-0000	14.4	21
10	St. Alexius Medical Center	1555 Barrington Road	Schaumburg	239	35	IL	60194-0000	12.8	21
11	Kindred Hospital - Chicago Northlake	365 East North Avenue	Northlake	94		IL	60164-0000	16	24
12	Bolingbrook Medical Center	400 Medical Center Drive	Bolingbrook	106		IL	60440	22	25
13	Hinsdale Hospital	120 North Oak Street	Hinsdale	197	24	IL	60521-0000	20	27
14	Loyola University Medical Center/Foster G. McGaw	2160 South 1st Avenue	Maywood	298	32	IL	60153-0000	19.1	27
15	Provena Saint Joseph Hospital	77 North Airlite Street	Elgin	99	0	IL	60120-0000	19.7	27
16	RM Health Providers Limited Partnership	504 E 55th St	Hinsdale	174	0	IL	60521-0000	18.9	27
17	Sherman Hospital	934 Center Street	Elgin	189	8	IL	60120-0000	17.8	27
18	Northwest Community Hospital	800 West Central Road	Arlington Heights	336	16	IL	60005-0000	22.6	28
19	Westlake Community Hospital	1225 W Lake St	Melrose Park	158	5	IL	60160-0000	18.4	28
20	Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	154	12	IL	60160-0000	18.6	29
21	Loretto Hospital	645 South Central Avenue	Chicago	125	10	IL	60644-0000	22.5	29
22	Rush Oak Park Hospital	520 South Maple Street	Oak Park	187		IL	60304-0000	20.7	29
23	LaGrange Memorial Hospital	5101 Gilbert Avenue	LaGrange	165	8	IL	60525-0000	22	30
24	West Suburban Hospital	622 North Austin Ave	Oak Park	135	29	IL	60302-0000	23.3	33
25	Advocate Bethany Hospital	3435 West Van Buren	Chicago	81		IL	60624 -000	25.3	34
26	Lutheran General Hospital	1800 Parkside Dr	Park Ridge	313	48	IL	60068-0000	26.6	34
27	Resurrection Medical Center	7435 West Talcott Avenue	Chicago	318	17	IL	60631-0000	25.8	34
28	Rush University Medical Center	1653 West Congress Parkway	Chicago	468	70	IL	60612-0000	27.4	34
29	Advocate Good Shepherd Hospital	100 Haverton Way	Barrington	113	14	IL	60010-0000	25.8	35
30	Holy Family Hospital	100 North River Road	Des Plaines	220		IL	60016-1278	26.4	35
31	John H. Stroger Hospital of Cook County	1901 West Harrison Street - Suite 5650	Chicago	228	40	IL	60612-0000	27.1	35
32	MacNeal Memorial Hospital	3249 South Oak Park Avenue	Berwyn	301	10	IL	60402-0000	23.8	35
33	Mount Sinai Hospital Medical Center	1501 S California Ave	Chicago	276	31	IL	60608-0000	26.9	36
34	University of Illinois Hospital	1740 West Taylor Avenue	Chicago	248	44	IL	60612-0000	27.6	36
35	St. Anthony Hospital	2875 West 19th Street	Chicago	77	12	IL	60623-0000	27.1	37
36	Norwegian American Hospital	1044 North Francisco Avenue	Chicago	98	5	IL	60622-0000	27.8	39
37	Our Lady of Resurrection Medical Center	5645 West Addison Street	Chicago	377		IL	60634-0000	30.1	40
38	Palos Community Hospital	12251 South 80th Avenue	Palos Heights	315	17	IL	60463-0000	31.6	40
39	Sacred Heart Hospital	3240 West Franklin Blvd	Chicago	111		IL	60624-0000	28.5	40

## CENTRAL DUPAGE HOSPITAL

07-059

#	NAME	STREET	CITY	Med-Surg	PED	STATE	ZIP	Distance	Time
40	Saint Mary Of Nazareth Hospital	2233 West Divison Street	Chicago	186	14	IL	60622-0000	28.5	40
41	Christ Hospital and Medical Center	9500 South Kenneth Ave	Oak Lawn	368	45	IL	60453-0000	33	41
42	Glenbrook Hospital	2100 Pflingsten Road	Glenview	131		IL	60025-0000	32.6	41
43	Kindred Chicago Central Hospital	4058 West Melrose Street	Chicago	107		IL	60641-0000	30.8	41
44	Kindred Hospital Chicago North	2544 West Montrose Avenue	Chicago	126		IL	60618-0000	32.8	41
45	St. Elizabeth's Hospital	1431 North Claremont	Chicago	40	0	IL	60622-0000	28.9	41
46	Mercy Hospital & Medical Center	2525 South Michigan Avenue	Chicago	289	37	IL	60616-2477	32.4	42
47	Michael Reese Hospital & Medical Center	2929 South Ellis Avenue	Chicago	456	50	IL	60616-0000	32.3	42
48	Northwestern Memorial Hospital	251 East Huron St	Chicago	506		IL	60611-0000	31.4	42
49	Provena Saint Joseph Medical Center	333 North Madison Street	Joliet	319	13	IL	60435-0000	29.4	42
50	Kindred Hospital - Sycamore	225 Edwards Street	Sycamore	69		IL	60178-0000	31.9	43
51	St. Bernard Hospital	326 West 64th Street	Chicago	110	28	IL	60621-0000	35.7	43
52	Swedish Covenant Hospital	5145 North California Avenue	Chicago	182	6	IL	60625-0000	31.4	43
53	Children's Memorial Hospital	2300 Childrens Plaza	Chicago		151	IL	60614-0000	33.4	44
54	Kishwaukee Community Hospital	626 Bethany Road	DeKalb	70	0	IL	60115-0707	41.9	44
55	Lincoln Park Hospital	550 West Webster	Chicago	293	21	IL	60614-3787	33.4	44
56	Provident Hospital of Cook County	500 East 51st Street	Chicago	173	0	IL	60615-0000	34.9	44
57	Valley West Community Hospital	11 East Pleasant Avenue	Sandwich	66	4	IL	60548-0000	35	44
58	Advocate Illinois Masonic Medical Center	836 West Wellington	Chicago	347	30	IL	60657-5193	34.7	45
59	Oak Forest Hospital	15900 Cicero Avenue	Oak Forest	137		IL	60452-0000	38.5	45
60	Silver Cross Hospital	1200 Maple Road	Joliet	184	39	IL	60432-0000	33.6	45
61	St. Francis Hospital & Heath Ctr	12935 South Gregory Street	Blue Island	319	33	IL	60406-0000	38	45
62	University Of Chicago Medical Center	5841 South Maryland	Chicago	327	64	IL	60637-0000	36.2	45

**Ownership, Management, and Other General Information:**

Ownership: Central DuPage Hospital Association  
 Operator: Central DuPage Hospital Association  
 Management: Non-Government Other Non-Profit  
 Facility Type:  
 Address: 25 North Winfield Road IDPH Number: 0216  
 City: Winfield HPA A-05  
 County: DuPage County HSA 7

**Patients by Race**

White 69.9%  
 Black 3.0%  
 American Indian 0.2%  
 Asian 3.1%  
 Hawaiian/ Pacific 0.0%  
 Unknown: 23.8%

**Patients by Ethnicity**

Hispanic or Latino: 5.9%  
 Not Hispanic or Latino 70.3%  
 Unknown: 23.8%

**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 %
<b>Medical/Surgical</b>	261	218	218	218	12,323	51,412	1,385	4.3	144.6	55.4	66.4
0-14 Years					0	0					
15-44 Years					2,183	6,775					
45-64 Years					4,025	15,838					
65-74 Years					2,168	9,754					
75 Years +					3,947	19,045					
<b>Pediatric</b>	10	10	10	10	1,073	2,780	169	2.7	8.1	80.8	80.8
<b>Intensive Care</b>	32	32	32	32	2,958	8,523	36	2.9	23.4	73.3	73.3
Direct Admission					2,445	6,746					
Transfers					513	1,777					
<b>Obstetric/Gynecology</b>	35	35	35	35	3,739	10,962	407	3.0	31.1	89.0	89.0
Maternity					3,167	9,318					
Clean Gynecology					572	1,644					
<b>Neonatal</b>	8	8	8	8	239	1,501	0	6.3	4.1	51.4	51.4
<b>Long Term Care</b>	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>					0	0		0.0	0.0		
<b>Acute Mental Illness</b>	15	15	15	15	1,146	5,277	6	4.6	14.5	96.5	96.5
<b>Rehabilitation</b>	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation							451				
<b>Totals</b>	<b>361</b>	<b>318</b>			<b>21,478</b>	<b>80,455</b>	<b>2,454</b>	<b>3.9</b>	<b>227.1</b>		
Minus ICU Transfers					513						
<b>Facility Utilization</b>	<b>361</b>	<b>318</b>			<b>20,965</b>	<b>80,455</b>	<b>2,454</b>	<b>3.9</b>	<b>227.1</b>		

**Inpatient and Outpatient Information by Payor Source**

	Medicare	Medicaid	Other Public	Other Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	36.4%	8.5%	0.1%	48.2%	4.0%	2.9%	20965
	7626	1773	23	10104	834	605	
<b>Outpatients</b>	20.2%	9.2%	0.1%	61.2%	7.2%	2.0%	396414
	80248	36522	483	242568	28603	7990	

**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	2	2	375	162	354	169	523	0.9	1.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	1229	1901	1163	1673	2836	0.9	0.9
Gastroenterology	0	0	0	0	15	19	14	17	31	0.9	0.9
Neurology	0	0	2	2	614	175	574	154	728	0.9	0.9
OB/Gynecology	0	0	3	3	1699	1423	1549	1252	2801	0.9	0.9
Oral/Maxillofacial	0	0	0	0	19	98	20	87	107	1.1	0.9
Ophthalmology	0	0	0	0	32	1271	34	1119	1153	1.1	0.9
Orthopedic	0	0	0	0	1978	1826	1825	1607	3432	0.9	0.9
Otolaryngology	0	0	0	0	88	2013	92	1772	1864	1.0	0.9
Plastic Surgery	0	0	0	0	46	399	48	351	399	1.0	0.9
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	260	107	251	110	361	1.0	1.0
Urology	0	0	2	2	329	878	321	773	1094	1.0	0.9
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>21</b>	<b>6684</b>	<b>10272</b>	<b>6245</b>	<b>9084</b>	<b>15329</b>	<b>0.9</b>	<b>0.9</b>

**SURGICAL RECOVERY STATIONS**

Stage 1 Recovery Stations

27

Stage 2 Recovery Stations

28

**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>
Gastrointestinal	0	0	5	5	1236	5435	1174	4840	6014
Laser Eye Procedures	0	0	0	0	0	0	0	0	0
Pain Management	0	1	0	1	0	1593	0	1593	1593
C-Section Procedures	0	0	0	0	0	0	0	0	0
Cystoscopy	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

**Birth Data**

**Organ Transplantation**

**Cardiac Catheterization Labs**

Number of Deliveries:	2,996
Number of Live Births:	2,985
Birthing Rooms:	0
Labor Rooms:	8
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	2
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1
Total Catheterization Labs	3

**Cardiac Catheterization Utilization**

Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,578
Interventional Catheterizations (0-14)	0
Interventional Catheterization (15+)	405
EP Catheterizations	147

**Cardiac Surgery Data**

Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	173
Total:	173
Coronary Artery Bypass Grafts (CABGs):	133

**Trauma Care**

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

**Laboratory Studies**

Inpatient Studies	652,736
Outpatient Studies	1,490,143
Studies Performed Under Contract	93,795

**Newborn Nursery Utilization**

Level 1 Patient Days	6,793
Level 2 Patient Days	3,541
Level 2+ Patient Days	0
Total Nursery Patientdays	10334

**Emergency Service Data**

Emergency Service Type:	Comprehensive
Persons Treated by Emergency Services:	55,428
Patients Admitted from Emergency:	11,810

**Outpatient Service Data**

Persons Treated by Outpatient Services:	9,955
Patients Admitted from Outpatient Services:	79

**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>
General Radiography/Fluoroscopy	35	0	0	21,615	83,297	0
Nuclear Medicine	5	0	0	893	4,220	0
Mammography	10	0	0	0	19,724	0
Ultrasound	5	0	0	4,995	14,793	0
Angiography	2	0	0	514	1,045	0
Positron Emission Tomography (PET)	0	0	1	0	226	0
Computerized Axial Tomography (CAT)	3	0	0	4,162	29,264	0
Magnetic Resonance Imaging	2	0	0	2,525	7,464	0

**Treatment Courses**

Lithotripsy	0	0	0	0
Radiation Therapy Equipment:				
Linear Accelerator	0	0	0	0
	0	0	0	0

**Contractors for Equipment**

**Contractor**

<u>Type of Equipment</u>	
PET Tomography	Medical Outsourcing Services