ADDENDUM TO INVENTORY OF HEALTH CARE FACILITIES

September 27, 2017

Planning Area	Change or Permit #	Effective Date	Identification and Description of Transaction
			Changes to Intensive Care, Medical-Surgical, Pediatrics, & Obstetrics/Gynecology
			Changes to Acute Mental Illness
			Changes to Comprehensive Physical Rehabilitation
HSA 6	**E-038-17**	**9/13/2017**	**Holy Cross Hospital, Chicago, approved for exemption to discontinue 34 bed Comprehensive Rehabilitation category of service. Health Service Area 6 now has a total of 606 authorized Comprehensive Rehabilitation beds, with a calculated excess capacity of 187 beds.**
			Changes to Neonatal Intensive Care
HSA 1	**E-019-17**	**6/7/2017**	**Swedish American Hospital, Rockford, approved for exemption to establish a 10 bed Neonatal Intensive Care category of service. Health Service Area 1 now has a total of 62 authorized Neonatal Intensive Care beds.**
			Changes to Cardiac Catheterization
			Changes to Open Heart Surgery
			Changes to Organ Transplantation
			Changes to Hospital-Based Long-Term Care
			Changes to Long-Term Acute Care
			Major Modernization Projects

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
9/27/2017

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess
A-001	2,142	1,118	0	1,024	425	358	0	67	239	121	0	118
A-002	1,583	867	0	716	384	378	0	6	237	89	0	148
A-003	1,819	1,116	0	703	262	220	0	42	171	84	0	87
A-004	2,050	1,557	0	493	349	322	0	27	192	128	0	64
A-005	1,059	891	0	168	241	237	0	4	181	97	0	84
A-006	1,153	655	0	498	221	229	8	0	99	62	0	37
A-007	1,207	854	0	353	192	168	0	24	172	104	0	68
A-008	614	448	0	166	94	94	0	0	70	46	0	24
A-009	770	715	0	55	108	110	2	0	112	68	0	44
A-010	291	233	0	58	41	35	0	6	43	24	0	19
A-011	296	296	0	0	45	53	8	0	28	39	11	0
A-012	409	347	0	62	58	67	9	0	68	35	0	33
A-013	676	759	83	0	113	124	11	0	91	65	0	26
A-014	282	142	0	140	57	49	0	8	42	15	0	27
B-001	640	437	0	203	98	102	4	0	67	38	0	29
B-002	103	71	0	32	8	7	0	1	14	5	0	9
B-003	158	111	0	47	14	15	1	0	17	10	0	7
B-004	97	111	14	0	20	7	0	13	22	14	0	8
C-001	864	527	0	337	146	141	0	5	86	38	0	48
C-002	191	145	0	46	22	18	0	4	29	19	0	10
C-003	193	79	0	114	21	14	0	7	17	9	0	8
C-004	69	60	0	9	12	6	0	6	16	7	0	9
C-005	402	218	0	184	34	28	0	6	39	19	0	20
D-001	444	283	0	161	56	50	0	6	64	28	0	36
D-002	289	181	0	108	31	23	0	8	46	25	0	21
D-003	186	125	0	61	20	10	0	10	17	11	0	6
D-004	397	189	0	208	48	46	0	2	44	21	0	23
D-005	126	93	0	33	9	11	2	0	19	11	0	8
E-001	705	446	0	259	100	127	27	0	62	35	0	27
E-002	89	61	0	28	8	2	0	6	3	6	3	0
E-003	64	29	0	35	4	3	0	1	0	2	2	0
E-004	122	55	0	67	13	5	0	8	11	6	0	5
E-005	193	129	0	64	26	21	0	5	27	13	0	14
F-001	1,001	494	0	507	109	105	0	4	176	50	0	126
F-002	157	81	0	76	12	8	0	4	21	10	0	11
F-003	178	78	0	100	12	5	0	7	14	7	0	7
F-004	263	159	0	104	38	29	0	9	18	14	0	4
F-005	121	52	0	69	0	0	0	0	0	3	3	0
F-006	195	148	0	47	26	22	0	4	12	13	1	0
F-007	270	142	0	128	23	19	0	4	28	13	0	15
Totals	**21,868**	**14,502**	**97**	**7,463**	**3,500**	**3,268**	**72**	**304**	**2,614**	**1,404**	**20**	**1,230**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
STATE SUMMARY
REVISED BED NEED DETERMINATIONS
9/27/2017

ACUTE MENTAL ILLNESS

ACUTE MENTAL ILLNESS PLANNING AREAS	APPROVED EXISTING BEDS	CALCULATED BEDS NEEDED	ADDITIONAL BEDS NEEDED	EXCESS AMI BEDS
PLANNING AREA 1	66	78	12	0
PLANNING AREA 2	140	107	0	33
PLANNING AREA 3	242	168	0	74
PLANNING AREA 4	217	158	0	59
PLANNING AREA 5	81	62	0	19
PLANNING AREAS 6 & 7				
6 A-1	435	330	0	105
6 A-2	729	503	0	226
6 A-3	224	87	0	137
6 & 7 A-4	195	130	0	65
7 A-5	275	241	0	34
7 A-6	340	211	0	129
7 A-7	589	411	0	178
7 A-8	121	50	0	71
AREA 6 & 7 TOTALS	2,908	1,963	0	945
PLANNING AREA				
8 A-9	59	84	25	0
8 A-10	34	38	4	0
8 A-11	30	49	19	0
8 A-12	95	57	0	38
AREA 8 TOTALS	218	228	48	38
PLANNING AREA				
9 A-13	175	94	0	81
9 A-14	89	57	0	32
AREA 9 TOTALS	264	151	0	113
PLANNING AREA 10	54	44	0	10
PLANNING AREA 11	150	102	0	48
ILLINOIS AMI TOTALS	4,340	3,061	60	1,339

STATE SUMMARY
REVISED BED NEED DETERMINATIONS
9/27/2017

REHABILITATION BEDS

REHAB SERVICE AREA	APPROVED EXISTING BEDS	CALCULATED BED NEED	ADDITIONAL BEDS NEEDED	EXCESS REHAB BEDS
HSA 1	61	65	4	0
HSA 2	66	49	0	17
HSA 3	48	34	0	14
HSA 4	80	53	0	27
HSA 5	39	36	0	3
HSA 6	606	419	0	187
HSA 7	465	372	0	93
HSA 8	105	100	0	5
HSA 9	96	98	2	0
HSA 10	22	12	0	10
HSA 11	50	43	0	7
ILLINOIS TOTAL	**1,638**	**1,281**	**6**	**363**

NEONATAL

NEONATAL SERVICE AREAS	APPROVED EXISTING BEDS
HEALTH SERVICE AREA 1	62
HEALTH SERVICE AREAS 2 and 10	40
HEALTH SERVICE AREAS 3 and 4	65
HEALTH SERVICE AREAS 5 and 11	0
HEALTH SERVICE AREAS 6,7,8,and 9	727
ILLINOIS TOTAL	**894**

LONG-TERM ACUTE CARE (LTACH) BEDS

LTACH SERVICE AREA	APPROVED EXISTING BEDS	CALCULATED BED NEED	ADDITIONAL BEDS NEEDED	EXCESS LTACH BEDS
HSA 1	69	50	0	19
HSAs 2 and 10	50	25	0	25
HSAs 3 and 4	50	39	0	11
HSAs 5 and 11	0	34	34	0
HSAs 6, 7 8 and 9	652	499	0	153
ILLINOIS TOTAL	**821**	**647**	**34**	**208**