

## Hills, Bonnie

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**From:** James Burke [jburke@hshs.org]  
**Sent:** Thursday, June 02, 2011 12:39 PM  
**To:** Hills, Bonnie; Constantino, Mike  
**Subject:** Fwd: Project #11-017  
**Attachments:** SKMBT\_C65211060211320.pdf; ATT00001.txt

Bonnie,

I am emailing on behalf of Hospital Sisters Health System and St. Elizabeth's Hospital, Belleville. Attached please find a letter from Mark Reifsteck and Maryann Reese outlining comments regarding Project #11-017.

If you are willing, it would be helpful to have a response email from you indicating that you have received this letter. If you need to speak with me directly, please feel free to call me on my cell phone listed below. Thank you.

James L. Burke | JD • CPA • MBA | 618.222.1000 Hospital Sisters Health System, Southern Illinois Division Vice President, Legal Services, Business Development & Administration HSHS Associate General Counsel



**Hospital Sisters**  
HEALTH SYSTEM

June 2, 2011

**Belleville, IL**  
*St. Elizabeth's Hospital*

**Breese, IL**  
*St. Joseph's Hospital*

**Decatur, IL**  
*St. Mary's Hospital*

**Effingham, IL**  
*St. Anthony's  
Memorial Hospital*

**Highland, IL**  
*St. Joseph's Hospital*

**Litchfield, IL**  
*St. Francis Hospital*

**Springfield, IL**  
*St. John's Hospital*

**Streator, IL**  
*St. Mary's Hospital*

**Chippewa Falls, WI**  
*St. Joseph's Hospital*

**Eau Claire, WI**  
*Sacred Heart Hospital*

**Green Bay, WI**  
*St. Mary's Hospital  
Medical Center  
St. Vincent Hospital*

**Sheboygan, WI**  
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P.O. Box 19456  
Springfield, Illinois  
62794-9456  
P: 217-523-4747  
F: 217-523-0542  
www.hshs.org

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Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson 2<sup>nd</sup> Floor  
Springfield, Illinois 62702

Re: Project #11-017  
Memorial Hospital – East

Dear Ms. Avery:

We are writing this public comment regarding Project #11-017, which seeks to establish a new hospital, Memorial Hospital - East, in Shiloh, Illinois. While we are not opposed to the construction of new health care facilities in our Planning Area, we do believe that any new construction should meet the requirements of Illinois law, to include demonstrating a need when proposing to add new services and demonstrating proof that a project is financially viable. As outlined below, we do not believe this certificate of need (CON) application has met these requirements. Therefore, Hospital Sisters Health System and St. Elizabeth's Hospital oppose this CON application based on the following:

- The proposed project would constitute an unnecessary duplication of hospital services in a planning area in which the Health Facilities and Services Review Board (HFSRB) has determined that excess capacity already exists;
- The proposed project would duplicate underutilized services at a nearby hospital that will have the same ownership as the applicant (Memorial Hospital in Belleville);
- The proposed project is not the best or most cost-effective alternative to providing "a contemporary inpatient treatment setting" for patients "that have traditionally received their inpatient care at Memorial Hospital" (CON application, Attachment 12, hand-numbered Page 63);
- The CON application fails to meet a number of significant CON review criteria, as specified in 77 Ill. Adm. Code 1110, 77 Ill. Adm. Code 1120;
- The CON application does not include all of the required information.

**The proposed project would constitute an unnecessary duplication of hospital services in a planning area in which the Health Facilities and Services Review Board (HFSRB) has determined that excess capacity already exists**

This CON application proposes to establish a new hospital, to be named Memorial Hospital – East, in Shiloh. Shiloh is located in St. Clair County.

The HFSRB has placed all of St. Clair County in Planning Area F-1 for most inpatient services. Planning Area F-1 also includes all of Madison County as well as selected precincts and townships in Monroe and Clinton Counties.

The HFSRB has placed all of St. Clair County in Health Service Area 11 for Cardiac Catheterization and Open Heart Surgery Services. These planning areas are the health service areas defined by the Department of Health and Human Services pursuant to P.L. 93-641.

The Illinois Health Facilities Planning Act (20 ILCS 3960/2) states its purpose as including the promotion of "the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities." The Act states that the 2009 amendments have several objectives, including "to assess the financial burden to patients caused by unnecessary health care construction and modification ..." and that "Cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process."

The HFSRB has established criteria for the review of construction and modification projects. 77 Ill. Adm. Code 1100.10 states, "The standards presented herein are designed to promote development of needed facilities and services, avoid duplication of services and prevent unnecessary construction."

The establishment of Memorial Hospital – East would constitute a duplication of existing health care services in Planning Area F-1 because it would increase the current excess of beds in the Medical-Surgical/Pediatric, Intensive Care, and Obstetric Categories of Service.

As of April 20, 2011, the Illinois Department of Public Health's Revised Bed Need Determinations show the following excess beds for these Categories of Service in Planning Area F-1.

CATEGORY OF SERVICE	EXISTING BEDS	CALCULATED BED NEED	EXCESS BEDS	PROPOSED FOR MEMORIAL HOSPITAL - EAST
Medical-Surgical/ Pediatric	1,175	648	527	72
Intensive Care	115	87	28	6
Obstetrics	194	66	128	16

Source: Illinois Department of Public Health, "Revised Bed Need Determinations," April 20, 2011.

**The proposed project would duplicate underutilized services at a nearby hospital that will have the same ownership as the applicant (Memorial Hospital in Belleville)**

Memorial Hospital in Belleville is an active hospital whose sole corporate member is Memorial Group, Inc. Memorial Group, Inc., is also the sole corporate member of Metro-East Services, Inc., d/b/a Memorial Hospital – East, which is the subject of this CON application. Memorial Hospital – East will be approximately 5 miles away from Memorial Hospital in Belleville, according to a statement on hand-written Page 6 of the CON application.

Memorial Hospital in Belleville is an existing hospital that is significantly underutilized in a number of Categories of Service and Ancillary Services that are not Categories of Service for which CON utilization standards and State Guidelines exist (77 Ill. Adm. Code 520.c.2.A.; 77 Ill. Adm. Code 530.c.3.; 77 Ill. Adm. Code 1110.APPENDIX B).

Appendix 1 analyzes 2008 and 2009 utilization for Memorial Hospital in Belleville and identifies existing excess capacity in the following services, based on the hospital's IDPH Hospital Profile for CY2009.

- 84 excess Medical-Surgical beds
- 12 excess Pediatric beds
- 11 excess Obstetric beds
- 1 excess Open Heart Surgery operating room
- 6 excess General operating rooms
- 4 excess G/I Laboratory rooms
- 6 excess Emergency Department stations
- 11-13 excess General Radiology/Fluoroscopy units, based on the types of units
- 1 excess Ultrasound unit

This CON application states repeatedly that the purpose of the project is to establish an additional hospital that will provide care to patients who are currently receiving care at Memorial Hospital in Belleville.

The application states that the proposed hospital will provide care to "residents of Belleville and the surrounding communities that have traditionally received their inpatient care at Memorial Hospital." (Attachment 12, hand-numbered Page 63)

The application continues by stating that the shift in market share is projected to be from Memorial Hospital – Belleville (ibid.) and that "it is anticipated that the patient population to be served will not substantially change with the establishment of the proposed hospital" (hand-numbered Page 64).

Additional statements follow:

"Because the patient population traditionally looking to Memorial Hospital for its care served as the basis for utilization projections, no Illinois providers, other than Memorial Hospital, are anticipated to be impacted by this project." (Attachment 15, hand-numbered Page 74)

"Projected utilization of the medical/surgical services was calculated for both of Memorial's facilities, together – Memorial Hospital-Belleville and Memorial Hospital-East – because the project essentially re-distributes Memorial's patients over the two campuses." (Attachment 15, hand-numbered Page 74)

"As noted above, this methodology assumes that no patients will be 'taken from' any other Illinois hospital, with the exception of Memorial Hospital-Belleville patients moving to Memorial-East." (Attachment 15, hand-numbered Page 75)

"Obstetrical bed utilization was projected on a combined hospital basis." (Attachment 15, hand-numbered Page 80)

"The bed 'need' analyses used to identify the number of beds to be provided are based primarily on the current utilization of Memorial Hospital." (Attachment 20b3, hand-numbered Page 92)

"The project essentially re-distributes Memorial's patients over the two campuses." (Attachment 20b3, hand-numbered Page 94)

Appendix 2 presents the 2008 and 2009 utilization data and approvable beds and key rooms at Memorial Hospital in Belleville, adding the beds and key rooms proposed for Memorial Hospital – East. This analysis of projected excess capacity is based upon historic utilization data and, since Memorial Hospital in Belleville is significantly underutilized, it does not consider the projected growth in utilization that is presented in the CON application, as this growth could be accommodated at the existing hospital.

Appendix 2 identifies excess capacity in the following services for Memorial Hospital – Belleville and Memorial Hospital - East, based on the hospital's IDPH Hospital Profile for CY2009.

- 160 excess Medical-Surgical beds at the 90% occupancy target for addition of beds
- 12 excess Pediatric beds
- 1 excess Intensive Care bed
- 27 excess Obstetric beds
- 1 excess Open Heart Surgery operating room
- 10 excess General operating rooms
- 6 excess G/I Laboratory rooms
- 14 excess Emergency Department stations
- 14-16 excess General Radiology/Fluoroscopy units, based on the types of units
- 2 excess Ultrasound units
- 1 excess Nuclear Medicine scanner

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The CON application includes references to plans for Memorial Hospital – Belleville to reduce its bed capacity in the Medical-Surgical and Obstetric Categories of Service, but there has been no commitment by Memorial Group, Inc., to make these reductions, either through certifications submitted with this CON application or through a separate CON application submitted for Memorial Hospital in Belleville.

As a result, if Memorial Hospital – East were to be approved, Memorial Hospital in Belleville would be able to continue to operate with its current authorized beds and key rooms, thus exacerbating the excess capacity that currently existing in Planning Area F-1 and increasing the underutilization currently experienced at Memorial Hospital in Belleville.

**The proposed project is not the best or most cost-effective alternative to providing "a contemporary inpatient treatment setting" for patients "that have traditionally received their inpatient care at Memorial Hospital" (CON application, Attachment 12, hand-numbered Page 63)**

The applicant provides a number of alternatives to the proposed project and dismisses each one as either too costly or otherwise inappropriate for one reason or another.

Nevertheless, upon closer examination of their "Alternative 1: Build a new bed tower on the Memorial Hospital Campus," it appears that the co-applicants provide insufficient reasons for rejecting this alternative as far more costly than establishing a totally new hospital 5 miles from Memorial Hospital's existing campus in Belleville.

If one were to visit the existing Memorial Hospital campus, it would be apparent that the hospital is situated on a large and accessible site that currently has multiple buildings, surface parking lots, and room for expansion. It must be assumed that, when this site was acquired, it was intended to accommodate future expansion of the hospital, as has occurred since the construction of the initial hospital building.

Thus, it does not seem prudent or cost-effective to dismiss this site as a reasonable location for construction of a new bed tower in order to privatize patient rooms, and instead to seek CON approval to construct an additional new hospital in such close proximity to the current one while maintaining the current hospital. Further evaluation is needed of the alternative that would expand Memorial Hospital in Belleville to accommodate its patients in private rooms while complying with the CON Rule that the number of authorized beds that result from such a project "shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100." (77 Ill. Adm. Code 1110.530.d.4.)

When the co-applicants rejected the identified alternatives, they did not consider that their health system will incur additional significant operating costs by establishing an additional new hospital at a different location. These costs would be incurred without a commensurate increase in patient revenues because the patients that are currently seen at a single hospital in Belleville would be seen at two separate hospitals if the new hospital were approved and constructed.

Since the co-applicants claim that the purpose of the project is to provide all patients with private rooms, as shown below, establishing a new hospital to achieve this end is an extreme and costly solution.

"[A]llow Memorial Hospital in Belleville to operate with all of its beds located in private rooms." (Narrative Description, hand-numbered Page 6)

"The cornerstone of Memorial's decision to proceed with the project is the desire to locate all inpatients in private rooms." (Attachment 12, hand-numbered Page 63)

"The goal of the project is to locate all of Memorial Hospital's beds in a private room setting." (Attachment 13, hand-numbered Page 66)

The alternative selected for this project – establishment of a new, additional hospital located 5 miles from the current hospital – is especially troubling at this time as hospitals attempt to evaluate the impending reductions in reimbursement for inpatient services that will occur as a result of health care reform and the need to adjust to a new emphasis on the future delivery of health care in ambulatory settings.

For all of these reasons, reconfiguring existing patient rooms into private rooms and constructing an addition to the existing hospital is a more prudent, cost-effective alternative than establishing a 94-bed hospital as a satellite of the existing Memorial Hospital.

**The CON application fails to meet a number of significant CON review criteria, as specified in 77 Ill. Adm. Code 1100, 1110, 77 Ill. Adm. Code 1120**

This CON application fails to meet a number of the CON Rules, the most significant of which are identified below.

1. This project proposes to establish a new hospital in a Metropolitan Statistical Area (MSA) with 72 Medical-Surgical beds, 16 Obstetric beds, and 6 Intensive Care beds.

The proposed number of authorized beds by service is in violation of 77 Ill. Adm. Code 1110.530.f)1) and 77 Ill. Adm. Code 1110.530.f)2)A), which state that "The minimum bed capacity for a medical-surgical category of service within a Metropolitan Statistical Area (MSA) is 100 beds" and that "The minimum unit size for a new obstetric unit within an MSA is 20 beds."

2. The project costs exceed the Illinois CON program's Financial and Economic Review Standards for the Reasonableness of Project Costs, as stated in 77 Ill. Adm. Code 1120.APPENDIX A.a).
  - a. Preplanning Costs fail to meet the State standard that they not exceed 1.8% of Construction Costs, Contingencies, and Equipment Costs.

- b. Site Survey and Soil Investigation plus Site Preparation Costs fail to meet the State standard that they not exceed 5% of Construction Costs and Contingencies.
  - c. Contingency Costs fail to meet the State standard that they not exceed 7% of Construction Costs, which is the standard for this project because the state of the project's architectural drawings is identified as "Preliminary" on hand-numbered Page 8 of the CON application.
3. The Financial Viability Ratios for Memorial Group, Inc., for the last 3 historic years for which audited financial statements are provided and the first full fiscal year at target utilization (which is the second fiscal year of operation) fail to meet the Financial Viability Standards stated in 77 Ill. Adm. Code 1120.APPENDIX A.b).

The CON Rules mandate that applicants who do not have an "A" bond rating must meet these Financial Viability Standards for the latest 3 years for which audited financial statements are available and for the first full fiscal year at target utilization. The submission of consolidated financial statements for Memorial Group, Inc., is directed under 77 Ill. Adm. Code 1120.130.b).

- a. Current Ratios fail to meet the State standard for each of the past 3 years for which audited financial statements are available (2007-2009) and projected Year 2018, the first full fiscal year at target utilization.
- b. Net Margin Percentage fails to meet the State standard for 2008 and projected Year 2018, the first full fiscal year at target utilization.
- c. Projected Debt Service Coverage fails to meet the State standard for projected Year 2018, the first full fiscal year at target utilization.

**The CON application does not include all of the required information**

- 1. The CON application does not include any operating start-up costs or operating deficit, as required on hand-numbered Page 8 of the application form.
- 2. The CON application does not provide any information regarding Memorial Hospital – Belleville's authorized beds, CY2010 utilization, or proposed changes in authorized beds as required on hand-numbered Page 10 of the application form (Facility Bed Capacity and Utilization).

This omission is particularly significant because the CON application includes a number of statements that identify the interrelatedness of the proposed project and Memorial Hospital – Belleville, as illustrated by the following.

"Upon the opening of Memorial-East, Memorial Hospital-Belleville will be re-configured, with existing semi-private rooms being converted to private rooms, and the licensed bed capacity of the hospital being reduced, consistent with need at the time and applicable IHFSRB rules. The 're-configuration' of Memorial Hospital-Belleville will be addressed through a separate Certificate of Need application (if required), because the two hospitals will be on different sites. At the conclusion of the two projects, net reductions in medical/surgical/pediatrics beds and obstetrics beds are anticipated." (Narrative Description, hand-numbered Page 6)

"Projected utilization of the medical/surgical services was calculated for both of Memorial's facilities, together – Memorial Hospital-Belleville and Memorial Hospital-East – because the project essentially re-distributes Memorial's patients over the two campuses." (Attachment 15, hand-numbered Page 74)

"As a result of the need to assure beds are available for patients during the higher census periods – though not necessarily on the highest of projected census days – a total of 261 medical/surgical/pediatrics beds are proposed to be provided jointly on the two campuses ... Assuming no un-anticipated utilization changes at Memorial-Belleville prior to the opening of Memorial-East, the combined medical/surgical/pediatrics bed complement would be reduced by six beds (Memorial-Belleville is currently approved to operate 267 medical/surgical/pediatrics beds" (Attachment 15, hand-numbered Page 78) It should be noted, however, that this project proposes to have a total of 325 Medical-Surgical beds plus 14 Pediatric beds on the 2 campuses (as shown in Appendix 2) because the CON application does not propose to discontinue any Medical-Surgical or Pediatric beds at Memorial Hospital-Belleville. It also should be noted that Memorial Hospital's 2009 utilization justified a total of 165 Medical-Surgical beds and 2 Pediatric beds, as shown in Appendices 1 and 2.

"Obstetrical bed utilization was projected on a combined hospital basis, using a methodology similar to that used to project medical/surgical bed utilization." (Attachment 15, hand-numbered Page 20)

"The proposed project and the subsequent reduction of beds at memorial [sic] Hospital-Belleville will result in a net reduction of approximately 11\* [sic] medical/surgical/pediatrics and obstetrics beds." (Attachment 20b1, hand-numbered Page 87)

"Projected utilization of the medical/surgical services was calculated for both of Memorial's facilities – Memorial Hospital-Belleville and Memorial Hospital-East – together because the project essentially re-distributes Memorial's patients over the two campuses." (Attachment 20b3, hand-numbered Page 94)

"While, with the opening of Memorial Hospital-East the bed complement of Memorial Hospital-Belleville will be reduced significantly, accessibility to beds will not be compromised, as a result of the number of excess beds currently available in Planning Area F-01." (Attachment 20b5, hand-numbered Page 103)

"The number of medical/surgical and pediatrics beds provided at Memorial Hospital and Memorial Hospital-East combined will be reduced by approximately 6 beds from the number currently provided at Memorial Hospital, alone. (Attachment 20c2, hand-numbered Page 107)

"Approximately 8 of the 29 existing obstetrics beds will remain at Memorial-Belleville, and sixteen will be 're-located' to Memorial-East. Approximately five beds will be 'discontinued.' (Attachment 20c2, hand-numbered Pages 107-108)

"The impact on Memorial Hospital-Belleville is a direct result of the applicants' goal of transforming Memorial Hospital-Belleville into an all-private room hospital, and in doing so, the hospital's bed complement will be significantly reduced with the establishment of Memorial Hospital-East. (Attachment 20c3, hand-numbered Page 110)

3. Attachment 7 names the components that comprise the various project cost line items, but does not provide itemization of each item, as specified in the instructions on the CON application form, which states: "Note: Itemization of each line item must be provided at Attachment-7."
4. Attachment 25 does not include all of the information required for the establishment of a Cardiac Catheterization Category of Service.

The CON application is missing the following information.

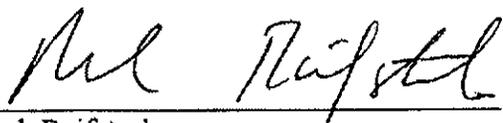
- a. The CON application does not include any letters that were sent to "all facilities within 90 minutes travel time which currently provide cardiac catheterization ... [containing] a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program" nor does it include "[c]opies of the responses received from the facilities to which the letter was sent." (Certificate of Need Application for 77 Ill. Adm. Code 1110.1330.3, 77 Ill. Adm. Code 1110.1330.c)

The response to this item in the CON application does not address this requirement at all.

- b. The CON application does not include "a list of names and qualifications of those who will fill the positions detailed in this criterion." Review Criterion 77 Ill. Adm. Code 1110.1330.g).

In conclusion, we are opposed to Project #11-017, the establishment of Memorial Hospital – East, because it proposes an unnecessary duplication of hospital services in Planning Area F-01 and does not conform with the Rules of the Health Facilities and Services Review Board.

Sincerely,



Mark Reifsteck  
Division President  
Southern Illinois Division  
Hospital Sisters Health System



Maryann L. Reese  
President and CEO  
St. Elizabeth's Hospital of the Hospital Sisters  
of the Third Order of St. Francis

cc: Michael Constantino

APPENDIX 1

MEMORIAL HOSPITAL - BELLEVILLE

Service	Belleville Key Rooms/ Units	2008 Utilization	2009 Utilization	2009 Justified Key Rooms/ Units	Excess Capacity
Medical/Surgical	253 beds	148.7 ADC	148.1 ADC	169 beds @ 88% occ.	84 Medical/Surgical beds
Pediatric	14 beds	1.1 ADC	1.1 ADC	2 beds @ 65% occ.	12 Pediatric beds
Intensive Care	20 beds	14.5 ADC	14.6 ADC	25 beds @ 60% occ.	0 Intensive Care beds
OB/Gyne.	29 beds	14.1 ADC	14.0 ADC	18 beds @ 78% occ.*	11* OB/Gyne. beds
Surgery: Class C	2 Open Heart rooms	1,284 hours	1,377 hours	1 Open Heart room	1 Open Heart room
	17 General rooms	16,232 hours	16,302 hours	11 General rooms	6 General rooms
Surgery: Class B	9 G/I rooms	7,947 hours	7,058 hours	5 G/I rooms	4 G/I rooms
	2 Pain Mgt. rooms	1,811 hours	1,605 hours	2 Pain Mgt. rooms	0 Pain Mgt. rooms
Emergency Dept.	36 stations	56,622 visits	59,333 visits	30 stations	6 stations
Cardiac Cath Labs	4 labs	1,531 procedures	2,015 procedures		
General R/F	25 units	87,479 exams	89,750 exams	12-14 General R/F units	11-13 General R/F units
Mammography	3 units	22,522 exams	25,918 exams	6 units	0 units
Ultrasound	12 units	27,816 exams	31,046 exams	11 units	1 units
Angiography	0 units	208 exams	0 exams	0 units	0 units
CT Scanning	3 scanners	33,405 exams	35,201 exams	6 scanners	0 scanners
MRI Scanning	2 scanners	6,528 exams	6,721 exams	3 scanners	0 scanners
Nuclear Medicine	5 scanners	8,548 exams	8,566 exams	5 scanners	0 scanners
Lithotripsy	0 units	168 treatments	0 treatments	0 units	0 scanners

\*Occupancy Target for Obstetrics used in this calculation, although the department includes Clean Gyne. utilization

Sources: For Memorial Hospital - Belleville: IDPH Hospital Profile - CY 2008; IDPH Hospital Profile - CY 2009;  
IDPH Annual Bed Report - CY 2009

APPENDIX 2

MEMORIAL HOSPITAL - BELLEVILLE AND MEMORIAL HOSPITAL - EAST

Service	Belleville		Shiloh		Belleville + Shiloh		2008		2009		2009 Justified		Excess Capacity
	Key Rooms/ Units	Utilization	Utilization	Utilization	Key Rooms/ Units	Key Rooms/ Units	Key Rooms/ Units						
Medical/Surgical	253 beds	72 beds	325 beds	148.1 ADC	165 beds @ 90% occ.	160 Medical/Surgical beds							
Pediatric	14 beds	0 beds	14 beds	1.1 ADC	2 beds @ 65% occ.	12 Pediatric beds							
Intensive Care	20 beds	6 beds	26 beds	14.5 ADC	25 beds @ 60% occ.	1 Intensive Care bed							
OB/Gyne.	29 beds	16 beds	45 beds	14.1 ADC	18 beds @ 78% occ.*	27* Obstetric beds							
Surgery: Class C	2 Open Heart rooms	0 Open Heart rooms	2 Open Heart rooms	1,284 hours	1 Open Heart room	1 Open Heart room							
	17 General rooms	4 General rooms	21 General rooms	16,237 hours	11 General rooms	10 General rooms							
Surgery: Class B	9 G/I rooms	2 G/I rooms	11 G/I rooms	7,947 hours	5 G/I rooms	6 G/I rooms							
	2 Pain Mgt. rooms	0 Pain Mgt. rooms	2 Pain Mgt. rooms	1,811 hours	2 Pain Mgt. rooms	0 Pain Mgt. rooms							
Emergency Dept.	36 stations	8 stations	44 stations	56,622 visits	30 stations	14 ED stations							
Cardiac Cath Labs	4 labs	1 lab	5 labs	1,531 procedures	2,015 procedures								
General R/F	25 units	3 rooms	28 rooms	87,479 exams	89,750 exams	14-16 General R/F units							
Mammography	3 units	0 units	3 units	22,522 exams	25,918 exams	6 units							
Ultrasound	12 units	1 unit	13 units	27,816 exams	31,046 exams	11 units							
Angiography	0 units	1 unit	1 unit	208 exams	0 exams	2 units							
CT Scanning	3 scanners	1 scanner	4 scanners	33,405 exams	35,201 exams	0 units if there is utilization							
MRI Scanning	2 scanners	1 scanner	3 scanners	6,528 exams	6,721 exams	0 units							
Nuclear Medicine	5 scanners	1 scanner	6 scanners	8,548 exams	8,566 exams	1 scanner							
Lithotripsy	0 units	0 units	0 units	168 treatments	0 treatments	0 units							
*Occupancy Target for Obstetrics used in this calculation, although the department includes Clean Gyne. utilization													
Sources: For Memorial Hospital - Belleville: IDPH Hospital Profile - CY 2008; IDPH Hospital Profile - CY 2009; IDPH Annual Bed Report - CY 2009													
For Memorial Hospital - East: CON Application #11-017													

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