

**ORIGINAL**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

13-005

**RECEIVED**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

JAN 23 2013

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Facility/Project Identification**

Facility Name:	SIH Cancer Center		
Street Address:	Bounded by Route 13, Pin Oak Drive, Shawnee Trail and John Logan College Campus of Williamson County; SE ¼ of SW ¼ of Section 9, Township 9S, Range 1 East of Third Principal Meridian – see legal description on hand-stamped Page 4		
City and Zip Code:	Carterville 62918		
County:	Williamson	Health Service Area	5 Health Planning Area: F-06

**Applicant /Co-Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale		
Address:	405 W. Jackson Street P.O. Box 10000 Carbondale, Illinois 62902		
Name of Registered Agent:	Mr. William F. Sherwood		
Name of Chief Executive Officer:	Mr. Bart Millstead, Administrator		
CEO Address:	405 W. Jackson Street P.O. Box 10000 Carbondale, Illinois 62902		
Telephone Number:	618-549-0721		

**Type of Ownership of Applicant/Co-Applicant**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]

Name:	Mr. Philip L. Schaefer, FACHE
Title:	Vice President, Ambulatory and Physician Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street P.O. Box 3988 Carbondale, IL 62902
Telephone Number:	618-457-5200 X67961
E-mail Address:	phil.schaefer@sih.net
Fax Number:	618-529-0568

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	65 E. Scott Street Suite 9A Chicago, Illinois 60610-5274
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

**Additional Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name:	Southern Illinois Healthcare Enterprises, Inc.
Address:	1239 E. Main Street P.O. Box 3988 Carbondale, Illinois 62901
Name of Registered Agent:	Mr. William F. Sherwood
Name of Chief Executive Officer:	Mr. Rex P. Budde, President and CEO
CEO Address:	1239 E. Main Street P. O. Box 3988 Carbondale, Illinois 62901
Telephone Number:	618-457-5200

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.****Type of Ownership**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
o Corporations and limited liability companies must provide an Illinois certificate of good standing.		
o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.		

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name:	Ms. Cathy Blythe
Title:	System Planning Manager
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street P.O. Box 3988 Carbondale, IL 62902
Telephone Number:	618-457-5200 X 67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Southern Illinois Hospital Services
Address of Site Owner:	1239 E. Main Street P.O. Box 3988 Carbondale, IL 62902
Street Address or Legal Description of Site:	Bounded by Route 13, Pin Oak Drive, Shawnee Trail and John Logan College Campus of Williamson County; SE ¼ of SW ¼ of Section 9, Township 9S, Range 1 East of Third Principal Meridian – see legal description on the next page
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale		
Address:	405 W. Jackson Street P.O. Box 10000 Carbondale, Illinois 62902		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<input type="radio"/>	Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.		
<input type="radio"/>	Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.		
<input type="radio"/>	<b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b>		
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## LEGAL DESCRIPTION OF SITE OF SIH CANCER CENTER

The site of the SIH Cancer Center consists of the following described real estate, situated in the County of Williamson, and State of Illinois:

The East one-half of Thirty acres off of the east side of the Southeast Quarter (SE ¼) of the Southwest Quarter (SW ¼) of Section Nine (9), in Township Nine (9) South, Range One (1) East of the Third Principal Meridian, situated in Williamson County, Illinois, EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record, and all rights and easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

EXCEPT: That part of the above described tract lying southerly of a line located 150 feet northerly of and parallel to the existing centerline of pavement on S.B.I. Route 13, conveyed to the Department of Public Works and Buildings of the State of Illinois by Warranty Deed recorded in the Office of the Recorder of Williamson County, Illinois, January 30, 1961, in Deed Record 320 Page 93.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way grants and covenants of record, and those apparent from an inspection of the premises, including encroachments.

Together with the hereditaments, tenements and appurtenances thereunto belonging. Property Index No.: 05-09-300-002

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT-5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT-6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

Part 1120 Applicability or Classification:  
[Check one only.]

- Part 1120 Not Applicable  
 Category A Project  
 Category B Project  
 DHS or DVA Project

005

## 2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This project proposes the construction of a freestanding Cancer Center in Carterville. The SIH Cancer Center, which will be owned and operated by Memorial Hospital of Carbondale (MHC), will provide the patients of the region with a wide range of cancer services. The SIH Cancer Center will include clinical and non-clinical service areas, and a portion of the building will be leased to physicians for the private practice of medicine.

The SIH Cancer Center will consolidate and coordinate services currently provided by MHC in its Comprehensive Community Cancer Program that has been accredited by the Commission on Cancer of the American College of Surgeons since 1954. By consolidating and coordinating Memorial Hospital Cancer Center's existing services in a single location that is centrally located to the residents of Southern Illinois, patients will be able to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services.

Memorial Hospital Cancer Center currently provides the following services: Radiation Therapy at both MHC and at the Memorial Hospital Cancer Center in Marion, a freestanding radiation therapy center; chemotherapy, provided at St. Joseph Memorial Hospital in Murphysboro (a hospital also owned and operated by Southern Illinois Hospital Services); site-specific multidisciplinary cancer teams for Breast, Lung, Gastrointestinal, Genitourinary, and Head and Neck Cancer; oncology nurse navigation; a centralized cancer registry; a research office for clinical trials; a Breast Center that is the region's first and only stand-alone breast imaging and treatment center; a palliative care program; support groups; exercise and nutrition programs for cancer survivors.

The SIH Cancer Center will benefit from the affiliation that Southern Illinois Healthcare (SIH) has had with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine since 2010.

The market area for the SIH Cancer Center is a 7-county area in Southern Illinois (consisting of Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties) that includes part or all of the State-designated Planning Areas F-05, F-06, and F-07. The breadth of cancer services that are provided by SIH and SIH's affiliation with the Simmons Cancer Institute at the SIU School of Medicine bring needed medical resources to this area.

The SIH Cancer Center will include the following clinical services.

- Radiation Therapy;
- Medical Oncology (Chemotherapy);
- Outpatient Rehabilitation for cancer patients (Physical/Occupational Therapy, Speech Therapy);
- Outpatient Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing);
- Pharmacy (for compounding chemotherapy infusions).

The SIH Cancer Center will also include the following non-clinical services.

- Education/Conference Rooms for cancer education programs and support groups;
- Resource/Information Center;
- Administrative Offices, including space for research and clinical trials for cancer patients;
- Healthy Café.

The SIH Cancer Center will include space that will be leased to physicians in cancer-related specialties for the private practice of medicine. More than 80% of the leasable square footage has been committed at this time.

Since the site for the SIH Cancer Center does not yet have an address, a site description is provided on the next page, following this Narrative Description.

The SIH Cancer Center will not be a "healthcare facility," as defined in 20 ILCS 3960. As a freestanding cancer center that will not have any beds, this project will not include any change in bed capacity.

This is a "non-substantive" Category B project in accordance with 77 Ill. Adm. Code 1110.40.b) because it is "solely and entirely limited in scope" to "outpatient clinical service areas" and non-clinical service areas.

## LEGAL DESCRIPTION OF SITE OF SIH CANCER CENTER

The site of the SIH Cancer Center consists of the following described real estate, situated in the County of Williamson, and State of Illinois:

The East one-half of Thirty acres off of the east side of the Southeast Quarter (SE ¼) of the Southwest Quarter (SW ¼) of Section Nine (9), in Township Nine (9) South, Range One (1) East of the Third Principal Meridian, situated in Williamson County, Illinois, EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record, and all rights and easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

EXCEPT: That part of the above described tract lying southerly of a line located 150 feet northerly of and parallel to the existing centerline of pavement on S.B.I. Route 13, conveyed to the Department of Public Works and Buildings of the State of Illinois by Warranty Deed recorded in the Office of the Recorder of Williamson County, Illinois, January 30, 1961, in Deed Record 320 Page 93.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way grants and covenants of record, and those apparent from an inspection of the premises, including encroachments.

Together with the hereditaments, tenements and appurtenances thereunto belonging. Property Index No.: 05-09-300-002

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$111,143	\$133,376	\$244,519
Site Survey and Soil Investigation	\$12,256	\$16,248	\$28,504
Site Preparation	\$156,285	\$207,169	\$363,454
Off Site Work	\$801,280	\$1,062,162	\$1,863,442
New Construction Contracts	\$6,260,818	\$6,088,284	\$12,349,102
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$626,081	\$608,828	\$1,234,909
Architectural/Engineering Fees	\$471,507	\$458,486	\$929,993
Consulting and Other Fees	\$298,110	\$244,032	\$542,142
Movable or Other Equipment (not in construction contracts)	\$4,712,554	\$743,278	\$5,455,832
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$668,531	\$886,192	\$1,554,723
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$14,118,565</b>	<b>\$10,448,055</b>	<b>\$24,566,620</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$12,353,294	\$9,124,326	\$21,477,620
Pledges	\$1,765,271	\$1,323,729	\$3,089,000
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$14,118,565</b>	<b>\$10,448,055</b>	<b>\$24,566,620</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project       Yes       No  
 Purchase Price:      \$747,500  
 Fair Market Value:      \$750,000

The project involves the establishment of a new facility or a new category of service  
 Yes       No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is N/A.

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

None or not applicable       Preliminary  
 Schematics       Final Working

Anticipated project completion date (refer to Part 1130.140): March 31, 2016

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  
 Project obligation will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**State Agency Submittals**

Are the following submittals up to date as applicable:

- Cancer Registry  
 APORS – see St. Anthony's Hospital's and St. Francis Hospital's policy for compliance on the Following pages  
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  
 All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage, either **DGSF** or **BGSF**, must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT-9 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME:</b> Memorial Hospital of Carbondale		<b>CITY:</b> Carbondale			
<b>REPORTING PERIOD DATES:</b> From: January 1, 2011 to: December 31, 2011					
Category of Service	Authorized Beds	Admissions	Patient Days Incl. Observ.	Bed Changes	Proposed Beds
Medical/Surgical	91*	7,207	27,501**	0	91
Obstetrics	28	2,220	8,975**	0	28
Pediatrics	14	199	1,229**	0	14
Intensive Care	13	1,064	3,330	0	13
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other (identify)	0	0	0	0	0
<b>TOTALS:</b>	146	10,134***	41,035**	0	146

\*6 Medical/Surgical beds were added on March 5, 2012. The total Medical/Surgical beds are now 91

\*\*Patient Days include Observation Days

\*\*\*Total Admissions include ICU Direct Admissions only, excluding transfers from other services

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

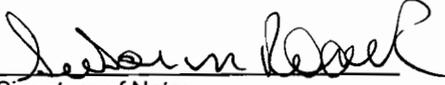
This Application for Permit is filed on the behalf of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

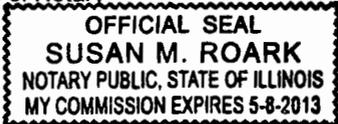
  
\_\_\_\_\_  
SIGNATURE  
Rex Bodde  
\_\_\_\_\_  
PRINTED NAME  
CEO  
\_\_\_\_\_  
PRINTED TITLE

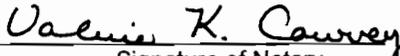
  
\_\_\_\_\_  
SIGNATURE  
Michael Kasser  
\_\_\_\_\_  
PRINTED NAME  
VP / CFO / Treasurer  
\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of January 2013

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of January 2013

  
\_\_\_\_\_  
Signature of Notary

Seal  
  
OFFICIAL SEAL  
SUSAN M. ROARK  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 5-8-2013

  
\_\_\_\_\_  
Signature of Notary

Seal  
  
OFFICIAL SEAL  
Valerie K. Cawvey  
Notary Public, State of Illinois  
My Commission Expires Nov. 9, 2013

\*Insert EXACT legal name of the applicant

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

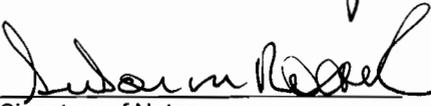
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

**This Application for Permit is filed on the behalf of Southern Illinois Healthcare Enterprises, Inc. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

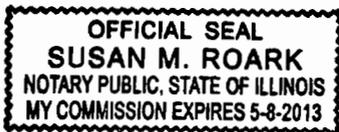
  
\_\_\_\_\_  
SIGNATURE  
Rex Budde  
\_\_\_\_\_  
PRINTED NAME  
CEO  
\_\_\_\_\_  
PRINTED TITLE

  
\_\_\_\_\_  
SIGNATURE  
Michael Kasser  
\_\_\_\_\_  
PRINTED NAME  
VP / CFO / Treasurer  
\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of January 2013

  
\_\_\_\_\_  
Signature of Notary

Seal



Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of January 2013

  
\_\_\_\_\_  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

**SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS**

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

**Criterion 1110.230 – Background, Purpose of the Project, and Alternatives**

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:****NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE SHELL SPACE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:****NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT INCLUDE SHELL SPACE**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**R. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Radiation Therapy (includes Memorial Hospital of Carbondale [MHC] And Memorial Hospital Cancer Center in Marion [Marion])	2 Linear Accelerators: 1 at MHC; 1 in Marion 2 Simulators: 1 at MHC, 1 in Marion	2 Linear Accelerators at SIH Cancer Center 1 Simulator at SIH Cancer Center
<input checked="" type="checkbox"/> Chemotherapy	0 stations at MHC or Marion	20 stations at SIH Cancer Center
<input checked="" type="checkbox"/> Outpatient Rehabilitation (Physical/ Occupational Therapy, Speech Therapy)	0 for Cancer patients at MHC or Marion	1 gymnasium/exercise area 3 private treatment rooms 1 speech therapy room
<input checked="" type="checkbox"/> Outpatient Laboratory Services	0 for Cancer patients at MHC or Marion	2 blood drawing stations 1 specimen toilet
<input checked="" type="checkbox"/> Pharmacy for compounding Chemotherapy infusions	0 for Cancer patients	2 hoods

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities and/or
	(c)(2) -	Necessary Expansion PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

**CO-APPLICANT SOUTHERN ILLINOIS HEALTH ENTERPRISES HAS AN "A+" BOND RATING**

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

**SEE ATTACHMENTS 39-41 FOR PROOF OF "A+" BOND RATING**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

<p>_____</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <p style="margin-left: 40px;">1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</p> <p style="margin-left: 40px;">2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</p>
<p>_____</p>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p>_____</p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<p>_____</p>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <p style="margin-left: 40px;">1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</p> <p style="margin-left: 40px;">2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</p> <p style="margin-left: 40px;">3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</p> <p style="margin-left: 40px;">4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</p> <p style="margin-left: 40px;">5) For any option to lease, a copy of the option, including all terms and conditions.</p>
<p>_____</p>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
<p>_____</p>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<p>_____</p>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p>_____</p>	<p><b>TOTAL FUNDS AVAILABLE</b></p>

019

**APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

IX. 1120.130 - Financial Viability

**SEE ATTACHMENTS 39-41 FOR PROOF OF "A+" BOND RATING**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

**SEE ATTACHMENTS 39-41 FOR PROOF OF "A+" BOND RATING**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Cost/Sq. Foot		Gross Sq. Feet		Gross Sq. Feet		G New Const. \$	H Mod. \$	I Total Costs
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
<b>Clinical Service Areas:</b>									
Radiation Therapy: Linear Accelerators	\$560.68	N/A	3,566	N/A	0	N/A	\$1,999,386	\$0	\$1,999,386
Radiation Therapy: Simulator	\$368.77	N/A	740	N/A	0	N/A	\$272,890	\$0	\$272,890
Radiation Therapy: Support Services	\$262.00	N/A	5,965	N/A	0	N/A	\$1,562,830	\$0	\$1,562,830
Medical Oncology (Chemotherapy)	\$283.06	N/A	5,872	N/A	0	N/A	\$1,662,128	\$0	\$1,662,128
Rehabilitation Services	\$257.00	N/A	1,601	N/A	0	N/A	\$411,457	\$0	\$411,457
Clinical Laboratory	\$283.06	N/A	648	N/A	0	N/A	\$183,423	\$0	\$183,423
Pharmacy	\$283.06	N/A	596	N/A	0	N/A	\$168,704	\$0	\$168,704
<b>SUBTOTAL CLINICAL COMPONENTS</b>	<b>\$329.72</b>	<b>N/A</b>	<b>18,988</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>\$6,260,818</b>	<b>\$0</b>	<b>\$6,260,818</b>
Contingency							\$626,081	\$0	\$626,081
<b>TOTAL CLINICAL SERVICE AREAS</b>	<b>\$362.70</b>	<b>N/A</b>	<b>18,988</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>\$6,886,899</b>	<b>\$0</b>	<b>\$6,886,899</b>
<b>Non-Clinical Service Areas:</b>									
Leased Physicians' Offices	\$262.00	N/A	6,737	N/A	0	N/A	\$1,765,094	\$0	\$1,765,094
Administration	\$243.00	N/A	3,247	N/A	0	N/A	\$789,021	\$0	\$789,021
Education/Conference Rooms	\$252.00	N/A	1,359	N/A	0	N/A	\$342,468	\$0	\$342,468
Cancer Information Center	\$238.00	N/A	1,032	N/A	0	N/A	\$245,616	\$0	\$245,616
Café	\$242.00	N/A	1,060	N/A	0	N/A	\$256,520	\$0	\$256,520
Quiet Room (Non-Denominational Chapel)	\$244.00	N/A	175	N/A	0	N/A	\$42,700	\$0	\$42,700
Information Systems	\$239.00	N/A	193	N/A	0	N/A	\$46,127	\$0	\$46,127
Environmental Services, including Housekeeping	\$221.00	N/A	409	N/A	0	N/A	\$90,389	\$0	\$90,389
Materials Management/Dock	\$201.00	N/A	167	N/A	0	N/A	\$33,567	\$0	\$33,567
Storage	\$198.00	N/A	201	N/A	0	N/A	\$39,798	\$0	\$39,798
Retail Space and Boutique	\$237.00	N/A	621	N/A	0	N/A	\$147,177	\$0	\$147,177
Staff Services (Lounge and Toilets)	\$246.00	N/A	705	N/A	0	N/A	\$173,430	\$0	\$173,430
Interdepartmental Circulation	\$202.00	N/A	1,678	N/A	0	N/A	\$338,956	\$0	\$338,956
Entrances, Lobbies, and Public Space	\$241.00	N/A	4,164	N/A	0	N/A	\$1,003,524	\$0	\$1,003,524
Public Toilets	\$275.00	N/A	360	N/A	0	N/A	\$99,000	\$0	\$99,000
Mechanical Space	\$255.00	N/A	1,349	N/A	0	N/A	\$343,995	\$0	\$343,995
Canopies	\$178.00	N/A	1,859	N/A	0	N/A	\$330,902	\$0	\$330,902
<b>SUBTOTAL NON-CLINICAL COMPONENTS</b>	<b>\$240.49</b>	<b>N/A</b>	<b>25,316</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>\$6,088,284</b>	<b>\$0</b>	<b>\$6,088,284</b>
Contingency							\$608,828	\$0	\$608,828
<b>TOTAL NON-CLINICAL COMPONENTS</b>	<b>\$264.54</b>	<b>N/A</b>	<b>25,316</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>\$6,697,112</b>	<b>\$0</b>	<b>\$6,697,112</b>
<b>PROJECT TOTAL</b>	<b>\$306.61</b>	<b>N/A</b>	<b>44,304</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>13,584,011</b>	<b>\$0</b>	<b>13,584,011</b>

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**MEMORIAL HOSPITAL OF CARBONDALE FOR FY2016: \$ 1,293.64**

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**MEMORIAL HOSPITAL OF CARBONDALE FOR FY2016: \$ 150.65**

**APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT** that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

**NOT APPLICABLE BECAUSE THIS IS A "NON-SUBSTANTIVE" PROJECT**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 43.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

023

<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

**APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

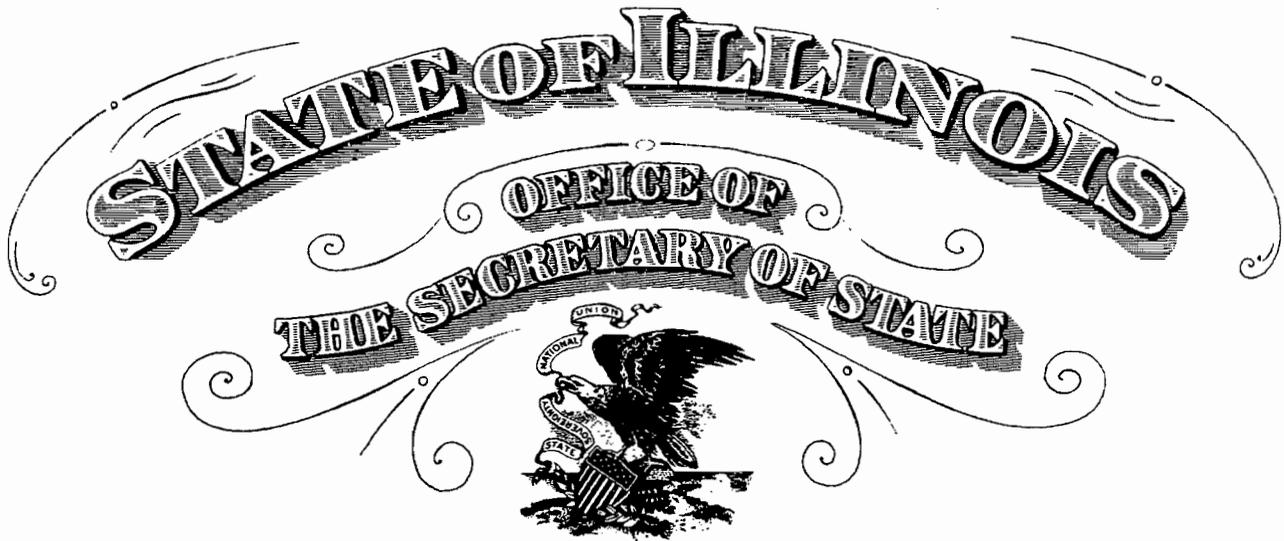
A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	26
2	Site Ownership	28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	36
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37
5	Flood Plain Requirements	39
6	Historic Preservation Act Requirements	43
7	Project and Sources of Funds Itemization	45
8	Obligation Document if required	50
9	Cost Space Requirements	50
10	Discontinuation	
11	Background of the Applicant	51
12	Purpose of the Project	61
13	Alternatives to the Project	87
14	Size of the Project	93
15	Project Service Utilization	127
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	130
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	150
40	Financial Waiver	150
41	Financial Viability	150
42	Economic Feasibility	156
43	Safety Net Impact Statement	
44	Charity Care Information	159



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1233102968

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of NOVEMBER A.D. 2012 .*

*Jesse White*

SECRETARY OF STATE



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of NOVEMBER A.D. 2012 .*

*Jesse White*

Authentication #: 1233102902

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

I.  
Site Ownership

This Attachment documents Southern Illinois Hospital Service's ownership of the 15 acre site on which the SIH Cancer Center will be constructed.

FILE COPY

Above space for Recorder's Use Only

## TRUSTEE'S DEED

THIS INDENTURE, made this 14th day of November, 2012, between **LaDonne Treece and Richard Treece, Co-Trustees of that certain Declaration of Trust dated October 25, 2001, Amended June 25, 2003**, GRANTOR; and GRANTEE, **Southern Illinois Hospital Services, an Illinois not-for profit corporation** of 1239 East Main St PO Box 3988, Carbondale, JACKSON County, Illinois;

WITNESSETH, That Grantor in consideration of the sum of Ten Dollars, and other good and valuable consideration in hand paid, does hereby grant, sell and convey unto said Grantee, the following described real estate, situated in the County of Williamson, and State of Illinois, to-wit;

The East one-half of Thirty acres off of the east side of the Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of Section Nine (9), in Township Nine (9) South, Range One (1) East of the Third Principal Meridian, situated in Williamson County, Illinois. EXCEPT any interest in the coal, oil, gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior instrument(s) of record, and all rights and easements in favor of the estate of said coal, oil, gas and other minerals, if any, situated in Williamson County, Illinois.

EXCEPT: That part of the above described tract lying southerly of a line located 150 feet northerly of and parallel to the existing centerline of pavement on S.B.I. Route 13. conveyed to the Department of Public Works and Buildings of the State of Illinois by Warranty Deed recorded in the Office of the Recorder of Williamson County, Illinois, January 30, 1961, in Deed Record 320 Page 93.

With privileges of and subject to reservations, restrictions, easements, encumbrances, right of way grants and covenants of record, and those apparent from an inspection of the premises, including encroachments.

Together with the hereditaments, tenements and appurtenances thereunto belonging. Property Index No.: 05-09-300-002

TO HAVE AND TO HOLD the same unto said Grantee, or their heirs and assigns forever.

This deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said trustee by the terms of said deed or deeds in trust delivered to said trustee in pursuance of the trust agreement above mentioned. This deed is made subject to the lien of every trust deed or mortgage and every other lien against said premises (if any there be) of record in said county given to secure the payment of money, and remaining unreleased at the date of the delivery hereof and all unpaid taxes and special assessments now, or hereafter to be made, a charge or lien against said premises.

IN WITNESS WHEREOF, said Grantor, as trustee, has hereunto set their hand and seal the day and year first above written.

*LaDonne Treece* SEAL  
LADONNE TREECE, Co-Trustee

*[Signature]* SEAL  
RICHARD TREECE, Co-Trustee

STATE OF ILLINOIS

County of Williamson

I, the undersigned, Notary Public, in and for said County, in the State aforesaid, do hereby certify that **LaDonne Treece and Richard Treece, Co-Trustees of that certain Declaration of Trust dated October 25, 2001, Amended June 25, 2003** personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal, on November 14, 2012.

*Deborah L. Abbott*  
NOTARY PUBLIC



Successor Deed to Deed Record 456, Page 996.

The preparer: (1) does not represent any party to this transaction but, rather, has prepared this deed for review by the parties and/or their respective personal attorneys, if any, for the purpose of facilitating the transaction; (2) has not examined title to the real estate and makes no representations or warranties as to the status or condition of title, the validity of grantor's title or the existence of liens, encumbrances or defects in title; (3) has not reviewed the legal description set forth above and makes no representations or warranties as to accuracy thereof; (4) has relied solely upon information provided by the grantor(s), and (5) has not provided and will not provide any advice or other legal service to or for the benefit of either party with respect to this transaction.

MAIL SUBSEQUENT TAX BILLS TO:

Southern Illinois Hospital Services  
Po Box 3988  
Carbondale, IL 629023988

---

DEED PREPARED BY:

Andrew S. Murrie / Teri Havron  
Goldenberg Heller Antognoli &  
Rowland, P.C.  
2227 South State Route 157  
PO Box 959  
Edwardsville, IL 62025

**AFFIDAVIT OF COMPLIANCE WITH THE REQUIREMENTS OF WILLIAMSON COUNTY LAND DIVISION/SUBDIVISION ORDINANCE 06-02-14-01 AND THE STATE OF ILLINOIS PLAT ACT**

This a legal document and must be filed with every deed recorded.  
(Consult an attorney if you do not understand what you are signing)

For instructions, definitions and explanations--see page 2 on the reverse side of this affidavit

The Grantor(s) or the Grantor(s) authorized representative in a deed transferring interest in the real estate described in the accompanying deed, state the following:

- A. Not a division of land** (no change of parcel boundary lines) Previous Deed Book and Page 456 Page 996  
(If A is marked above, a compliance stamp from the Williamson County Plat Officer is not required and no further questions apply)
- B. A division of land** (change of parcel boundary lines)  
(If B is marked above, a compliance stamp from the Williamson County Plat Officer is required. Most divisions of land in Williamson County, Illinois will require a survey prepared by a Professional Land Surveyor)

In accordance with Illinois law (225-ILCS 330/5 Sec C), beginning January 1, 2004, all legal descriptions for land divisions must be prepared by a Professional Land Surveyor. Has the legal description for this division been prepared in accordance with this law and is there a survey accompanying this conveyance? \_\_\_\_\_ Name and company of surveyor \_\_\_\_\_

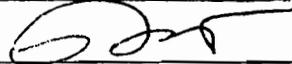
OR,

**C. Is this a division of land that meets one of the following exceptions** to the State of Illinois Plat Act and Williamson County Land Division/Subdivision Ordinance. (These divisions require a compliance stamp from the Williamson County Plat Officer, but do not need a boundary/tract survey, except where noted.)

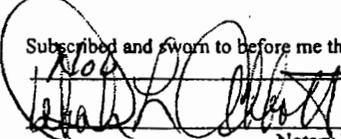
- \_\_\_\_\_ a. A division of land into tracts of five (5) acres or more not involving new streets or easements of access that can be described as a fractional part
- \_\_\_\_\_ b. A division of lots or blocks of less than one (1) acre in a recorded subdivision not involving new streets or easements of access, provided the division does not require a metes and bounds legal description.
- \_\_\_\_\_ c. A sale or exchange of land between owners of adjoining and contiguous land (If described in metes and bounds the division must be reviewed by the Williamson County Plat Officer and a tract survey prepared by an Illinois Registered Land Surveyor must be recorded with the conveyance.
- \_\_\_\_\_ d. A conveyance of land for use as a right-of-way for public utilities and other pipelines not involving new streets or easements of access; A conveyance of land owned by a public utility not involving new streets or easements of access; A conveyance of land for highway or other public purpose, or relating to a dedication of land, or for vacation of land subject to public use
- \_\_\_\_\_ e. A conveyance made to correct a description in a prior conveyance (NOTE: If a tract survey was not attached to the original conveyance and a metes and bounds description is necessary to correct a description, then a tract survey must accompany and be recorded with the corrective conveyance) Deed Book and Page being corrected \_\_\_\_\_
- \_\_\_\_\_ f. The sale or exchange of parcels of land following the division into no more that two (2) parts of a parcel existing on July 17, 1959, and not involving any new streets or easements of access
- \_\_\_\_\_ g. The sale of a single lot less than five (5) acres from a larger tract, but not a subsequent lot from the same larger tract, as determined by the dimensions and configuration of the tract as it existed October 1, 1973
- \_\_\_\_\_ h. A tract of land that has previously been conveyed and the deed of the previous conveyance is on record in the Recorder's Office of Williamson County, Illinois. Deed Book and Page of previous conveyance \_\_\_\_\_

Under penalties of perjury, I swear that the statements contained herein are true and correct.

NAME Richard Treece, Co-Trustee DATE 11-14-12

SIGNATURE 

PARCEL NUMBER(s) 05-09-300-002

Subscribed and sworn to before me this 14th day of Nov, 2012  
  
Notary Public

(Seal)



## EXPLANATION

All legal descriptions for land divisions must be prepared by a Professional Land Surveyor.

The Williamson County Recorder's Office will be implementing the requirement of an AFFIDAVIT FOR PURPOSE OF PLAT ACT REQUIREMENTS form. This Affidavit form will ensure that every conveyance recorded in Williamson County will be in compliance with the State of Illinois Plat Act and the Williamson County Ordinance covering plats, division of land, subdivisions, dedications and vacations. This Affidavit form must accompany every conveyance recorded in the Williamson County Recorder's Office. Below is additional information about the form and the reasons behind our decision to implement the use of this Affidavit.

The purpose of this Affidavit is to determine which exemption from Williamson County Land Division/Subdivision Ordinance and the State of Illinois Plat Act this conveyance is in compliance with.

## DEFINITIONS

Most divisions of land in Williamson County will require a compliance stamp from the Williamson County Plat Officer and a tract survey prepared by a Professional Land Surveyor. Below are definitions to be used to determine which division applies to the conveyance.

**Fractional Part:** A fractional part division is one which creates a tract with a legal description of a fraction of a quarter section, with acreage divisible by 5 with no easements required for access. A fractional part division requires a compliance stamp from the Williamson County Plat Officer. An example would be:

- The E 1/2 of the NW 1/4 of the SE 1/4 of the NE 1/4 of Section 12, Township 9 South, Range 3 East of the Third Principal Meridian (5 acres)

**Platted Lot:** A lot in a recorded subdivision that was approved through the current subdivision process may be divided under the following procedures:

- **Minor lot line adjustment:** If a portion of a lot is being conveyed to an adjacent landowner and can be described simply, such as the west 10 feet of Lot 20, a compliance stamp from the Williamson County Plat Officer is required. A tract survey is not required.
- **Other conveyance to an adjacent owner:** If the portion of a lot being conveyed to an adjacent landowner requires a metes and bounds legal description, a compliance stamp from the Williamson County Plat Officer is required and a tract survey prepared by a Professional Land Surveyor is required and must be recorded along with the conveyance.

**Subdivision:** The division of a parcel of land into two (2) or more parts, any of which part is less than five (5) acres exclusive of all right-of-way, for the purpose of transfer of ownership or possession, or building development, or if an easement of access or new road is involved, any division of land. The area of division is usually given a specific name, lot numbers and may or may not include dedicated roads. The term includes any division of land that attempts to avoid the requirements of Williamson County Ordinance 06-02-14-01, an ordinance adopting rules and procedures covering plats, divisions of land, subdivisions, dedications and vacations in Williamson County, Illinois and the State of Illinois Plat Act. Where appropriate to the content, the term shall relate to the process of subdivision, or to the land subdivided and shall include re-subdivision, regardless of contiguous/adjoining ownership. Subdivisions require, a compliance stamp from the Williamson County Plat Officer, County Engineer, Bi-County Health Department, where applicable, and the Williamson County Board of Commissioners. A subdivision survey prepared by a Professional Land Surveyor is required and must be recorded along with the conveyance.

A tract survey is not required, and the provisions in Williamson County Land Division/Subdivision Ordinance, and the State of Illinois Plat Act shall not apply, in any of the following instances:

- A division of lots or blocks of less than one (1) acre in a recorded subdivision not involving new streets or easements of access, provided the division does not require a metes and bounds legal description.
- A division of land into tracts of five (5) acres or more not involving new streets or easements of access and that can be described without a metes and bounds survey
- A tract of land that has previously been conveyed and the deed of the previous conveyance is on record in the Recorder's Office of Williamson County, Illinois. (Note: The new deed shall state on its face the Deed Record Book and Page Number of the deed that it is the successor to)
- A division of a land which may be ordered or approved by a court or affected by testamentary or intestate provision.
- The sale of a single lot less than five (5) acres from a larger tract, but not a subsequent lot from the same larger tract, as determined by the dimensions and configuration of the tract as it existed October 1, 1973
- A conveyance of land for use as a right-of-way for public utilities and other pipelines not involving new streets or easements of access; a conveyance of land owned by a public utility not involving new streets or easements of access; a conveyance of land for highway or other public purpose, or relating to a dedication of land, or for vacation of land subject to public use

**Boundary/Tract Survey:** A boundary/tract survey for the purposes of this affidavit is a division or re-division of a tract of land from a parent parcel into a lot, plat site or parcel, all of which front upon an existing street with a minimum street frontage of 50 feet, any of which is less than 5 acres, regardless of contiguous and adjoining ownership, that is described in a metes and bounds description. A boundary/tract survey must be prepared by a Professional Land Surveyor. All metes and bounds divisions must receive approval either as a boundary/tract survey or through the subdivision process. (Generally, a contiguous owner division can be approved as a tract survey). A tract survey of the metes and bounds description must accompany and be recorded with the conveyance. These divisions require a compliance stamp from the Williamson County Plat Officer.

## INSTRUCTIONS ON COMPLETING THE PLAT ACT AFFIDAVIT (on the reverse of this page)

1. Check A if the conveyance does not change the current parcel lines. (Skip to number 3 below)
2. Check B if the conveyance does change the current parcel lines. If B is checked, mark the applicable letter that applies to the correct Plat Act exception. If you do not know the correct Plat Act exception, seek legal advice from your private attorney to obtain this information.
3. Print your name, sign your name and fill in the date in the presence of a Notary Public.
4. The Notary Public fills in the date you presented yourself for signature, signs and stamps the affidavit with their seal. (The affidavit is complete and ready to record if A was checked on the affidavit and the deed did not change the current parcel lines.)
5. If B is checked the conveyance must be accompanied by a tract survey to be recorded as an integral part of the conveyance or recorded immediately prior or immediately subsequent to the recording of the conveyance.



# SOUTHERN ILLINOIS HEALTHCARE

November 14, 2012

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Dear Ms. Avery:

I am the applicant representative of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale, the owner of the site on which the SIH Cancer Center will be located.

I hereby certify that Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale is the owner of the site on which the SIH Cancer Center will be located.

Yours truly,

Rex P. Budde, President and CEO  
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale

State of Illinois    )  
                              ) SS  
County of Jackson )

Signed before me on November 14, 2012, by Rex P. Budde, President and CEO.



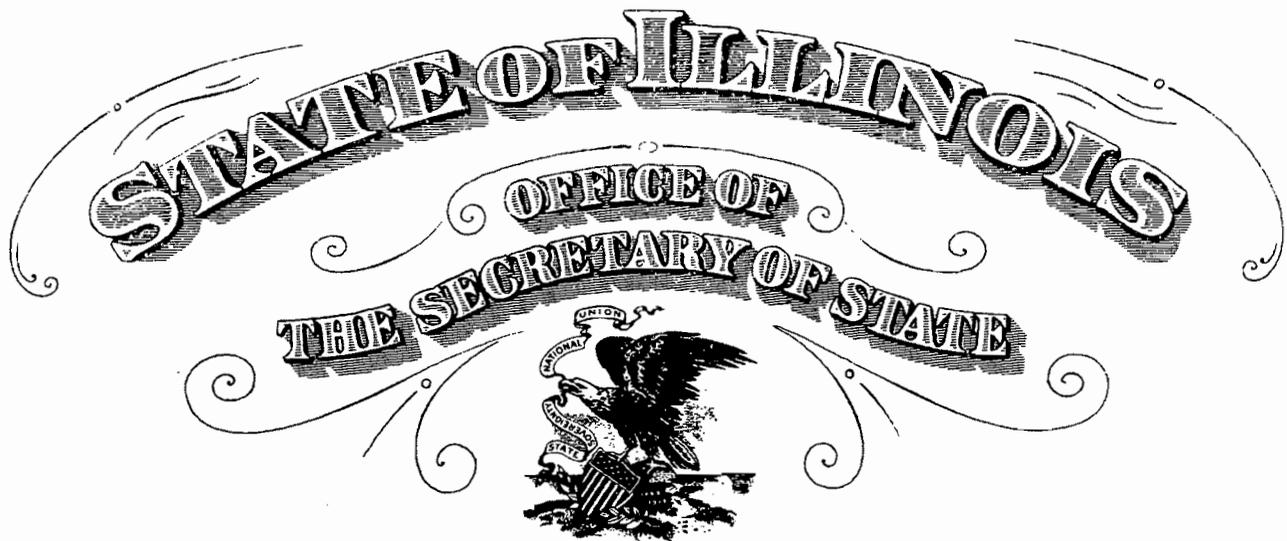
*Valerie K. Cawley*  
\_\_\_\_\_  
Notary Public

Executive Administration  
1239 East Main Street | PO Box 3988  
Carbondale, IL 62902-3988

TEL 618-457-5200  
FAX 618-529-0568

www.sih.net

035



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of NOVEMBER A.D. 2012***

*Jesse White*

Authentication #: 1233102968

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

I.  
Organizational Relationships

This project has 2 co-applicants: Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale and Southern Illinois Healthcare Enterprises, Inc.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of Southern Illinois Hospital Services (SIHS).

SIHS d/b/a Memorial Hospital of Carbondale will provide equity funding for this project.

# Southern Illinois Healthcare Enterprises, Inc.

Health Services of  
Southern Illinois, Inc.

Southern Illinois Hospital Services

System Office

SIH Cayman  
SPC Group, Ltd.

Southern Illinois  
Medical  
Services, NFP

SIH Foundation,  
NFP

Quality Health  
Partners of  
Southern Illinois

St. Joseph  
Memorial  
Hospital

Memorial  
Hospital of  
Carbondale

Herrin  
Hospital

Rehabilitation Institute of Chicago

partner

Rehabilitation Institute of Chicago and  
Southern Illinois Hospital Services  
Rehabilitation Services, LLC

Southern Orthopedic Associates, SC  
dba The Orthopedic Institute of Southern Illinois

partner

Southern Illinois Orthopedic Center, LLC

Physicians' Surgery Center, LLC



Joint ventures

I.  
Flood Plain Requirements

The following pages of this Attachment include a recent Flood Insurance Rate Map for this site.

A statement from Rex P. Budde, President and CEO of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale, the owner of the project site, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, is found on Attachment 5, Page 4.



MAP SCALE 1" = 2000'



Williamson County  
Unincorporated Areas  
170934

Williamson County  
Unincorporated Areas  
170934

City of  
Carterville  
170716

KEY TO NUMBERED STREETS  
1 DYLAN DR  
2 GLENDALE DR  
3 CHRISTIANE DR  
4 LINDBERGH DR

JOINS PANEL 0040

GLENN AVE

1780000 FT

1775000 FT

1770000 FT

1765000 FT

1760000 FT

1755000 FT

1750000 FT

1745000 FT

1740000 FT

1735000 FT

1730000 FT

1725000 FT

1720000 FT

1715000 FT

1710000 FT

1705000 FT

1700000 FT

1695000 FT

1690000 FT

1685000 FT

1680000 FT

1675000 FT

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1650000 FT

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1640000 FT

1635000 FT

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495000 FT

490000 FT

485000 FT

480000 FT

475000 FT

470000 FT

465000 FT

460000 FT

455000 FT

450000 FT

445000 FT

440000 FT

435000 FT

11' 15"  
37° 45' 00"

41° 80' 00" N  
Crab Orchard Creek

Piles Fork Creek

ZONE X

383.7

41° 79' 00" N

178' 00" N

# LEGEND



## SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Areas formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE V** Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.



## FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.



## OTHER FLOOD AREAS

- ZONE X** Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.



## OTHER AREAS

- ZONE X** Areas determined to be outside the 0.2% annual chance floodplain.
- ZONE D** Areas in which flood hazards are undetermined, but possible.



## COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS



## OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

- 1% annual chance floodplain boundary
- 0.2% annual chance floodplain boundary
- Floodway boundary
- Zone D boundary
- ..... CBRS and OPA boundary
- ←———— Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
- ~~~~~ 513 Base Flood Elevation line and value; elevation in feet\*
- (EL 987) Base Flood Elevation value where uniform within zone; elevation in feet\*

\*Referenced to the North American Vertical Datum of 1988



Cross section line



I.  
Historic Resources Preservation Act Requirements

The letter on the next page of this Attachment documents Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale's compliance with the requirements of the Historic Resources Preservation Act for the site of the SIH Cancer Center.

The letter from Anne E. Haaker, Deputy State Historic Preservation Officer, documents that this project has been found to be in compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.).



# Illinois Historic Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Williamson County  
Carterville

PLEASE REFER TO: IHPA LOG #007080612

Bounded by Route 13, Pin Oak Drive, Shawnee Trail and John Logan College campus  
Section:9-Township:9S-Range:1E  
IHFSRB

New construction, Cancer Center & Medical Office Building

August 13, 2012

Andrea Rozran  
Diversified Health Resources  
65 E. Scott, Suite 9A  
Chicago, IL 60610-5274

Dear Ms. Rozran:

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you are an applicant, please submit a copy of this letter to the state or federal agency from which you obtain any permit, license, grant, or other assistance.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

044

**ITEMIZATION OF PROJECT COSTS BY LINE ITEM**

ATTACHMENT-7

### SIH Cancer Center Itemized Project Costs

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
<b>Pre-Planning Costs:</b>			
Pre-Construction Services - Const. Mgr./Estimating	\$29,861	\$39,584	\$69,445
Program/Planning Services	\$23,828	\$17,632	\$41,460
Additional A/E Fees for Site Development	\$57,454	\$76,160	\$133,614
<b>Total Pre-Planning Costs</b>	<b>\$111,143</b>	<b>\$133,376</b>	<b>\$244,519</b>
<b>Site Survey and Soil Investigation:</b>			
Geotechnical Investigation	\$9,805	\$12,998	\$22,803
Site Survey	\$2,451	\$3,250	\$5,701
<b>Total Site Survey and Soil Investigation</b>	<b>\$12,256</b>	<b>\$16,248</b>	<b>\$28,504</b>
<b>Site Preparation:</b>			
Clearing	\$32,910	\$43,626	\$76,536
Excavation & Grading	\$111,281	\$147,512	\$258,793
Utilities	\$12,094	\$16,031	\$28,125
<b>Total Site Preparation</b>	<b>\$156,285</b>	<b>\$207,169</b>	<b>\$363,454</b>
<b>Off-Site Work:</b>			
Clearing	\$80,795	\$107,101	\$187,896
Excavation & Grading	\$218,270	\$289,334	\$507,604
Utilities	\$77,924	\$103,294	\$181,218
Paving	\$242,605	\$321,592	\$564,197
Striping, Signs, Fences, etc.	\$31,039	\$41,146	\$72,185
Exterior Lighting/Electrical Work	\$94,264	\$124,954	\$219,218
Landscaping	\$56,383	\$74,741	\$131,124
<b>Total Off Site Work</b>	<b>\$801,280</b>	<b>\$1,062,162</b>	<b>\$1,863,442</b>
<b>New Construction Contracts</b>	<b>\$6,260,818</b>	<b>\$6,088,284</b>	<b>\$12,349,102</b>
<b>Contingencies</b>	<b>\$626,081</b>	<b>\$608,828</b>	<b>\$1,234,909</b>
<b>Architectural and Engineering Fees:</b>			
Architecture/Engineering	\$413,226	\$401,815	\$815,041
Interior Design	\$18,393	\$17,885	\$36,278
Architecture/Engineering Reimbursements	\$39,888	\$38,786	\$78,674
<b>Total Architecture/Engineering Fees</b>	<b>\$471,507</b>	<b>\$458,486</b>	<b>\$929,993</b>

<u>USE OF FUNDS</u>	<u>Clinical Service Areas</u>	<u>Non-Clinical Service Areas</u>	<u>TOTAL</u>
<b>Consulting and Other Fees:</b>			
HVAC Commissioning	\$17,828	\$23,632	\$41,460
Exterior Envelope Commissioning	\$4,457	\$5,908	\$10,365
Graphics Design	\$4,457	\$5,908	\$10,365
Physicist Shielding Consulting	\$10,365	\$0	\$10,365
Linear Accelerator Vault Testing	\$103,650	\$0	\$103,650
Legal Fees	\$8,107	\$10,747	\$18,854
CON Planning and Consultation	\$33,427	\$44,310	\$77,737
CON Application Processing Fee	\$23,650	\$31,350	\$55,000
IDPH Plan Review Fee	\$11,454	\$15,184	\$26,638
Project Management	\$49,962	\$66,228	\$116,190
Builders Risk Insurance	\$11,142	\$14,770	\$25,912
Soils & Materials Testing/Inspection	\$19,611	\$25,995	\$45,606
<b>Total Consulting and Other Fees</b>	<b>\$298,110</b>	<b>\$244,032</b>	<b>\$542,142</b>
<b>Movable or Other Equipment</b>			
<b>(not in Construction Contracts):</b>			
Medical Equipment, Furniture/Furnishings, and Artwork (see listing by department on following pages)	\$4,529,964	\$565,710	\$5,095,674
Security Camera System	\$19,312	\$18,778	\$38,090
Access Control System	\$9,932	\$9,658	\$19,590
Internal Signage	\$10,474	\$10,204	\$20,678
Video Conferencing	\$27,589	\$26,827	\$54,416
Telecom. Equipment	\$63,455	\$61,702	\$125,157
Information Systems Equipment	\$51,828	\$50,399	\$102,227
<b>Total Movable or Other Equipment</b>	<b>\$4,712,554</b>	<b>\$743,278</b>	<b>\$5,455,832</b>
<b>Other Costs to be Capitalized:</b>			
FEMA Seismic & Storm-Hardening Code Plus Items	\$668,531	\$886,192	\$1,554,723
<b>Total Other Costs to be Capitalized</b>	<b>\$668,531</b>	<b>\$886,192</b>	<b>\$1,554,723</b>
<b><u>TOTAL ESTIMATED PROJECT COSTS</u></b>	<b><u>\$14,118,565</u></b>	<b><u>\$10,448,055</u></b>	<b><u>\$24,566,620</u></b>

## MOVABLE OR OTHER EQUIPMENT (FF&E)

Revised 11/30/12

Area	Description	Item Cost	Area Total
<b>Radiation Therapy</b>	Furniture	\$32,650	
<b>(Linear Accelerators)</b>	Art Work	\$1,959	
	New Accelerator	\$2,720,813	
	Move Accelerator	\$279,700	
	Move C.T	\$56,266	
	<b>Sub Total!</b>		<b>\$3,091,388</b>
<b>Radiation Therapy</b>	Furniture Sub Waiting	\$16,325	
<b>(Simulator)</b>	Art Work	\$1,741	
	Trash/Recy containers	\$218	
	T.V's	\$1,306	
	<b>Sub Total</b>		<b>\$19,590</b>
<b>Radiation Therapy</b>	Furniture	\$212,223	
<b>Support Services</b>	Trash/Recy containers	\$1,088	
	Art Work	\$4,571	
	Exam Tables	\$19,046	
	Copier/Fax/Scanner	\$5,442	
	<b>Sub Total</b>		<b>\$242,370</b>
<b>Medical Oncology</b>	Furniture	\$288,406	
<b>(Chemotherapy)</b>	Trash/Recy Containers	\$3,265	
	Art Work	\$3,265	
	Copier/Fax/Scanner	\$5,442	
	TVs	\$13,060	
	Refrigerator	\$2,721	
	Ice Machine	\$5,442	
	Music System	\$4,353	
	Crash Cart	\$2,721	
	Defibrillator	\$7,074	
	Wheel Chairs	\$5,224	
	Blanket Warmer	\$7,074	
	Scale	\$3,809	
	Pumps	\$127,508	
	Infusion Video Monitoring	\$16,325	
	<b>Sub Total</b>		<b>\$495,689</b>
<b>Rehabilitation Services</b>	Furniture	\$25,031	
	Treadmill	\$19,476	
	Arm Bike	\$4,135	
	Stationary bike (Up and Lower	\$5,746	
	Hi Low Mat	\$7,401	
	Treatment Plinth (2)	\$3,472	
	Cable Column	\$3,591	
	Hand Held weights	\$1,306	
	Artwork	\$6,530	
	<b>Sub Total</b>		<b>\$76,688</b>
<b>Clinical Laboratory</b>	Furniture	\$45,710	
	Lab refrigerators (1) Residential	\$2,721	
	Lab Centrifuge	\$10,883	
	Lab Computers (2)	\$8,707	
	Lab Hematology Analyzers	\$81,624	
	Lab Urinalysis Dip reader	\$81,624	
	Lab Microscope	\$7,618	
	Lab Chemistry Analyzer	\$163,249	
	<b>Sub Total</b>		<b>\$402,136</b>

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**MOVABLE OR OTHER EQUIPMENT (FF&E)**

Revised 11/30/12

<u>Area</u>	<u>Description</u>	<u>Item Cost</u>	<u>Area Total</u>
<b>Pharmacy</b>	Refrigerator w/ Monitor	\$3,809	
	Freezer w/ Monitor	\$5,442	
	Copier / fax / scanner	\$5,442	
	Furniture	\$38,091	
	Carts	\$1,306	
	Pass Thru Refrigerator (2)	\$11,972	
	Hoods (6' & 4')	\$48,975	
	Omni Cell (2) Towers one Omni	\$87,066	
	<b>Sub Total</b>		<b>\$202,103</b>
<b>Physicians' Offices</b>	Support Spaces	\$10,883	
	Room Status System	\$19,590	
	Exam Tables	\$22,855	
	Furniture	\$96,861	
	Art Work	\$4,897	
<b>Sub Total</b>		<b>\$155,086</b>	
<b>Administration</b>	Furniture	\$157,807	
	Art Work	\$3,265	
	Copier	\$5,442	
<b>Sub Total</b>		<b>\$166,514</b>	
<b>Education / Conference</b>	Conference Rooms Video	\$19,590	
	Kitchenette	\$10,883	
	Furniture	\$68,564	
	Art Work	\$1,959	
<b>Sub Total</b>		<b>\$100,996</b>	
<b>Cancer Info. Center</b>	Displays	\$5,442	
	<b>Sub Total</b>		<b>\$5,442</b>
<b>Gift Shop</b>	Cash Register	\$1,632	
	<b>Sub Total</b>		<b>\$1,632</b>
<b>Café</b>	Cash Register	\$1,632	
	Art Work	\$1,632	
	Trash/Recy. Containers	\$2,177	
	Café Equipment	\$27,208	
<b>Sub Total</b>		<b>\$32,649</b>	
<b>Lobby &amp; Circulation</b>	Furniture & Fixtures	\$92,508	
	Art Work	\$10,883	
<b>Sub Total</b>		<b>\$103,391</b>	
<b>TOTAL MEDICAL EQUIPMENT, FURNITURE/FURNISHINGS AND ARTWORK</b>			<b>\$5,095,674</b>
<b>Building Systems &amp; Equipment for Multiple Departments</b>	Security Camera System	\$38,090	
	Access Control System	\$19,590	
	Internal Signage	\$20,678	
	Video Conferencing	\$54,416	
	Telecom Equipment	\$125,157	
	Information Systems Equipment	\$102,227	
<b>Sub Total</b>		<b>\$360,158</b>	

**Total Movable or Other Equipment**

**\$5,455,832**

Cost Space Requirements

Department	Cost (\$)	Gross Square Feet		Amount of Proposed Total GSF That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>Clinical Service Areas:</b>							
Radiation Therapy:							
Linear Accelerators							
Memorial Hospital of Carbondale		1,398	0	0	0	0	1,398
Memorial Hospital Cancer Center at Marion		1,452	0	0	0	0	1,452
SIH Cancer Center		0	3,566	3,566	0	0	0
Total	\$6,071,143	2,850	3,566	3,566	0	0	2,850
Simulator							
Memorial Hospital of Carbondale		916	0	0	0	0	916
Memorial Hospital Cancer Center at Marion		402	0	0	0	0	402
SIH Cancer Center		0	740	740	0	0	0
Total	\$434,639	1,318	740	740	0	0	1,318
Support Services							
Memorial Hospital of Carbondale		5,137	0	0	0	0	5,137
Memorial Hospital Cancer Center at Marion		2,309	0	0	0	0	2,309
SIH Cancer Center		0	5,965	5,965	0	0	0
Total	\$2,676,284	7,446	5,965	5,965	0	0	7,446
Medical Oncology (Chemotherapy)							
Memorial Hospital of Carbondale		0	0	0	0	0	0
Memorial Hospital Cancer Center at Marion		0	0	0	0	0	0
SIH Cancer Center		0	5,872	5,872	0	0	0
Total	\$3,068,684	0	5,872	5,872	0	0	0
Rehabilitation Services (Physical/Occupational Therapy, Speech Therapy)							
(Cancer Center related)	\$718,489	0	1,601	1,601	0	0	0
Clinical Laboratory including							
Outpatient Specimen Procurement (Cancer Center related)	\$686,067	0	648	648	0	0	0
Pharmacy (Cancer Center related)	\$463,259	0	596	596	0	0	0
<b>Sub-Total: Clinical Service Areas</b>	<b>\$14,118,565</b>	<b>11,614</b>	<b>18,988</b>	<b>18,988</b>	<b>0</b>	<b>0</b>	<b>11,614</b>
<b>Non-Clinical Service Areas: (Cancer Center only)</b>							
Leased Physicians' Offices	\$3,005,648	0	6,737	6,737	0	0	0
Administration (Offices)	\$1,446,417	0	3,247	3,247	0	0	0
Education/Conference Rooms	\$655,317	0	1,359	1,359	0	0	0
Cancer Information Center (Patient Information)	\$404,376	0	1,032	1,032	0	0	0
Café	\$448,865	0	1,060	1,060	0	0	0
Quiet Room (Non-Denominational Chapel)	\$69,248	0	175	175	0	0	0
Information Systems	\$74,901	0	193	193	0	0	0
Environmental Services, including Housekeeping	\$147,514	0	409	409	0	0	0
Materials Management/Dock	\$55,145	0	167	167	0	0	0
Storage	\$65,453	0	201	201	0	0	0
Retail Space and Boutique	\$239,110	0	621	621	0	0	0
Staff Services (Lounge and Toilets)	\$282,750	0	705	705	0	0	0
Interdepartmental Circulation	\$556,643	0	1,678	1,678	0	0	0
Entrances, Lobbies, and Public Space	\$1,732,072	0	4,164	4,164	0	0	0
Public Toilets	\$159,462	0	360	360	0	0	0
Mechanical Space	\$556,406	0	1,349	1,349	0	0	0
Canopies	\$548,728	0	1,859	1,859	0	0	0
<b>Sub-Total: Non-Clinical Service Areas</b>	<b>\$10,448,055</b>	<b>0</b>	<b>25,316</b>	<b>25,316</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL PROJECT</b>	<b>\$24,566,620</b>	<b>11,614</b>	<b>44,304</b>	<b>44,304</b>	<b>0</b>	<b>0</b>	<b>11,614</b>

III.  
Criterion 1110.230 - Background of Applicant

1. The identification numbers for the health care facilities owned and operated by Southern Illinois Hospital Services are shown below.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Memorial Hospital of Carbondale, Carbondale	Illinois Hospital License ID# 0000513 The Joint Commission ID# 7252
Herrin Hospital, Herrin	Illinois Hospital License ID# 0000935 The Joint Commission ID# 7357
St. Joseph Memorial Hospital, Murphysboro (Critical Access Hospital)	Illinois Hospital License ID# 0004614
Physicians Surgery Center, LLC, Carbondale	Illinois Ambulatory Surgical Treatment Center License ID# 7003128 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID# 4398

Proof of the current licensure and accreditation for all facilities owned or operated by Southern Illinois Hospital Services will be found beginning on Page 2 of this Attachment.

- 2, 3. This Attachment includes a certification letter from Southern Illinois Healthcare, the sole corporate member of Southern Illinois Hospital Services, (1) documenting that St. Joseph Memorial Hospital and the other health care facilities owned or operated by Southern Illinois Hospital Services have not had any adverse action taken against them during the past three years and (2) authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection.
4. This item is not applicable to this application.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION →

State of Illinois 2087292  
Department of Public Health  
LICENSE PERMIT, CERTIFICATION, REGISTRATION  
MEMORIAL HOSPITAL OF CARBONDALE

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/13	BC8D	0000513

FULL LICENSE  
GENERAL HOSPITAL  
EFFECTIVE: 07/01/12

05/05/12  
MEMORIAL HOSPITAL OF CARBONDALE  
404 WEST MAIN STREET  
CARBONDALE IL 62901 9000

FEE RECEIPT NO.

State of Illinois 2087292  
Department of Public Health

LICENSE PERMIT, CERTIFICATION, REGISTRATION

The person/firm/corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations, and is hereby authorized to engage in the activity as indicated below.

LA MAR HASBROUCK, MD, MPH  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/13	BC8D	0000513

FULL LICENSE  
GENERAL HOSPITAL  
EFFECTIVE: 07/01/12

BUSINESS ADDRESS

MEMORIAL HOSPITAL OF CARBONDALE  
405 WEST JACKSON  
CARBONDALE IL 62902 9000

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# Memorial Hospital of Carbondale

Carbondale, IL

has been Accredited by



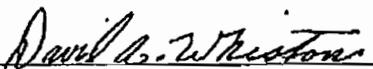
## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

## Hospital Accreditation Program

May 15, 2010

Accreditation is customarily valid for up to 39 months.

  
David A. Whiston, D.D.S.  
Chairman of the Board

Organization ID #: 7252  
Print/Reprint Date: 09/13/10

  
Mark Chassin, M.D.  
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION →

**State of Illinois 2114492**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes, and/or rules and regulations, and is hereby authorized to engage in the activity as indicated below.

LA MAR HASBROUCK, M.D., M.P.H. Set up under the authority of the State of Illinois Department of Public Health  
 DIRECTOR

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/13	B680	0000935

FULL LICENSE  
 GENERAL HOSPITAL  
 EFFECTIVE: 01/01/13

BUSINESS ADDRESS

HERRIN HOSPITAL  
 201 S. 14TH STREET  
 HERRIN, ILL. 62748

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**State of Illinois 2114492**  
**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

HERRIN HOSPITAL

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/13	B680	0000935

FULL LICENSE  
 GENERAL HOSPITAL  
 EFFECTIVE: 01/01/13

12/13/12  
 HERRIN HOSPITAL  
 201 S 14TH STREET  
 HERRIN ILL 62748  
 FEE RECEIPT NO.

# Herrin Hospital

Herrin, IL

has been Accredited by



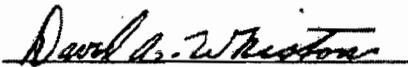
## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

## Hospital Accreditation Program

April 1, 2010

Accreditation is customarily valid for up to 39 months.



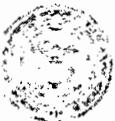
David A. Whiston, D.D.S.  
Chairman of the Board

Organization ID #: 7357  
Print/Reprint Date: 09/13/10



Mark Chassin, M.D.  
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.



State of Illinois 2090071

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LA HAN PASORBUCK, MD, MPH  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/04/13	EGSD	0004614

FULL LICENSE  
 CRITICAL ACCESS HOSP  
 EFFECTIVE: 07/05/12

BUSINESS ADDRESS

ST. JOSEPH MEMORIAL HOSPITAL  
 2 SOUTH HOSPITAL DRIVE  
 MURPHYSBURD IL 62966

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



**State of Illinois 2114600**  
**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules, and regulations and is hereby authorized to engage in the activity as indicated below.

**LA MAR HASBROUCK, MD, MPH**  
**DIRECTOR**

Issued under the authority of  
the State of Illinois  
Department of Public Health

EXPIRATION DATE: **12/02/13**  
CATEGORY: **868D**  
I.D. NUMBER: **7003128**

**FULL LICENSE**  
**AMBUL SURGICAL TREAT CNTR**  
**EFFECTIVE: 12/03/12**

BUSINESS ADDRESS

**PHYSICIANS SURGERY CENTER, LLC**  
**2601 WEST MAIN STREET**  
**CARBONDALE IL 62901**

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**State of Illinois 2114600**  
**Department of Public Health**  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION  
**PHYSICIANS SURGERY CENTER, LLC**

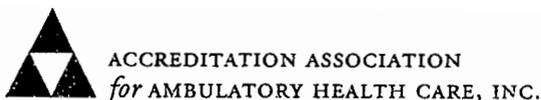
EXPIRATION DATE: **12/02/13**  
CATEGORY: **868D**  
I.D. NUMBER: **7003128**

**FULL LICENSE**  
**AMBUL SURGICAL TREAT CNTR**  
**EFFECTIVE: 12/03/12**

**12/13/12**  
**PHYSICIANS SURGERY CENTER, LLC**  
**2601 WEST MAIN STREET**  
**2601 WEST MAIN STREET**  
**CARBONDALE IL 62901**

FEE RECEIPT NO. **22328**

057



April 21, 2011

Organization #: 4398 Accreditation Expires: May 20, 2014

Organization: Physicians' Surgery Center, LLC  
Address: 2601 West Main Street  
City, State, Zip: Carbondale, IL 62901

Decision Recipient: Willis Bultje Survey Chair: Gerald Hofkin, MD, MBA  
Survey Contact: Willis Bultje Survey Team Member: Deborah Comerford, RN

Survey Dates: April 11-12, 2011

It is a pleasure to inform you that the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) Accreditation Committee has awarded **Physicians' Surgery Center, LLC, a three-year term of accreditation.**

Granting accreditation reflects confidence, based on evidence from this recent survey that you meet, and will continue to demonstrate throughout the accreditation term, the attributes of an accreditable organization as reflected in the standards found in the *Accreditation Handbook for Ambulatory Health Care*. The dedication and effort necessary for an organization to be accredited is substantial and the compliance with those standards implies a commitment to continual self-evaluation and continuous improvement.

Members of your organization should take time to review your Survey Report, which may arrive separately:

- Any standard marked "PC" (Partially Compliant) or "NC" (Non-Compliant) must be corrected promptly. Subsequent surveys by the AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
- The Summary Table provides an overview of compliance for each chapter applicable to the organization. Emphasis for attention should be given to chapters marked "PC" (Partially Compliant) or "NC" (Non-Compliant).
- As a guide to the ongoing process of self-evaluation, periodically review the Survey Report to ensure the organization's ongoing compliance with the standards throughout the term of accreditation.
- Statements in the "Consultative Comments" sections of the report represent the educational component of the survey. Such comments may provide suggested approaches for correcting identified deficiencies.

AAAHC policies and procedures and standards are revised on an annual basis, such revisions become effective March 1 each year. Accredited organizations are required to maintain their operations in compliance with the current AAAHC standards and policies. Therefore, the organization is encouraged to visit the AAAHC website, [www.aaahc.org](http://www.aaahc.org), for information pertaining to any revisions to AAAHC policies and procedures and standards.

We hope the survey has been beneficial to your organization in identifying its strengths and opportunities to improve. AAAHC trusts that you will continue to find the accreditation experience meaningful, not only from the benefit of having carefully reviewed your own operation, but also from the recognition brought forth by your participation in this survey process.

If you have any questions or comments about any portion of the accreditation process, please contact the AAAHC Accreditation Services department at (847) 853-6060.



# SOUTHERN ILLINOIS HEALTHCARE

November 14, 2012

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Second Floor  
Springfield, Illinois 62702

Dear Ms. Avery:

Memorial Hospital of Carbondale is a licensed, The Joint Commission accredited hospital located in Carbondale, Illinois and is owned and operated by Southern Illinois Hospital Services, an Illinois not for profit corporation ("SIHS"). Southern Illinois Healthcare Enterprises, Inc. is the sole corporate member of SIHS.

SIHS also owns and operates the following health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3):

Herrin Hospital, Herrin, Illinois

St. Joseph Memorial Hospital, Murphysboro, Illinois

In addition, SIHS owns fifty-five per cent (55 %) of Physicians' Surgery Center, LLC, which is located in Carbondale, Illinois.

I hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by SIHS during the three years prior to the filing of this application.

This letter also authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Yours truly,

Rex P. Budde, President and CEO  
Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale

Executive Administration  
1239 East Main Street | PO Box 3988  
Carbondale, IL 62902-3988

TEL 618-457-5200  
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III.

Criterion 1110.230.b - Purpose of Project

1. This project will improve the health care and well-being of the market area population by doing the following.
  - a. The project will construct a Cancer Center in Southern Illinois that will provide the patients of the region with a wide range of cancer services, ranging from prevention to end-of-life care as well as services to survivors.

Memorial Hospital of Carbondale currently operates a Community Hospital Cancer Program that has been accredited by the Commission on Cancer of the American College of Surgeons since 1954. This program diagnosed more than 900 new cancer patients in 2011 and treats approximately 800 patients annually.

The Memorial Hospital Cancer Center currently provides a full spectrum of radiation oncology (radiation therapy) services in its Radiation Therapy Departments that are currently located at MHC in Carbondale and in the Memorial Hospital Cancer Center at Marion. The Memorial Hospital Cancer Center at Marion is a free-standing Center providing radiation therapy that is operated by MHC as part of its Radiation Therapy Department.

The Cancer Center also has Site Specific Multidisciplinary Cancer Teams for Breast, Lung, Gastrointestinal, Genitourinary, and Head and Neck Cancer, which review every newly diagnosed cancer case and develop the most appropriate treatment plan. The Cancer Center provides oncology nurse navigation, a centralized cancer registry, a palliative care program, support groups, exercise and nutrition programs for cancer survivors, and a research office for clinical trials. The Cancer Center also operates a Breast Center, which is the region's first and only stand-alone breast imaging and treatment center that is recognized by the American College of Radiology as an Imaging Center of Excellence and is accredited by the National Accreditation Program for Breast Centers (NAPBC), one of only 200+ such centers in the United States.

The Memorial Hospital Cancer Center is currently a comprehensive Cancer Center that provides clinical excellence and the capability to integrate a diversity of research approaches to focus on the problem of cancer. As such, it plays a vital role in the reduction of cancer morbidity and mortality.

The proposed SIH Cancer Center will consolidate and coordinate Memorial Hospital Cancer Center's existing services in a single location that is centrally located to the residents of Southern Illinois, enabling patients to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services. It will consolidate the Radiation Therapy services currently provided in both Carbondale and Marion, chemotherapy that is currently provided at St. Joseph Memorial Hospital in Murphysboro, and physicians' offices in the multiple specialties that diagnose and treat cancer patients.

The SIH Cancer Center will benefit from the affiliation that Southern Illinois Healthcare (SIH) has had with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine since 2010. Benefits of the SIH-SIU relationship include the availability of advanced, multi-disciplinary cancer care for those needing highly specialized surgery or treatment that is provided in a coordinated system as well as access to treatment protocols and joint care conferences for designing treatment protocols.

The services that will be included in the proposed center will include the following.

- Radiation Therapy
  - Medical Oncology (Chemotherapy)
  - Outpatient Rehabilitation Services (Physical Therapy, Occupational Therapy, Speech Therapy) for cancer patients
  - Outpatient Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing)
  - Pharmacy (for compounding chemotherapy infusions)
  - Cancer education programs and support groups
  - Research and clinical trials for cancer patients
  - Leased physicians' offices with specialty clinics in medical oncology, surgical oncology, and various specialties (e.g., urology, pulmonology, cardiothoracic surgery, gastroenterology)
  - Conference rooms
  - Resource/Information Center
  - Healthy Café
  - Administrative Offices
- b. The project will replace and consolidate 2 existing Radiation Therapy Departments in Southern Illinois, both owned and operated by SIH, one located within Memorial Hospital of Carbondale in Carbondale and the other located in a free-standing building in Marion.

- c. The project will expand SIH's existing medical oncology (chemotherapy) program, which is currently located only at St. Joseph Memorial Hospital in Murphysboro. Additional chemotherapy is provided by physicians in their own offices.
- d. The project will provide dedicated physical rehabilitation and laboratory testing facilities for cancer patients, as well as dedicated space for patient education, information, and support.
- e. The project will provide space for leased physicians' offices for cancer specialists as well as space for administering research and clinical trials for cancer patients.

This project is needed and appropriate to address the market area's significant incidence of cancer and the high rate of outmigration for cancer services.

As discussed under Item 2. below, the market area for this project is a 7-county area in Southern Illinois (consisting of Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties) that includes part or all of the State-designated Planning Areas F-05, F-06, and F-07. The breadth of cancer services that are provided by SIH and SIH's affiliation with the Simmons Cancer Institute at the SIU School of Medicine bring needed medical resources to this area.

This 7-county area had a 2011 population of 238,276 and accounted for more than 92% of the discharges to the SIH hospitals: Herrin Hospital in Herrin; Memorial Hospital of Carbondale in Carbondale; and St. Joseph Memorial Hospital in Murphysboro. During the year ending June 30, 2011, these hospitals had a 50% marketshare of all inpatient discharges within the 7-county market area.

The need for this project is based upon the following.

- This project is needed to provide state-of-the-art diagnostic and treatment services for cancer patients currently receiving care at SIH facilities.

SIH facilities diagnosed a total of 911 new cancer patients in 2011, which was an increase of 27% in the number of new cancer patients diagnosed since 2009.

The number of new cancer patients diagnosed at SIH facilities in 2011 was nearly 19% higher than the total of 767 new cancer patients diagnosed in 2010, while the number of new cancer patients diagnosed in 2010 was an increase of 7% over the 717 new cancer patients diagnosed at SIH facilities in 2009.

- This project is needed to consolidate and provide state-of-the-art diagnostic and treatment services for cancer patients residing in the market area who are currently traveling outside the market area to receive this care.

SIH's cancer program has shown substantial growth recently, as its inpatient oncology marketshare in these 7 counties increased to 40.2% during the year ending June 30, 2011, an increase of 6.2% from the previous year. Despite this increase in inpatient oncology marketshare, outmigration for inpatient oncology services was still significant at 42.3% during the year ending June 30, 2011, having declined from 49.0% the previous year.

- This project is needed to replace existing diagnostic and treatment services with consolidated state-of-the-art facilities and equipment to benefit cancer patients residing within the 7-county market area in Southern Illinois, an area that has cancer incidence rates that exceed the State of Illinois' cancer incidence rate.

The chart found on Page 14 of this Attachment indicates the cancer incidence rates from 2004 to 2008 in the 7-county market area by site in comparison to the total cancer incidence rates for the State of Illinois. (Source: National Cancer Institute, <http://statecancerprofiles.cancer.gov/incidencerates/index.php>)

All of the counties in the market area have cancer incidence rates for some sites that exceed the state average for Illinois. Franklin County, which is located in Planning Area F-06 and within the market area for this project, leads the State in the incidence of oral cavity and pharynx cancer, and Saline County, which is located in Planning Area F-05 and within the market area for this project, leads the entire State of Illinois in the incidence of breast cancer.

The chart found on Page 15 of this Attachment indicates the cancer mortality rates in the 7-county market area by site from 2004 to 2008 in comparison to the total cancer mortality rates for the State of Illinois. (Source: National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>)

Mortality rates as a result of all cancers in each of the counties in the 7-county market area exceed the State average. Jackson County, which is located in Planning Area F-07 and within the market area for this project, has the highest death rate in Illinois for prostate cancer, Franklin County

has the highest death rate in the State for liver and bile duct cancer, and Saline County has the highest death rate for kidney and renal pelvis cancers.

- This project is needed to provide state-of-the-art diagnostic and treatment services to the projected increase in cancer patients residing within the 7-county market area in Southern Illinois, an area that has had historic cancer incidence rates that exceeded the State of Illinois' cancer incidence rate.

According to Truven Health Analytics (formerly Thomson Reuters Medstat), the oncology cases in the 7-county market area are projected to increase significantly during the next 10 years, with outpatient oncology cases expected to rise 11% between 2011 and 2021, increasing from 1,407 to 1,569. During this same time period, inpatient oncology discharges are projected to increase 20.3% from 429 to 516.

- This project is needed to enable the construction of a Cancer Center in Southern Illinois that will provide the patients of the region with a wide range of cancer services, ranging from prevention to end-of-life care as well as services to survivors.
- This project is needed to enable the construction of a Cancer Center in Southern Illinois that will consolidate and coordinate a wide range of cancer services for patients of the region, ranging from prevention to end-of-life care as well as services to survivors.

The construction of this Cancer Center will enable patients to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up care.

- This project is needed to provide appropriate facilities that will enable the SIH Cancer Center to benefit from its affiliation with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine, which has existed since 2010.

Benefits of the SIH-SIU relationship include the availability of advanced, multi-disciplinary cancer care for those needing highly specialized surgery or treatment that is provided in a coordinated system as well as access to treatment protocols and joint care conferences for designing treatment protocols.

- Many of the patients that will receive care at the SIH Cancer Center are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care.

There are a number of federally-designated Health Professional Shortage Areas in the market area for this project, as identified below.

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care providers ([http://bhpr.hrsa.gov/shortage/Health Resources and Services Administration](http://bhpr.hrsa.gov/shortage/HealthResourcesandServicesAdministration), U.S. Department of Health and Human Services).

The federal criteria for HPSA designation are found on Pages 16 through 18 of this Attachment.

- On April 1, 2012, the federal government designated all 7 counties in the market area as being Health Professional Shortage Areas (HPSAs).

Franklin County  
Jackson County  
Johnson County  
Perry County  
Saline County  
Union County  
Williamson County

Documentation of these Health Professional Shortage Areas is found on Page 19 of this Attachment.

- Many of the patients that will receive care at the SIH Cancer Center are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas or being part of Medically Underserved Populations.

There are a number of federally-designated Medically Underserved Areas and Medically Underserved Populations in the market area for this project, as identified below.

The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete underservice and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over).

The designation of a Medically Underserved Population (MUP) by the federal government is based upon applying the IMU to an underserved population group within its area of residence. Population groups requested for designation as MUPs should be those with economic barriers (low-income or Medicaid-eligible populations) or cultural and/or linguistic access barriers to primary medical care services.

The designation of a MUP is based upon the same assessment as the determination of a MUA, except that the population assessed is the population of the requested group within the area rather than the total resident civilian population of the area, and the number of FTE primary care physicians would include only those serving the requested population group. There are also provisions for a population group that does not meet the established criteria of an IMU less than 62.0 to be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented and if the designation is recommended by the State in which this population resides.

The federal criteria for designation of Medically Underserved Areas and Populations are found on Pages 20 through 22 of this Attachment.

- The federal government has designated the following Medically Underserved Areas (MUAs) in the market area for this project.

Franklin County  
Jackson County  
Johnson County  
Beaucoup and Cutler Precincts in Perry County  
Union County  
Blairsville, Carterville, Corinth, Creal Springs, East Marion, and  
Lake Creek Townships in Williamson County

Documentation of these Medically Underserved Areas is found on Page 23 of this Attachment.

- The federal government has designated the following Medically Underserved Population (MUP) in the market area for this project.

Low income population in Saline County

Documentation of this Medically Underserved Population is also found on Page 23 of this Attachment.

- This project will have a positive impact on essential safety net services in Planning Areas F-05, F-06, and F-07 and in the market area for the SIH Cancer Center because the patients that will be served by this facility, a significant percentage of whom are elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive diagnostic and treatment services for cancer in new facilities with state-of-the-art equipment, all of which has been designed and selected to meet their needs.
- The Clinical Service Areas being provided at the SIH Cancer Center must address the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1100.360, 1100.380, 1100.390, 1100.400, 1100.410, 1100.430, 1110.230, 1110.234(a-c), 1110.3030, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, and 1120.140.

The construction of a consolidated Cancer Center will improve the provision of services that are needed by cancer patients by providing increased access to treatment on a multidisciplinary basis with treatment provided in a coordinated system. As a result, it should result in increased early diagnosis and reduced mortality to cancer patients.

This project will include (1) a necessary replacement and consolidation of existing Radiation Therapy services that currently serve patients at Memorial Hospital of Carbondale and the Memorial Hospital Cancer Center at Marion, (2) expand chemotherapy services for SIH patients, (3) provide diagnostic and treatment services for cancer patients residing in the market area, and (4) provide physicians' offices and specialty clinics for cancer patients.

Specific information regarding the need to modernize these Clinical Service Areas will be found in Attachment 37.

The project will be sized to accommodate the projected utilization in each of the included services during the second full year of operation of the SIH Cancer Center.

Population statistics for the zip codes that constitute the market area for the SIH Cancer Center were reviewed to identify recent population figures and five-year projections. Truven Health Analytics (formerly Thomson Reuters Medstat) is the source of these population statistics.

This review revealed that the population in the market area is expected to remain constant from 2011 to 2016, with a net increase of 112 (0.05%) over this five-year period.

2. The market area for this project consists of the following counties in Southern Illinois.

Franklin County  
Jackson County  
Johnson County  
Perry County  
Saline County  
Union County  
Williamson County

These counties constitute parts of Planning Areas F-05, F-06, and F-07.

Southern Illinois Hospital Services owns and operates the following facilities: Memorial Hospital of Carbondale; Physicians Surgery Center, LLC, which is located in Carbondale; St. Joseph Memorial Hospital, which is located in Murphysboro; Herrin Hospital; and Memorial Hospital Cancer Center, which is located in Marion.

The SIH Cancer Center will include the replacement of the Cancer Center at Memorial Hospital of Carbondale, including its Radiation Therapy Department, and the replacement of chemotherapy services at St. Joseph Memorial Hospital. Memorial Hospital of Carbondale and St. Joseph Memorial Hospital in Murphysboro, as well as Physicians Surgery Center, are located in Jackson County, which is part of Planning Area F-07.

The SIH Cancer Center will also include the replacement of the Memorial Hospital Cancer Center at Marion and will serve Herrin Hospital's cancer patients. Marion and Herrin are both located in Williamson County, which is part of Planning Area F-06.

The Radiation Therapy Department at Memorial Hospital of Carbondale and the Memorial Hospital Cancer Center at Marion are the only hospital-based facilities in Planning Areas F-05, F-06, and F-07 that offer Radiation Therapy Services.

The zipcodes included in this market area are shown on Pages 24 and 25 of this Attachment.

Patient origin data for FY12 patients who underwent Radiation Therapy at Memorial Hospital of Carbondale and the Memorial Hospital Cancer Center at Marion, both of which will be consolidated in the Radiation Therapy Department at the SIH Cancer Center, are found on Page 26 of this Attachment.

During FY12, more than 90% of the patients receiving Radiation Therapy at Memorial Hospital of Carbondale and the Memorial Hospital Cancer Center at

Marion resided within SIH Cancer Center's market area, with nearly all of these patients residing in Planning Areas F-06 and F-07, the planning areas in which the existing Radiation Therapy Departments at Memorial Hospital of Carbondale and the Memorial Hospital Cancer Center are located.

3. This project constitutes a needed replacement and consolidation of services for cancer patients.

The project addresses the following issues, which are also addressed in Attachment 37 of this application.

- a. The Clinical Service Areas included in this project are decentralized and need to be replaced in a comprehensive Cancer Center that consolidates these facilities.

This project is needed to enable the construction of a Cancer Center in Southern Illinois that will provide the patients of the region with a wide range of cancer services, ranging from prevention to end-of-life care as well as services to survivors.

The construction of this Cancer Center enables patients to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services.

- b. The existing Linear Accelerator at MHC will need replacement due to obsolescence and outliving its useful life by the time that SIH's Cancer Center will become operational.

This Linear Accelerator, which has a useful life of 12 years, was purchased new in 2004 and upgraded in 2010.

- c. Space is needed to provide dedicated rehabilitation therapies as well as other diagnostic and treatment services for cancer patients in a location that is adjacent to other treatment facilities for cancer patients.
- d. Space is needed to permit physicians in a variety of specialties that provide care to cancer patients to lease office space that is accessible to cancer patients.
- e. Space is needed for appropriate facilities that will enable the SIH Cancer Center to benefit from its affiliation with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine.

Benefits of the SIH-SIU relationship include the availability of advanced, multi-disciplinary cancer care for those needing highly specialized surgery or treatment that is provided in a coordinated system as well as access to treatment protocols and joint care conferences for designing treatment protocols.

- f. The project will provide much-needed services to the market area and, in doing so, will provide health care services to the low income and uninsured.

Documentation of this project's ability to address this issue is found in Item 5. below.

4. The sources of information provided as documentation are the following.

- a. Hospital records regarding the existing facilities and services for cancer care and the age of existing linear accelerators;
- b. The Facilities Guidelines Institute with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Health Care Facilities, 2010 Edition. 2010: ASHE (American Society for Healthcare Engineering).
- c. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Health Professional Shortage Areas by State and County for the market area counties, <http://hpsafind.hrsa.gov/HPSASearch.aspx>.

A print-out of this information and a discussion of Health Professional Shortage Areas are found on Pages 16 through 19 of this Attachment.

- d. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by Address for the market area counties, <http://muafind.hrsa.gov/index.aspx>.

A print-out of this information and a discussion of Medically Underserved Areas and Medically Underserved Populations are found on Pages 20 through 23 of this Attachment.

- e. American College of Surgeons, Accredited Cancer Programs, [http://datalinks.facs.org/cpm/CPMAApprovedHospitals\\_search.htm](http://datalinks.facs.org/cpm/CPMAApprovedHospitals_search.htm)
- f. American College of Surgeons, Cancer Programs, About Accreditation, <http://www.facs.org/cancer/coc/whatis.html>.

- g. American College of Surgeons, Commission on Cancer, in conjunction with the American Cancer Society's (ACS's) Cancer Facts and Figures and data provided by the National Comprehensive Cancer Network (NCCN), [http://datalinks.facs.org/acsfiles/ACS\\_Level\\_II.cfm?ID=80328864387](http://datalinks.facs.org/acsfiles/ACS_Level_II.cfm?ID=80328864387) and [http://datalinks.facs.org/cpm/CPMAApprovedHospitals\\_Services.cfm?ID=6430327&NETWORK=0&GROUPID=](http://datalinks.facs.org/cpm/CPMAApprovedHospitals_Services.cfm?ID=6430327&NETWORK=0&GROUPID=).
- h. Illinois Comprehensive Cancer Control Program, Illinois Department of Public Health, Illinois Comprehensive Cancer Control 2005-2010: State Plan, undated.
- i. Illinois Department of Public Health, Top 10 Cancers in the State of Illinois, Epidemiologic Report Series 10:06, February, 2010.
- j. Illinois Department of Public Health, Cancer in Illinois - Statistics 2004-2008, <http://app.idph.state.il.us/EpiStudies/public/genericdb/code/GenericList.asp>.
- k. State Cancer Profiles, National Cancer Institute. <http://statecancerprofiles.cancer.gov/>
- l. 77 Ill. Adm. Code 1100.520(a)(6)(E)-(G) for identification of counties in Planning Areas F-05 through F-07.
- m. Illinois Department of Public Health and Illinois Health Facilities and Services Review Board, Inventory of Health Care Facilities and Services and Need Determination for Hospital Planning Areas F-05, F-06, F-07, October 14, 2011, and December 18, 2012, Update.
- n. Illinois Department of Public Health, Hospital Profile - CY2011 for the following hospitals in the Market Area: Ferrell Hospital, Eldorado; Franklin Hospital, Benton; Harrisburg Medical Center, Harrisburg; Heartland Regional Medical Center, Marion; Herrin Hospital, Herrin; Marshall Browning Hospital, DuQuoin; Memorial Hospital of Carbondale, Carbondale; Pinckneyville Community Hospital, Pinckneyville; St. Joseph Memorial Hospital, Murphysboro; Union County Hospital District, Anna.
- o. Illinois Department of Public Health, Hospital Profile - CY2011 for the following hospitals in Planning Areas F-05 through F-07 that are not in the Market Area: Hamilton Memorial Hospital, Harbin County General Hospital, Rosiclare; McLeansboro; Massac Memorial Hospital, Metropolis; Memorial Hospital, Chester; Phoenix Medical Center, Carmi; Red Bud Regional Hospital, Red Bud; Sparta Community Hospital, Sparta.

- p. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.ADAAG (Americans with Disabilities Act [ADA]).
- q. National Fire Protection Association, NFPA 101: Life Safety Code, 2012 Edition.

- 5. This project will address and improve the health care of residents of the market area, both patients already diagnosed with cancer as well as those who present themselves for diagnosis with cancer, because it will consolidate and replace Clinical Service Areas that are currently located at Memorial Hospital of Carbondale, Memorial Hospital Cancer Center at Marion, and St. Joseph's Memorial Hospital in Murphysboro with new facilities that are appropriately designed, sized and configured for cancer care.

By providing much-needed services to the market area this project will provide health care services to all residents of the market area, including the low income and uninsured.

- 6. Southern Illinois Healthcare's goal for this project is to continue providing quality oncological (cancer) care to those living and working within the market area.

In addition to the Clinical Service Areas in the SIH Cancer Center, the space that will be leased to physicians will be able to meet this goal by providing contemporary facilities that are appropriately designed, sized and configured to provide diagnostic and treatment services for cancer patients.

**CANCER INCIDENCE RATES PER 100,000 POPULATION PER YEAR  
IN SIH CANCER CENTER'S MARKET AREA DURING 2004 - 2008  
Age-Adjusted to the 2000 US Standard Population**

	State of Illinois	Franklin County	Jackson County	Johnson County	Perry County	Saline County	Union County	Williamson County
All Cancer	483.9	556.8	461.8	553.7	481.5	500.0	452.2	515.0
Bladder	22.5	23.9	22.3	21.1	18.9	17.2	17.5	29.9
Breast (Female)	123.9	117.5	115.4	132.8	118.7	144.5	110.6	132.7
Colon and Rectum	53.9	68.0	53.5	64.8	60.2	66.1	51.7	54.0
Kidney and Renal Pelvis	16.8	18.8	14.0	23.1	20.9	21.7	18.7	18.5
Leukemia	12.8	16.3	10.4			15.1	11.9	14.9
Liver and Bile Duct	5.9	6.2						5.9
Lung and Bronchus	72.1	108.3	65.5	98.6	85.6	95.8	80.5	91.1
Melanoma of the Skin	15.6	22.2	21.9	21.8	15.1	20.0	16.7	19.9
Oral Cavity and Pharynx	11.0	17.8	11.8				15.1	14.8
Pancreas	12.8	13.2	12.3			9.3		12.4
Prostate	157.7	154.6	146.4	185.4	154.0	138.8	115.9	128.9
Rank of 102 IL Counties - All Cancer		5	83	6	61	43	90	28

Source: National Cancer Institute, State Cancer Profiles reporting the Center for Disease Control (CDC's) National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), February, 2012.  
<http://statecancerprofiles.cancer.gov/incidencerates/index.php>

*Indicates a rate higher than the state average*

Indicates this county has the highest rate in the state.

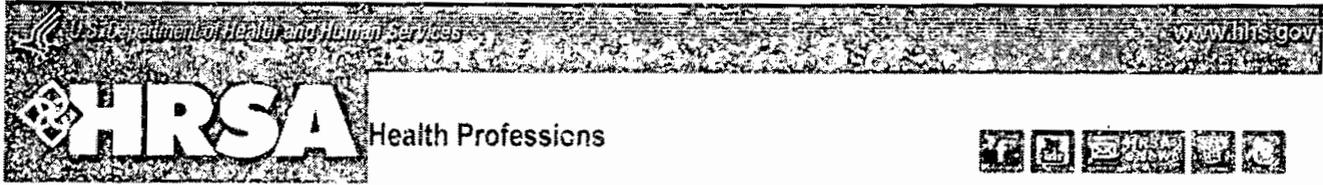
**CANCER DEATH RATE REPORT  
IN SIH CANCER CENTER'S MARKET AREA  
Death Rate per 100,000 Population During 2004 - 2008**

	State of Illinois	Franklin County	Jackson County	Johnson County	Perry County	Saline County	Union County	Williams County
All Cancer	189.3	227.4	197.8	218.3	197.8	228.8	199.9	206.7
Bladder	4.5			6.0				5.2
Breast (Female)	24.7	28.6	26.7		21.5	32.1	24.5	21.7
Colon and Rectum	19.0	23.7	19.6	23.0	23.2	20.7	19.8	21.1
Kidney and Renal Pelvis	4.3					8.8		
Liver and Bile Duct	5.2	7.9	7.0					7.0
Lung and Bronchus	42.0	78.5	51.3		55.7	78.5	61.6	66.7
Prostate	26.1	21.7	33.2			28.5		23.7
Rank of 102 IL Counties - All Cancer		6	42	11	43	5	38	24

Source: National Cancer Institute, State Cancer Profiles reporting death data provided by the National Vital Statistics System public use data file. <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>, prepared in February, 2012

*Indicates a rate higher than the state average*

*Indicates the highest rate in the state*



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**HPSA Designations**

**HPSA Overall Designation Criteria**

**Primary Medical Care**

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**Mental Health HPSAs:**

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## HPSA Designation Criteria

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### 5.1 Purpose.

These regulations establish criteria and procedures for the designation of geographic areas, population groups, medical facilities, and other public facilities, in the States, as health professional(s) shortage areas.

### 5.2 Definitions.

*Act* means the Public Health Service Act, as amended.

*Health professional(s) shortage area* means any of the following which the Secretary determines has a shortage of health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.

*Health service area* means a health service area whose boundaries have been designated by the Secretary, under section 1511 of the Act, for purposes of health planning activities.

*Health systems agency or HSA* means the health systems agency designated, under section 1515 of the Act, to carry out health planning activities for a specific health service area.

*Medical facility* means a facility for the delivery of health services and includes: (1) A community health center, public health center, outpatient medical facility, or community mental health center; (2) a hospital, State mental hospital, facility for long-term care, or rehabilitation facility; (3) a migrant health center or an Indian Health service facility; (4) a facility for delivery of health services to inmates in a U.S. penal or correctional institution (under section 323 of the Act) or a State correctional institution; (5) a Public Health Service medical facility (used in connection with the delivery of health services under section 320, 321, 322, 324, 325, or 326 of the Act); or (6) any other Federal medical facility.

*Metropolitan area* means an area which has been designated by the Office of Management and Budget as a standard metropolitan statistical area (SMSA). All other areas are "non-metropolitan areas."

*Poverty level* means the poverty level as defined by the Bureau of the Census, using the poverty index adopted by a Federal Interagency Committee in 1969, and updated each year to reflect changes in the Consumer Price Index.

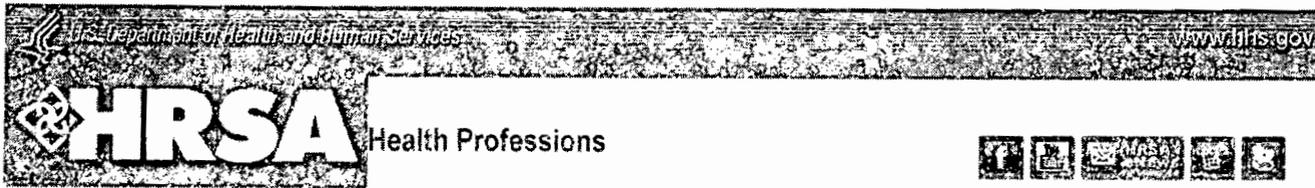
*Secretary* means the Secretary of Health and Human Services and any other officer or employee of the Department to whom the authority involved has been delegated.

*State* includes, in addition to the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.

*State health planning and development agency or SHPDA* means a State health planning and development agency designated under section 1521 of the Act.

### 5.3 Procedures for designation of health professional(s) shortage areas.

- a. Using data available to the Department from national, State, and local sources and based upon the criteria in the appendices to this part, the Department will annually prepare listings (by State and health service area) of currently designated health professional(s) shortage areas and potentially designatable areas, together with appropriate related data available to the Department. Relevant portions of this material will then be forwarded to each health systems agency, State health planning and development agency, and Governor, who will be asked to review the listings for their State, correct any errors of which they are aware, and offer their recommendations, if any, within 90 days, as to which geographic areas, population groups, and facilities in areas under their jurisdiction should be designated. An information copy of these listings will



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**HPSA Designations**

**HPSA Overall Designation**  
[Criteria](#)

**Primary Medical Care HPSAs:**  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

**Dental HPSAs:**  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

**Mental Health HPSAs:**  
[Overview](#)  
[Criteria](#)  
[Guidelines](#)

## Primary Medical Care HPSA Designation Overview

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There are three different types of HPSA designations, each with its own designation requirements:

- Geographic Area
- Population Groups
- Facilities

**Geographic Areas must:**

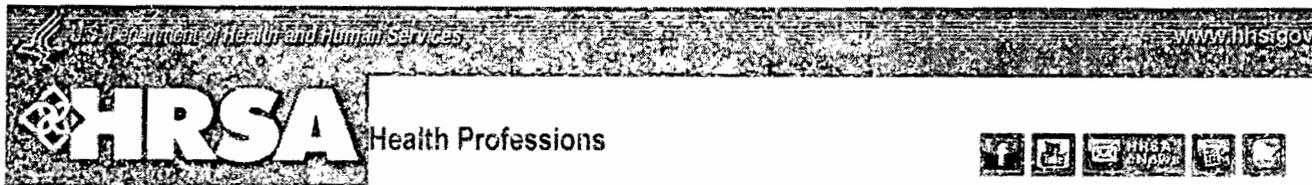
- Be a rational area for the delivery of primary medical care services
- Meet one of the following conditions:
  - Have a population to full-time-equivalent primary care physician ratio of at least 3,500:1
  - Have a population to full-time equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers
- Demonstrate that primary medical professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population under consideration.

**Population Groups must:**

- Reside in an area in that is rational for the delivery of primary medical care services as defined in the Federal code of regulations.
- Have access barriers that prevent the population group from use of the area's primary medical care providers.
- Have a ratio of persons in the population group to number of primary care physicians practicing in the area and serving the population group ratio of at least 3,000:1
- Members of Federally recognized Native American tribes are automatically designated. Other groups may be designated if they meet the basic criteria described above.

**Facilities must:**

- Be either Federal and/or State correctional institutions or public and/or non-profit medical facilities
- Be maximum or medium security facilities
- Federal/State Correctional Institutions must have at least 250 inmates and the ratio of the number of inmates/year to the number of FTE primary care physicians serving the institution must be at least 1,000:1
- Public and/or non-profit medical Facilities must demonstrate that they provide primary medical care services to an area or population group designated as a primary care HPSA and must have an insufficient capacity to meet the primary care needs of that area or population group.



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### HPSA Designations

#### **HPSA Overall Designation Criteria**

#### **Primary Medical Care**

- [HPSAs:](#)
- [Overview](#)
- [Criteria](#)
- [Guidelines](#)

#### **Dental HPSAs:**

- [Overview](#)
- [Criteria](#)
- [Guidelines](#)

#### **Mental Health HPSAs:**

- [Overview](#)
- [Criteria](#)
- [Guidelines](#)

## Updated Designations

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A [Federal Register](#) notice updating the designated Health Professional Shortage Areas (HPSAs) was published on June 29. The main impact of this publication will be to officially withdraw those HPSAs that have been in either "proposed for withdrawal" or "no new data" status since the last *Federal Register* notice was published.

The following listings include all HPSAs that were designated as of April 1, 2012:

- [Primary Medical Care HPSAs Designated as of April 1, 2012](#) (PDF - 628 KB)
- [Dental Care HPSAs Designated as of April 1, 2012](#) (PDF - 450 KB)
- [Mental Health Care HPSAs Designated as of April 1, 2012](#) (PDF - 515 KB)

New HPSAs may have been designated and other HPSAs may have been proposed for withdrawal or had no new data supplied to support their continued designation since April 1. These changes will be reflected in on-line searches, such as [Find a HPSA](#) and the [Data Warehouse](#), but will not match the information in the *Federal Register*, due to the time required to prepare the official notice.

HPSAs that were designated after April 1, 2012 are considered designated even though they are not on the Federal Register listing; HPSAs that have been placed in "proposed for withdrawal" or "no new data" status since April 1, 2012 will remain in that status until the publication of the next *Federal Register* notice.

Programs that use HPSAs to determine eligibility may utilize the HPSA data as of a certain date in time in order to facilitate program operations. To locate NHSC approved sites with eligible HPSAs and the corresponding HPSA scores for use in the National Health Service Corps programs, individuals should refer to the [NHSC Jobs Center](#).

If you have questions about the information on HPSAs, please contact your [State Primary Care Office](#).



U.S. Department of Health and Human Services  
Health Resources and Services Administration

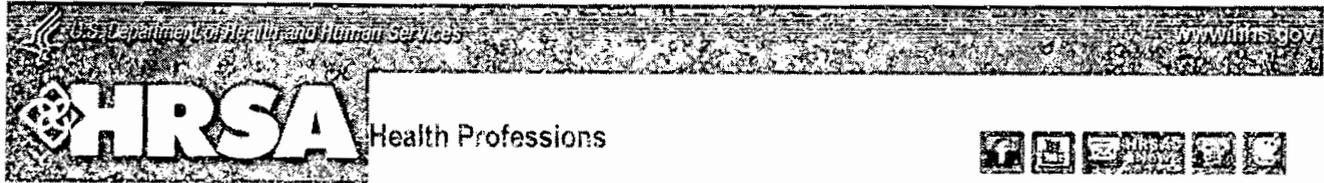
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## Find Shortage Areas: HPSA by State & County

- [Shortage Designation Home](#)
- [Find Shortage Areas](#)
- [HPSA & MUA/P by Address](#)
- [HPSA Eligible for the Medicare Physician Bonus Payment](#)
- [MUA/P by State & County](#)

<b>Criteria:</b>					
State: Illinois County: Franklin County Jackson County Johnson County Perry County Saline County Union County Williamson County ID: All Date of Last Update: All Dates HPSA Score (lower limit): 0	Discipline: Primary Medical Care Metro: All Status: Designated Type: All				
<b>Results: 22 records found.</b> (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)					
HPSA Name	ID	Type	FTE	# Short	Score
<b>055 - Franklin County</b>					
Rea Clinic-Christopher Greater	117999171R	Comprehensive Health Center	1	0	5
Low Income - Franklin County	117999177D	Population Group	1	5	18
Franklin		Single County			
Franklin Rural Health Clinic II	117999177K	Rural Health Clinic		0	0
<b>077 - Jackson County</b>					
Low Income - Jackson County	1179991745	Population Group	7	1	12
Jackson		Single County			
Southern Illinois University Family Practice Center	117999177F	Rural Health Clinic		0	0
<b>087 - Johnson County</b>					
Johnson County	117087	Single County	1	2	14
Shawnee Correctional Center	117999170J	Correctional Facility	1	1	12
<b>145 - Perry County</b>					
Low Income - Perry County	117999170B	Population Group	2	1	13
Perry		Single County			
Pinckneyville Correctional Center	11799917P9	Correctional Facility	1	3	15
<b>165 - Saline County</b>					
Low Income - Saline County	117999171W	Population Group	2	2	15
Saline		Single County			
<b>181 - Union County</b>					
Low Income - Union County	117999172K	Population Group	1	2	15
Union		Single County			
Rural Health, Inc.	117999175Q	Comprehensive Health Center	1	0	5
<b>199 - Williamson County</b>					
Low Income - Williamson	117999174C	Population Group	4	3	12
Williamson		Single County			
Shawnee Health Services Corporation	117999174Z	Comprehensive Health Center	1	0	6
United States Penitentiary - Marion	1179991760	Correctional Facility	0	1	12
Marion Rural Health Clinic	117999177T	Rural Health Clinic		0	0
Data as of: 8/15/2012					
<a href="#">NEW SEARCH</a>			<a href="#">MODIFY SEARCH CRITERIA</a>		



[HP Home](#) > [Shortage Designation](#)

# Medically Underserved Areas & Populations (MUA/Ps)

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## Learn More

- [Glossary of Terms](#)
- [Sample Survey for Determining Primary Medical Care FTE](#)

## Guidelines for MUA and MUP Designation

These guidelines are for use in applying the established Criteria for Designation of Medically Underserved Areas (MUAs) and Populations (MUPs), based on the Index of Medical Underservice (IMU), published in the *Federal Register* on October 15, 1976, and in submitting requests for exceptional MUP designations based on the provisions of Public Law 99-280, enacted in 1986.

The three methods for designation of MUAs or MUPs are as follows:

### I. MUA Designation

This involves application of the Index of Medical Underservice (IMU) to data on a service area to obtain a score for the area. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain the area's IMU score.

The MUA designation process therefore requires the following information:

- (1) Definition of the service area being requested for designation. These may be defined in terms of:
  - (a) a whole county (in non-metropolitan areas);
  - (b) groups of contiguous counties, minor civil divisions (MCDs), or census county divisions (CCDs) in non-metropolitan areas, with population centers within 30 minutes travel time of each other;
  - (c) in metropolitan areas, a group of census tracts (C.T.s) which represent a neighborhood due to homogeneous socioeconomic and demographic characteristics.

In addition, for non-single-county service areas, the rationale for the selection of a particular service area definition, in terms of market patterns or composition of population, should be presented. Designation requests should also include a map showing the boundaries of the service area involved and the location of resources within this area.
- (2) The latest available data on:
  - (a) the resident civilian, non-institutional population of the service area (aggregated from individual county, MCD/CCD or C.T. population data)
  - (b) the percent of the service area's population with incomes below the poverty level
  - (c) the percent of the service area's population age 65 and over
  - (d) the infant mortality rate (IMR) for the service area, or for the county or subcounty area which includes it. The latest five-year average should be used to ensure statistical significance. Subcounty IMRs should be used only if they involve at least 4000 births over a five-year period. (If the service area includes portions of two or more counties, and only county-level infant mortality data is available, the different county rates should be weighted according to the fraction of the service area's population residing in each.)

## Related Links

- [State Primary Care Offices](#) for designation application help and State shortage information
- [Exchange Visitor Program](#) for physicians with J-1 visas working in HPSAs
- [National Health Service Corps](#) scholarships & loan repayment in return for service at NHSC-approved sites in greatest-need HPSAs
- [Medicare PSA/HPSA Physician Bonus](#)

(e) the current number of full-time-equivalent (FTE) primary care physicians providing patient care in the service area, and their locations of practice. Patient care includes seeing patients in the office, on hospital rounds and in other settings, and activities such as laboratory tests and X-rays and consulting with other physicians. To develop a comprehensive list of primary care physicians in an area, an applicant should check State and local physician licensure lists, State and local medical society directories, local hospital admitting physician listings, Medicaid and Medicare provider lists, and the local yellow pages.

(3) The computed ratio of FTE primary care physicians per thousand population for the service area (from items 2a and 2e above).

(4) The IMU for the service area is then computed from the above data using the attached conversion Tables V1-V4, which translate the values of each of the four indicators (2b, 2c, 2d, and 3) into a score. The IMU is the sum of the four scores. (Tables V1-V4 are reprinted from earlier Federal Register publications.)

**II. MUP Designation, using IMU**

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This involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers (**low-income or Medicaid-eligible populations**), or cultural and/or linguistic access barriers to primary medical care services.

This MUP process involves assembling the same data elements and carrying out the same computational steps as stated for MUAs in section I above. The population is now the population of the requested group within the area rather than the total resident civilian population of the area. The number of FTE primary care physicians would include only those serving the requested population group. Again, the sample survey on page 8 may be used as a guide for this data collection. The ratio of the FTE primary care physicians serving the population group per 1,000 persons in the group is used in determining weighted value V4. The weighted value for poverty (V1) is to be based on the percent of population with incomes at or below 100 percent of the poverty level in the area of residence for the population group. The weighted values for percent of population age 65 and over (V2) and the infant mortality rate (V3) would be those for the requested segment of the population in the area of residence, if available and statistically significant; otherwise, these variables for the total resident civilian population in the area should be used. If the total of weighted values V1 - V4 is 62.0 or less, the population group qualifies for designation as an IMU-based MUP.

**Tables V1 - V4 for Determining Weighted Values**

Table V1: Percentage of Population Below Poverty Level

Table V2: Percentage of Population Age 65 and Over

Table V3: Infant Mortality Rate

Table V4: Ratio of Primary Care Physicians per 1,000 Population

**III. Exceptional MUP designations**

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Under the provisions of Public law 99-280, enacted in 1986, a population group which does not meet the established criteria of an IMU less than 62.0 can nevertheless be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.

Requests for designation under these exceptional procedures should describe in detail the unusual local conditions/access barriers/availability indicators which led to the recommendation for exceptional designation and include any supporting data.

Such requests must also include a written recommendation for designation from the Governor or other chief executive officer of the State (or State-equivalent) and local health official.

**Federal Programs Using MUA/MUP Designations Include:**

Recipients of Community Health Center (CHC) grant funds are legislatively required to serve areas or populations designated by the Secretary of Health and Human Services as medically underserved.

Grants for the planning, development, or operation of community health centers under section 330 of the Public Health Service Act are available only to centers which serve designated MUAs or MUPs.

Systems of care which meet the definition of a community health center contained in Section 330 of the Public Health Service Act, but are not funded under that section, and are serving a designated MUA or MUP, are eligible for certification as a Federally Qualified Health Center (FQHC) and thus for cost-based reimbursement of services to Medicaid-eligibles.

Clinics serving rural areas designated as MUAs are eligible for certification as Rural Health Clinics by the Centers for Medicare and Medicaid Services under the authority of the Rural Health Clinics Services Act (Public Law 95-210, as amended).

PHS Grant Programs administered by HRSA's Bureau of Health Professions - gives funding preference to Title VII and VIII training programs in MUA/Ps.

Revised June, 1995  
BPHC/Division of Shortage Designation



U.S. Department of Health and Human Services  
Health Resources and Services Administration



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## Find Shortage Areas: MUA/P by State and County

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- [Find Shortage Areas](#)
- [HPSA & MUA/P by Address](#)
- [HPSA by State & County](#)
- [HPSA Eligible for the Medicare Physician Bonus Payment](#)

**Criteria:**  
 State: Illinois  
 County: Franklin County  
 Jackson County  
 Johnson County  
 Perry County  
 Saline County  
 Union County  
 Williamson County  
 ID #: All

**Results: 17 records found.**

Name	ID#	Type	Score	Designation Date	Update Date
<b>Franklin County</b>					
Franklin County	00805	MUA	55.60	1981/04/10	
<b>Jackson County</b>					
Jackson County	00808	MUA	45.70	1994/04/12	
<b>Johnson County</b>					
Johnson County	00810	MUA	57.00	1978/11/01	
<b>Perry County</b>					
Beaucoup Precinct - County	05001	MUA	61.10	1998/08/31	
MCD (90342) Beaucoup precinct					
Cuttler Precinct - County	05002	MUA	51.70	1998/08/31	
MCD (90936) Cutler precinct					
<b>Saline County</b>					
Low Income - Saline	07098	MUP	56.60	2001/05/11	
<b>Union County</b>					
Union County	00819	MUA	58.20	1978/11/01	
<b>Williamson County</b>					
Blairsville/ Carterville Service Area	00865	MUA	60.90	1994/05/18	
MCD (90432) Blairsville township					
MCD (90648) Carterville township					
Williamson Service Area	00866	MUA	59.00	1994/05/11	
MCD (90846) Corinth township					
MCD (90918) Creal Springs township					
MCD (91062) East Marion township					
MCD (91836) Lake Creek township					

**MARKET AREA FOR SIH CANCER CENTER**

Zip Code	County	City
62805	Franklin	Akin
62812	Franklin	Benton
62819	Franklin	Buckner
62822	Franklin	Christopher
62825	Franklin	Coello
62836	Franklin	Ewing
62840	Franklin	Frankfort Heights
62856	Franklin	Logan
62865	Franklin	Mulkeytown
62874	Franklin	Orient
62884	Franklin	Sesser
62890	Franklin	Thomsponville
62891	Franklin	Valier
62896	Franklin	West Frankfort
62897	Franklin	Whittington
62983	Franklin	Royalton
62999	Franklin	Zeigler
62901	Jackson	Carbondale
62902	Jackson	Carbondale
62903	Jackson	Carbondale
62907	Jackson	Ava
62916	Jackson	Campbell Hill
62924	Jackson	DeSoto
62927	Jackson	Dowell
62932	Jackson	Elkville
62940	Jackson	Goram
62942	Jackson	Grand Tower
62950	Jackson	Jacob
62958	Jackson	Makanda
62966	Jackson	Murphysboro
62971	Jackson	Oraville
62975	Jackson	Pomona
62994	Jackson	Vergennes
62908	Johnson	Beinap
62909	Johnson	Boles
62912	Johnson	Buncombe
62923	Johnson	Cypress

Zip Code	County	City
62939	Johnson	Goreville
62943	Johnson	Grantsburg
62967	Johnson	New Burnside
62972	Johnson	Ozark
62985	Johnson	Simpson
62991	Johnson	Tunnel Hill
62995	Johnson	Vienna
62238	Perry	Cutler
62274	Perry	Pinckeyville
62832	Perry	DuQuoin
62888	Perry	Tamaroa
62997	Perry	Willisville
62917	Saline	Carrier Mills
62930	Saline	Eldorado
62935	Saline	Galatia
62946	Saline	Harrisburg
62965	Saline	Muddy
62977	Saline	Raleigh
62905	Union	Alto Pass
62906	Union	Anna
62920	Union	Cobden
62926	Union	Dongola
62952	Union	Jonesboro
62961	Union	Millcreek
62998	Union	Wolf Lake
62841	Williamson	Freeman Spur
62915	Williamson	Cambria
62918	Williamson	Carterville
62921	Williamson	Colp
62922	Williamson	Creal Springs
62933	Williamson	Energy
62948	Williamson	Herrin
62949	Williamson	Hurst
62951	Williamson	Johnston City
62959	Williamson	Marion
62974	Williamson	Pittsburg
62987	Williamson	Stonefort

**SIH ILLINOIS CANCER CENTER**

**FY2012 Patient Origin**

FY2012 Cases							
Community	Zip Code	At MHC	At Marion	Total	Total Cases	Cumulative %	In Market Area?
Marion	62959	9	83	92	9.1%	9.1%	Yes
Murphysboro	62966	66	11	77	7.6%	15.0%	Yes
Carbondale	62901	75		75	7.4%	24.1%	Yes
Herrin	62948	19	50	69	6.8%	31.0%	Yes
DuQuoin	62832	48	6	54	5.3%	36.3%	Yes
Pinckneyville	62274	37	3	40	4.0%	40.3%	Yes
Anna	62906	36	4	40	4.0%	44.2%	Yes
Benton	62812	4	33	37	3.7%	47.9%	Yes
Johnston City	62951	8	28	36	3.6%	51.4%	Yes
West Frankfort	62896		34	34	3.4%	54.8%	Yes
Cartersville	62918	18	13	31	3.1%	57.9%	Yes
Chester	62233	18	3	21	2.1%	59.9%	Yes
Carbondale	62902	19		19	1.9%	61.8%	Yes
Cobden	62920	14	3	17	1.7%	63.5%	Yes
Vienna	62995	6	11	17	1.7%	65.2%	Yes
Goreville	62939		15	15	1.5%	66.7%	Yes
Steelville	62288	13	1	14	1.4%	68.1%	Yes
Creal Springs	62922	2	12	14	1.4%	69.4%	Yes
Harrisburg	62946	3	11	14	1.4%	70.8%	Yes
ElDorado	62930	3	10	13	1.3%	72.1%	Yes
Ava	62907	12		12	1.2%	73.3%	Yes
De Soto	62924	11	1	12	1.2%	74.5%	Yes
Christopher	62822	4	8	12	1.2%	75.7%	Yes
Makanda	62958	11		11	1.1%	76.8%	Yes
Thompsonville	62890		10	10	1.0%	77.7%	Yes
Cambria	62915	8	2	10	1.0%	76.5%	Yes
Tamaroa	62888	8		8	0.8%	79.5%	Yes
Sesser	62884		8	8	0.8%	80.3%	Yes
Royalton	62983		8	8	0.8%	81.1%	Yes
Zeigler	62999		8	8	0.8%	81.9%	Yes
Belle Rive	62810	2	6	8	0.8%	82.7%	No
Mulkeytown	62865	4	4	8	0.8%	83.5%	Yes
Carbondale	62903	6		6	0.6%	84.1%	Yes
Buncombe	62912		6	6	0.6%	84.7%	Yes
Ridgeway	62979		6	6	0.6%	85.3%	No
Hurst	62949	6		6	0.6%	85.9%	Yes
Jonesboro	62952	6		6	0.6%	86.4%	Yes
Sparta	62286	5	1	6	0.6%	87.0%	Yes
Murphysboro	62992	5		5	0.5%	87.5%	Yes
Elizabethtown	62931		5	5	0.5%	88.0%	No
Galatia	62935		5	5	0.5%	88.5%	Yes
Olmsted	62970	5		5	0.5%	89.0%	No
Pomona	62975	5		5	0.5%	89.5%	Yes
Valier	62891		4	4	0.4%	89.9%	Yes
Mounds	62964		4	4	0.4%	90.3%	Yes
Stonefort	62987		4	4	0.4%	90.7%	Yes
Coulterville	62237	4		4	0.4%	91.1%	Yes
Ina	62846	4		4	0.4%	91.5%	No
Cairo	62914	4		4	0.4%	91.9%	Yes
Campbell Hill	62916	4		4	0.4%	92.3%	Yes
Dongola	62926	4		4	0.4%	92.7%	Yes
Metropolis	62960	4		4	0.4%	93.1%	Yes
<b>Total, These Zipcodes</b>		<b>520</b>	<b>421</b>	<b>941</b>	<b>93.1%</b>		
<b>Total Patients</b>		<b>551</b>	<b>460</b>	<b>1,011</b>	<b>100.0%</b>		
<b>Total, These Zipcodes within Market Area</b>				<b>913</b>	<b>90.30%</b>		

III.

Criterion 1110.230 - Alternatives

1. The following alternatives to the proposed project were considered and found to be infeasible and less desirable than the alternative that is the subject of this CON application.

- a. Construct a freestanding Cancer Center off-site that would include all the services that are in the proposed project plus the Breast Center, which is currently located in a freestanding building in Carbondale, where it is proposed to remain and not be included in the proposed project.
- b. Construct a Cancer Center on the campus of Memorial Hospital of Carbondale (MHC) that is attached to the hospital building as an expansion of the hospital's Professional Building, primarily being constructed above and adjacent to the existing MHC Professional Building.

This expansion of the Memorial Hospital Cancer Center at MHC would expand the MHC Radiation Therapy Department and retain the existing Radiation Therapy Department at the Memorial Hospital Cancer Center in Marion, while the existing Breast Center would remain in its current freestanding location in Carbondale.

This alternative would not include all of the services that are included in the proposed project.

- c. Construct a Cancer Center on the campus of Memorial Hospital of Carbondale (MHC) adjacent to the hospital building that is constructed as an addition to the hospital's Professional Building.

This expansion of the Memorial Hospital Cancer Center at MHC would expand the MHC Radiation Therapy Department and incorporate the existing Breast Center, which is currently located in a freestanding location in Carbondale. The existing Radiation Therapy Department at the Memorial Hospital Cancer Center in Marion would remain in its current location and not become part of this project.

This alternative would not include all of the services that are included in the proposed project.

2. These alternatives were found to be infeasible and less desirable than the alternative that is the subject of this CON application for the following reasons.

- a. Construct a freestanding Cancer Center off-site that would include all the services that are in the proposed project plus the Breast Center, which is currently located in a freestanding building in Carbondale, where it is proposed to remain and not be included in the proposed project.

Capital Costs: approximately \$30,350,000

This alternative would include the following services: (1) a Radiation Therapy Department that would consolidate the Radiation Therapy Departments currently located at Memorial Hospital of Carbondale (MHC) and at Memorial Hospital Cancer Center in Marion; (2) a Breast Center that would be relocated from its current location in a freestanding building in Carbondale; (3) an Infusion Center to treat cancer patients, (4) Rehabilitation Therapies for cancer patients; (5) complementary therapies for cancer patients; (6) Outpatient Laboratory; (7) Pharmacy for compounding chemotherapy infusions; (8) leased physicians' offices for the private practice of medicine; (9) education/conference rooms for cancer education programs and support groups; (10) retail space; (11) a café; and (12) administrative offices, including Medical Records, a centralized Cancer Registry for South Illinois Healthcare, and space for research and clinical trials for cancer patients.

This alternative was determined to be infeasible for the following reasons.

- 1) The inclusion of the Breast Center in the SIH Cancer Center, including the additional costs associated with including that space in the SIH Cancer Center, would increase the proposed project cost by \$5,783,380, which would not be a cost-effective additional expenditure for the reasons provided below.
- 2) The replacement of the existing Breast Center in the SIH Cancer Center would provide minimal increase in patient access to the Breast Center or convenience to Breast Center patients over its current location in a freestanding setting in Carbondale.
- 3) The inclusion of the Breast Center in the SIH Cancer Center would result in additional project costs beyond the estimates for the project as currently proposed. These project costs would be necessitated by MHC's interest in separating the Breast Center from other areas of the SIH Cancer Center, thus necessitating the construction of an additional entrance and vehicle drop off with dedicated parking and a connector to the rest of the SIH Cancer Center building.

- b. Construct a Cancer Center on the campus of Memorial Hospital of Carbondale (MHC) that is attached to the hospital building as an expansion of the hospital's Professional Building, primarily being constructed above and adjacent to the existing MHC Professional Building.

This alternative would expand the MHC Radiation Therapy Department and retain the existing Radiation Therapy Department at the Memorial Hospital Cancer Center in Marion, while the existing Breast Center would remain in its current freestanding location in Carbondale.

This alternative would not include all of the services that are included in the proposed project.

Capital Costs: approximately \$28,850,000

This alternative would have a reduced scope in comparison to the proposed project because it would not include the following services that are included in the proposed project: (1) Rehabilitation Therapies for cancer patients; (2) dedicated education/ conference rooms for cancer education programs and support groups; and (3) retail space dedicated to cancer care.

The existing physicians' offices on the 1<sup>st</sup> floor of the Professional Building would be relocated to a newly constructed 3<sup>rd</sup> floor in order to expand Radiation Therapy support functions and accommodate Administrative Offices and a café.

An addition to the Professional Building would include a new elevator/stair core to vertically link the Cancer Center functions as well as the following: (1) Patient entry/lobby and public space on the ground floor; (2) a new Linear Accelerator vault and Radiation Therapy support functions on the 1<sup>st</sup> floor; (3) a new 2<sup>nd</sup> floor with Medical Oncology, Laboratory for cancer patients, Pharmacy for compounding chemotherapy infusions, and some physicians' offices for the private practice of medicine; (4) a new 3<sup>rd</sup> floor with relocated physicians' offices for the private practice of medicine.

This alternative was determined to be infeasible for the following reasons.

- 1) This alternative would provide Cancer Center patients with less convenient vehicular and pedestrian access than will be available on the freestanding site that is the subject of this CON application.
- 2) The expanded Radiation Therapy Department would have a sub-optimal configuration from a functional perspective because of the

limitations of the existing Professional Building and the configuration and size of land available for construction of an addition adjacent to the existing Radiation Therapy Department.

- 3) Selection of this alternative would be imprudent in the long-run since expansion of the Cancer Center would be minimal because of the limited availability of land for construction on the MHC campus.
  - 4) The site proposed for this alternative is needed for the future expansion of other ambulatory care services at MHC. The need to preserve space adjacent to the Professional Building for future expansion of ambulatory care services that need to be located on the MHC campus is important because the campus is land-locked.
  - 5) Implementation of this alternative would preclude MHC from being able to construct additional physicians' offices in the future by adding floors to the existing Professional Building. The need to preserve this space for future expansion of physicians' offices is important because the MHC campus is land-locked.
  - 6) Implementation of this alternative would displace the employee parking lot to a more remote site without providing the best use for the vacated parking lot.
  - 7) Implementation of this alternative would cost more than the project that is the subject of this CON application, while providing less desirable facilities than the selected project.
- c. Construct a Cancer Center on the campus of Memorial Hospital of Carbondale (MHC) adjacent to the hospital building that is constructed as an addition to the hospital's Professional Building.

This alternative would expand the MHC Radiation Therapy Department and incorporate the existing Breast Center, which is currently located in a freestanding location in Carbondale. The existing Radiation Therapy Department at the Memorial Hospital Cancer Center in Marion would remain in its current location and not become part of this project.

This alternative would not include all of the services that are included in the proposed project.

Capital Costs: approximately \$31,510,000

This alternative would include the relocated Breast Center but would not include the following services that are included in the proposed project: (1) Rehabilitation Therapies for cancer patients; (2) dedicated education/conference rooms for cancer education programs and support groups; and (3) retail space dedicated to cancer care.

An existing physicians' office suite on the 1<sup>st</sup> floor of the Professional Building would be relocated to a different building on the hospital campus in order to accommodate expanded Radiation Therapy reception and waiting and to link the existing Professional Building to the new addition.

As would be the case with Alternative b., an addition to the Professional Building would include a new elevator/stair core to vertically link the Cancer Center functions. The new addition will include the following: (1) Patient entry/lobby and public space on the ground floor; (2) a new Breast Center, replacing the existing Breast Center that is currently in a freestanding location in Carbondale, a new Linear Accelerator vault, expanded Radiation Therapy support functions, Administrative Offices, and a café; and (3) a new 2<sup>nd</sup> floor with Medical Oncology, Laboratory for cancer patients, Pharmacy for compounding chemotherapy infusions, and physicians' offices for the private practice of medicine.

This alternative was determined to be infeasible for the same reasons as provided for both Alternates a. and b. above.

- 1) Implementation of this alternative would provide little increase in patient access to the Breast Center or convenience to Breast Center patients.
- 2) This alternative would provide Cancer Center patients with less convenient vehicular and pedestrian access than will be available on the freestanding site that is the subject of this CON application.
- 3) The expanded Radiation Therapy Department would have a sub-optimal configuration from a functional perspective because of the limitations of the existing Professional Building and the configuration and size of land available for construction of an addition adjacent to the existing Radiation Therapy Department.
- 4) Selection of this alternative would be imprudent in the long-run since expansion of the Cancer Center would be minimal because of the limited availability of land for construction on the MHC campus.

- 5) The site proposed for this alternative is needed for the future expansion of other ambulatory care services at MHC. The need to preserve space adjacent to the Professional Building for future expansion of ambulatory care services that need to be located on the MHC campus is important because the campus is land-locked.
  - 6) Implementation of this alternative would displace the employee parking lot to a more remote site without providing the best use for the vacated parking lot.
  - 7) Implementation of this alternative would cost more than the project that is the subject of this CON application, while providing less desirable facilities than the selected project.
3. This item is not applicable to this project.

The purpose of this project is to provide cancer patients within Southern Illinois Healthcare's (SIH's) existing market area, including those currently served by the Memorial Hospital Cancer Center in both Carbondale and Marion, with consolidated and coordinated multidisciplinary services in a single location that is centrally located to the residents of Southern Illinois. As a result of constructing the SIH Cancer Center, patients will be able to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services.

Although empirical evidence may not be available to document that the provision of comprehensive cancer care in a single location results in better outcomes to cancer patients, the fact that the National Cancer Institute's designated cancer centers provide such care is indicative of the efficacy of providing cancer care in such facilities. Also, the consolidation of cancer diagnostic and treatment services into a single location is cost-effective from Southern Illinois Healthcare's perspective because it minimizes duplication of scarce health manpower and facilities.

It should be noted that this project does not propose to establish new categories of service or a new health care facility and that the clinical services and programs that will be provided at the SIH Cancer Center are currently provided by SIH in its hospitals or outpatient facilities, although some of these services (such as Rehabilitation Therapies) may not be provided in a setting devoted to cancer patients at this time.

IV.  
Criterion 1110.234 - Project Scope, Utilization:  
Size of Project

This project, which proposes to construct a freestanding Cancer Center, includes both Clinical and Non-Clinical Service Areas.

The SIH Cancer Center, which will be owned and operated by Memorial Hospital of Carbondale (MHC), will include 37,567 GSF for a number of Clinical Service Areas for outpatient care and Non-Clinical Service Areas for the Cancer Center's support services. The balance of 6,737 GSF in the SIH Cancer Center will be leased to physicians for the private practice of medicine.

The SIH Cancer Center will include the following Clinical Service Areas.

- Radiation Therapy (Linear Accelerators, Simulator, Support Services)
- Medical Oncology (Chemotherapy)
- Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients
- Outpatient Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing)
- Pharmacy (for compounding chemotherapy infusions)

The SIH Cancer Center will also include the following Non-Clinical Service Areas that will be provided by MHC.

- Education/Conference Rooms for cancer education programs and support groups
- Resource/Information Center
- Administration, including Medical Records and Cancer Registry and space for research and clinical trials for cancer patients
- Healthy Café
- Quiet Room/Non-Denominational Chapel
- Information Systems
- Environmental Services
- Materials Management
- Retail Space and Boutique

As stated above, the SIH Cancer Center will include space leased to physician groups for their medical offices. A Letter of Intent has been executed for 80% of the space available for rental for the private practice of medicine in this building, as shown below page.

Gross Square Footage of SIH Cancer Center: 44,304 GSF

Total Rentable Square Footage (excluding space occupied by MHC) 6,737 GSF

Included in Letter of Intent to lease space: 5,390 GSF

Percentage of Rentable Space Included in Letter of Intent to lease space: 80%

1. The only Clinical Service Area included in this project for which the Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) is Radiation Therapy (Linear Accelerators and Simulators only).

There are no State guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project. These Clinical Service Areas are listed below.

Support Services for Radiation Therapy

Medical Oncology (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions)

An analysis of the proposed gross square footage of the Radiation Therapy space at the SIH Cancer Center is found on the next page.

This analysis is based upon the following.

- Historic utilization for MHC during CY2011, as indicated on MHC's corrected Annual Hospital Questionnaire for 2011 that was submitted to the Illinois Health and Services Review Board in September, 2012.
- Projected utilization for the SIH Cancer Center for its first 2 full years of operation (FY2016, FY2017) for Linear Accelerators and Simulators, for which the approvable number of Linear Accelerators is based upon historic and projected utilization, while only 1 Simulator is proposed.

The projected utilization for this equipment and the rationale supporting these projections will be found in Attachment 15.

- Total proposed key rooms and total departmental gross square footage (DGSF) for these modalities in the proposed new Cancer Center.

The following charts identify the State Guidelines for the Radiation Therapy equipment which, as stated earlier in this Attachment, are the only State Guidelines that apply to this project.

<b>Service</b>	<b>State Guideline units/room</b>	<b>CY2011 Utilization</b>	<b>FY2017 Volume (2<sup>nd</sup> full year of operation)</b>	<b>Total Equipment Justified</b>	<b>Total Proposed Rooms</b>
<u>Radiation Therapy:</u>					
Linear Accelerators	7,500 Treatments/ Accelerator	10,978 Treatments	11,760 Treatments	2	2
Simulators	N/A	1,013 Visits	1,083 Visits	1	1

The proposed pieces of equipment for the Radiation Therapy Service are within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) or not applicable.

The square footage proposed for Radiation Therapy Linear Accelerators and Simulators, which apply to the only Clinical Service Area for which State Guidelines exist, is shown below.

<b>Service</b>	<b>State Guideline DGSF/room or unit</b>	<b>Total DGSF Justified per program</b>	<b>Total Proposed DGSF</b>
<u>Radiation Therapy</u>			
Linear Accelerators	2,400 DGSF/ Accelerator	4,800 DGSF for 2 Accelerators	3,566 DGSF for 2 Accelerators
Simulator	1,800 DGSF/ Simulator	1,800 DGSF for 1 Simulator	740 DGSF for 1 Simulator

The following published data and studies identify the scope of services, hospital licensing requirements, and contemporary standards of care that MHC addressed in developing the space needed for the Clinical Service Areas that will be located in the SIH Cancer Center.

- Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406 ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4);
- The Facilities Guidelines Institute with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Healthcare Facilities, 2010 edition. 2010: ASHE (American Society for Healthcare Engineering).

2. The chart that follows indicates that the proposed square footage for the Radiation Therapy equipment included in this project that is subject to State Guidelines is within the State Guidelines found in 77 Ill. Adm. Code 1110. APPENDIX B.

<b>CLINICAL SERVICE AREA</b>	<b>PROPOSED DGSF</b>	<b>STATE GUIDELINE</b>	<b>DIFFERENCE</b>	<b>MET GUIDELINE?</b>
<u>Radiation Therapy</u>				
Linear Accelerators	3,566 DGSF for 2 Accelerators	4,800 DGSF for 2 Accelerators	1,234 DGSF under Guideline	Yes
Simulator	740 DGSF for 1 Simulator	1,800 DGSF for 1 Simulator	1,060 DGSF under Guideline	Yes

Appended to this Attachment is the following document that was used to determine the appropriate floor area for the Clinical Service Departments at the SIH Cancer Center in addition to the ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG).

- The Facilities Guidelines Institute with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Healthcare Facilities, 2010 edition. 2010: ASHE (American Society for Healthcare Engineering).

The Space Programs for the Clinical Service Areas included in this project are also appended to this Attachment, following the Guidelines.

# Guidelines

FOR DESIGN AND CONSTRUCTION OF

## Health Care Facilities

The Facility Guidelines Institute

2010 edition



Includes ANSI/ASHRAE/ASHE  
Standard 170-2008,  
Ventilation of  
Health Care Facilities



With assistance from  
the U.S. Department of  
Health and Human Services

# 3.6 Specific Requirements for Freestanding Cancer Treatment Facilities

*Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.*

## ■ 3.6-1 General

### 3.6-1.1 Reserved

### 3.6-1.2 Functional Program

Equipment and space shall be provided as necessary to meet the functional program.

### 3.6-1.3 Site

#### 3.6-1.3.1 Location

The location of a cancer treatment facility shall offer convenient access for outpatients. Accessibility from parking and public transportation shall be a consideration.

#### 3.6-1.3.2 Parking

For requirements, see 3.1-1.3.2.

## ■ 3.6-2 Reserved

## ■ 3.6-3 Diagnostic and Treatment Locations

### 3.6-3.1 Reserved

### 3.6-3.2 Cancer Treatment Area

#### 3.6-3.2.1 General

3.6-3.2.1.1 The treatment area shall be permitted to be an open area.

3.6-3.2.1.2 The treatment area shall be separate from administrative and waiting areas.

#### 3.6-3.2.2 Space Requirements

3.6-3.2.2.1 **Area.** Individual patient treatment areas shall have a minimum clear floor area of 80 square feet (7.43 square meters) per patient cubicle.

3.6-3.2.2.2 **Clearances.** There shall be a minimum clear dimension of at least 5 feet (1.52 meters) between beds and/or lounge chairs.

#### 3.6-3.2.3 Privacy

The open treatment area shall be designed to provide privacy for each patient.

#### 3.6-3.2.4 Nurse Station(s)

Nurse station(s) shall be located within the treatment area and designed to provide visual observation of all patient stations. Nurse station(s) shall be located out of the direct line of traffic.

#### 3.6-3.2.5 Hand-Washing Stations

3.6-3.2.5.1 Hand-washing stations shall be located so they are convenient to nurse stations and patient treatment areas.

3.6-3.2.5.2 At least one hand-washing station shall be provided for every four patient stations.

3.6-3.2.5.3 The hand-washing stations shall be uniformly distributed to provide equal access from each patient station.

#### 3.6-3.2.6 Patient Toilet

At least one patient toilet with hand-washing station shall be provided in the treatment area. The need for additional patient toilets shall be determined by the functional program.

### 3.6-3.3 Reserved

### 3.6-3.4 Special Patient Treatment Rooms

#### 3.6-3.4.1 Airborne Infection Isolation (All) Room

3.6-3.4.1.1 The need for and number of required All rooms shall be determined by an infection control risk assessment (ICRA).

### 3.6 SPECIFIC REQUIREMENTS FOR FREESTANDING CANCER TREATMENT FACILITIES

3.6-3.4.1.2 When required, All room(s) shall comply with the requirements of 3.1-3.4.2.

#### 3.6-3.5 Reserved

#### 3.6-3.6 Support Areas for the Cancer Treatment Facility

##### 3.6-3.6.1 through 3.6-3.6.5 Reserved

##### 3.6-3.6.6 Medicine Room

A medicine room with the following shall be provided:

###### 3.6-3.6.6.1 Work counter

###### 3.6-3.6.6.2 Hand-washing station

3.6-3.6.6.3 Provisions for controlled storage, preparation, distribution, and refrigeration of medications

##### 3.6-3.6.7 Nourishment Station

3.6-3.6.7.1 For general requirements, see 3.1-2.6.7 (Nourishment Area or Room).

3.6-3.6.7.2 A drinking water-dispensing unit for patient use shall be provided separate from the hand-washing station.

3.6-3.6.7.3 A sink is not required in addition to the hand-washing station.

##### 3.6-3.6.8 Reserved

##### 3.6-3.6.9 Clean Workroom or Clean Supply Room

A clean workroom or clean supply room shall be provided. Soiled and clean workrooms or holding rooms shall be separated and have no direct connection.

3.6-3.6.9.1 **Clean workroom.** A clean workroom shall contain the following:

- (1) Work counter
- (2) Hand-washing station
- (3) Storage facilities for clean and sterile supplies

3.6-3.6.9.2 **Clean supply room.** If the room is used only for storage and holding as part of a system for distribution of clean and sterile materials, omission of the work counter and hand-washing station shall be permitted.

##### 3.6-3.6.10 Soiled Workroom

A soiled workroom shall be provided and shall include the following:

3.6-3.6.10.1 A flushing-rim clinical sink with a bed-pan-rinsing device and a hot-and-cold mixing faucet

3.6-3.6.10.2 Hand-washing station

3.6-3.6.10.3 Work counter

3.6-3.6.10.4 Storage cabinets

3.6-3.6.10.5 Waste receptacles

##### 3.6-3.6.11 Equipment Storage

3.6-3.6.11.1 **Stretcher/wheelchair storage.** Space for storage of stretchers and wheelchairs shall be provided out of the direct line of traffic.

##### 3.6-3.6.12 Environmental Services Room

An environmental services room shall be provided and shall contain a service sink or floor basin and storage for housekeeping supplies and equipment

#### 3.6-3.7 Support Areas for Staff

##### 3.6-3.7.1 Staff Lounge

A staff lounge shall be available and shall contain lockers, toilet, and hand-washing stations.

##### 3.6-3.7.2 Staff Toilet

A staff toilet with hand-washing station shall be provided convenient to the nurse station.

### 3.6 SPECIFIC REQUIREMENTS FOR FREESTANDING CANCER TREATMENT FACILITIES

#### 3.6-3.8 Support Areas for Patients

##### 3.6-3.8.1 Waiting Room

A waiting room shall be available to the treatment area and shall include the following: seating accommodations for waiting periods, a toilet room with hand-

washing station, local telephone access, and drinking fountain.

##### 3.6-3.8.2 Patient Storage

Storage for patient belongings shall be provided.

- (2) If pre-prepared materials are used, storage and calculation area may be considerably smaller than that for on-site preparation.
- (3) Space shall provide adequately for dose calibration, quality assurance, and record-keeping.

**2.2-3.6.2.2 Radiation protection requirements.** The area may still require shielding from other portions of the facilities.

**2.2-3.6.2.3 Architectural details.** Floors and walls shall be constructed of easily decontaminated materials.

**2.2-3.6.2.4 HVAC system.** Hoods for pharmaceutical preparation shall meet applicable standards.

### 2.2-3.6.3 Positron Emission Tomography (PET)

**2.2-3.6.3.1 Space requirements.** PET scanning is now widely used in a number of clinical settings and requires space for a scanner and a cyclotron when the service is provided. Space shall be provided as necessary to accommodate the functional program.

#### 2.2-3.6.3.2 PET facilities

##### (1) Scanner room

- (a) The scanner room shall be of a size recommended by the scan vendor.
- (b) A scanner room that accommodates both PET and CT scanning (PET-CT scanner room) shall be permitted. No additional space requirements are necessary when PET is combined with CT.

(2) Cyclotron room. Where radiopharmaceuticals are prepared on site, a cyclotron shall be provided. A cyclotron is not needed when radiopharmaceuticals are provided by commercial sources.

- (a) If the PET cyclotron is self-shielded, a separate lead vault is not necessary. However, a self-shielded unit shall be sited away from patient waiting areas or other areas of high occupancy by personnel not working with the cyclotron.
- (b) An unshielded cyclotron requires a concrete vault that is 6 feet (1.83 meters) thick with an internal maze for reduction of neutron exposure. The cyclotron manufacturer shall be included in the team designing the vault.

#### 2.2-3.6.3.3 Laboratory facilities

##### (1) Hot lab

- (a) The hot lab shall be shielded according to the manufacturer's specifications.
- (b) A source storage area, a dose storage area, and a storage area for syringe shields shall be provided.

**2.2-3.6.3.4 Patient holding and recovery area.** A dedicated patient holding and recovery area shall be provided to accommodate at least two stretchers. This area shall comply with 2.2-3.5.6.2 (Patient preparation, holding, and recovery area or room).

**2.2-3.6.3.5 Patient uptake room.** A shielded room with a toilet to accommodate radioactive waste and a hand-washing station shall be provided.

#### 2.2-3.6.4 Radiotherapy Suite

**2.2-3.6.4.1 General.** Rooms and spaces shall be provided as necessary to accommodate the functional program.

##### \*2.2-3.6.4.2 Space requirements

- \* (1) Simulator, accelerator, and cobalt rooms shall be sized to accommodate the equipment and patient

## APPENDIX

**A2.2-3.6.4.2** Equipment manufacturers' recommendations should be sought and followed, since space requirements may vary from one machine to another and one manufacturer to another.

- a. The radiotherapy suite may contain electron beam therapy or radiation therapy or both.
- b. Although not recommended, a simulation room may be omitted in

small linear accelerator facilities where other positioning geometry is provided.

**A2.2-3.6.4.2 (1)** Minimum size should be 260 square feet (24.15 square meters) for the simulator room; 680 square feet (63.17 square meters), including the maze, for accelerator rooms; and 450 square feet (41.81 square meters) for cobalt rooms.

## 2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

access on a stretcher, medical staff access to the equipment and patient, and service access.

- (2) Radiotherapy rooms shall be sized in compliance with the manufacturers' recommendations.
  - (a) Where a table is used, the room shall be sized to provide a minimum clear dimension of 4 feet (1.22 meters) to facilitate bed transfer and to provide access to the patient on three sides of the table.
  - (b) The door swing shall not encroach on the equipment or on patient circulation or transfer space.

**2.2-3.6.4.3 Support areas for the radiotherapy suite.** The following areas shall be provided. Sharing of these areas between the radiotherapy suite and other areas shall be permitted if required by the functional program:

- (1) Business office and/or reception/control area
- (2) Examination room for each radiotherapy treatment room. These shall be as specified by the functional program.
  - (a) Each exam room shall be a minimum of 100 square feet (9.29 square meters).
  - (b) Each exam room shall be equipped with a hand-washing station.
- (3) A stretcher hold area
  - (a) This shall be located adjacent to the treatment rooms, screened for privacy, and combined with a seating area for outpatients.
  - (b) The size of the area will be dependent on the program for outpatients and inpatients.
- (4) Patient gowning area
  - (a) Safe storage for valuables and clothing shall be provided.
  - (b) At least one space should be large enough for staff-assisted dressing.
- (5) Darkroom. This shall be convenient to the treatment room(s) and the quality control area.
  - (a) Where daylight processing is used, the darkroom may be minimal for emergency use.
  - (b) If automatic film processors are used, a receptacle of adequate size with hot and cold

water for cleaning the processor racks shall be provided either in the darkroom or nearby.

- (6) Film file area
- (7) Film storage area for unprocessed film
- (8) Environmental services room. This shall be equipped with service sink or floor receptor and large enough for equipment or supplies storage.

**2.2-3.6.4.4 Optional support areas for the radiotherapy suite.** The following areas may be required by the functional program:

- (1) Offices
  - (a) Oncologist's office (may be combined with consultation room)
  - (b) Physicist's office (may be combined with treatment planning)
- (2) Treatment planning and record room
- (3) Consultation room
- (4) Quality control area. This shall have view boxes illuminated to provide light of consistent color value and intensity.
- (5) Computer control area. This is normally located just outside the entry to the treatment room(s).
- (6) Dosimetry equipment area
- (7) Hypothermia room (may be combined with an exam room)
- (8) Workstation/nutrition station

**2.2-3.6.4.5 Additional support areas for the linear accelerator**

- (1) Mold room with exhaust hood and hand-washing station
- (2) Block room with storage. The block room may be combined with the mold room.

**2.2-3.6.4.6 Additional support areas for the cobalt room**

- (1) Hot lab

**2.2-3.6.4.7 Special design elements for the radiotherapy suite**

- (1) Architectural details
  - (a) Flooring shall be adequate to meet load requirements for equipment, patients, and personnel.
  - (b) Ceiling-mounted equipment shall have properly designed rigid support structures located above the finished ceiling.
  - \*(c) When entry into the radiation vault is via direct-shielded door, both a motor-driven automatic opening system and an emergency manual opening system shall be provided.
  - (d) The height and width of doorways, elevators, and mazes shall be adequate to allow delivery of equipment and replacement sources into treatment rooms.
- (2) Building systems. Provision for wiring raceways, ducts, or conduit shall be made in floors and ceilings.

**\*2.2-3.6.4.8 Radiation protection requirements.**

Cobalt, linear accelerators, and simulation rooms require radiation protection. Both photons and neutrons shall be taken into account in the shielding for electron accelerators of higher energy.

- (1) Layouts shall be designed to prevent the escape of radioactive particles.
- \*(2) Openings into the room, including doors, ductwork, vents, and electrical raceways and conduits, shall be baffled to prevent direct exposure to other areas of the facility.

- (3) A certified physicist representing the owner or appropriate state agency shall specify the type, location, and amount of protection to be installed in accordance with final approved department layout and equipment selection. The architect shall incorporate these specifications into the hospital building plans.

**2.2-3.6.5 Support Areas for Patient Care—General**

For requirements, see 2.1-2.5.

**2.2-3.6.6 Support Areas for Nuclear Medicine Services**

The nuclear medicine area, when operated separately from the imaging department, shall include the following:

**2.2-3.6.6.1 Control desk and reception area****2.2-3.6.6.2 Reserved**

**2.2-3.6.6.3 Medical staff offices.** Offices for physicians and assistants shall be provided and equipped for individual consultation, viewing, and charting of film.

**2.2-3.6.6.4 Consultation area.** A consultation area with view boxes illuminated to provide light of the same color value and intensity for appropriate comparison of several adjacent films shall be provided. Space shall be provided for computer access and display terminals if such are included in the program.

**2.2-3.6.6.5 Hand-washing stations.** These shall be provided within each procedure room.

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**A2.2-3.6.4.7 (1)(c)** Use of a maze can greatly decrease the shielding requirement for the door. For higher energy rooms, an extra door constructed of thermal neutron absorbing material at the inside of the maze may reduce the required length for the maze or the shielding requirement for the outside door.

**A2.2-3.6.4.8** Detailed discussion of shielding material options can be found in National Council on Radiation Protection & Measurements (NCRP) Report #151: *Structural Shielding Design and Evaluation for Megavoltage X and Gamma-Ray Radiotherapy Facilities* (2005).

**A2.2-3.6.4.8 (2)** Ducts should be oriented to minimize direct radiation passing through the aperture and to allow the least possible amount of concrete displacement in the direction of the radiation beam. For rooms that have mazes, the ideal location for duct penetrations is directly through the shielding above the door since that location has the lowest neutron and photon flux. For rooms without mazes, the walls parallel to the gantry (which have lower shielding requirements than those in the gantry rotation plane) should be used for duct penetrations. Detailed discussion of this topic can be found in NCRP Report #151, referenced in Section 1.1-5.5.2 and in A2.2-3.6.4.8.

## 2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

**\*2.2-3.6.6.6 Dose administration area.** A dose administration area as specified by the functional program shall be provided, located near the preparation area. Because as much as several hours may elapse before a dose takes effect, the area shall provide for visual privacy from other areas.

### 2.2-3.6.6.7 Patient holding area

- (1) A holding area for patients on stretchers or beds shall be provided out of traffic and under control of staff.
- (2) Combination of this area with the dose administration area shall be permitted provided there is visual privacy between the areas.

**2.2-3.6.6.8 Clerical offices and spaces.** These shall be provided as necessary for the program to function.

### 2.2-3.6.6.9 Reserved

#### 2.2-3.6.6.10 A soiled workroom or holding room

- (1) Soiled workroom. It shall contain a hand-washing station and a clinical sink (or equivalent flushing-rim fixtures).
- (2) Soiled holding room. If the room is used for temporary holding of soiled materials, omission of the clinical sink shall be permitted.

#### 2.2-3.6.6.11 Equipment and supply storage

- (1) Film storage. Inactive image storage under departmental administrative control and properly secured to protect images from loss or damage shall be provided and can be off site.
- (2) Clean linen storage. A storage area for clean linen with a hand-washing station.

**2.2-3.6.6.12 Environmental services rooms.** An environmental services room shall be provided within the suite in accordance with Section 2.1-2.6.12.

**\*2.2-3.6.6.13 Darkroom.** If film processing is used, an on-site darkroom shall be provided for film processing.

**2.2-3.6.6.14 Computer room.** When the functional program requires a centralized computer area, it shall be a separate room with access terminals available within the imaging rooms.

### 2.2-3.6.7 Support Areas for Staff

**2.2-3.6.7.1 Staff toilet(s).** These shall be provided convenient to the nuclear medicine laboratory.

### 2.2-3.6.8 Support Areas for Patients

**2.2-3.6.8.1 Patient waiting areas.** Waiting areas shall be provided out of traffic, under staff control, and with seating capacity in accordance with the functional program. If the department is routinely used for outpatients and inpatients at the same time, separate waiting areas shall be provided with screening or visual privacy between the waiting areas.

#### 2.2-3.6.8.2 Patient dressing rooms

- (1) These shall be convenient to the waiting area and procedure rooms.
- (2) Each dressing room shall include a seat or bench, a mirror, and provisions for hanging patients' clothing and securing valuables.

**2.2-3.6.8.3 Patient toilet rooms.** Toilet rooms reserved for nuclear medicine patients shall be provided convenient to waiting and procedure rooms.

### 2.2-3.6.9 Special Design Elements for Nuclear Medicine Areas

**2.2-3.6.9.1 Architectural details.** Ceiling-mounted equipment shall have properly designed rigid support structures located above the finished ceiling.

**2.2-3.6.9.2 Radiation protection requirements.** A certified physicist or other qualified expert represent-

## APPENDIX

**A2.2-3.6.6.6** Because patients in this area may be held for long periods of time, the design of the area should incorporate such features as comfortable seating, varied lighting, an entertainment center, music headphones, and availability of reading materials.

**A2.2-3.6.6.13** The darkroom should contain protective storage facilities for unexposed film that guard the film against exposure or damage.

## 2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS

ing the owner or state agency shall specify the type, location, and amount of radiation protection to be installed in accordance with final approved department layout and equipment selection. These specifications shall be incorporated into the plans.

**2.2-3.6.9.3 Building systems.** Provision for wiring raceways, ducts, or conduits shall be made in floors, walls, and ceilings.

### 2.2-3.7 Rehabilitation Therapy Service

Rehabilitation therapy is primarily for restoration of body functions and may contain one or several categories of services.

#### 2.2-3.7.1 General

**2.2-3.7.1.1** When a formal rehabilitation therapy service is included in a project, the facilities and equipment needed to accommodate the functional program shall be provided.

**2.2-3.7.1.2** Where two or more rehabilitation services are included, facilities and equipment may be shared as appropriate.

#### 2.2-3.7.2 Physical Therapy Areas

**2.2-3.7.2.1 General.** If physical therapy is part of the service, at least the following shall be provided:

##### 2.2-3.7.2.2 Individual treatment areas

- (1) Space requirements. Each individual treatment space shall have a minimum clear floor area of 70 square feet (6.51 square meters).
- (2) Patient privacy. Each individual treatment space shall have privacy screens or curtains.
- (3) Hand-washing stations
  - (a) Hand-washing stations for staff shall be located either within or at each treatment space.
  - (b) Each treatment room shall have at least one hand-washing station.

##### 2.2-3.7.2.3 Exercise area and facilities

##### 2.2-3.7.2.4 Provisions for additional therapies.

If required by the functional program, provisions for thermotherapy, diathermy, ultrasonics, and hydrotherapy shall be made.

##### 2.2-3.7.2.5 Reserved

##### 2.2-3.7.2.6 Support areas for physical therapy

- (1) Soiled material storage. Separate storage for soiled linen, towels, and supplies shall be provided.
- (2) Equipment and supply storage
  - (a) Clean linen and towel storage
  - (b) Storage for equipment and supplies

##### 2.2-3.7.2.7 Reserved

##### 2.2-3.7.2.8 Support areas for patients

- (1) If required by the functional program, patient dressing areas, showers, and lockers shall be provided.
- (2) These support areas shall be accessible and usable by the disabled.

#### 2.2-3.7.3 Occupational Therapy Areas

**2.2-3.7.3.1 Application.** If occupational therapy is part of the service, at least the following shall be provided:

**2.2-3.7.3.2 Work areas and counters.** These shall be suitable for wheelchair access.

**\*2.2-3.7.3.3 Teaching area.** An area for teaching daily living activities with the following shall be provided:

- (1) Area for a bed
- (2) Kitchen counter with appliances and sink
- (3) Bathroom
- (4) Table and chair

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**A2.2-3.7.3.3** The facilities should be similar to a residential environment.

# 3.1 Common Elements for Outpatient Facilities

*Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.*

## 3.1-1 General

The outpatient facilities described in Part 3 of the Guidelines are used primarily by patients who are able to travel or be transported to the facility for treatment, including those confined to wheelchairs. These facilities may be an outpatient unit in a hospital, a freestanding facility, or an outpatient facility in a multiple-use building containing an ambulatory health care facility as defined in the NFPA 101: *Life Safety Code* occupancy chapters.

### 3.1-1.1 Application

**3.1-1.1.1** This chapter contains elements that are common to most types of outpatient facilities. The elements are required only when referenced in a specific outpatient facility chapter. Consideration shall be given to the special needs of anticipated patient groups/ demographics as determined by the functional program.

**3.1-1.1.2** Additional specific requirements are located in the facility chapters of Part 3 (facility chapters are listed below). Consult the facility chapters to determine if elements in this chapter are required.

- Primary care outpatient facilities (Chapter 3.2)
- Small primary care (neighborhood) outpatient facilities (Chapter 3.3)
- Freestanding outpatient diagnostic and treatment facilities (Chapter 3.4)
- Freestanding urgent care facilities (Chapter 3.5)
- Cancer treatment facilities (Chapter 3.6)
- Outpatient surgical facilities (Chapter 3.7)
- Office surgical facilities (Chapter 3.8)
- Gastrointestinal endoscopy facilities (Chapter 3.9)

- Renal dialysis centers (Chapter 3.10)
- Psychiatric outpatient facilities (Chapter 3.11)
- Outpatient rehabilitation facilities (Chapter 3.12)

**3.1-1.1.3** Language from other chapters in these Guidelines is included in the criteria given in this Part when reference is made to a specific section. Such references include the section as identified by number and heading and all its subsections, unless otherwise noted.

### 3.1-1.2 Functional Program

#### 3.1-1.2.1 General

**3.1-1.2.1.1** Each project sponsor shall provide a functional program for the facility. For requirements, see 1.2-2.

**3.1-1.2.1.2** Specialty outpatient facilities not included in Part 3 may have needs that are not addressed in this chapter. Development of such specialty facilities shall rely on a detailed and specific functional program to establish physical environment requirements beyond the general requirements identified in this chapter.

#### 3.1-1.2.2 Patient Privacy

Each facility design shall ensure appropriate levels of patient acoustical and visual privacy and dignity throughout the care process, consistent with needs established in the functional program. (For more information, see 1.1-4.4, National Standards for the Protection of Patient Health Information.)

#### 3.1-1.2.3 Shared/Purchased Services

**\*3.1-1.2.3.1 Shared services.** If space and/or services are to be shared, details of such shared space and/

When space and/or services are shared, ancillary service agreements/ contracts are encouraged.

## APPENDIX

**A3.1-1.2.3.1** Shared space and/or services may include, but are not limited to, space and/or services for storage, laundry, public areas, housekeeping facilities, and waste management.

### 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

or services shall be incorporated into the functional program to ensure design considerations are addressed.

#### \*3.1-1.2.3.2 Purchased services

- (1) Use of purchased space and/or services shall be permitted only when practical.
- (2) Purchase of services other than accommodations for storage, laundry, public areas, housekeeping facilities, and waste management shall be cleared with the authority having jurisdiction.
- (3) Details of these services shall be incorporated into the functional program to ensure design considerations are addressed.

#### 3.1-1.3 Site

##### \*3.1-1.3.1 Location

Refer to Chapter 1.3, Site, for general requirements.

##### 3.1-1.3.2 Parking

**3.1-1.3.2.1** Parking provided shall comply with the general requirements in 1.3-3.3 and the specific requirements in each facility chapter in Part 3.

**3.1-1.3.2.2** Separate and additional space shall be provided for service delivery vehicles and vehicles used for patient transfer.

##### 3.1-1.3.3 Facility Access

**3.1-1.3.3.1** Building entrances used to reach outpatient services shall be at grade level, clearly marked, and located so patients need not go through other activity areas. (Shared lobbies shall be permitted in multi-occupancy buildings.)

**3.1-1.3.3.2** Design shall preclude unrelated traffic within the unit.

#### ■ 3.1-2 Reserved

#### ■ 3.1-3 Diagnostic and Treatment Locations

##### 3.1-3.1 General

When required by the functional program, the following clinical and support areas shall be provided.

##### \*3.1-3.2 Examination and Treatment Rooms

###### 3.1-3.2.1 General

**3.1-3.2.1.1** Provision shall be made to preserve patient privacy from observation from outside an examination/treatment room through an open door.

**3.1-3.2.1.2** If an examination or a treatment room is used as an observation room, it shall be located convenient to the nurse or control station and a toilet room shall be immediately accessible.

##### \*3.1-3.2.2 General Purpose Examination/Observation Room

###### 3.1-3.2.2.1 Reserved

###### 3.1-3.2.2.2 Space requirements

- (1) Area. Each examination/observation room shall have a minimum clear floor area of 80 square feet (7.43 square meters).
- (2) Clearances. Room arrangement shall permit a minimum clear dimension of 2 feet 8 inches (81.28 centimeters) at each side and at the foot of the examination table, recliner, or chair.

**3.1-3.2.2.3 Hand-washing station.** A hand-washing station shall be provided.

**3.1-3.2.2.4 Documentation space.** A counter or shelf

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**A3.1-1.2.3.2** Service agreements/contracts should be required for purchased services.

**A3.1-1.3.1** Community outpatient units should ideally be conveniently accessible to patients via available public transportation.

**A3.1-3.2** Door swings should be oriented to provide patient privacy.

**A3.1-3.2.2** There is no distinction in size or standards for different types of general purpose examination/observation rooms.

space for writing or electronic documentation shall be provided.

### \*3.1-3.2.3 Special Purpose Examination Room

#### 3.1-3.2.3.1 Reserved

#### 3.1-3.2.3.2 Space requirements

- (1) Area. Rooms for special clinics—including but not limited to eye, ear, nose, and throat examinations—shall have a minimum clear floor area of 100 net square feet (9.29 square meters).
- (2) Clearances. Room arrangement shall permit a minimum clear dimension of 2 feet 8 inches (81.28 centimeters) on both sides and at one end of the examination table, bed, or chair.

**3.1-3.2.3.3 Hand-washing station.** A hand-washing station shall be provided.

**3.1-3.2.3.4 Documentation space.** A counter or shelf space for writing shall be provided.

### \*3.1-3.2.4 Treatment Room

#### 3.1-3.2.4.1 Reserved

#### 3.1-3.2.4.2 Space requirements

- (1) Area. Each treatment room shall have a minimum clear floor area of 120 square feet (11.15 square meters). The minimum room dimension shall be 10 feet (3.05 meters).
- (2) Clearance. Room arrangement shall permit a minimum clear dimension of 3 feet (91.44 centimeters) at each side and at the foot of the bed.

**3.1-3.2.4.3 Hand-washing station.** A hand-washing station shall be provided.

## 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

**3.1-3.2.4.4 Documentation space.** A counter or shelf for writing or electronic documentation shall be provided.

### 3.1-3.3 Reserved

## 3.1-3.4 Special Patient Care Rooms

### 3.1-3.4.1 General

In facilities with a functional program that includes treatment of patients with known infectious disease and/or populations with known compromised or suppressed immune systems, the need for and number of airborne infection isolation rooms and protective environment rooms shall be determined by an infection control risk assessment (ICRA).

### \*3.1-3.4.2 Airborne Infection Isolation (AII) Room

#### 3.1-3.4.2.1 General

- (1) The AII room requirements contained in these Guidelines for particular areas throughout a facility shall be:
  - (a) Predicated on an ICRA and designated by the functional program.
  - (b) Based on the needs of specific community and patient populations served by an individual health care organization (see Glossary and 1.2–3.4 [Infection Control Risk Mitigation]).
  - (c) Applied to patients who require an AII room but do not need a protective environment (PE) room.
- (2) Number. For specific requirements, see facility chapters.

#### 3.1-3.4.2.2 AII room requirements

- (1) Capacity. Each patient room shall contain only one bed.

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**A3.1-3.2.3** There is no distinction in size or standards for different types of special purpose examination rooms.

**A3.1-3.2.4** There is no distinction in size or standards for different types of treatment rooms.

**A3.1-3.4.2** For additional information, refer to the Centers for Disease Control and Prevention (CDC) "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings," December 2005, and "Guidelines for Environmental Infection Control in Health-Care Facilities," December 2003, both published in *MMWR* and available on the CDC Web site.

**3.1-3.4.3.5 Special design elements**

- (1) Architectural details
  - (a) The ceiling shall be monolithic.
  - (b) The floor shall be smooth, with sealed seams.
- (2) Surfaces and furnishings. All surfaces (e.g., floors, walls, ceilings, doors, and windows) shall be cleanable.
- (3) Building systems
  - (a) HVAC systems. See 3.1-8.2.2.2 for HVAC requirements for PE rooms.
  - (b) Electrical systems. Lighting fixtures shall have lenses and shall be sealed.

**3.1-3.5 Support Areas for Patient Care—  
General**

Identifiable spaces shall be provided for each function indicated in all sections with requirements for support areas. Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended. Otherwise, the described area shall be permitted to be a specific space in another room or common area.

**3.1-3.6 Support Areas for Examination and  
Treatment Rooms****3.1-3.6.1 Nurse Station(s)**

The nurse station shall include the following:

**3.1-3.6.1.1 Work counter****3.1-3.6.1.2 Communication system****3.1-3.6.1.3 Space for supplies****3.1-3.6.1.4 Provisions for charting****3.1-3.6.2 Documentation Area**

A counter, area for a desk, or storage for a movable table shall be provided as designated documentation space.

**3.1-3.6.3 Reserved****3.1-3.6.4 Reserved****3.1-3.6.5 Hand-Washing Stations**

**3.1-3.6.5.1 Location.** Hand-washing stations shall be provided in each room where hands-on patient care is provided. For further requirements, see facility chapters.

**3.1-3.6.5.2 Design requirements**

- (1) For hand-washing station design details, see 3.1-7.2.2.8 (Hand-washing stations).
- (2) For sinks, see 3.1-8.4.3.2 (Hand-washing stations).

**3.1-3.6.6 Medication Distribution Station**

This may be a part of the nurse station and shall include the following:

**3.1-3.6.6.1 Work counter****3.1-3.6.6.2 Sink****3.1-3.6.6.3 Refrigerator****3.1-3.6.6.4 Locked storage for biologicals and drugs****3.1-3.6.7 Nourishment Area or Room**

**3.1-3.6.7.1** The nourishment area or room shall have the following:

- (1) Sink
- (2) Work counter
- (3) Refrigerator
- (4) Storage cabinets
- (5) Equipment for serving nourishment as required by the functional program

**3.1-3.6.7.2** A hand-washing station shall be located in the nourishment room or adjacent to the nourishment area.

**3.1-3.6.8 Reserved****3.1-3.6.9 Clean Storage**

A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to that of cabinets and shelves.

### 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

#### 3.1-3.6.10 Soiled Holding

Provisions shall be made for separate collection, storage, and disposal of soiled materials.

#### 3.1-3.6.11 Equipment and Supply Storage

##### 3.1-3.6.11.1 through 3.1-3.6.11.4 Reserved

##### 3.1-3.6.11.5 Wheelchair storage space

(1) Storage. If required by the functional program, a designated area located out of the required access width shall be provided for at least one facility-owned wheelchair.

\*(2) Parking. If the facility provides services that require patients to transfer to a facility chair, wheelchair, recliner, examination table, or stretcher, provision for the secure handling of patient wheelchairs shall be required. A designated area shall be provided for parking at least one patient wheelchair in a non-public area located out of the required access width.

#### 3.1-3.6.12 Reserved

#### 3.1-3.6.13 Reserved

#### 3.1-3.6.14 Sterilization Facilities

If required by the functional program, sterilizing facilities shall be provided. For requirements, see 3.7-3.6.14 in the chapter on outpatient surgical facilities.

#### 3.1-3.7 Reserved

#### 3.1-3.8 Support Areas for Patients

**3.1-3.8.1 Toilet(s) for patient use.** These shall be provided separate from public use toilet(s) and located to

permit access from patient care areas without passing through publicly accessible areas.

#### 3.1-3.9 Diagnostic Imaging Services

##### \*3.1-3.9.1 General

Basic diagnostic procedures (these may be part of the outpatient service, off-site, shared, by contract, or by referral) shall be provided as determined by the functional program.

##### 3.1-3.9.2 Diagnostic Imaging Facilities

See 2.2-3.4 for requirements for diagnostic imaging services required by the functional program.

##### 3.1-3.9.3 Support Areas for Diagnostic Imaging Facilities

###### 3.1-3.9.3.1 Viewing and administrative areas(s)

###### 3.1-3.9.3.2 Film and media processing facilities.

These shall be provided as indicated in the functional program and as technology requires.

###### 3.1-3.9.3.3 Storage facilities for exposed film.

These shall be provided as indicated in the functional program and as technology requires.

##### 3.1-3.9.4 Support Areas for Patients

**3.1-3.9.4.1 Dressing rooms or booths.** These shall be provided as required by the functional program, with convenient toilet access.

**3.1-3.9.4.2 Toilet rooms.** Toilet rooms with hand-washing stations shall be provided adjacent to procedure room(s) if procedures provided require patient toilet facilities.

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**A3.1-3.6.11.5 (2) Wheelchair parking.** Facilities that provide a significant quantity of services to aging and disabled populations that use wheelchairs (e.g., dialysis patients) should provide more than one wheelchair parking space.

Other facilities may be able to address the issue with scheduling and transportation procedures. Check with the authority having jurisdiction to determine if this is an acceptable alternative.

#### A3.1-3.9.1 Diagnostic Imaging Services

- Access. Stretchers should have ready access to and from other areas of the facility. The emergency, surgery, cystoscopy, and outpatient clinics should be accessible to the imaging suite.
- Layout. Particular attention should be paid to the management of outpatients for preparation, holding, and observation.
- Location. Imaging should be located with consideration of ceiling height requirements, proximity to electrical services, and future expansion considerations.

## ■ 3.1-4 Patient Support Services

### 3.1-4.1 Laboratory Services

#### 3.1-4.1.1 General

Facilities for laboratory services identified by the functional program shall be provided within the outpatient department or through an effective contract arrangement with a nearby hospital or laboratory service. The following laboratory facilities shall be provided in (or be immediately accessible to) the outpatient facility:

#### 3.1-4.1.2 Laboratory Testing/Work Area

**3.1-4.1.2.1** When lab tests are performed on site, a separate, dedicated room shall be provided.

#### 3.1-4.1.2.2 Work counters

- (1) Work counters and equipment space shall be provided to accommodate all on-site tests identified in the functional program.
- (2) Work counters shall be sufficient to meet equipment specifications and lab technician needs and have the following:
  - (a) Sinks
  - (b) Access to vacuum
  - (c) Communications service
  - (d) Electrical service

**3.1-4.1.2.3 Hand-washing station(s).** Hand-washing stations or counter sink(s) equipped for hand washing shall be provided.

#### 3.1-4.1.3 Support Areas for the Laboratory

##### 3.1-4.1.3.1 Storage cabinet(s) or closet(s)

##### 3.1-4.1.3.2 Specimen collection facilities

- (1) These shall have a water closet and lavatory.
- (2) Blood collection facilities shall have seating space, a work counter, a hand-washing station, and a reclining chair or gurney for patients who become unsteady.

## ■ 3.1-5 General Support Services and Facilities

### 3.1-5.1 Reserved

### 3.1-5.2 Linen Services

#### 3.1-5.2.1 Reserved

#### 3.1-5.2.2 On-Site Processing Area

If the functional program requires linen to be processed on site, the following shall be provided:

##### 3.1-5.2.2.1 A separate distinct and dedicated linen processing area

- (1) The area shall be large enough to accommodate a washer, a dryer, and any plumbing equipment needed to meet the temperature requirements of Table 2.1-5 (Hot Water Use—General Hospital).
- (2) The area shall be divided into distinct soiled (sort and washer) and clean (drying and folding) areas.

##### 3.1-5.2.2.2 Storage for laundry supplies

##### 3.1-5.2.2.3 Clean linen storage

##### 3.1-5.2.2.4 Hand-washing station

#### 3.1-5.2.3 Reserved

#### 3.1-5.2.4 Areas for Off-Site Laundry Services

If the functional program requires linen to be processed off site, the following shall be provided:

**3.1-5.2.4.1** Soiled linen holding area or designated and dedicated area for soiled laundry cart

**3.1-5.2.4.2** Clean linen storage area that protects linen from soil or damage

### 3.1-5.3 Materials Management Facilities

#### 3.1-5.3.1 Shared/Purchased Services

Use of shared or purchased materials management services shall be permitted as long as on-site handling and storage areas commensurate with the facility's needs are provided as defined by the functional program.

### 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

#### 3.1-5.3.2 Receiving Facilities

The route for supply delivery shall be identified and an unpacking or box breakdown area shall be provided if required by the functional program. This area shall be accessible from the designated delivery door. Movement of supplies from this area to storage shall be direct, with minimal impact on clinical and public areas.

#### 3.1-5.3.3 Clean Clinical Storage

**3.1-5.3.3.1** This storage area shall not include space for storage of office supplies or environmental paper products.

**3.1-5.3.3.2** Sterile items that are stored in manufacturers' packaging that is safe for handling shall be considered "clean" and appropriately stored with clean supplies.

**3.1-5.3.3.3** Items that are sterile shall be stored as established by criteria in 3.7-3.6.14 (Sterilization Facilities).

#### 3.1-5.4 Waste Management Facilities

##### 3.1-5.4.1 Waste Collection and Storage

**3.1-5.4.1.1 General.** These facilities shall use techniques acceptable to the appropriate health and environmental authorities.

(1) Location

- (a) Necessary waste collection and storage locations shall be determined by the facility as a component of the functional program.
- (b) The location of compactors, balers, sharps containers, and recycling container staging at docks or other waste removal areas shall be stipulated by the functional program.

\*(c) Red bag waste shall be staged in enclosed and secured areas. Biohazardous and environmen-

tally hazardous materials, including mercury, nuclear reagent waste, and other regulated waste types, shall be segregated and secured.

##### 3.1-5.4.1.2 Space requirements

(1) The functional program shall stipulate the categories and volumes of waste for disposal and the methods of handling and disposing of waste.

(2) The functional program shall outline the space requirements, including centralized waste collection and storage spaces. The size of spaces shall be based upon the volume of projected waste and length of anticipated storage.

##### 3.1-5.4.1.3 Regulated waste storage spaces

(1) If provided, regulated medical waste or infectious waste storage spaces shall have a floor drain, cleanable floor and wall surfaces, lighting, and exhaust ventilation.

(2) Such spaces shall be safe from weather, animals, and unauthorized entry.

(3) Refrigeration requirements for such storage facilities shall comply with state and/or local regulations.

**3.1-5.4.1.4 Refuse chutes.** The design and construction of trash chutes, if provided, shall comply with NFPA 82.

##### 3.1-5.4.2 Waste Treatment and Disposal

**\*3.1-5.4.2.1 Incineration.** On-site hospital incinerators shall comply with federal, state, and local regulatory and environmental requirements. The design and construction of incinerators shall comply with NFPA 82: *Standard on Incinerators and Waste and Linen Handling Systems and Equipment.*

##### 3.1-5.4.2.2 Other waste treatment technologies.

Types of non-incineration technology used by the facility shall be determined by facility management in

#### APPENDIX

**A3.1-5.4.1.1 (1)(c)** An analysis should be made of the anticipated volume of biohazardous waste. The types of procedures to be conducted by the facility, the anticipated volume of patients, the extent of the biohazardous waste produced, and the frequency of biohazardous waste pickup or incineration should be considered.

**A3.1-5.4.2.1** When incinerators are used, consideration should be given to the recovery of waste heat from on-site incinerators used to dispose of large amounts of waste materials.

conjunction with environmental, economic, and regulatory considerations. The functional program shall describe waste treatment technology components.

(1) Location

- (a) Safe transfer routes, distances from waste sources, temporary storage requirements, and space requirements for treatment equipment shall be considered in determining where to locate a non-incineration technology.
- (b) The location of the technology shall not cause traffic problems as waste is brought in and out.
- (c) Odor, noise, and the visual impact of medical waste operations on patients, visitors, public access, and security shall be considered.

(2) Space requirements shall be determined by equipment requirements, including associated area(s) needed for opening waste entry doors; access to control panels; and space for hydraulic lifts, conveyors, and operational clearances.

(3) Areas for holding waste to be disposed of or treated off site shall be sized according to the anticipated volume of materials and frequency of removal. Holding areas shall be secured from public access.

(4) Use of mobile or portable units, trailer-mounted units, underground installations, or all-weather enclosed shelters at an outdoor site shall be permitted, subject to local regulatory approvals.

(5) Ventilation

- (a) Exhaust vents from the treatment technology, if any, shall be located a minimum of 25 feet (7.62 meters) from inlets to HVAC systems.
- (b) If the technology involves heat dissipation, cooling and ventilation sufficient to prevent overheating of the space and equipment therein shall be provided.

**3.1-5.4.3 Nuclear Waste Disposal**

For information about handling and disposal of nuclear materials in health care facilities, see *Code of Federal Regulations*, Title X, Parts 20 and 35.

**3.1-5.5 Environmental Services**

**3.1-5.5.1 Environmental Services Room(s)**

**\*3.1-5.5.1.1 Number**

- (1) The number of environmental services rooms provided shall be as required by the functional program.
- (2) A minimum of one environmental services room per floor shall be provided.
- (3) Sanitation needs may be met using separate environmental services rooms or room(s) large enough to hold multiple housekeeping carts.

**\*3.1-5.5.1.2 Facility requirements**

- (1) Facility-based services
  - (a) At least one environmental services room shall be provided to maintain a clean and therapeutic environment.
  - (b) Each environmental services room shall contain the following:
    - (i) A service sink or floor basin
    - (ii) Storage for housekeeping supplies and equipment
- (2) Non-facility based services. Area requirements shall be based on the service agreement and outlined in the functional program.

**APPENDIX**

**A3.1-5.5.1.1** When determining the number of environmental services areas needed for outpatient settings, areas should be grouped by similar sanitation needs. Following are a few examples:

- a. Sterile areas: Operating rooms, substerile corridors, sterile labs, and sterile storage
- b. Clinical areas: Pre-procedure areas, examination rooms, blood draw areas, PACUs, dialysis treatment areas, infusion areas, or other areas likely to come into contact with blood or body fluids

- c. Processing rooms: Endoscopy room, uroscopy room, and instrument processing room (If these areas are within a sterile area, the sanitation needs of these areas can be addressed procedurally, for example, by cleaning them last.)
- d. Public and administrative areas: Waiting areas, offices, and hallways

**A3.1-5.5.1.2** Storage areas for housekeeping supplies should be identified.

### 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

#### 3.1-5.6 Engineering and Maintenance Services

##### 3.1-5.6.1 General

Shared engineering services and maintenance facilities shall be permitted provided capacity is appropriate for use:

##### 3.1-5.6.2 Equipment Locations

Equipment room(s) for boilers, mechanical equipment, telecommunications equipment, and electrical equipment shall be provided.

##### 3.1-5.6.3 Equipment and Supply Storage

Storage room(s) for building maintenance supplies and equipment shall be provided.

#### 3.1-6 Public and Administrative Areas

##### 3.1-6.1 Public Areas

The following shall be provided:

##### 3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance

This shall be at grade level, sheltered from inclement weather, and accessible to the disabled.

##### 3.1-6.1.2 Reception

A reception and information counter or desk shall be provided.

##### \*3.1-6.1.3 Waiting Space(s)

##### 3.1-6.1.4 Public Toilets

Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work areas or suites.

##### 3.1-6.1.5 Local Telephone Access

Access to make local phone calls shall be provided.

##### 3.1-6.1.6 Provisions for Drinking Water

Conveniently accessible provisions for drinking water shall be provided.

##### 3.1-6.1.7 Wheelchair Storage

Conveniently accessible wheelchair storage shall be provided.

#### \*3.1-6.2 Administrative Areas

##### 3.1-6.2.1 Reserved

##### 3.1-6.2.2 Interview Space

Space(s) shall be provided for private interviews related to social services, credit, etc.

##### \*3.1-6.2.3 General or Individual Offices

Space providing adequate work area for business transactions, records storage, and administrative and professional staffs shall be provided. This shall include space designated for computers, printers, fax machines, and copiers if required by the functional program.

##### 3.1-6.2.4 Reserved

##### 3.1-6.2.5 Medical Records

Provisions shall be made for securing medical records of all media types.

#### APPENDIX

**A3.1-6.1.3** Consideration should be given to special needs of specific patient groups in a shared/general waiting area, such as separation of adolescent and geriatric patients.

**A3.1-6.2** Multipurpose room(s) should be provided for private interviews, conferences, meetings, and health education purposes. Where health education is accommodated, the room(s) should be equipped for audiovisual aids.

**A3.1-6.2.3** The following types of employees/services are among those to be considered when determining the amount of office space

required by the functional program:

- a. Owner/director
- b. Other levels of supervisors
- c. Business office personnel
- d. Each type of health care professional employed by the facility
- e. Physicians (unique confidentiality duties may make private office space critical)
- f. Social work
- g. Maintenance
- h. Dietary

**3.1-6.2.5.1** Space required shall be defined by the functional program.

**3.1-6.2.5.2** The identified area shall be located to maintain confidentiality of records and shall be either restricted to staff movement or remote from treatment and public areas.

**3.1-6.2.5.3** Records shall be protected from loss or damage.

**3.1-6.2.5.4** Storage area(s) shall be provided for forms or documents used to create medical records.

**\*3.1-6.2.6 Equipment and Supply Storage**

General storage facilities for supplies and equipment shall be provided as identified in the functional program.

**3.1-6.3 Support Areas for Staff**

**3.1-6.3.1 Storage for Employees**

**3.1-6.3.1.1** Special storage for staff personal effects with locking drawers or cabinets (may be individual desks or cabinets) shall be provided.

**3.1-6.3.1.2** Such storage shall be convenient to individual workstations and shall be staff controlled.

**■ 3.1-7 Design and Construction Requirements**

**3.1-7.1 Building Codes and Standards**

**3.1-7.1.1 Building Codes**

**3.1-7.1.1.1 NFPA 101**

(1) The outpatient facilities described in Part 3 of the Guidelines may be an outpatient unit in a

hospital, a freestanding facility, or an outpatient facility in a multiple-use building containing an ambulatory health care facility as defined in the NFPA 101 occupancy chapters. Occasional facility use by patients on stretchers shall not be used as a basis for more restrictive institutional occupancy classifications.

(2) Exits. Details relating to exits and fire safety shall comply with NFPA 101 or equivalent building, fire, and safety codes where adopted and enforced by the authority having jurisdiction, and the standards outlined herein.

**3.1-7.1.1.2** Construction and structural elements of freestanding outpatient facilities shall comply with recognized building code requirements for offices (business occupancies) and the standards contained herein.

**3.1-7.1.1.3** Outpatient facilities that are an integral part of a hospital or that share common areas and functions with a hospital shall comply with the construction standards for general hospitals. For requirements, see applicable sections of Chapters 2.1 and 2.2 in Part 2 of these Guidelines.

**3.1-7.1.2 Reserved**

**3.1-7.1.3 Provision for Disasters**

For further requirements, see 1.2-6.5.

**3.1-7.1.3.1 Earthquakes.** Seismic force resistance of new construction for outpatient facilities shall comply with Section 1.2-6.5 (Provisions for Disasters) and shall be given an importance factor of one. Where the outpatient facility is part of an existing building, that facility shall comply with applicable local codes.

**\*3.1-7.1.3.2 Other natural disasters**

**APPENDIX**

**A3.1-6.2.6** Storage areas for the following should be identified:

- a. Non-clinical records, documents, and reports
- b. Office supplies
- c. Decorations and furnishings

**A3.1-7.1.3.2** Special design provisions should be made for buildings in regions that have sustained loss of life or damage to buildings from hurricanes, tornadoes, floods, or other natural disasters.

### 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

#### 3.1-7.2 Architectural Details, Surfaces, and Furnishings

##### 2.1-7.2.1 General

Details, surfaces, and furnishings shall comply with the requirements in 3.1-7.2.2, 3.1-7.2.3, and 3.1-7.2.4.

##### 3.1-7.2.2 Architectural Details

###### 3.1-7.2.2.1 Corridor width

- (1) Public corridors shall have a minimum width of 5 feet (1.52 meters). Staff-only corridors shall be permitted to be 3 feet 8 inches (1.12 meters) wide unless greater width is required by NFPA 101 (occupant load calculations).
- (2) Items such as provisions for drinking water, telephone booths, vending machines, etc., shall not restrict corridor traffic or reduce the corridor width below the required minimum.
- (3) In-corridor storage or parking space for portable equipment shall not overlap required corridor widths.

**3.1-7.2.2.2 Ceiling height.** The minimum ceiling height shall be 7 feet 10 inches (2.39 meters), with the following exceptions:

- (1) Corridors, storage rooms, toilet rooms, etc. Ceiling height in corridors, storage rooms, toilet rooms, and other minor rooms shall not be less than 7 feet 8 inches (2.34 meters).
- (2) Rooms with ceiling-mounted equipment/light fixtures. Radiographic and other rooms containing ceiling-mounted equipment shall have ceilings of sufficient height to accommodate the equipment and/or fixtures.
- (3) Boiler rooms. Boiler rooms shall have ceiling clearances not less than 2 feet 6 inches (76.20 centimeters) above the main boiler header and connecting piping.

- (4) Clearances. Tracks, rails, and pipes suspended along the path of normal traffic shall be not less than 6 feet 8 inches (2.03 meters) above the floor.

###### 3.1-7.2.2.3 Doors and door hardware

- (1) Door openings
  - (a) The minimum door opening width for patient use shall be 2 feet 10 inches (86.36 centimeters).
  - (b) If the outpatient facility serves patients confined to stretchers or wheelchairs, the minimum width of door openings to rooms shall be 3 feet 8 inches (1.12 meters).

###### 3.1-7.2.2.4 through 3.1-7.2.2.6 Reserved

###### 3.1-7.2.2.7 Glazing materials

- (1) Doors, sidelights, borrowed lights, and windows glazed to within 18 inches (45.72 centimeters) of the floor shall be constructed of safety glass, wired glass, or plastic glazing material that resists breakage and creates no dangerous cutting edges when broken.
- (2) Similar materials shall be used in wall openings of playrooms and exercise rooms unless otherwise required for fire safety.
- (3) Glazing materials used for shower doors and bath enclosures shall be safety glass or plastic.

###### \*3.1-7.2.2.8 Hand-washing stations

- (1) General
  - (a) Hand sanitation dispensers shall be provided in addition to hand-washing stations.
  - (b) The number and location of both hand-washing stations and hand sanitation dispensers shall be determined by the ICRA. For more information about the number and placement of hand-washing stations and hand sanitation dispensers, see 1.2-3.2.1.2 (ICRA Considerations—Design elements).
- (2) Sinks. For these requirements, see 3.1-8.4.3.2 (Hand-washing stations).
- (3) Reserved

#### APPENDIX

**A3.1-7.2.2.8** Consideration should be given to electrical devices (space needed for work flow and placement away from the sink).

### 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

#### (4) Fittings

- (a) General hand-washing stations used by medical and nursing staff, patients, and food handlers shall be trimmed with valves that can be operated without hands.
  - (i) Single-lever or wrist blade devices shall be permitted.
  - (ii) Blade handles used for this purpose shall be at least 4 inches (10.2 centimeters) in length.
  - (iii) Care shall be taken to provide the required clearance for operation of blade-type handles.
- (b) Sensor-regulated water fixtures shall meet user need for temperature and length of time the water flows. Electronic faucets shall be capable of functioning during loss of normal power.
- (c) Sensor-regulated faucets with manual temperature control shall be permitted.

#### (5) Provisions for drying hands. Provisions for hand drying shall be required at all hand-washing stations except scrub sinks.

- (a) Hand-washing stations shall include a hand-drying device that does not require hands to contact the dispenser.
- (b) If provided, hand towels shall be directly accessible to sinks.

#### (6) Cleansing agents. Hand-washing stations shall include liquid or foam soap dispensers.

#### 3.1-7.2.2.9 Grab bars

#### 3.1-7.2.2.10 Handrails

**3.1-7.2.2.11 Radiation protection.** Radiation protection for x-ray and gamma ray installations shall comply with requirements in 2.1-7.2.2.11.

#### 3.1-7.2.2.12 Reserved

**3.1-7.2.2.13 Protection from heat-producing equipment.** Rooms containing heat-producing equipment (such as boiler or heater rooms) shall be insulated and ventilated to prevent occupied adjacent floor or wall surfaces from exceeding a temperature 10°F above the ambient room temperature.

**3.1-7.2.2.14 Decorative water features.** Decorative water features installed in outpatient spaces shall be designed for easy maintenance and capped or covered.

### 3.1-7.2.3 Surfaces

**3.1-7.2.3.1 Surface selection characteristics and criteria.** See A1.2-3.2.1.5 for information on recommendations and code requirements for surface selection.

#### 3.1-7.2.3.2 Flooring

- \* (1) Selected flooring surfaces shall be easy to maintain, readily cleanable, and appropriately wear-resistant for the location.
- \* (2) Flooring surfaces shall allow for ease of ambulation and self-propulsion.
- \* (3) Flooring surfaces shall provide smooth transitions between different flooring materials.
- \* (4) Flooring surfaces, including those on stairways, shall have slip-resistant surfaces according to ASTM C1028, Standard Test Method for Determining the Static Coefficient of Friction

## APPENDIX

**A3.1-7.2.3.2 (1)** Portable lifting equipment without powered wheels may require more exertion by staff than ceiling-mounted equipment to move an elevated resident around and through a space. The exertion required by staff may increase with the use of carpet; however, different types and brands of carpet may have significantly different levels of resistance to wheeled devices. Installation of a mock-up to test flooring materials in relationship to wheeled equipment and devices used in a facility is recommended. Carpet should not be automatically discounted as inappropriate due to this challenge as it has major advan-

tages over hard-surface flooring in terms of noise reduction, acoustics, and residential appearance, all of which are important in creating a comfortable, attractive living environment for patients.

**A3.1-7.2.3.2 (2)** Color contrast between walls and floors and minimized transitions to different types of flooring may reduce falling risk.

**A3.1-7.2.3.2 (3)** Flush thresholds should be used to reduce tripping.

**A3.1-7.2.3.2 (4)** Soft flooring (carpet, cushioned flooring, etc.) can be used to reduce the risk of falls and the impact of associated injuries.

### 3.1 COMMON ELEMENTS FOR OUTPATIENT FACILITIES

of Ceramic Tile and Other Like Surfaces by the Horizontal Dynamometer Pull-Meter Method.

- (5) Slip-resistant flooring products shall be considered for flooring surfaces in wet areas (e.g., kitchens, shower and bath areas), ramps, entries from exterior to interior space, and areas that include water for patient services.
- (6) All floor surfaces shall allow easy movement of all wheeled equipment required by the functional program.
- (7) In all areas subject to frequent wet cleaning methods, flooring materials shall not be physically affected by germicidal or other types of cleaning solutions.
- \* (8) Highly polished flooring or flooring finishes that create glare shall be avoided.
- (9) Carpet and carpet with padding in patient areas shall be glued down or stretched taut and free of loose edges or wrinkles that might create hazards or interfere with the operation of lifts, wheelchairs, walkers, wheeled carts, or residents utilizing orthotic devices.
- (10) Joints for floor openings for pipes, ducts, and conduits shall be tightly sealed to minimize entry of pests. Joints of structural elements shall be similarly sealed.

#### 3.1-7.2.3.3 Walls, wall bases, and wall protection

- (1) Wall finishes
  - (a) Wall finishes shall be washable. In the vicinity of plumbing fixtures, wall finishes shall be smooth, scrubbable, and moisture-resistant.
  - (b) Wall finish treatments shall not create ledges or crevices that can harbor dust and dirt.
- (2) Wall surfaces in wet areas (e.g., kitchens, environmental services rooms) shall be monolithic and all seams shall be covered and/or sealed.

#### APPENDIX

**A3.1-7.2.3.2 (8)** The selection of non-wax flooring eliminates finish glare. Where a finish coat is required, smooth flooring surfaces should be sealed with a matte finish to reduce surface glare.

**A3.1-8.2.1** Remodeling and work in existing facilities may present special problems. As practicality and funding permit, existing insulation,

- (3) Wall bases in areas routinely subjected to wet cleaning shall be monolithic and covered with the floor, tightly sealed to the wall, and constructed without voids.
- (4) Wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.
- (5) Highly polished walls or wall finishes that create glare shall be avoided.
- (6) Sharp, protruding corners shall be avoided.
- (7) Wall protection devices and corner guards shall be durable and scrubbable.

#### 3.1-7.2.3.4 Ceilings

#### 3.1-7.2.4 Furnishings

##### 3.1-7.2.4.1 Casework, millwork, and built-ins

##### 3.1-7.2.4.2 Furniture

##### 3.1-7.2.4.3 Window treatments

##### 3.1-7.2.4.4 Signage and wayfinding

### 3.1-8 Building Systems

#### 3.1-8.1 Reserved

#### 3.1-8.2 Heating, Ventilation, and Air-Conditioning (HVAC) Systems

##### \*3.1-8.2.1 General

Basic HVAC system requirements are defined in Part 6, ANSI/ASHRAE/ASHE Standard 170-2008: *Ventilation of Health Care Facilities*. This section of the Guidelines includes additional requirements.

weather stripping, etc., should be brought up to standard for maximum economy and efficiency. Consideration should be given to additional work that may be needed to achieve this.

**A3.1-8.2.1.1 (1)** Insofar as practical, the facility should include provisions for recovery of waste cooling and heating energy.

# 3.4 Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities

## ■ 3.4-1 General

This section applies to the outpatient diagnostic and treatment facility that is separate from the acute care hospital. This facility is a form of outpatient center that is capable of accommodating a wide array of outpatient diagnostic services and minimally invasive procedures. The range of services provided in these facilities is dynamic and growing, including diagnostic cardiac catheterization, general radiography, fluoroscopy, mammography, CT scanning, magnetic resonance imaging (MRI), ultrasound, radiation therapy, and IV therapies. Facilities may specialize in only one of these areas or may provide a mix of services.

### 3.4-1.1 Application

The general requirements for outpatient facilities set forth in 3.1-1 (General), 3.1-3 (Diagnostic and Treatment Locations), 3.1-4 Patient Support Services), 3.1-5 (General Support Services and Areas), 3.1-6

(Public and Administrative Areas), and 3.1-7 (Design and Construction Requirements) shall apply to the freestanding outpatient diagnostic and treatment facility, with two modifications:

**3.4-1.1.1** For those facilities performing diagnostic imaging and minimally invasive interventional procedures, all provisions of 2.2-3.4 (Diagnostic Imaging Services) and 2.2-3.5 (Interventional Imaging Services) shall also apply, except that adjacencies to emergency, surgery, cystoscopy, and outpatient clinics shall not be required.

**3.4-1.1.2** For those facilities performing nuclear medicine procedures, all requirements in 2.2-3.6 (Nuclear Medicine Services) shall also apply, except that support services such as radiology, pathology, emergency department, and outpatient clinics shall not be required.

SPACE PROGRAM

RADIATION THERAPY: LINEAR ACCELERATORS

2 Linear Accelerator Vaults with Linear Accelerators

2 Control Rooms

2 Electrical/Equipment Rooms

Linear Accelerator/Storage Room, including Block Cutting Area

Source Storage Room

Physics Equipment Room

Clinical Engineering Work Area

SPACE PROGRAM

RADIATION THERAPY: SIMULATOR

- 1 Simulation Room with Simulator
- 1 Simulator Control Room

## SPACE PROGRAM

### RADIATION THERAPY: SUPPORT SERVICES

Waiting Area with seating for 30 people

Reception Desk with File/Work Space for 2 and an Office Supply area

2 Registration Desks

1 Intake room

File/Work Area with space for 8 48" file cabinets

Office Supply Room

2 Changing and Subwaiting Areas with seating for 8 people

2 Toilets

4 Exam Rooms

1 Patient Toilet

1 Clean Holding Room

1 Soiled Holding/Housekeeping Room

1 Nurse Work Area adjacent to Exam Rooms

3 Radiation Oncologists' Offices

1 Manager's Office

1 Treatment Planning Office with 6 workstations

1 Staff Break Room with space for 12

1 Toilet

1 Ambulance Holding area adjacent to Ambulance Entrance

SPACE PROGRAM

MEDICAL ONCOLOGY (CHEMOTHERAPY)

- Waiting Area with seating for 30 people
- Reception Desk - shared with Laboratory
- Registration Area shared with Laboratory
- 1 Unit Clerk Desk for Registration, Scheduling, Check Out, Ordering Functions
- 1 Work Area with Copier, Fax Machine, Printers
- 1 Intake Room
- 18 Infusion Stations with a mix of chairs, loungers, stretchers
- 2 Private/Enclosed Infusion Stations
- 2 Patient Toilets
- 2 Nurse Work Areas
- 1 Nourishment Station
- 1 Clean Supply Room
- 1 Soiled Holding Room
- 2 Linen Alcoves
- 1 Equipment Storage Room
- 1 Nurse Manager's Office
- Staff Break Room
- 1 Staff Toilet
- 1 Housekeeping Closet
- Wheelchair Alcove

SPACE PROGRAM

REHABILITATION SERVICES

Waiting Area with seating for 5 people

Reception/Therapist Work Area with seating for 4

3 Private Treatment Rooms

Gymnasium/Exercise Room

1 Speech Treatment Room

1 Toilet

1 Supply/Utility Room

1 Soiled Holding Room

SPACE PROGRAM

CLINICAL LABORATORY INCLUDING OUTPATIENT SPECIMEN PROCUREMENT

Waiting Area with seating for 8 people

Reception/Registration Desk - shared with Medical Oncology and Administration

2 Blood Draw Stations

1 Toilet

1 Lab Work Area with 2 Stations for Lab Testing/Analysis Equipment

Lab Storage Area

Work/Support Area - shared with Medical Oncology and Administration

SPACE PROGRAM

PHARMACY

Pharmacy with 2 Work Stations

- 1 Clean Room with 1 6' Hood
- 1 Ante-Room with 1 4' Hood
- 1 Storage Room

IV.  
Criterion 1110.234 - Project Scope, Utilization:  
Project Services Utilization

This project, which proposes to construct a freestanding Cancer Center, includes both Clinical and Non-Clinical Service Areas. The SIH Cancer Center will include space that is leased to physicians for the private practice of medicine.

The SIH Cancer Center, which will be owned and operated by Memorial Hospital of Carbondale (MHC), will include the following Clinical Service Areas.

Radiation Therapy (Linear Accelerators, Simulator, Support Services)

Medical Oncology (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Outpatient Laboratory Services (Outpatient Specimen Collection, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions)

This project does not include any Clinical Service Areas that are Categories of Service.

The Illinois Health Facilities and Services Review Board (HFSRB) has not established utilization standards or occupancy standards for any of these Clinical Service Areas in 77 Ill. Adm. Code 1100.

The only Clinical Service Area included in this project for which the Illinois certificate of need (CON) Rules include State Guidelines for utilization (77 Ill. Adm. Code 1110.APPENDIX B) is Radiation Therapy (Linear Accelerators only; there is no State Guideline for utilization of Simulators).

The projected utilization for Linear Accelerator treatments will be presented in this Attachment as well as in Attachment 37.

There are no State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project, which are listed below.

Support Services for Radiation Therapy

Medical Oncology (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Laboratory Services (Outpatient Specimen Procurement, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions)

The chart that is found below identifies the State Guideline for the Linear Accelerators and indicates that there is no State Guideline for Simulators.

<b>CLINICAL SERVICE AREA</b>	<b>STATE GUIDELINE</b>
<u>Radiation Therapy:</u>	
Linear Accelerators	7,500 Treatments per Accelerator
Simulator	N/A

Projected utilization for the first 2 years of operation for the Linear Accelerators, the only modality in the sole Clinical Service Area for which there is a State Guideline, is found below.

<b>CLINICAL SERVICE AREA</b>	<b>HISTORIC UTILIZATION</b>	<b>PROJECTED UTILIZATION</b>		<b>STATE STANDARD</b>	<b>MET STANDARD IN YEAR 2?</b>
	<b>CY2011</b>	<b>YEAR 1 FY2016</b>	<b>YEAR 2 FY2017</b>		
<u>Radiation Therapy</u>					
Linear Accelerators	10,978 Treatments	11,362 Treatments	11,760 Treatments	7,500 Treatments/Accelerator	Yes

The number of key rooms proposed for Linear Accelerators, the only modality in the sole Clinical Service Area for which there is a State Guideline, is presented below.

<b>CLINICAL SERVICE AREA</b>	<b>STATE GUIDELINE (UNITS/PIECES OF EQUIPMENT)</b>	<b>PROJECTED YEAR 2 (FY2017 VOLUME)</b>	<b>TOTAL PIECES OF EQUIPMENT</b>
<u>Radiation Therapy</u>			
Linear Accelerators	7,500 Treatments/Accelerator	11,760 Treatments	2

The assumptions underlying the projected utilization for the Linear Accelerators, the only modality in the sole Clinical Service Area for which a State Guideline regarding utilization exists, are presented below and in Attachment 37.

Linear Accelerators

The projected number of Radiation Therapy treatments on Linear Accelerators will increase from the 10,978 treatments performed in CY2011 at Memorial Hospital of Carbondale's (MHC's) Radiation Therapy Departments at MHC and at Memorial Hospital Cancer Center in Marion to 11,760 treatments in FY2017, all of which will be performed at the new SIH Cancer Center.

The projected number of treatments performed on Linear Accelerators at the SIH Cancer Center was determined based upon the following assumptions.

1. The volumes currently performed at the Memorial Hospital Cancer Centers in Carbondale and Marion will all transfer to the SIH Cancer Center because those Radiation Therapy Departments will close.
2. By consolidating its existing Radiation Therapy Departments and coordinating Radiation Therapy Services with the other oncology services currently provided by the Memorial Hospital Cancer Center, the SIH Cancer Center will increase its market share for oncology services within the 7-county market area, as a result of which fewer patients will need to leave the area and even leave Illinois for coordinated and comprehensive cancer care.
3. Truven Health Analytics (formerly Thomson Reuters) has estimated that Radiation Therapy treatments within the 7-county market area will continue to increase during the 5 year period of 2012 through 2017, with Radiation Oncology port films increasing by 33% and technical Radiation Oncology procedures increasing by 55.5%. (Source: Truven Health Analytics [formerly Thomson Reuters], Outpatient Procedure Estimates 2.0, OPE0002.SQP, 2012)

VII.R.3.(b)

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service:  
Cancer Center

This project proposes to construct a freestanding Cancer Center, which includes both Clinical and Non-Clinical Service Areas. The SIH Cancer Center will include space that is leased to physicians for the private practice of medicine.

The SIH Cancer Center, which will be owned and operated by Memorial Hospital of Carbondale (MHC), will include the following Clinical Service Areas that are not Categories of Service.

Radiation Therapy (Linear Accelerators, Simulator, Support Services)

Medical Oncology (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Outpatient Laboratory Services (Outpatient Specimen Collection, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions)

This project does not include any Clinical Service Areas that are Categories of Service.

The only Clinical Service Area included in this project for which the Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) is Radiation Therapy (Linear Accelerators and Simulators only).

There are no State guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the balance of the Clinical Service Areas that are included in this project. These Clinical Service Areas are listed below.

Support Services for Radiation Therapy

Medical Oncology (Chemotherapy)

Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology) for cancer patients

Laboratory Services (Outpatient Specimen Collection, Laboratory Processing)

Pharmacy (for compounding chemotherapy infusions)

All of these Clinical Service Areas are necessary to provide care to patients currently undergoing diagnostic and therapeutic oncology services at Memorial Hospital Cancer Center's Carbondale and Marion locations and receiving medical oncology services at St. Joseph Memorial Hospital in Murphysboro as well as additional patients who will be served at the SIH Cancer Center once it becomes operational.

1. Criterion 1110.3030.(b)(1) - Service to the Planning Area Residents

The purpose of this project is to construct a comprehensive Cancer Center that will serve residents of the SIH Cancer Center's market area, which includes parts of Planning Areas F-06 and F-07, the planning areas in which the Memorial Hospital Cancer Center currently operates its facilities, as well as a portion of Planning Area F-05. The SIH Cancer Center will be located in Planning Area F-06.

The market area for this project consists of the following counties in Southern Illinois.

Franklin County  
Jackson County  
Johnson County  
Perry County  
Saline County  
Union County  
Williamson County

Southern Illinois Hospital Services owns and operates the following facilities: Memorial Hospital of Carbondale (MHC); Physicians Surgery Center, LLC, which is located in Carbondale; St. Joseph Memorial Hospital, which is located in Murphysboro; Herrin Hospital; and Memorial Hospital Cancer Center at Marion, which is located in Marion.

The SIH Cancer Center will replace the Memorial Hospital Cancer Center at MHC, including its Radiation Therapy Department, Medical Oncology (chemotherapy) services at St. Joseph Memorial Hospital, and the Memorial Hospital Cancer Center at Marion, and will serve Herrin Hospital's cancer patients. MHC and St. Joseph Memorial Hospital in Murphysboro, as well as Physicians' Surgery Center, are located in Jackson County, which is part of Planning Area F-07. Marion and Herrin are both located in Williamson County, which is part of Planning Area F-06.

The Radiation Therapy Department at MHC and the Memorial Hospital Cancer Center at Marion are the only hospital-affiliated facilities in Planning Areas F-05, F-06, and F-07 that offer Radiation Therapy Services. MHC's cancer program is accredited by the American College of Surgeons as a Comprehensive

Community Cancer Program and is the only such accredited program in Planning Areas F-05, F-06, or F-07.

The zipcodes included in this market area are shown on Pages 24 and 25 of Attachment 12.

Patient origin data for patients undergoing Radiation Therapy at MHC and the Memorial Hospital Cancer Center at Marion, both of which will be consolidated in the Radiation Therapy Department at the SIH Cancer Center, are found on Page 26 of Attachment 12.

During FY12, more than 90% of the patients receiving Radiation Therapy at Memorial Hospital of Carbondale and the Memorial Hospital Cancer Center at Marion resided within SIH Cancer Center's market area, with nearly all of these patients residing in Planning Areas F-06 and F-07, the planning areas in which the existing Radiation Therapy Departments at MHC and the Memorial Hospital Cancer Center at Marion are located.

This project is needed to serve residents of the market area, which is largely comprised of counties in Planning Areas F-06 and F-07, as discussed in this Attachment and in Attachment 12.

- This project is needed to provide state-of-the-art diagnostic and treatment services for cancer patients currently receiving care at SIH facilities.

SIH facilities diagnosed a total of 911 new cancer patients in 2011, which was an increase of 27% in the number of new cancer patients diagnosed since 2009.

The number of new cancer patients diagnosed at SIH facilities in 2011 was nearly 19% higher than the total of 767 new cancer patients diagnosed in 2010, while the number of new cancer patients diagnosed in 2010 was an increase of 7% over the 717 new cancer patients diagnosed at SIH facilities in 2009.

- This project is needed to consolidate and provide state-of-the-art diagnostic and treatment services for cancer patients residing in the market area who are currently traveling outside the market area to receive this care.

SIH's cancer program has shown substantial growth recently, as its inpatient oncology marketshare in these 7 counties increased to 40.2% during the year ending June 30, 2011, an increase of 6.2% from the previous year. Despite this increase in inpatient oncology marketshare, outmigration for inpatient oncology services was still significant at 42.3%, having declined from 49.0% the previous year.

- This project is needed to replace existing diagnostic and treatment services with consolidated state-of-the-art facilities and equipment to benefit cancer patients residing within the 7-county market area in Southern Illinois, an area that has cancer incidence rates that exceed the State of Illinois' cancer incidence rate.

The chart found on Page 14 of Attachment 12 indicates the cancer incidence rates from 2004 to 2008 in the 7-county market area by site in comparison to the total cancer incidence rates for the State of Illinois. (Source: National Cancer Institute, <http://statecancerprofiles.cancer.gov/incidencerates/index.php>)

All of the counties in the market area have cancer incidence rates for some sites that exceed the state average for Illinois. Saline County, which is located in Planning Area F-05 and within the market area for this project, leads the entire State of Illinois in the incidence of breast cancer, while Franklin County, which is located in Planning Area F-06 and within the market area for this project, leads the State in the incidence of oral cavity of pharynx cancer.

The chart found on Page 15 of Attachment 12, indicates the cancer mortality rates in the 7-county market area by site from 2004 to 2008 in comparison to the total cancer mortality rates for the State of Illinois. (Source: National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>).

Mortality rates as a result of all cancers in each of the counties in the 7-county market area exceed the State average in all 7 counties. Jackson County, which is located in Planning Area F-07 and within the market area for this project, has the highest death rate in Illinois for prostate cancer, Franklin County has the highest death rate in the State for liver and bile duct cancer, and Saline County has the highest death rate for kidney and renal pelvis cancers.

- This project is needed to provide state-of-the-art diagnostic and treatment services to the projected increase in cancer patients residing within the 7-county market area in Southern Illinois, an area that has had historic cancer incidence rates that exceeded the State of Illinois' cancer incidence rate.

According to Truven Health Analytics (formerly Thomson Reuters Medstat), the oncology cases in the 7-county market area are projected to increase significantly during the next 10 years, with outpatient oncology cases expected to rise 11% between 2011 and 2021, increasing from

1,407 to 1,569. During this same time period, inpatient oncology discharges are projected to increase 20.3% from 429 to 516.

- This project is needed to enable the construction of a Cancer Center in Southern Illinois that will provide the patients of the region with a wide range of cancer services, ranging from prevention to end-of-life care as well as services to survivors.
- This project is needed to enable the construction of a Cancer Center in Southern Illinois that will consolidate and coordinate a wide range of cancer services for patients of the region, ranging from prevention to end-of-life care as well as services to survivors.

The construction of this Cancer Center enable patients to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services.

- This project is needed to provide appropriate facilities that will enable the SIH Cancer Center to benefit from its affiliation with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine, which has existed since 2010.

Benefits of the SIH-SIU relationship include the availability of advanced, multi-disciplinary cancer care for those needing highly specialized surgery or treatment that is provided in a coordinated system as well as access to treatment protocols and joint care conferences for designing treatment protocols.

The construction of the SIH Cancer Center will provide services that improve the health care of the market area, particularly those residing in Planning Areas F-06 and F-07 for the following reasons.

- Many of the patients that will receive care at the SIH Cancer Center are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care.

There are a number of federally-designated Health Professional Shortage Areas in the market area for this project, as identified below.

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care providers ([http://bhpr.hrsa.gov/shortage/Health Resources and Services Administration](http://bhpr.hrsa.gov/shortage/HealthResourcesandServicesAdministration), U.S. Department of Health and Human Services).

- On April 1, 2012, the federal government designated all 7 counties in the market area as being Health Professional Shortage Areas (HPSAs).

Franklin County  
Jackson County  
Johnson County  
Perry County  
Saline County  
Union County  
Williamson County

Documentation of these Health Professional Shortage Areas is found in Attachment 12.

- Many of the patients that will receive care at the SIH Cancer Center are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas or being part of Medically Underserved Populations.

There are a number of federally-designated Medically Underserved Areas and Medically Underserved Populations in the market area for this project, as identified below.

The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete underservice and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over).

The designation of a Medically Underserved Population (MUP) by the federal government is based upon applying the IMU to an underserved population group within its area of residence. Population groups requested for designation as MUPs should be those with economic barriers (low-income or Medicaid-eligible populations) or cultural and/or linguistic access barriers to primary medical care services.

The designation of a MUP is based upon the same assessment as the determination of a MUA, except that the population assessed is the population of the requested group within the area rather than the total resident civilian population of the area, and the number of FTE primary care physicians would include only those serving the requested population

group. There are also provisions for a population group that does not meet the established criteria of an IMU less than 62.0 to be considered for designation if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented and if the designation is recommended by the State in which this population resides.

- The federal government has designated the following Medically Underserved Areas (MUAs) in the market area for this project.

Franklin County  
Jackson County  
Johnson County  
Beaucoup and Cutler Precincts in Perry County  
Union County  
Blairsville, Carterville, Corinth, Creal Springs, East Marion, and  
Lake Creek Townships in Williamson County

Documentation of these Medically Underserved Areas is found in Attachment 12.

- The federal government has designated the following Medically Underserved Population (MUP) in the market area for this project.

Low income population in Saline County

Documentation of this Medically Underserved Population is found in Attachment 12.

- This project will have a positive impact on essential safety net services in Planning Areas F-06, and F-07 and in the market area for the SIH Cancer Center, which includes these Planning Areas as well as a portion of Planning Area F-05, because the patients that will be served by this facility, a significant percentage of whom are elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive diagnostic and treatment services for cancer in new facilities with state-of-the-art equipment, all of which has been designed and selected to meet their needs.

The SIH Cancer Center will provide services that improve the health care of the market area for the following reasons.

- The SIH Cancer Center will provide care to the same patients currently receiving care at the Memorial Hospital Cancer Center facilities at MHC and at Marion and in the Infusion Center at St. Joseph's Memorial

Hospital, as well as those currently receiving chemotherapy services in other SIH hospitals and in their physicians' offices.

- The SIH Cancer Center will be sized to accommodate its projected utilization in all services during its second full fiscal year of operation.

This Attachment includes projected utilization for Fiscal Year 2017 for all Clinical Service Areas in the SIH Cancer Center since none of the Clinical Service Areas are Categories of Service. Fiscal Year 2017 is the second complete fiscal year of operation of the SIH Cancer Center.

Utilization of Linear Accelerators, which is the only modality of the only Clinical Service Area in the SIH Cancer Center for which State Guidelines exist (77 Ill. Adm. Code 1110.APPENDIX B), is projected to meet the State Guidelines for utilization during the first complete fiscal year of operation and thereafter, based upon historic utilization.

- The SIH Cancer Center will continue to be accredited by the American College of Surgeons' Commission on Cancer Accreditation Programs as a Comprehensive Community Cancer Program.
- The SIH Cancer Center will continue to be affiliated with the Simmons Cancer Institute at the Southern Illinois University (SIU) School of Medicine.

Benefits of the SIH-SIU relationship include the availability of advanced, multi-disciplinary cancer care for those needing highly specialized surgery or treatment that is provided in a coordinated system as well as access to treatment protocols and joint care conferences for designing treatment protocols.

2.A. Criterion 1110.3030.(b)(2)(A) Service Demand - Referrals from Inpatient Base

Although the Rule states that this justification of Service Demand is for the justification of Clinical Service Areas "that will serve as a support or adjunct service to existing inpatient services," this review criterion is applicable to this project. That is because, as stated above, the purpose of this project is to provide facilities for outpatients who are currently receiving care in Southern Illinois Healthcare's (SIH's) existing facilities serving cancer patients by replacing these facilities with a consolidated and coordinated Cancer Center.

The following factors were considered in determining the demand for the Clinical Services included in this project.

- a. The SIH Cancer Center will be a line department of MHC. Therefore, historic utilization of the Radiation Therapy Service has been used as the basis of projecting future utilization of this service.
- b. The number of new cancer patients diagnosed each year at MHC (911 in 2011, an increase of 27% in the number of new cancer patients diagnosed since 2009) was considered as a source of referrals for other clinical services and modalities that will be included in the Cancer Center (e.g., Medical Oncology [Chemotherapy], Rehabilitation Therapies [Physical/Occupational Therapy, Speech Therapy, Audiology]).
- c. The increasing incidence of cancer in the project's market area.

According to Truven Health Analytics (formerly Thomson Reuters Medstat), the oncology cases in the 7-county market area are projected to increase significantly during the next 10 years, with outpatient oncology cases expected to increase 11% between 2011 and 2021.

The projected increase in outpatient cancer procedures was used as the basis for projecting increased utilization for the Clinical Service Areas for the first two complete fiscal years of operation of the SIH Cancer Center.

The CY2011 volume, where applicable, as well as the projected volume for the Clinical Service Areas that are not Categories of Service that are identified in 77 Ill. Adm. Code 1110.3030(a)(1), is presented on the following page.

<u>Service</u>	<u>State Guideline Units/Rooms</u>	<u>FY2017 Volume (2<sup>nd</sup> full year of operation)</u>	<u>Total Units/ Rooms Justified</u>	<u>Total Proposed Units/ Rooms</u>
Radiation Therapy (Therapeutic Radiology):				
Linear Accelerators	7,500 Treatments/ Accelerator	11,760 Treatments	2	2
Simulator	N/A	1,083 Visits	1	1
Support Services	N/A	N/A	N/A	4 Exam Rooms
Medical Oncology (Chemotherapy)	N/A	20,975 Visits	N/A	N/A
Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology)	N/A	4,265 Visits	N/A	N/A

<u>Service</u>	<u>State Guideline Units/Rooms</u>	<u>FY2017 Volume (2<sup>nd</sup> full year of operation)</u>	<u>Total Units/ Rooms Justified</u>	<u>Total Proposed Units/ Rooms</u>
Outpatient Laboratories (Specimen Collection, Lab Processing)	N/A	41,910 Specimens	N/A	N/A
Pharmacy	N/A	N/A	N/A	N/A

\*N/A refers to there being no State Guideline for number of units or rooms

The assumptions underlying the utilization for the Linear Accelerators, the only modality of the only Clinical Service Area for which State Guidelines regarding utilization exist, are presented below and in Attachment 15.

### Linear Accelerators

The projected number of Radiation Therapy treatments on Linear Accelerators will increase from the 10,978 treatments performed in CY2011 at Memorial Hospital of Carbondale's (MHC's) Radiation Therapy Departments at MHC and at Memorial Hospital Cancer Center in Marion to 11,760 treatments in FY2017, all of which will be performed at the new SIH Cancer Center.

The projected number of treatments performed on Linear Accelerators at the SIH Cancer Center was determined based upon the following assumptions.

- The volumes currently performed at the Memorial Hospital Cancer Centers in Carbondale and Marion will all transfer to the SIH Cancer Center because those Radiation Therapy Departments will close.
- By consolidating its existing Radiation Therapy Departments and coordinating Radiation Therapy Services with the other oncology services currently provided by the Memorial Hospital's Cancer Center, the SIH Cancer Center will increase its market share for oncology services within the 7-county market area, as a result of which fewer patients will need to leave the area and even leave Illinois for coordinated and comprehensive cancer care.
- Truven Health Analytics (formerly Thomson Reuters) has estimated that Radiation Therapy treatments within the 7-county market area will continue to increase during the 5 year period of 2012 through 2017, with Radiation Oncology port films increasing by 33% and technical Radiation Oncology procedures increasing by 55.5%. (Source: Truven Health Analytics [formerly Thomson Reuters], Outpatient Procedure Estimates 2.0, OPE0002.SQP, 2012)

3. Criterion 1110.3030.(b)(3) - Impact of the Proposed Project on Other Area Providers

This project will not have any impact on other area providers since this project is a replacement of existing Radiation Therapy facilities by MHC, which is the owner and operator of the Memorial Hospital Cancer Center at MHC and the Memorial Hospital Cancer Center at Marion, the facilities that it will replace. St. Joseph Memorial Hospital in Murphysboro, which provides medical oncology (chemotherapy) services is also owned and operated the Southern Illinois Hospital Services, the owner and operator of MHC.

The sole purpose of this project is to consolidate and coordinate Memorial Hospital Cancer Center's existing services in a single location that is centrally located to the residents of Southern Illinois, enabling patients to be able to receive care in one convenient location without having to travel to multiple locations for diagnosis, team-based treatment planning, treatment, and follow-up services. It will consolidate the Radiation Therapy services currently provided in both Carbondale and Marion, chemotherapy that is currently provided at St. Joseph Memorial Hospital in Murphysboro, and physicians' offices in the multiple specialties that diagnose and treat cancer patients.

Since there are no other hospital-affiliated providers in the area who provide the services proposed in this CON application for which utilization standards exist and the existing utilization of physician-owned Radiation Therapy Centers is unknown, it is not possible for the applicants for this project to assess whether the SIH Cancer Center will do either of the following: lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100.520.(c) or 1110.Appendix B; or lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

4. Utilization

The proposed number of key rooms for all Clinical Service Areas included in this project is shown on the next page.

<b>Service</b>	<b>State Guideline Units/Rooms</b>	<b>FY2017 Volume (2<sup>nd</sup> full year of operation)</b>	<b>Total Units/ Rooms Justified</b>	<b>Total Proposed Units/ Rooms</b>
Radiation Therapy (Therapeutic Radiology):				
Linear Accelerators	7,500 Treatments/ Accelerator	11,760 Treatments	2	2
Simulator	N/A	1,083 Visits	N/A	1
Support Services	N/A	N/A	N/A	4 Exam Rooms
Medical Oncology (Chemotherapy)	N/A	20,975 Visits	N/A	N/A
Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology)	N/A	4,265 Visits	N/A	N/A
Clinical Laboratory, (Specimen Collection, Lab Processing)	N/A	41,910 Specimens	N/A	N/A
Pharmacy	N/A	N/A	N/A	N/A

\*N/A refers to there being no State Norm for number of units or rooms

The proposed number of key rooms for Linear Accelerators, the only modality of the only Clinical Service Area for which State Guidelines for utilization exist (77 Ill. Adm. Code 1110.APPENDIX B), is in accordance with the State Guideline for that modality.

In addition, the proposed floor area (DGSF) for all Clinical Service Areas included in this project is shown below and on the next page.

<b>Service</b>	<b>State Guideline DGSF/room or unit</b>	<b>Total DGSF Justified per program</b>	<b>Total Proposed DGSF</b>
Radiation Therapy (Therapeutic Radiology);			
Linear Accelerators	2,400 DGSF/ Accelerator	4,800 DGSF	3,566 DGSF
Simulator	1,800 DGSF/ Simulator	1,800 DGSF	740 DGSF

<u>Service</u>	<u>State Guideline DGSF/room or unit</u>	<u>Total DGSF Justified per program</u>	<u>Total Proposed DGSF</u>
Support Services	N/A	N/A	5,965 DGSF
Medical Oncology (Chemotherapy)	N/A	N/A	5,872 DGSF
Rehabilitation Therapies (Physical/Occupational Therapy, Speech Therapy, Audiology)	N/A	N/A	1,601 DGSF
Clinical Laboratory (Outpatient Specimen Collection/Lab)	N/A	N/A	648 DGSF
Pharmacy	N/A	N/A	596 DGSF

The square footage proposed for Radiation Therapy (Linear Accelerators, Simulator), the only Clinical Service Area for which State Guidelines exist, is within the State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B).

The chart below is presented for the only modalities in the only Clinical Service Area for which State Standards exist.

<u>CLINICAL SERVICE AREAS</u>	<u>PROPOSED DGSF</u>	<u>STATE STANDARD</u>	<u>DIFFERENCE</u>	<u>MET STANDARD?</u>
Radiation Therapy (Therapeutic Radiology);				
Linear Accelerators	3,566 DGSF for 2 Accelerators	4,800 DGSF for 2 Accelerators	1,234 DGSF under Guideline	Yes
Simulator	740 DGSF for 1 Simulator	1,800 DGSF for 1 Simulator	1,060 DGSF under Guideline	Yes

Space Programs for each of the Clinical Service Areas are found on the following pages as well as in Attachment 14.

SPACE PROGRAM

RADIATION THERAPY: LINEAR ACCELERATORS

2 Linear Accelerator Vaults with Linear Accelerators

2 Control Rooms

2 Electrical/Equipment Rooms

Linear Accelerator/Storage Room, including Block Cutting Area

Source Storage Room

Physics Equipment Room

Clinical Engineering Work Area

SPACE PROGRAM

RADIATION THERAPY: SIMULATOR

- 1 Simulation Room with Simulator
- 1 Simulator Control Room

## SPACE PROGRAM

### RADIATION THERAPY: SUPPORT SERVICES

Waiting Area with seating for 30 people

Reception Desk with File/Work Space for 2 and an Office Supply area

2 Registration Desks

1 Intake room

File/Work Area with space for 8 48" file cabinets

Office Supply Room

2 Changing and Subwaiting Areas with seating for 8 people

2 Toilets

4 Exam Rooms

1 Patient Toilet

1 Clean Holding Room

1 Soiled Holding/Housekeeping Room

1 Nurse Work Area adjacent to Exam Rooms

3 Radiation Oncologists' Offices

1 Manager's Office

1 Treatment Planning Office with 6 workstations

1 Staff Break Room with space for 12

1 Toilet

1 Ambulance Holding area adjacent to Ambulance Entrance

## SPACE PROGRAM

### MEDICAL ONCOLOGY (CHEMOTHERAPY)

- Waiting Area with seating for 30 people
- Reception Desk - shared with Laboratory
- Registration Area shared with Laboratory
- 1 Unit Clerk Desk for Registration, Scheduling, Check Out, Ordering Functions
- 1 Work Area with Copier, Fax Machine, Printers
- 1 Intake Room
- 18 Infusion Stations with a mix of chairs, loungers, stretchers
- 2 Private/Enclosed Infusion Stations
- 2 Patient Toilets
- 2 Nurse Work Areas
- 1 Nourishment Station
- 1 Clean Supply Room
- 1 Soiled Holding Room
- 2 Linen Alcoves
- 1 Equipment Storage Room
- 1 Nurse Manager's Office
- Staff Break Room
- 1 Staff Toilet
- 1 Housekeeping Closet
- Wheelchair Alcove

SPACE PROGRAM

REHABILITATION SERVICES

Waiting Area with seating for 5 people

Reception/Therapist Work Area with seating for 4

3 Private Treatment Rooms

Gymnasium/Exercise Room

1 Speech Treatment Room

1 Toilet

1 Supply/Utility Room

1 Soiled Holding Room

SPACE PROGRAM

CLINICAL LABORATORY INCLUDING OUTPATIENT SPECIMEN PROCUREMENT

Waiting Area with seating for 8 people

Reception/Registration Desk - shared with Medical Oncology and Administration

2 Blood Draw Stations

1 Toilet

1 Lab Work Area with 2 Stations for Lab Testing/Analysis Equipment

Lab Storage Area

Work/Support Area - shared with Medical Oncology and Administration

SPACE PROGRAM

PHARMACY

Pharmacy with 2 Work Stations

- 1 Clean Room with 1 6' Hood
- 1 Ante-Room with 1 4' Hood
- 1 Storage Room

**PROOF OF "A+" BOND RATING**

**STANDARD  
& POOR'S**  
RATINGS SERVICES

130 East Randolph Street  
Suite 2900  
Chicago, IL 60601  
tel 312 233-7001  
reference no. 642951

June 12, 2012

Southern Illinois Health System  
1239 East Main Street  
Carbondale, IL 62901  
Attention: Mr. Michael Kasser, Chief Financial Officer

*Re: Illinois Finance Authority (Southern Illinois Healthcare Enterprise)*

Dear Mr. Kasser:

Standard & Poor's has reviewed the Standard & Poor's underlying rating (SPUR) on the above-referenced obligations. After such review, we have affirmed the "A+" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

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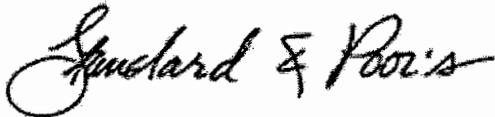
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Sincerely yours,



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cc: Mr. Geoff Andres  
Ms. Pamela A. Lenane

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Publication. Ratings Services reserves the right to use, publish, disseminate, or license others to use, publish or disseminate the rating provided hereunder and any analytical reports, including the rationale for the rating, unless you specifically request in connection with the initial rating that the rating be assigned and maintained on a confidential or private basis. If, however, a confidential or private rating or the existence of a confidential or private rating subsequently becomes public through disclosure other than by an act of Ratings Services or its affiliates, Ratings Services reserves the right to treat the rating as a public rating, including, without limitation, publishing the rating and any related analytical reports. Any analytical reports published by Ratings Services are not issued by or on behalf of you or at your request. Notwithstanding anything to the contrary herein, Ratings Services reserves the right to use, publish, disseminate or license others to use, publish or disseminate analytical reports with respect to public ratings that have been withdrawn, regardless of the reason for such withdrawal. Ratings Services may publish explanations of Ratings Services' ratings criteria from time to time and nothing in this Agreement shall be construed as limiting Ratings Services' ability to modify or refine its ratings criteria at any time as Ratings Services deems appropriate.

Information to be Provided by You. For so long as this Agreement is in effect, in connection with the rating provided hereunder, you warrant that you will provide, or cause to be provided, as promptly as practicable, to Ratings Services all information requested by Ratings Services in accordance with its applicable published ratings criteria. The rating, and the maintenance of the rating, may be affected by Ratings Services' opinion of the information received from you or your agents or advisors. You further warrant that all information provided to Ratings Services by you or your agents or advisors regarding the rating or, if applicable, surveillance of the rating, as of the date such information is provided, (i) is true, accurate and complete in all material respects and, in light of the circumstances in which it was provided, not misleading and (ii) does not infringe or violate the intellectual property rights of a third party. A material breach of the warranties in this paragraph shall constitute a material breach of this Agreement.

Confidential Information. For purposes of this Agreement, "Confidential Information" shall mean verbal or written information that you or your agents or advisors have provided to Ratings Services and, in a specific and particularized manner, have marked or otherwise indicated in writing (either prior to or promptly following such disclosure) that such information is "Confidential". Notwithstanding the foregoing, information disclosed by you or your agents or advisors to Ratings Services shall not be deemed to be Confidential Information, and Ratings Services shall have no obligation to treat such information as Confidential Information, if such information (i) was known by Ratings Services or its affiliates at the

time of such disclosure and was not known by Ratings Services to be subject to a prohibition on disclosure, (ii) was known to the public at the time of such disclosure, (iii) becomes known to the public (other than by an act of Ratings Services or its affiliates) subsequent to such disclosure, (iv) is disclosed to Ratings Services or its affiliates by a third party subsequent to such disclosure and Ratings Services reasonably believes that such third party's disclosure to Ratings Services or its affiliates was not prohibited, (v) is developed independently by Ratings Services or its affiliates without reference to the Confidential Information, (vi) is approved in writing by you for public disclosure, or (vii) is required by law or regulation to be disclosed by Ratings Services or its affiliates. Ratings Services is aware that U.S. and state securities laws may impose restrictions on trading in securities when in possession of material, non-public information and has adopted securities trading and communication policies to that effect.

Ratings Services' Use of Information. Except as otherwise provided herein, Ratings Services shall not disclose Confidential Information to third parties. Ratings Services may (i) use Confidential Information to assign, raise, lower, suspend, place on CreditWatch, or withdraw a rating, and assign or revise an Outlook, and (ii) share Confidential Information with its affiliates engaged in the ratings business who are bound by appropriate confidentiality obligations; in each case, subject to the restrictions contained herein, Ratings Services and such affiliates may publish information derived from Confidential Information. Ratings Services may also use, and share Confidential Information with any of its affiliates or agents engaged in the ratings or other financial services businesses who are bound by appropriate confidentiality obligations ("Relevant Affiliates and Agents"), for modelling, benchmarking and research purposes; in each case, subject to the restrictions contained herein, Ratings Services and such affiliates may publish information derived from Confidential Information. With respect to structured finance ratings not maintained on a confidential or private basis, Ratings Services may publish data aggregated from Confidential Information, excluding data that is specific to and identifies individual debtors ("Relevant Data"), and share such Confidential Information with any of its Relevant Affiliates and Agents for general market dissemination of Relevant Data; you confirm that, to the best of your knowledge, such publication would not breach any confidentiality obligations you may have toward third parties. Ratings Services will comply with all applicable U.S. and state laws, rules and regulations protecting personally-identifiable information and the privacy rights of individuals. Ratings Services acknowledges that you may be entitled to seek specific performance and injunctive or other equitable relief as a remedy for Ratings Services' disclosure of Confidential Information in violation of this Agreement. Ratings Services and its affiliates reserve the right to use, publish, disseminate, or license others to use, publish or disseminate any non-Confidential Information provided by you, your agents or advisors.

Ratings Services Not an Expert, Underwriter or Seller under Securities Laws. Ratings Services has not consented to and will not consent to being named an "expert" or any similar designation under any applicable securities laws or other regulatory guidance, rules or recommendations, including without limitation, Section 7 of the U.S. Securities Act of 1933. Ratings Services is not an "underwriter" or "seller" as those terms are defined under applicable securities laws or other regulatory guidance, rules or recommendations, including without limitation Sections 11 and 12(a)(2) of the U.S. Securities Act of 1933. Rating Services has not performed the role or tasks associated with an "underwriter" or "seller" under the United States federal securities laws or other regulatory guidance, rules or recommendations in connection with this engagement.

Office of Foreign Assets Control. As of the date of this Agreement, (a) neither you nor the issuer (if you are not the issuer) or any of your or the issuer's subsidiaries, or any director or corporate officer of any of the foregoing entities, is the subject of any U.S. sanctions administered by the Office of Foreign Assets Control of the U.S. Department of the Treasury ("OFAC Sanctions"), (b) neither you nor the issuer (if you are not the issuer) is 50% or more owned or controlled, directly or indirectly, by any person or entity ("parent") that is the subject of OFAC Sanctions, and (c) to the best of your knowledge, no entity 50% or more owned or controlled by a direct or indirect parent of you or the issuer (if you are not the issuer) is the subject of OFAC sanctions. For so long as this Agreement is in effect, you will promptly notify Ratings Services if any of these circumstances change.

Ratings Services' Use of Confidential and Private Ratings. Ratings Services may use confidential and private ratings in its analysis of the debt issued by collateralized debt obligation (CDO) and other investment vehicles. Ratings Services may disclose a confidential or private rating as a confidential credit estimate or assessment to the managers of CDO and similar investment vehicles. Ratings Services may permit CDO managers to use and disseminate credit estimates or assessments on a limited basis and subject to various restrictions; however, Ratings Services cannot control any such use or dissemination.

Entire Agreement. Nothing in this Agreement shall prevent you, the issuer (if you are not the issuer) or Ratings Services from acting in accordance with applicable laws and regulations. Subject to the prior sentence, this Agreement, including any amendment made in accordance with the provisions hereof, constitutes the complete and entire agreement between the parties

on all matters regarding the rating provided hereunder. The terms of this Agreement supersede any other terms and conditions relating to information provided to Ratings Services by you or your agents and advisors hereunder, including without limitation, terms and conditions found on, or applicable to, websites or other means through which you or your agents and advisors make such information available to Ratings Services, regardless if such terms and conditions are entered into before or after the date of this Agreement. Such terms and conditions shall be null and void as to Ratings Services.

Limitation on Damages. Ratings Services does not and cannot guarantee the accuracy, completeness, or timeliness of the information relied on in connection with a rating or the results obtained from the use of such information. RATINGS SERVICES GIVES NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE. Ratings Services, its affiliates or third party providers, or any of their officers, directors, shareholders, employees or agents shall not be liable to you, your affiliates or any person asserting claims on your behalf, directly or indirectly, for any inaccuracies, errors, or omissions, in each case regardless of cause, actions, damages (consequential, special, indirect, incidental, punitive, compensatory, exemplary or otherwise), claims, liabilities, costs, expenses, legal fees or losses (including, without limitation, lost income or lost profits and opportunity costs) in any way arising out of or relating to the rating provided hereunder or the related analytic services even if advised of the possibility of such damages or other amounts except to the extent such damages or other amounts are finally determined by a court of competent jurisdiction in a proceeding in which you and Ratings Services are parties to result from gross negligence, intentional wrongdoing, or willful misconduct of Ratings Services. In furtherance and not in limitation of the foregoing, Ratings Services will not be liable to you, your affiliates or any person asserting claims on your behalf in respect of any decisions alleged to be made by any person based on anything that may be perceived as advice or recommendations. In the event that Ratings Services is nevertheless held liable to you, your affiliates, or any person asserting claims on your behalf for monetary damages under this Agreement, in no event shall Ratings Services be liable in an aggregate amount in excess of US\$5,000,000 except to the extent such monetary damages directly result from Ratings Services' intentional wrongdoing or willful misconduct. The provisions of this paragraph shall apply regardless of the form of action, damage, claim, liability, cost, expense, or loss, whether in contract, statute, tort (including, without limitation, negligence), or otherwise. Neither party waives any protections, privileges, or defenses it may have under law, including but not limited to, the First Amendment of the Constitution of the United States of America.

Termination of Agreement. This Agreement may be terminated by either party at any time upon written notice to the other party. Except where expressly limited to the term of this Agreement, these Terms and Conditions shall survive the termination of this Agreement.

No Third-Party Beneficiaries. Nothing in this Agreement, or the rating when issued, is intended or should be construed as creating any rights on behalf of any third parties, including, without limitation, any recipient of the rating. No person is intended as a third party beneficiary of this Agreement or of the rating when issued.

Binding Effect. This Agreement shall be binding on, and inure to the benefit of, the parties hereto and their successors and assigns.

Severability. In the event that any term or provision of this Agreement shall be held to be invalid, void, or unenforceable, then the remainder of this Agreement shall not be affected, impaired, or invalidated, and each such term and provision shall be valid and enforceable to the fullest extent permitted by law.

Amendments. This Agreement may not be amended or superseded except by a writing that specifically refers to this Agreement and is executed manually or electronically by authorized representatives of both parties.

Reservation of Rights. The parties to this Agreement do not waive, and reserve the right to contest, any issues regarding sovereign immunity, the applicable governing law and the appropriate forum for resolving any disputes arising out of or relating to this Agreement.

**PROJECT COSTS TO BE FUNDED WITH CASH AND EQUIVALENTS**



# SOUTHERN ILLINOIS HEALTHCARE

November 14, 2012

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale and  
Southern Illinois Healthcare Enterprises, Inc.

Dear Ms. Avery:

The undersigned, as authorized representatives of Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale and Southern Illinois Healthcare Enterprises, Inc., in accordance with 77 Ill. Adm. Code 1120.140(a)(1) and the requirements of Section X.A.1) of the CON Application for Permit, hereby attest to the following:

The total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.

Yours truly,

Southern Illinois Hospital Services d/b/a Memorial Hospital of Carbondale

By:   
Rex P. Budde, President and CEO

Southern Illinois Healthcare Enterprises, Inc.

By:   
Rex P. Budde, President and CEO

Executive Administration  
1239 East Main Street | PO Box 3988  
Carbondale, IL 62902-3988

TEL 618-457-5200  
FAX 618-529-0568

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www.sih.net

Ms. Courtney Avery  
November 14, 2012  
Page 2 of 2

State of Illinois    )  
                              ) SS  
County of Jackson )

Signed before me on November 14, 2012, by Rex P. Budde, President and CEO.



*Valerie K. Cawley*  
\_\_\_\_\_  
Notary Public

**CHARITY CARE INFORMATION**

XII.  
Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Memorial Hospital of Carbondale, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

MEMORIAL HOSPITAL OF CARBONDALE

	FY2010	FY2011	FY2012
Net Patient Revenue	\$201,228,721	\$208,545,744	\$196,783,000
Amount of Charity Care (charges)	\$12,260,158	\$22,298,684	\$19,840,834
Cost of Charity Care	\$4,094,378	\$7,605,617	\$6,067,367
Ratio of Charity Care to Net Patient Revenue (Based on Charges)	6.09%	10.69%	10.08%
Ratio of Charity Care to Net Patient Revenue (Based on Costs)	2.03%	3.65%	3.08%

2. This chart reports data for Memorial Hospital of Carbondale, which is an assumed name (d/b/a) of Southern Illinois Hospital Services. The charity costs and patient revenue are only for Memorial Hospital of Carbondale and are not consolidated with any other entities that are part of Southern Illinois Hospital Services or its parent, Southern Illinois Healthcare.
3. Because Memorial Hospital of Carbondale is an existing facility, the data are reported for the latest three audited fiscal years.