



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-07	BOARD MEETING: October 7, 2014	PROJECT NO: 14-034	PROJECT COST: Original: \$9,489,675
FACILITY NAME: Hinsdale Surgical Center		CITY: Hinsdale	
TYPE OF PROJECT: Substantive			HSA: VII

DESCRIPTION: The applicant (Hinsdale Surgical Center, LLC), is proposing to discontinue an existing Ambulatory Surgery Treatment Center (ASTC) in Hinsdale, and establish a multi-specialty replacement ASTC in Hinsdale. The total estimated cost of the project is \$9,489,675. **The anticipated project completion date is June 30, 2016.**

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant is proposing to discontinue an existing multi-specialty Ambulatory Surgery Treatment Center (ASTC), in Hinsdale, and re-establish a replacement facility approximately ¼ mile away, in Hinsdale. The total estimated cost of the project is \$9,489,675. **The anticipated project completion date is June 30, 2016.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- To discontinue and establish a health care facility as defined by Illinois Health Facilities Planning Act (20 ILCS 3960).

PURPOSE OF THE PROJECT:

- The purpose of the proposed project is to continue providing Hinsdale residents with a high-quality, low-cost alternative to hospital outpatient departments. The replacement facility will be a modern, state-of-the-art facility, compliant with current life safety code and licensure standards. The current facility is deficient, and will require substantial repair/upgrading to meet current standards. The applicant also acknowledges that the lease on the current building expires on October 31, 2015, and it is in the applicant's best interest to discontinue and relocate its facility.

BACKGROUND:

Hinsdale Surgical Center is a multi-specialty ASTC, located in Hinsdale, providing the following surgical services:

- General Surgery
- Laser Eye Surgery
- OB/Gynecology
- Ophthalmology
- Oral/Maxillofacial
- Orthopedic
- Otolaryngology
- Pain Management
- Plastic
- Podiatry
- Urology

Hinsdale Surgical Center has 4 surgical suites, 8 Stage I Recovery and 10 Stage II Recovery rooms. The facility reported performing 3,283 total hours of surgery time on the 2012 ASTC profile, and 6,053 total surgical hours on its 2011 ASTC profile, and 4,423 total surgical hours on its 2010 ASTC profile. The facility has been operational in its current location since 1996, and wishes to relocate to a more modern facility when the current building lease expires in October 2015.

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project. However, none was accepted. The State Board Staff reports having received a support letter and no opposition letters regarding this project. The project file contains 31 referral letters from area physicians, agreeing to the referral of 4,997 patients to the new facility upon project completion.
- Letter of support
 - Sophia Sarkos, M.D.

FINANCIAL AND ECONOMIC FEASIBILITY:

- The applicant is funding the project with cash and securities totaling \$4,147,000, a mortgage totaling \$650,622, the Fair Market Value (FMV) of the lease totaling \$3,968,832 and Other Funds and Sources totaling \$703,221. The applicant did not supply an Audited Financial Statement, but did supply a letter of financial commitment from Bank of America and notes a significant portion of the project funding emanates from the FMV of a 15 year lease.

CONCLUSIONS:

- The applicant addressed 15 criteria and failed to meet the following:

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
1110.1540 (e) – Impact on Other Facilities	There are 66 hospitals and 75 ASTC’s within proposed service area (45 minutes in all directions). Of the 66 hospitals 43 (65%) have not met the State Board Standard of 1,500 hours per OR. Of the 75 ASTCs’ 55 (73.3%) surgery centers are not operating at the State Board’s Target Occupancy of 1,500 hours.
1110.1540 (f) – Establishment of New Facility	There are 66 hospitals and 75 ASTC’s within proposed service area (45 minutes in all directions). Of the 66 hospitals 43 (65%) have not met the State Board Standard of 1,500 hours per OR. Of the 75 ASTCs’ 55 (73.3%) surgery centers are not operating at the State Board’s Target Occupancy of 1,500 hours
1120.130 - Financial Viability	The applicant reports an insufficient current ratio for the projected year 2016, the second year after project completion.

**STATE BOARD STAFF REPORT
Hinsdale Surgical Center
PROJECT #14-034**

APPLICATION CHRONOLOGY	
Applicant	Hinsdale Surgical Center
Facility Name	Hinsdale Surgical Center, LLC
Location	Hinsdale, Illinois
Application Received	July 22, 2014
Application Deemed Complete	July 24, 2014
Can Applicant Request a Deferral?	Yes

I. The Proposed Project

The applicant is proposing to discontinue an existing multi-specialty ASTC in Hinsdale, and re-establish a replacement facility approximately ¼ mile away, in Hinsdale. The total estimated cost of the project is \$9,489,675. The anticipated project completion date is June 30, 2016.

II. Summary of Findings

- A. The State Board Staff finds the proposed project **DOES NOT** appear to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project **DOES NOT** appear to be in conformance with the provisions of Part 1120.

III. General Information

The applicant is Hinsdale Surgical Center, LLC. The applicant proposes to discontinue an existing multi-specialty ASTC, located at 908 North Elm Street, Hinsdale, and establish a multi-specialty replacement ASTC located at 12 Salt Creek Lane, Hinsdale, ¼ mile from the existing facility.

The proposed replacement facility will continue to perform the eleven surgical specialties identified on page two of this report, and no new surgical specialties will be added.

The operating entity is Hinsdale Surgical Center, LLC, and MedProperties Group is the site owner. There is no land acquisition cost for this project, and no estimated start-up costs/operating deficit for this project. This is a substantive project subject to a Part 1110 and Part 1120 review. Project obligation will occur after permit issuance.

IV. Summary of Support and Opposition Letters

A public hearing was offered regarding this project, but none was requested or scheduled. The project file contains no support or opposition letters.

V. The Proposed Project - Details

This applicant proposes to discontinue an existing multi-specialty ASTC located at 908 North Elm Street, in Hinsdale, and re-establish the multi-specialty facility in a 16,588 GSF facility approximately ¼ mile (1 minute) away, located at 12 Salt Creek Lane, Hinsdale, Illinois. The replacement ASTC will contain four operating rooms, six stage I recovery stations (2 less than the existing facility), and 10 stage II recovery stations. The ASTC will continue to offer the same 11 surgical specialties as the old facility (see page two). The project cost is \$9,489,675.

VI. Project Costs and Sources of Funds

The applicant is funding this project with cash and securities totaling \$4,147,000, Mortgages totaling \$650,622, Fair Market Value of the Lease totaling \$3,988,832, and Other Funds and Sources amounting to \$703,221. The applicant notes the funds designated as “Other Funds and Sources” is the net book value of equipment to be transferred to the replacement ASTC. Table One identifies the project costs, and delineates the clinical costs from non-clinical costs. Clinical costs are the only costs considered when determining adherence to State Board standards.

TABLE ONE			
Project Costs and Sources of Funds			
USE OF FUNDS			
	CLINICAL	NONCLINICAL	TOTAL
Modernization Contracts	\$3,143,483	\$655,169	\$3,798,652
Contingencies	\$281,359	\$58,641	\$340,000
Architectural/Engineering Fees	\$48,800	\$10,170	\$58,970
Movable or Other Equipment	\$485,000	\$115,000	\$600,000
Fair Market Value of Leased Space/Equipment	\$3,300,862	\$687,970	\$3,988,832
TOTAL USES OF FUNDS	\$7,841,438	\$1,648,237	\$9,489,675
SOURCE OF FUNDS			
	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$3,431,750	\$715,250	\$4,147,000
Fair Market Value of Lease	\$3,300,862	\$687,970	\$3,988,832
Other Funds and Sources*	\$581,934	\$121,287	\$703,221
TOTAL SOURCES OF FUNDS	\$7,841,438	\$1,648,237	\$9,489,675
*Funds attributed to net book value of equipment to be transferred to replacement facility			

VII. Cost Space Chart

The applicant is has identified 13,727 GSF of clinical space and 2,861 GSF of non clinical space, for a total of 16,588 GSF of modernized/built out space. Board Staff notes only the clinical space is considered when compared to State Board standards.

TABLE TWO							
Cost Space Chart							
Department	Project Costs	Existing	Proposed	Modernized Space	Remodeled	As Is	Vacated Space
Clinical							
ASTC	\$7,841,438	0	13,727	13,727	0	0	0
Total Clinical	\$7,841,438	0	13,727	13,727	0	0	0
Non Clinical							
Stairwells	\$299,575	0	520	520	0	0	0
Mechanical Space	\$85,839	0	149	149	0	0	0
Elevator Core	\$75,470	0	131	131	0	0	0
Administrative	\$914,279	0	1,587	1,587	0	0	0
Public Toilets	\$273,074	0	474	474	0	0	0
Total Non Clinical	\$1,648,237	0	2,861	2,861	0	0	0
Total	\$9,489,675	0	16,588	16,588	0	0	0

VIII. Safety Net Impact Statement

The applicant notes Hinsdale Surgical Center will not negatively impact essential safety net services in the community, due to the fact that the procedures identified in the physician referral letters are currently being performed at the existing facility. The applicant anticipates the existing patient base will transfer to the replacement facility, upon project completion.

TABLE THREE			
SAFETY NET INFORMATION			
Hinsdale Surgical Center			
NET REVENUE	N/A	N/A	N/A
CHARITY CARE			
	2011	2012	2013
Charity (# of patients)			
Inpatient	N/A	N/A	N/A
Outpatient	0	0	0
Total	N/A	N/A	N/A
Charity Costs			
Inpatient	N/A	N/A	N/A
Outpatient	0	\$78,521	0
Total	0	\$78,521	0
Net Patient Revenue	\$9,432,417	\$8,405,171	\$8,647,591
Amount of Charity Care (Charges)	0	\$78,521	0
Cost of Charity Care	0	\$78,521	0

TABLE THREE			
SAFETY NET INFORMATION			
Hinsdale Surgical Center			
% of Charity Costs to Net Revenue	N/A	.9%	N/A
MEDICAID			
	2011	2012	2013
Medicaid (Patients)			
Inpatient	N/A	N/A	N/A
Outpatient	169	97	98
Total	169	97	98
Medicaid (Revenue)			
Inpatient	N/A	N/A	N/A
Outpatient	\$79,235	\$56,570	\$52,277
Total	\$79,235	\$56,570	\$52,277

IX. Section 1110.130 Discontinuation

A) Information Requirements – Review Criterion

The applicant shall provide at least the following information:

- 1) Identification of the categories of service and the number of beds, if any, that are to be discontinued;
- 2) Identification of all other clinical services that are to be discontinued;
- 3) The anticipated date of discontinuation for each identified service or for the entire facility;
- 4) The anticipated use of the physical plant and equipment after discontinuation occurs;
- 5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;
- 6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFPB or IDPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

General

The applicant is proposing to discontinue its multi-specialty ASTC, located at 908 North Elm Street, Hinsdale, and re-establish the facility ¼ mile away, at 12 Salt Creek Lane, Hinsdale. The replacement facility will have the same number of surgical suites (4), 6 stage I recovery stations, and the same number of stage II recovery stations (10). No other clinical services will be discontinued as a result of this project. The anticipated date for discontinuation is June 30, 2016, and the current building will be returned to the custody of the landlord, with whom discretion lies for further utilization. All medical records will be transferred to the replacement facility upon project completion. The proposed project is more relative to a relocation, so assurances from the applicant to submit final reports and questionnaires is inapplicable.

Reasons for Discontinuation

The applicant notes the current leased space for the ASTC will expire on October 31, 2015. The applicant is not seeking to renew the lease at the current location, due to aging infrastructure/physical plant issues. Deficiencies in the HVAC, electrical, elevators, and vacuum pump systems have led to compromised working conditions, to closures. The applicant has determined that the relocation of the facility is most feasible and cost-efficient.

Impact on Access

The applicant notes the proposed project will not negatively impact access to care, because the facility is basically relocating to a more modern facility ¼ mile away. The replacement facility will have the same number of surgery suites (4), the same number of stage II recovery stations (10), and two less stage one recovery stations (6). No surgical services will be added or eliminated. The applicant sent impact letters to 169 surgical facilities located within a 45 minute radius of the proposed facility (application, p. 135), and has received one impact letter from Silver Cross Hospital and Medical Center. Silver Cross Hospital and Medical Center stated the proposed relocation will have no impact on its operation.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE DISCONTINUATION CRITERION (77 IAC 1110.130)

X. Section 1110.230 - Project Purpose, Background and Alternatives

A) Criterion 1110.230 - Purpose of the Project

The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

The applicant states the proposed replacement facility is needed to provide area residents with a high quality, low cost alternative to Hospital Outpatient Departments. The applicants note a new facility is necessary to accomplish the goal of providing this higher level of care. It was also noted that the current term of the lease on the existing facility will expire in October 2015. The applicant is prepared to relocate in an effort to address the building deficiencies and provide a higher level of care to the Hinsdale community.

B) Criterion 1110.230 - Background of Applicant

An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character, to adequately provide a proper standard of health care service for the community.*

The applicant supplied all necessary assertions relative to this criterion, to include a notarized attestation that no adverse actions have been taken against the applicant during the three years prior to the filing of the application, and authorization permitting IHFSRB and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted.

- C) **Criterion 1110.230 - Alternatives to the Proposed Project**
The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The applicant considered the following three alternatives:

1. Do Nothing/Continue Status Quo

The applicant notes the option of doing nothing/continuing per the status quo would perpetuate the physical plant issues that make it costly to operate and cause operational issues. The applicant deemed this option infeasible, due to the need for repairs, and identified no costs with this option.

2. Upgrade Existing Physical Plant of ASTC

The applicant notes having considered the option of upgrading the physical plant of the Elm Street location, but notes the existing design of the building, and the mechanical deficiencies makes this option cost prohibitive. The applicant identified an estimated cost of \$1,400,000, minus the FMV of the lease, and notes an unwillingness on the landlord's part, to have the noted upgrades done and deficiencies corrected.

3. Relocate the Existing ASTC

The applicant chose this option as most feasible, due to the condition of the existing facility, the impending expiration of the lease. The applicant views the replacement facility as an all around advantage, due to its proximal location, and the logistical convenience of establishing the ASTC in a new, more modern facility. Identified cost of this alternative is \$9,489,675.

XI. Section 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space

A) Criterion 1110.234 (a) - Size of Project

The applicant shall document that the physical space proposed for the project is necessary and appropriate.

The applicant is proposing to establish an ASTC with 4 surgical suites, six stage I recovery stations, and 10 stage II recovery stations. The clinical portion of this project entails 13,727 DGSF of space, and 2,861 DGSF of non-clinical space, for a total of 16,588 DGSF. This conforms with the State Board Standard for an ASTC in regard to surgical space. Table Four illustrates the entire spatial configuration, with specific consideration to clinical spatial allocations.

TABLE FOUR Size of Project				
	Number of Suites/Rooms	Sg. Ft. / Units	State Standard	Standard Met?
Clinical Space Allocation				
Surgical Operating Suite (Class C)	4	8,647 dgsf dgsf/ 2,161.75 dgsf ea.	2,750 dgsf.	Yes
Stage I Recovery	6	1,080 dgsf 180 dgsf ea.	180 dgsf	Yes
Stage II Recovery	10	4,000 dgsf 400 dgsf ea.	400 dgsf	Yes
Total		13,727 dgsf	16,080 dgsf	Yes

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SIZE OF THE PROJECT CRITERION (77 IAC 1110.234 (a))

B) Criterion 1110.234 (b) Project Services Utilization

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B.

The applicant supplied historical utilization data and anticipates approximately 4,997 procedures annually by second year after project completion. Having estimated 1 hour per procedure, these data justify the need for four surgical suites. The applicant supplied patient referral letters from the 31 doctors listed below, with the proposed number of cases referred.

- Dr. Sami Bittar M.D.: 61 Pain management cases
- Dr. Jonathan Buka M.D.: 122 Ophthalmology cases
- Dr. Ira Goodman M.D.: 698 Pain management cases
- Dr. Dwight Kett M.D.: 57 General surgery cases
- Dr. Richard Izquierdo: 41 Plastic surgery cases
- Dr. Richard Kopolovic M.D.: 22 Plastic surgery cases
- Dr. Bruce Larson M.D.: 358 Ophthalmology cases
- Dr. John Nikoleit M.D.: 80 Othopaedic cases
- Dr. James Noth M.D.: 731 Ophthalmology cases
- Dr. Robert Thomas M.D.: 171 Otolaryngology cases
- Dr. Jesse Wardlow M.D.: 40 Otolaryngology cases
- Dr. Sophia Sarkos M.D.: 178 Ophthalmology cases
- Dr. Gregory Stevens M.D.: 16 Oral & Maxillofacial cases
- Dr. Hanna Wafik M.D.: 50 Plastic surgery cases
- Dr. John Hong M.D.: 175 Pain management cases
- Dr. Kevin Salvino M.D.: 84 Podiatric cases
- Dr. Michelle Kosik M.D.: 94 Pain management cases
- Dr. Gilbert Tresley M.D.: 72 Plastic surgery cases
- Dr. Kathleen Blake M.D.: 85 Ophthalmology cases
- Dr. Samuel Girgis M.D.: 271 Otolaryngology cases
- Dr. Mark Benjamin M.D.: 21 Ophthalmology cases
- Dr. Leslie Spencer M.D.: 68 General Surgery
- Dr. Kimberly Napolitano M.D.: 34 OB/Gynecology cases
- Dr. Daniel McLachan M.D.: 382 Ophthalmology cases
- Dr. Allison Murchison M.D.: 152 Ophthalmology
- Dr. Neeraj Jain M.D.: 60 Pain management cases
- Dr. Michael Bercek M.D.: 45 OB/Gynecology cases
- Dr. Paul West M.D.: 15 Urology cases
- Dr. Daniel Douglas M.D.: 44 General surgery cases
- Dr. Scott Glaser M.D.: 516 Pain management cases
- Dr. Amy Vandenbrook M.D.: 254 Ophthalmology cases

Total cases referred: 4,997

TABLE FIVE Projected Services Utilization				
Dept./Service	Utilization	State Standard	Number of Rooms Justified	Met Standard
Projected ASTC				
Surgery (4 rooms)	4,997 hours	1,500 hours	4 rooms	Yes
Recovery I & II	N/A	N/A	16 rooms	Yes

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT SERVICES UTILIZATION CRITERION (77 IAC 1110.234 (b))

XII. Section 1110.1540 - Non-Hospital Based Ambulatory Surgery

A) Criterion 1110.1540 (a) - Scope of Services Provided

Any applicant proposing to establish a non-hospital based ambulatory surgical category of service must detail the surgical specialties that will be provided by the proposed project and whether the project will result in a limited specialty or multi-specialty ambulatory surgical treatment center (ASTC).

The applicant, Hinsdale Surgical Center, LLC proposes to relocate its existing multi-specialty ASTC, located at 908 North Elm Street, Hinsdale, to a modernized facility located ¼ mile away, in Hinsdale. The applicant notes that no new surgical specialties will be added, and the applicants will continue to provide the following surgical services:

- General Surgery
- Laser Eye Surgery
- OB/Gynecology
- Ophthalmology
- Oral/Maxillofacial
- Orthopedic
- Otolaryngology
- Pain Management
- Plastic
- Podiatry
- Urology

The applicant has met this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SCOPE OF SERVICES PROVIDED CRITERION (77 IAC 1110.1540 (a))

B) Criterion 1110.1540 (b) - Target Population

Because of the nature of ambulatory surgical treatment, the State Board has not established geographic services areas for assessing need. Therefore, an applicant must define its intended geographic service area and target population. However, the intended geographic service area shall be no less than 30 minutes and no greater than 60 minutes travel time (under normal driving conditions) from the facility's site.

The applicant has defined the geographical service area as 45 minutes in all directions, and supplied a listing of all the zip codes and their respective populations as defined in the 2010 census. The applicant has met this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TARGET POPULATION CRITERION (77 IAC 1110.1540 (b))

C) Criterion 1110.1540(c) - Projected Patient Volume

The applicant must provide documentation of the projected patient volume for each specialty to be offered at the proposed facility

The applicant proposes to relocate an existing multi-specialty ASTC to a new replacement facility in Hinsdale. The applicant supplied 31 physician referral letters (application, pgs. 181-213 and attachments), attesting to the referral of 4,997 patients to the ASTC annually, within two years of project completion. The applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECTED PATIENT VOLUME CRITERION (77 IAC 1110.1540 (c))

D) Criterion 1110.1540 (d) - Treatment Room Need Assessment

Each applicant proposing to establish or modernize a non-hospital based ambulatory surgery category of service must document that the proposed number of operating rooms are needed to serve the projected patient volume.

The applicant (Hinsdale Surgical Center, LLC) proposes to discontinue an existing multi-specialty ASTC in Hinsdale, and re-establish a replacement facility containing 4 surgical suites and 16 recovery stations, in 16,588 GSF of space, in Hinsdale. The applicant estimates each procedure to last approximately 1 hour (including prep and clean-up), and proposes to perform 4,997 surgical cases annually, within two years after project completion. These data support the need for four surgical suites, and results in a positive finding for this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TREATMENT ROOM NEED ASSESSMENT CRITERION (77 IAC 1110.1540 (d))

E) Criterion 1110.1540 (e) - Impact on Other Facilities

An applicant proposing to change the specialties offered at an existing ASTC or proposing to establish an ASTC must document the impact the proposal will have on the outpatient surgical capacity of all other existing ASTCs and hospitals within the intended geographic service area and that the proposed project will not result in an unnecessary duplication of services or facilities.

There are 66 hospitals and 75 ASTC's within proposed service area (45 minutes in all directions). Of the 66 hospitals 43 (65%) have not met the State Board Standard of 1,500 hours per OR. Of the 75 ASTCs' 55 (73.3%) surgery centers are not operating at the State Board's Target Occupancy of 1,500 hours. It appears that the proposed ASTC will have an impact on other area providers.

**TABLE SEVEN
Hospitals and ASTC's within the Proposed Geographical Service Area (45 minutes)**

Facilities	City	Minutes	Operating Rooms	2012 Outpatient Cases	2012 Total Hours of Surgery	# of OR's Justified	Met Standard
Adventist Hinsdale Hospital	Hinsdale	4	12	4,087	20,001	14	Yes
Elmhurst Memorial Hospital	Elmhurst	8	15	6,208	24,252	17	Yes
Adventist LaGrange Hospital	LaGrange	8	11	3,466	12,628	9	No
Advocate Good Samaritan Hospital	Downers Grove	12	14	5,403	26,367	18	Yes
Loyola University Medical Ctr.	Maywood	16	27	3,920	58,154	39	Yes
Rush Oak Park Hospital	Oak Park	17	9	4,734	7,853	6	No
Loretto Hospital	Chicago	18	5	292	615	1	No
MacNeal Memorial Hospital	Berwyn	18	11	6,249	15,267	11	Yes
VHS Westlake Hospital	Melrose Park	19	6	1,996	3,064	3	No
Gottlieb Memorial Hospital	Melrose Park	20	7	2,908	8,639	6	No
VHS West Suburban Medical Center	Oak Park	21	8	3,252	9,941	7	No
Adventist Bolingbrook Hospital	Bolingbrook	21	6	2,451	6,605	5	No
Advocate Christ Hospital	Oak Lawn	21	26	9,985	52,088	35	Yes
Palos Community Hospital	Palos Heights	23	14	4,557	18,134	13	No
Alexian Brothers Medical Center	Elk Grove Village	24	15	7,540	21,222	15	Yes
Resurrection Medical Center	Chicago	24	9	1,903	4,215	3	No
Advocate Lutheran General Hospital	Park Ridge	24	22	11,859	44,677	30	Yes
Rush University Medical Center	Chicago	24	31	9,949	59,003	40	Yes
Shriner's Hospital for Children	Elmwood Park	25	4	668	3,385	3	No
Holy Family Hospital	Des Plaines	25	5	1,370	1,986	2	No
Mount Sinai Hospital Medical Ctr.	Chicago	25	10	3,734	11,996	8	No

TABLE SEVEN
Hospitals and ASTC's within the Proposed Geographical Service Area (45 minutes)

Facilities	City	Minutes	Operating Rooms	2012 Outpatient Cases	2012 Total Hours of Surgery	# of OR's Justified	Met Standard
John H. Stroger Hospital of Cook County	Chicago	25	19	5,903	30,846	21	Yes
St. Anthony Hospital	Chicago	26	4	3,119	3,195	3	No
Sacred Heart Hospital	Chicago	26	N/A	N/A	N/A	N/A	N/A
University of Illinois Hospital	Chicago	26	20	7,496	33,968	23	Yes
Adventist Glen Oaks Hospital	Glendale Heights	27	5	1,241	3,526	3	No
Little Company of Mary Hospital	Evergreen Park	27	10	3,537	8,635	6	No
Norwegian American Hospital	Chicago	27	5	1,620	2,700	2	No
Advocate Illinois Masonic Medical Center	Chicago	28	14	7,936	25,154	17	Yes
Thorek Memorial Hospital	Chicago	28	70	725	2,564	2	No
Mercy Hospital & Medical Center	Chicago	28	6	3,127	10,343	7	Yes
Edward Hospital	Naperville	28	18	10,150	32,976	22	Yes
MetroSouth Medical Center	Blue Island	28	11	2,765	8,702	6	No
Glenbrook Hospital	Glenview	29	9	6,327	12,234	9	Yes
Saint Mary of Nazareth Hospital	Chicago	31	8	3,423	9,984	7	No
Our Lady of Resurrection Medical Center	Chicago	31	9	1,903	4,215	3	No
Central DuPage Hospital	Winfield	31	27	10,567	40,689	28	Yes
Northwest Community Hospital	Arlington Heights	31	14	4,252	21,867	15	Yes
Advocate South Suburban Hospital	Hazel Crest	31	9	4,188	8,393	6	No
Ingalls Memorial Hospital	Harvey	31	9	4,253	10,593	8	No
St. Bernard Hospital	Chicago	32	6	1,058	4,046	3	No
St. Elizabeth's Hospital	Chicago	32	5	1,384	1,235	1	No
Holy Cross Hospital	Chicago	33	7	981	5,194	4	No
Northwestern Memorial Hospital	Chicago	33	54	21,503	101,218	68	Yes
Presence Mercy Center	Aurora	33	12	2,090	5,366	4	No
Rush Copley Memorial Hospital	Aurora	34	11	6,093	20,139	14	Yes
Provident Hospital of Cook County	Chicago	34	8	2,117	3,755	3	No
LaRabida Children's Hospital	Chicago	35	0	0	0	0	No
University of Chicago Medical Center	Chicago	35	34	12,358	74,420	48	Yes
Silver Cross Hospital	New Lenox	36	11	6,373	19,414	13	Yes
Franciscan St. James Hospital	Olympia Fields	36	7	3,562	5,372	4	No
Roseland Community Hospital	Chicago	37	1	288	650	1	Yes
St. Alexius Medical Center	Hoffman Estates	37	11	7,414	23,096	16	Yes
Skokie Hospital	Skokie	37	10	4,992	11,439	8	No
Swedish Covenant Hospital	Chicago	37	13	5,655	15,028	11	No

TABLE SEVEN
Hospitals and ASTC's within the Proposed Geographical Service Area (45 minutes)

Facilities	City	Minutes	Operating Rooms	2012 Outpatient Cases	2012 Total Hours of Surgery	# of OR's Justified	Met Standard
Lurie Children's Hospital	Chicago	37	18	8,274	21,585	15	No
Methodist Hospital of Chicago	Chicago	39	3	534	1,507	2	No
Jackson Park Hospital	Chicago	40	28	671	2,391	2	No
Presence Saint Joseph's Hospital	Chicago	40	12	4,347	10,237	7	No
Weiss Memorial Hospital	Chicago	41	10	3,612	9,285	7	No
Presence St. Joseph Medical Center	Joliet	41	17	5,938	19,745	14	No
Franciscan St. James Medical Ctr.	Chicago Heights	41	10	1,919	11,203	8	No
Advocate Trinity Hospital	Chicago	41	7	2,490	6,847	5	No
South Shore Hospital	Chicago	41	5	1,439	3,341	3	No
St. Francis Hospital	Evanston	43	14	2,865	8,105	6	No
Highland Park Hospital	Highland Park	43	8	7,740	13,408	9	Yes
Eye Surgery Center of Hinsdale	Hinsdale	1	2	1,332	894	1	No
Chicago Prostate Cancer Surgery Ctr.	Westmont	4	2	942	942	1	No
Salt Creek Surgery Center	Westmont	6	4	3,776	3,388	3	No
United Therapy LaGrange	LaGrange	6	1	1,349	2,698	2	Yes
Elmhurst Outpatient Surgery Center	Elmhurst	8	4	3,230	2,934	2	No
Children's Memorial Special Pediatrics Ctr	Westchester	8	3	1,914	1,928	2	No
Elmhurst Medical & Surgical Ctr.	Elmhurst	10	1	232	349	1	Yes
Oak Brook Surgical Center	Oak Brook	10	4	3,221	4,179	3	No
Loyola Ambulatory Surgery Ctr Oak Brook	Villa Park	11	3	2,096	2,757	2	No
Ambulatory Surgicenter of Downers Grove	Downers Grove	11	3	1,228	1,965	2	No
Midwest Center for Day Surgery	Downers Grove	12	5	3,593	2,949	2	No
DuPage Medical Group Surgery Ctr.	Lombard	13	5	7,276	8,128	6	Yes
Forest Medical Surgical Center	Justice	14	2	533	604	1	No
Palos Hills Surgery Center	Palos Hills	16	N/A	N/A	N/A	N/A	N/A
Novamed Surgery Ctr. Oak Lawn	Oak Lawn	16	4	2,887	1,867	2	No
Loyola University Surgery Center	Maywood	16	8	5,750	9,072	7	No
Oak Lawn Endoscopy*	Oak Lawn	18	2	5,287	4,846	3	No
Naperville Fertility Center	Naperville	19	N/A	N/A	N/A	N/A	N/A
Lisle Center for Pain Management	Lisle	20	N/A	N/A	N/A	N/A	N/A
The Center for Surgery	Naperville	20	8	4,794	4,083	3	No
Palos Surgicenter, LLC	Palos Heights	20	3	3,087	1,777	2	No
Novamed Surgery Center	River Forest	20	2	1,488	925	1	No
Apollo Health Center#	Des Plaines	20	N/A	N/A	N/A	N/A	N/A

TABLE SEVEN
Hospitals and ASTC's within the Proposed Geographical Service Area (45 minutes)

Facilities	City	Minutes	Operating Rooms	2012 Outpatient Cases	2012 Total Hours of Surgery	# of OR's Justified	Met Standard
DuPage Orthopedic Surgery Center	Warrenville	21	4	3,340	3,995	3	No
Advantage HealthCare, Ltd.	Wood Dale	21	3	398	697	1	No
Aiden Center for Day Surgery	Addison	23	4	794	1,175	1	No
Southwestern Medical Center	Bedford Park	24	3	2,611	2,070	2	No
Elmwood Park Same Day Surgery	Elmwood Park	25	3	552	569	1	No
Rush Surgicenter	Chicago	25	4	5,820	3,418	3	No
Preferred Surgicenter	Orland Park	26	N/A	N/A	N/A	N/A	N/A
Advanced Ambulatory Surgery Center	Chicago	26	3	825	890	1	No
Foot & Ankle Surgery Center#	Des Plaines	26	N/A	N/A	N/A	N/A	N/A
Golf Surgical Center	Des Plaines	26	5	4,216	4,178	3	No
Illinois Upper Extremity & Hand Ctr.	Arlington Heights	27	1	409	954	1	Yes
DuPage Eye Surgery Center	Wheaton	28	3	5,302	1,997	2	No
Hyde Park Surgery Center	Chicago	28	1	612	701	1	Yes
East Same Day Surgery	Chicago	28	4	2,219	2,492	2	No
River North Same Day Surgery Ctr.	Chicago	28	4	2,841	5,111	4	Yes
Illinois Sports Medicine & Orthopedic Ctr.	Morton Grove	29	4	2,537	3,723	3	No
Albany Medical Surgical Center	Chicago	29	2	5,470	3,193	3	Yes
Resurrection Health Care Surgery Ctr.	Chicago	29	4	1,849	1,557	2	No
South Loop Endoscopy & Wellness Center*	Chicago	29	1	18	13	1	Yes
Poplar Creek Surgical Ctr.	Schaumburg	31	N/A	N/A	N/A	N/A	N/A
Northwest Community Day Surgery	Arlington Heights	31	10	7,606	10,120	7	No
Fullerton Surgery Center	Chicago	31	2	1,342	1,149	1	No
Six Corners Same Day Surgery	Chicago	31	4	266	329	1	No
Grand Avenue Surgical Center	Chicago	31	3	862	1,232	1	No
Hispanic-American Endoscopy Ctr.*	Chicago	32	1	777	356	1	Yes
Ingalls Same Day Surgery Ctr.	Tinley Park	32	4	3,182	4,642	4	Yes
Northwest Surgicare HealthSouth	Arlington Heights	32	5	3,296	1,271	1	No
Midwest Endoscopy Center*	Naperville	33	2	5,570	4,827	4	Yes
Naperville Surgical Center	Naperville	33	4	2,147	1,845	2	No
Tinley Woods Surgery Center	Tinley Park	33	4	3,619	4,098	3	No
The Glen Endoscopy Center*	Glenview	33	3	4,188	2,861	2	No
American Women's Medical Group	Chicago	33	2	1,533	1,567	2	Yes
Watertown Surgicenter	Chicago	33	3	606	1,370	1	No

TABLE SEVEN
Hospitals and ASTC's within the Proposed Geographical Service Area (45 minutes)

Facilities	City	Minutes	Operating Rooms	2012 Outpatient Cases	2012 Total Hours of Surgery	# of OR's Justified	Met Standard
Surgery Center at 900 N. Michigan	Chicago	34	5	2,996	5,184	4	No
Ravine Way Surgery Ctr.	Glenview	34	3	1,872	2,826	2	No
Orland Park Surgical Center	Orland Park	34	5	2,265	1,633	2	No
Edward Plainfield Surgery Ctr.	Plainfield	34	3	1,699	1,945	2	No
Chicago Surgical Clinic, Ltd.	Arlington Heights	35	N/A	N/A	N/A	N/A	N/A
Southwest Surgery Center	Mokena	36	4	3,121	5,370	4	Yes
Midwest Eye Surgery Center	Calumet City	36	2	766	845	1	No
North Shore Same Day Surgery Ctr.	Lincolnwood	36	3	2,570	2,172	2	No
Novamed Surgery Center	Chicago	36	1	2,875	1,601	2	Yes
Castle Surgicenter, LLC	Aurora	37	1	1,488	1,655	2	Yes
Dreyer Ambulatory Surgery Center	Aurora	37	4	3,328	2,533	2	No
HealthSouth Amsurg Surgery Center	Joliet	37	4	5,183	5,806	4	Yes
Hoffman Estates Surgery Center	Hoffman Estates	37	3	4,454	3,299	3	Yes
Swedish Covenant Surgery Center	Chicago	37	3	217	195	1	No
Peterson Surgery Center	Chicago	39	2	191	315	1	No
Kendall Pointe Surgery Center	Oswego	43	3	1,056	1,314	1	No
Lakeshore Physicians Surgery Center	Chicago	43	2	1,285	1,525	2	Yes
Rogers Park One Day Surgery Ctr.	Chicago	44	2	809	955	1	No
Fox Valley Orthopedic Associates	Geneva	44	3	3,027	4,496	3	Yes

Minutes determined by MapQuest and adjusted per 1100.510 (d)
Utilization data taken from 2013 Hospital and the 2012 ASTC Profile Information
State Standard is 1,500 Hours per Operating Room.
*Endoscopy Center with Procedure Rooms/Procedure Hours
N/A: No data reported on the 2012 profile

The applicant notes the proposed facility is simply a relocation of an existing facility, and no negative impact will result from this project. Using data from the 2012 ASTC Profile and the 2013 Hospital profile, it was determined that 55 (73.3%) of the 75 ASTCs and 43 (65%) of the 66 hospitals have underutilized outpatient surgical services. Due to these underutilized facilities, a negative finding has been made.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH IMPACT ON OTHER FACILITIES CRITERION (77 IAC 1110.1540 (e))

F) Criterion 1110.1540 (f) - Establishment of New Facilities

Any applicant proposing to establish an ambulatory surgical treatment center will be approved only if one of the following conditions exists:

- 1) There are no other ASTCs within the intended geographic service area of the proposed project under normal driving conditions; or**
- 2) All of the other ASTCs and hospital equivalent outpatient surgery rooms within the intended geographic service area are utilized at or above the 80% occupancy target; or**
- 3) The applicant can document that the facility is necessary to improve access to care. Documentation shall consist of evidence that the facility will be providing services which are not currently available in the geographic service area, or that existing underutilized services in the geographic service area have restrictive admission policies; or**
- 4) The proposed project is a co-operative venture sponsored by two or more persons at least one of which operates an existing hospital. The applicant must document:**
 - A) that the existing hospital is currently providing outpatient surgery services to the target population of the geographic service area;**
 - B) that the existing hospital has sufficient historical workload to justify the number of operating rooms at the existing hospital and at the proposed ASTC based upon the Treatment Room Need Assessment methodology of subsection (d) of this Section;**
 - C) that the existing hospital agrees not to increase its operating room capacity until such time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and**
 - D) that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.**

The applicant notes the proposed project is a relocation of an existing facility. However, 55 (73.3%) of the 75 ASTCs and 43 (65%) of the 66 hospitals have underutilized outpatient surgical services. Due to these underutilized facilities, a negative finding has been made..

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH ESTABLISHMENT OF NEW FACILITIES CRITERION (77 IAC 1110.1540 (f))

- G) Criterion 1110.1540 (g) - Charge Commitment**

In order to meet the purposes of the Act which are to *improve the financial ability of the public to obtain necessary health services and to establish a procedure designed to reverse the trends of increasing costs of health care*, the applicant shall include all charges except for any professional fee (physician charge). [20 ILCS 3960/2] The applicant must provide a commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The applicant provided a list of procedures to be performed at the proposed ASTC, to include the appropriate CPT/HCPS code and applicable charge for each service (See page 101 of the application for permit). The applicant has also provided a commitment letter to maintain the procedure costs at their present level for the first two years after project completion. The applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CHARGE COMMITMENT CRITERION (77 IAC 1110.1540 (g))

XIII. Section 1120.120 -Availability of Funds

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.

The applicant is funding the project with \$4,147,000 in cash and securities, mortgages totaling \$650,622, the Fair Market Value (FMV) of the lease totaling \$3,988,832, and \$703,221 in Other Funds and Sources, which is attributed to the net book value of assets that will be transferred from the old ASTC to the new facility, upon project completion. The applicant has also supplied a confirmation letter from Bank of America, agreeing to lend the necessary resources to address the mortgage portion of the project. The applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1120.120)

XIV. Section 1120.130 - Financial Viability

The applicant must provide documentation that the applicant is financially viable.

The applicant is funding the project with \$4,147,000 in cash and securities, mortgages totaling \$650,622, the Fair Market Value (FMV) of the lease totaling \$3,988,832, and \$703,221 in Other Funds and Sources. The applicant has met the

requirements of this criterion. The applicant supplied its financial viability ratios for 2011, 2012, 2013, and 2016. There appears to be an insufficient current ratio for the year 2016, resulting in a negative finding for this criterion.

TABLE EIGHT					
Hinsdale Surgical Center, LLC					
	State Standard	2011	2012	2013	Projected 2016
Current Ratio	>1.5	1.5	1.5	1.5	0.6
Net Margin Percentage	>2.5%	24.4%	18%	12.8%	7.5%
Percent Debt to Total Capitalization	<50%	0%	0%	2%	17%
Projected Debt Service Coverage	>1.5	N/A	N/A	84.4	3.0
Days Cash on Hand	45 days	107	79	135	56
Cushion Ratio	>3	NA	NA	156.1	4.6

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1120.130)

XV. Section 1120.140 - Economic Feasibility

A) Criterion 1120.140 (a) - Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements.

The applicant is funding the project with \$4,147,000 in cash and securities, mortgages totaling \$650,622, the Fair Market Value (FMV) of the lease totaling \$3,988,832, and \$703,221 in Other Funds and Sources, which is attributed to the net book value of assets that will be transferred from the old ASTC to the new facility, upon project completion. The applicant has also supplied a confirmation letter from Bank of America, agreeing to lend the necessary resources to address the mortgage portion of the project. The applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF FINANCING ARRANGEMENTS CRITERION (77 IAC 1120.140(a))

B) Criterion 1120.140 (b) - Conditions of Debt Financing

The applicant is funding the project with \$4,147,000 in cash and securities, mortgages totaling \$650,622, the Fair Market Value (FMV) of the lease totaling \$3,988,832, and \$703,221 in Other Funds and Sources, which is attributed to the net book value of assets that will be transferred from the old ASTC to the new

facility, upon project completion. The applicant has also supplied a confirmation letter from Bank of America, agreeing to lend the necessary resources to address the mortgage portion of the project. The applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TERMS OF DEBT FINANCING CRITERION (77 IAC 1120.140 (b))

C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs

The applicant shall document that the estimated project costs are reasonable and shall document compliance with the State Board Standards. Board Staff notes the construction costs, and other costs related to construction of the new building were assumed by the landlord, and factored into the 15 year lease. All costs considered in this criterion are classified as clinical by the applicant.

Modernization Costs – These costs are \$3,424,842 or \$249.50 per gross square foot. This appears reasonable when compared to the State Board Standard of \$249.66.

Contingencies – These costs total \$281,359 and are 8.9% of the reported modernization cost. This appears reasonable when compared to the State Board Standard of 10%-15%.

Architectural and Engineering Fees – These costs are \$48,800, which is 1.4% of the Modernization and contingencies costs. This complies with the State Board Standard of 6.54% - 9.82%.

Movable or Other Equipment – These costs are \$485,000 or \$121,250 per room. This appears reasonable when compared to the State Board Standard of \$435,131.

Fair Market Value of Leased Space or Equipment – These costs are \$3,300,862. The State Board does not have a standard for these costs.

Other Costs to be Capitalized – These costs total \$581,934, and account for the net book value of assets that will be transferred from the old ASTC to the new facility, upon project completion. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1120.140 (c))

D) Criterion 1120.140 (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.

The projected operating cost per procedure is \$1012.23. The applicant has met this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1120.140 (d))

E) Criterion 1120.140 (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.

The total effect of the project on capital costs is \$128.88 per patient day. The applicant has met this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140 (e))

14-034 Hinsdale Surgical Center - Hinsdale



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Reference Numbers Facility Id 7002314
 Health Service Area 007 Planning Service Area 043
 HINSDALE SURGICAL CENTER
 908 N. ELM STREET, SUITE 401
 HINSDALE, IL 60521

Number of Operating Rooms 4
 Procedure Rooms 0
 Exam Rooms 2
 Number of Recovery Stations Stage 1 8
 Number of Recovery Stations Stage 2 10

Administrator Henry DeVries
Date Complete 3/19/2013

Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 CT Corporation System
Property Owner
 Partners Health Trust

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Adventist Hinsdale Hospital Hinsdale	5
	0
	0
	0
	0

Legal Owner(s)

Napolitano, Kimberly
 Bercek, Michael
 Bittar, Sarni
 Girgis, Samuel
 Guay-Bhatia, Lisa
 Hagen, Coleen
 Hanna, Wafik
 Izquierdo, Ricardo
 Jain, Neeraj
 Kett, Dwight
 Kopolovic, Richard
 Larson, Bruce
 McLachlan, Daniel
 Zalik, Leonard
 And Others

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	2.00
Registered Nurses	23.00
Certified Aides	4.00
Other Health Profs.	4.00
Other Non-Health Profs	7.00
TOTAL	41.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	98	92	190
15-44 years	373	730	1,103
45-64 years	684	1,093	1,777
65-74 years	634	936	1,570
75+ years	506	746	1,252
TOTAL	2,295	3,597	5,892

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	38	59	97
Medicare	1,094	1,686	2,780
Other Public	59	3	62
Insurance	992	1,654	2,646
Private Pay	112	195	307
Charity Care	0	0	0
TOTAL	2,295	3,597	5,892

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.7%	0.7%	3.5%	68.8%	2.3%	100.0%		
2,074,732	56,570	298,273	5,779,051	196,545	8,405,171	78,521	1%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	210	8,696.00	0.00	8696.00	41.41
Laser Eye Surgery	429	12,015.00	0.00	12015.00	28.01
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	256	8,146.00	0.00	8146.00	31.82
Ophthalmology	2255	71,807.00	0.00	71807.00	31.84
Oral/Maxillofacial	25	1,322.00	0.00	1322.00	52.88
Orthopedic	117	6,025.00	0.00	6025.00	51.50
Otolaryngology	484	33,092.00	0.00	33092.00	68.37
Pain Management	1651	21,594.00	0.00	21594.00	13.08
Plastic	297	24,368.00	0.00	24368.00	82.05
Podiatry	131	8,480.00	0.00	8480.00	64.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	37	1,429.00	0.00	1429.00	38.62
TOTAL	5892	196,974.00	0.00	196974.00	33.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00