



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-05	BOARD MEETING: November 12, 2014	PROJECT NO: 14-050	PROJECT COST: Original: \$30,000,000
FACILITY NAME: Presence Our Lady of Resurrection Medical Center		CITY: Chicago	
TYPE OF PROJECT: Substantive			HSA: VI

PROJECT DESCRIPTION: The applicant (Community First Healthcare of Illinois, Inc.) is proposing the purchase of Presence Our Lady of Resurrection Hospital a 299 bed acute care hospital located in Chicago, Illinois. The cost of the transaction is \$30 million and the anticipated completion date is December 1, 2014

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant (Community First Healthcare of Illinois, Inc.) is proposing the purchase of Presence Our Lady of Resurrection Hospital a 299 bed acute care hospital located in Chicago, Illinois. The cost of the transaction is \$30 million and the anticipated completion date is December 1, 2014

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because it is proposing a change of ownership of a health care facility as that term is defined by the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

PURPOSE OF THE PROJECT:

- To consummate the change in ownership of Presence Our Lady of Resurrection Medical Center

PUBLIC HEARING/COMMENTS:

- No public hearing was requested, no letters of support and no letters of opposition have been received by the State Board Staff.

WHAT WE FOUND:

- The applicants have met all of the requirements of the State Board

STATE BOARD STAFF REPORT
Presence Our Lady of Resurrection Medical Center
PROJECT #14-050

APPLICATION CHRONOLOGY	
Applicants(s)	Community First Healthcare of Illinois, Inc
Facility Name	Community First Medical Center
Location	Chicago, Illinois
Application Received	September 30, 2014
Application Deemed Complete	September 30, 2014
Review Period Ends?	November 30, 2014
Expedited Review Requested	October 20, 2014
Can applicants request a deferral?	Yes
Review Period Extended by the State Board Staff?	No

I. Project Description

The applicant (Community First Healthcare of Illinois, Inc.) is proposing the purchase of Our Lady of Resurrection Hospital a 299 bed acute care hospital located in Chicago, Illinois. The cost of the transaction is \$30 million and the anticipated completion date is December 1, 2014

II. Summary of Findings

- A. The State Board Staff finds the proposed project to be in conformance with the 1110 criteria.
- B. The State Board Staff finds the proposed project to be in conformance with the 1120 criteria.

III. General Information

The applicant is Community First Healthcare of Illinois, Inc. Community First Healthcare of Illinois, Inc. was organized on June 25, 2014, pursuant to the Illinois Benefit Corporation Act, 805 ILCS 40, et seq., for the specific purpose of improving human health and the express purpose of acquiring the Presence Our Lady of the Resurrection Medical Center.

IV. Community First Healthcare, Inc

Community First Healthcare of Illinois, Inc., is an Illinois benefit corporation. Benefit corporations are essentially a hybrid between a for-profit corporation and a

not for-corporation. Benefit corporations have shareholders (like a for-profit corporation) but must be used for the public benefit (like a not-for profit corporation). Community First Healthcare of Illinois, Inc. will be the licensee and operating entity. The Hospital will be renamed Community First Medical Center following the Transaction. Community First Healthcare of Illinois has two shareholders with equal ownership interests: Edward Green (50%) and Rick Muckelrath (50%),

Mr. William Brownlow ("Mr. Brownlow") will serve as the Chief Executive Officer of the Hospital following the Transaction. Mr. Brownlow is the recently retired Senior Vice President of Finance and Managed Care and Chief Financial Officer of Silver Cross Hospital in New Lenox, Illinois ("Silver Cross"). From 1996 to 2013, Mr. Brownlow led the financial and managed care operations for Silver Cross. Over a seventeen year span, Mr. Brownlow improved the financial performance of Silver Cross by investing in new service lines, restructuring existing service lines, and recruiting new physicians into the service area. Prior to joining Silver Cross, Mr. Brownlow served as the Chief Financial Officer for St. Agnes Medical Center and the Franciscan Health System in Philadelphia (a founding member of Catholic Health Initiatives), where he played a significant role in the turnaround of St. Agnes Medical Center, an urban 250 bed Catholic hospital.

Dennis Fitzmaurice ("Mr. Fitzmaurice") will serve as the Chief Operating Officer of the Hospital following the Transaction. Mr. Fitzmaurice is currently the Vice President of Professional Services at the Hospital and has more than thirty years of progressive experience in healthcare management leadership roles and has spent the last twenty five years working in various management positions at Presence Health (and its predecessor, the Resurrection Health System).

Elizabeth Pankau ("Ms. Pankau") will serve as the Chief Nursing Officer of the Hospital following the Transaction. Mr. Pankau is currently the Chief Nursing Officer at the Hospital and has more than twenty years of progressive experience in healthcare management leadership roles and has spent her entire career working in various management positions at Presence Health (and its predecessor, the Resurrection Health System). Most notably, she has played a lead role in obtaining multiple Health Grades awards, Primary Stroke Center certifications, and Chest Pain certifications at her hospitals.

V. Presence Our Lady of the Resurrection Medical Center

Our Lady of the Resurrection Medical Center is located at 5645 West Addison Street, Chicago, Illinois in the HSA VI Health Service Area and the Health Planning Area A-01. There are eight additional hospitals located in the A-01 Planning Area: Advocate Illinois Masonic Medical Center (408 beds), Louis A. Weiss Hospital (236 beds), Methodist Hospital of Chicago (145 beds), Northwestern Memorial Hospital (894 beds), Presence Resurrection Medical Center (354 beds), Presence Saint Joseph Hospital (361 beds), Swedish Covenant Hospital (315 beds), and Thorek Hospital & Medical Center (156 beds).

TABLE ONE							
2011-2013 Presence Our Lady of Resurrection Medical Center Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Total
2013	\$72,414,645	\$21,461,507	\$0	\$9,927,154	\$3,878,233	\$3,878,233	\$107,681,539
2012	\$56,022,869	\$16,191,306	\$0	\$29,617,419	\$20,337,240	\$5,992,421	\$122,168,834
2011	\$53,529,075	\$18,144,441	\$0	\$26,114,807	\$31,712,145	\$3,460,533	\$129,500,468
Total	\$60,655,530	\$18,599,085	\$0	\$21,886,460	\$18,642,539	\$4,443,729	\$119,783,614
% of Total	50.64%	15.53%	0.00%	18.27%	15.56%	3.71%	100.00%

TABLE TWO					
2011-2013 Utilization for Bed Services at Presence Our Lady of Resurrection Medical Center					
Service	Beds	2011	2012	2013	Average
Medical Surgical	213	43.00%	43.20%	38.40%	41.53%
Intensive Care	20	81.90%	78.20%	75.20%	78.43%
Long Term Care	66	56.50%	57.30%	55.60%	56.47%
Total	299				

TABLE THREE			
2011-2013 Profit Loss and Balance Sheet			
Presence Our Lady of Resurrection Medical Center			
In thousands (000)			
	2011	2012	2013
Revenue	\$133,468	\$110,548	\$111,726
Expenses	\$141,966	\$120,863	\$115,398
Loss	-\$8,498	-\$10,315	-\$3,672
Other Income	\$1,685	\$0	\$0
Income	-\$6,813	-\$10,315	-\$3,672
Cash	\$45,000	\$25,000	\$5,000
Current Assets	\$11,997	\$28,553	\$29,171
PPE	\$26,268	\$26,187	\$24,670
Other Assets	\$33,803	\$36,200	\$38,319
Current Liabilities	\$5,217	\$32,993	\$39,183
Total LT Liabilities	\$22,160	\$25,273	\$22,793
Total Net Assets	\$44,691	\$34,708	\$32,218

VI. Project Costs and Sources of Funds

TABLE FOUR	
Project Costs and Sources of Funds	
Uses of Funds	
Other Costs To Be Capitalized (Payable at Closing)	\$10,000,000
Other Costs To Be Capitalized (Capital Commitments)	\$20,000,000
Total	\$30,000,000
Sources of the Funds	
Cash and Securities (working capital on the Hospital's balance sheet on the effective date of the Transaction)	\$10,000,000
Cash and Securities (Capital Commitments over the next 5 years)	\$20,000,000
Total	\$30,000,000

Muneris Capital Group ("Muneris") will be providing the working capital to Community First necessary to effectuate the turnaround at the Hospital. Muneris is a merchant bank with offices in New York City and Connecticut, and through its principal, Mr. Timothy Peters (Mr. Peters"), manages a \$300 million debt and equity fund dedicated to healthcare and, more specifically, distressed healthcare. Mr. Peters will have a board seat on the Community First Board of Directors. The hospitals and other healthcare providers within the Muneris portfolio are generally not members or affiliates of larger health systems. Due to this fact, these clients are generally challenged when they need to access the capital markets to raise equity and/or obtain financing. Muneris has been particularly active in the Illinois marketplace because of the liquidity shortages caused by the slow payment of Illinois Medicaid.

VII. 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.* [20 ILCS 3960/6]

The applicant is a new entity and does not own any other health care facility in the State of Illinois; therefore there have been no adverse actions over the past three years. The applicant has attested that the State Board and the Illinois Department of Public Health may access any and all records to verify any or all information in this application for permit.

VIII. Section 1110.230 - Purpose of Project, Safety Net Impact Statement and Alternatives

A) Criterion 1110.230 (a) -Purpose of the Project

The purpose of the project is consummate a change of ownership of Presence Our Lady of Resurrection Medical Center a 299 bed acute care hospital in Chicago, Illinois.

B) Criterion 1110.230 (b) - Safety Net Impact Statement

All health care facilities, with the exception of skilled and intermediate long-term care facilities licensed under the Nursing Home Act [210 ILCS 45], shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). Safety net services are the services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. [20 ILCS 3960/5.4]

The applicant will provide Medicaid and Charity Care in compliance with the Medicaid and charity care policies in place at Presence Our Lady of Resurrection Medical Center and will use reasonable efforts to provide Medicaid and charity care in an amount comparable to or exceeding the average amount of Medicaid and charity care provided by Presence Our Lady of Resurrection Medical Center as of 12/31/2013. Currently the amount of Medicaid is 19.93% and the amount of charity care is 4.08% of adjusted patient revenue. A copy of the admission and charity care policy was provided as requested. The facility is currently participates in the Medicare and Medicaid program and will continue to do so upon completion of the purchase.

TABLE FIVE Safety Net Information Presence Our Lady of Resurrection Medical Center			
Charity	2011	2012	2013
Inpatient	220	441	324
Outpatient	1,141	1,465	1,886

TABLE FIVE			
Safety Net Information			
Presence Our Lady of Resurrection Medical Center			
Charity	2011	2012	2013
Total	1,361	1,906	2,210
Inpatient	\$2,302,314	\$4,156,843	\$2,630,774
Outpatient	\$1,158,219	\$1,826,577	\$1,762,892
Total	\$3,460,533	\$5,983,420	\$4,393,666
Medicaid			
Inpatient	1,374	1,646	1,287
Outpatient	33,889	37,039	32,345
Total	35,263	38,685	33,632
Inpatient	\$13,416,693	\$9,824,357	\$17,534,670
Outpatient	\$4,727,748	\$6,366,949	\$3,926,837
Total	\$18,144,441	\$16,191,306	\$21,461,507
% of Medicaid to Net Revenue	14.01%	13.25%	19.93%
Net Revenue	\$129,500,468	\$122,168,834	\$107,681,539
Charity Care (Charges)	\$13,851,111	\$30,741,720	\$24,098,590
Cost of Charity Care	\$3,460,533	\$5,983,420	\$4,393,666
% of Net Revenue	2.67%	4.90%	4.08%

C) Criterion 1110.230 (c) - Alternatives to the Proposed Project

Alternative #1: Incorporate Community First as a For-Profit Corporation

Having participated in more than 50 distressed transactions and turnarounds as professionals advising bidders and purchasers, the Principals of Community First are familiar with, and considered, every possible acquisition model before incorporating Community First as a benefit corporation. Hands down, the for-profit corporate or for-profit limited liability company structure is the most common acquisition vehicle used when purchasers acquire distressed healthcare facilities. In this case, the Principals of Community First were very concerned that the typical for-profit corporate structure would prevent a complete turnaround at the Hospital. Unlike a benefit corporation, the officers and directors of a for-profit corporation have a fiduciary duty to maximize the returns available to its shareholders. Candidly, a turnaround of this magnitude would likely fail if the officers and directors of Community First had to put the interests of the Community First shareholders ahead of the interests of the community, the medical staff and the employees. Accordingly, this option was rejected.

Alternative #2: Do Nothing

Although most applicants routinely list the "Do Nothing" option as filler in their applications, the Principals of Community First really did weigh the pros and cons of "doing nothing" versus "doing something." The Hospital has the three elements that are needed for a successful turnaround: an incredibly loyal medical staff, dedicated employees, and a community that clearly supports the Hospital. Thus, in this case, "Do Nothing" just did not seem right.

Alternative #3: Incorporate Community First as a Benefit Corporation

In the final analysis, the Principals of Community First elected to incorporate Community First as a benefit corporation. The benefit corporation will allow the officers and directors of the Hospital to put the interests of the community first, thereby creating an environment for a long term turnaround of the Hospital. And hopefully, this model will prove so successful that future purchasers of distressed healthcare facilities will consider the benefit corporation as an appropriate acquisition vehicle.

IX. Section 1110.240 Changes of Ownership, Mergers and Consolidations

A) Criterion 1110.240 (a) – Impact Statement

The applicant must submit an impact statement which details any proposed changes in the beds or services currently offered, who the anticipated operating entity will be, the reason for the transaction, any anticipated additions or reductions in employees, and a cost/benefit analysis of the transaction. The statement must reflect at least a two-year period following the date of the change of ownership, merger or consolidation.

B) Criterion 1110.240 (b) - Access

The applicant must document any changes which may result in the restriction of patient admissions and document that no reductions in access to care will result from the transaction. Documentation shall consist of a written certification that the admission policies of the facilities involved will not become more restrictive and the submission of both the current formal admission policies of all institutions involved and the anticipated policy following completion of the project.

C) Criterion 1110.240 (c) - Health Care System

The applicant has agreed to the following in the asset purchase agreement at pages 82 and 83 of the application for permit.

Commitments of the Purchaser

The Purchaser is committed to continuing the services outreach, education and advocacy efforts provided by the Hospital in the culturally diverse communities it serves, and supporting the many programs and services currently offered by the Hospital to meet the needs of and improve access to health care in its communities, as of and after the Effective Date. In furtherance of such operational goals, the Purchaser pledges the following:

1. The Hospital shall not engage in elective abortions.
2. Purchaser will continue to operate the Hospital as a general acute care hospital, inclusive of all current service lines (as defined by the IHFSRB), for at least five (5) years after the Closing Date.
3. Purchaser will also maintain substantially the same number of beds at the Hospital for at least one (1) year after the Closing Date.

4. Purchaser shall continue to maintain a chaplaincy program to meet the spiritual needs of employees, patients and families, including assuring the availability of needed Catholic sacramental services that may only be provided by priests, through appropriate on-call and contractual arrangements.
5. Purchaser agrees to maintain ownership of the Hospital (other than transfer to wholly-controlled or controlling affiliates) for five (5) years after Closing.
6. Purchaser commits to fund and expend Twenty Million Dollars (\$20,000,000) at or for the benefit of the Hospital during the five (5) years after the Closing Date ("Capital Commitment"). Purchaser shall subordinate any and all management fees and distributions until the Capital Commitment has been fully funded or expended.
7. Purchaser agrees that it will participate in all clinical integration ACO contracts of which Presence Health Partners or other affiliates (including its affiliated Accountable Care Entity (ACE) joint venture for managed Medicaid services) has entered into with managed care companies, employers or other entities to the extent the Hospital is an eligible and appropriate participant (in terms of network geography and service lines, and in accordance with applicable antitrust laws).
8. Purchaser shall maintain existing graduate medical education activities, including residency programs and rotations, consistent with historical practices, for at least two (2) years after Closing.
9. Purchaser shall cause the Hospital to continue to use EPIC or make alternative arrangements for a comparable electronic health records system to be maintained and used by the Hospital.
10. Purchaser will establish a local board comprised of community members, physicians and others, to provide local input and oversight of services provided by or at the Hospital. Such Board will include a Benefit Director whose qualifications and responsibilities will comply with the provisions of the Illinois Benefit Corporation Act.
11. For the first two (2) years after the Closing Date, Purchaser will assure that the Hospital provides at least the same level of (1) need based charity care discounts, and (2) service to Medicaid patients, as were provided by the Hospital in calendar year 2013.
12. Purchaser will also for such two-year period adhere to and comply with the Hospital's existing policies regarding indigent and charity care; provided, however, no such policy or changes thereto shall result in a policy less favorable than that in effect at the Hospital immediately prior to the Closing Date.
13. To ensure continuity of care in the community, the Hospital's medical staff members in good standing immediately prior to the Closing Date will maintain medical staff privileges at the Hospital, subject to the Hospital's medical staff bylaws then in effect, as amended from time to time.
14. Purchaser is committed to continuing the outreach, education and advocacy efforts provided by the Hospital in the culturally diverse community it serves, and supports, and in all material respects will continue to support, the many

community benefit programs and services currently offered by the Hospital to meet the needs of and improve access to health care in those communities, including maintenance of existing relationships with area Federally Qualified Health Centers.

The applicant has met the requirements of the State Board regarding the change of ownership of Presence Our Lady of Resurrection Medical Center.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION IMPACT STATEMENT, ACCESS, AND HEALTH SYSTEM (77 IAC 1110.240 (a) (b) (c))

X. Section 1120.120 – Availability of Funds

Community First will acquire the Our Lady of Resurrection Hospital for Ten Million Dollars (\$10,000,000) in cash, cash equivalents and/or the retention of designated accounts receivable, as well as a capital commitment by Community First to fund and expend no less than Twenty Million Dollars (\$20,000,000) for the benefit of the Hospital during the five years following the closing of the Transaction.

Community First will fund the Transaction with the working capital on the Hospital's balance sheet on the effective date of the Transaction. Community First has secured a \$15,000,000 revolving line of credit from Muneris Capital Group. The commitment letter from Muneris Capital Group can be found at page 215-217 of the application for permit.

The revolving line of credit is for 24 months from the date of the transaction at an interest rate of the prime rate plus 5% secured by the net collectible value (“NCV”) of the hospital’s account receivables. The following NCV's were determined during due diligence based on gross (pre-billed) charges but will be subject to change based on the collateral performance between the date of this letter and the Closing Date:

TABLE SIX		
Net Collectible Value of Account Receivables		
	Inpatient Accounts Receivable	Outpatient Accounts Receivable
Medicare	19.06%	15.0%
Medicaid	8.22%	5.44%
Managed Care	23.50%	18.97%
Medicare Mng. Care	19.32%	17.09%
Blue Cross	23.68%	14.50%
Commercial	48.21%	83.48%
Workers Compensation	49.53%	53.64%

Borrowings under the Facility shall at no time exceed 85% of the NCV balance.

This revolving line of credit is renewable within 18 months. Community First will be obligated to pay Lender a Facility Fee in an amount equal to two percent (2%) of the Facility Amount payable from the proceeds at closing. A service fee of 0.27% per month of the average outstanding loan balance paid monthly in arrears to monitor and to service this loan. Two percent (2%) per annum of the unused portion of the Facility paid monthly in arrears. Community First will pay a termination fee of 10% of the Facility Amount for the life of the loan. Community First pay all fees and expenses related to the underwriting, legal, set-up, data interfacing and closing process of the loan. Community First has escrowed \$500,000 in cash with Chicago Title & Trust Company on September 19, 2014, as an earnest money deposit for the Transaction.

XI. Section 1120.130 – Financial Viability

The applicant did not qualify for the financial waiver because this is a new entity. Projected financial information was provided for 2015 and 2016 for Community First. From the projected information provided by the applicant it appears that the new entity will be financially viable within the first year of operation.

TABLE SEVEN				
Projected Financial Ratio				
		State		
		Standard	2015	2016
Current Ratio	Current Assets/Current Liabilities	2	8.65	14.71
Net Margin	Net Income/Net Operating Revenue	5.00%	5.25%	10.75%
Debt Service Coverage Ratio	Net Income + Dep. + Int. + Amort. / Interest Expense	2.5x	2.70	4.93
Total Debt to Capitalization	Long Term Debt/Long Term Debt + Total Equity	50.00%	37.00%	31.00%
Days Cash on Hand	Total Cash/Operating Expense-Depreciation/365	75	\$102	122.64
Cushion Ratio	Cash + Investments/ Principle + Interest	7	20.28	15.16

TABLE EIGHT		
Projected Financial Information		
Community First		
	2015	2016
Cash & Cash Equivalents	\$30,844,329	\$49,910,438
Accounts Receivables	\$17,375,691	\$20,185,478
Current Assets	\$49,935,360	\$62,811,257
Total Assets	\$71,497,612	\$85,001,265
Current Liabilities	\$5,770,803	\$4,270,803
Total Liabilities	\$38,075,740	\$37,059,997
Total Equity	\$33,421,872	\$47,941,268
Revenue	\$114,127,447	\$135,048,321
Cost of Goods Sold	\$84,223,740	\$96,884,308
Gross Profit	\$29,873,707	\$39,154,013
Operating Expenses	\$25,779,013	\$25,859,263
EBITDA	\$4,094,694	\$13,294,750
Depreciation	\$2,578,245	\$3,372,245
EBIT	\$1,516,449	\$9,922,505
Interest Expense	-\$1,521,212	-\$2,698,907
Other Income	\$6,215,797	\$7,535,797
Income Tax	-\$240,000	-\$240,000
Net Income	\$5,991,034	\$14,519,398

XII. Section 1120.140 – Economic Feasibility

- A) Criterion 1120.140 (a) - Reasonableness of Project Financing**
- B) Criterion 1120.140 (b) - Terms of Debt Financing**

To demonstrate compliance with these criteria the applicant provided a notarized letter stating:

“I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 511-109, and pursuant to 77 Ill. Admin. Code § 1120.140(a), to the following:

1. Community First Healthcare of Illinois, Inc. ("Community First") will fund the Transaction set forth in that certain Asset Purchase Agreement, dated September 16, 2014, between Community First and Presence Health Network and Presence Our Lady of the Resurrection Medical Center with the working capital on the balance sheet of Presence Our Lady Of Resurrection Medical Center on the effective date of the Transaction.
2. Community First has also secured a \$15,000,000 revolving line of credit (the "Working Capital Loan") from Muneris Capital Group ("Muneris").
3. Community First escrowed \$500,000 in cash with Chicago Title & Trust Company (Escrow Trust Number 201439080) on September 19, 2014, as an earnest money deposit for the Transaction.
4. Community First elected to establish the Working Capital Loan with Muneris in order to retain as much cash as possible and to maintain a current ratio of at least 2.0”

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

The applicant is purchasing a 299 bed acute care hospital in Chicago, Illinois at a cost of \$30,000,000.

D) Criterion 1120.140 (d) - Project Direct Operating Costs

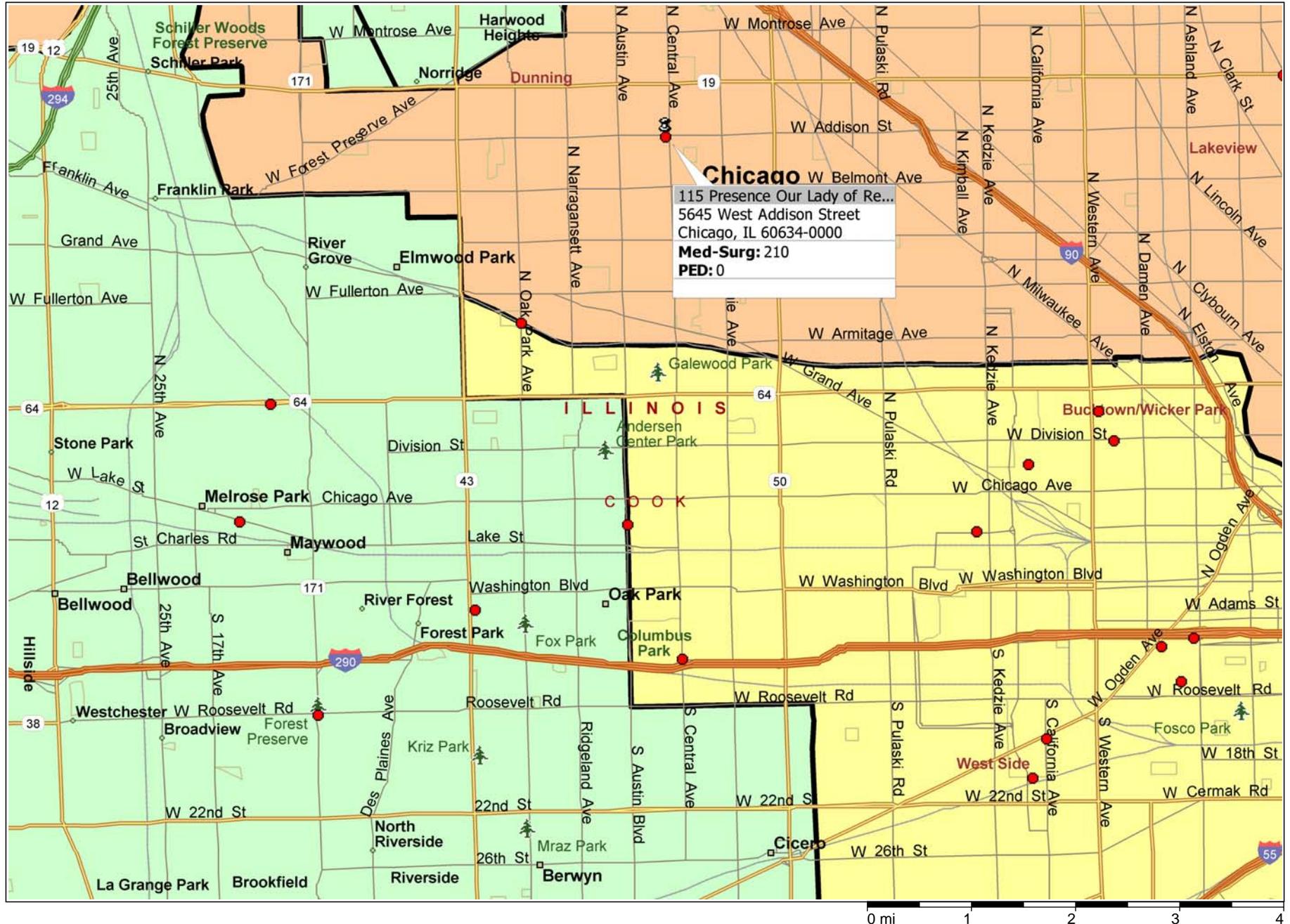
The applicant is projecting direct operating costs of \$778 per equivalent patient day.

E) Criterion 1120.140 (e) - Total Effect of the Project on Capital Costs

The applicant is projecting capital costs per equivalent patient day of \$856.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS, TERMS OF DEBT FINANCING, REASONABLENESS OF PROJECT COSTS, PROJECT DIRECT OPERATING COSTS, AND TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.140 (a)(b)(c)(d)(e))

14-050 Presence Our Lady of Resurrection Medical Center



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Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	92	9	164.09	11.54	175.63	1.8	1.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	651	397	1099.5	462.7	1562.2	1.7	1.2
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	103	16	259.5	27.3	286.8	2.5	1.7
OB/Gynecology	0	0	0	0	90	176	151	190.5	341.5	1.7	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	644	0	363	363	0.0	0.6
Orthopedic	0	0	0	0	283	177	497.4	222	719.4	1.8	1.3
Otolaryngology	0	0	0	0	7	169	14.6	158.5	173.1	2.1	0.9
Plastic Surgery	0	0	0	0	9	50	9.3	57.6	66.9	1.0	1.2
Podiatry	0	0	0	0	47	51	56.6	36.5	93.1	1.2	0.7
Thoracic	0	0	0	0	37	6	66.4	6.5	72.9	1.8	1.1
Urology	0	0	1	1	159	208	228.1	132.6	360.7	1.4	0.6
Totals	0	0	9	9	1478	1903	2546.49	1668.74	4215.23	1.7	0.9

SURGICAL RECOVERY STATIONS		Stage 1 Recovery Stations	8	Stage 2 Recovery Stations	19
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	1	1	0	2	805	1583	908	1748	2656	1.1	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	1	0	1	0	798	0	399	399	0.0	0.5
Cystoscopy	0	0	1	1	159	208	228	133	361	1.4	0.6

Multipurpose Non-Dedicated Rooms

Minor Local Procedur	0	1	0	1	0	22	0	12	12	0.0	0.5
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,085
Patients Admitted from Emergency:	5,795
Total ED Visits (Emergency+Trauma):	45,085

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	118,161
Outpatient Visits at the Hospital/ Campus:	118,161
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	554
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	414
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	140
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Examinations		Therapeutic Equipment		Therapies/ Treatments
	Owned	Contract	Owned	Contract	

General Radiography/Fluoroscopy	7	0	13,750	26,648	0	Lithotripsy	0	0	0
Nuclear Medicine	2	0	638	1,181	0	Linear Accelerator	0	0	0
Mammography	2	0	5	4,144	0	Image Guided Rad Therapy			0
Ultrasound	4	0	3,442	7,111	0	Intensity Modulated Rad Thrp			0
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			280	149	0	Proton Beam Therapy	0	0	0
Interventional Angiography			46	19	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,872	10,596	0				
Magnetic Resonance Imaging	1	1	928	1,913	14				