



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-06	BOARD MEETING: February 27, 2018	PROJECT NO: 17-054	PROJECT COST: Original: \$27,199,281
FACILITY NAME: Ann & Robert H. Lurie Children's Hospital of Chicago		CITY: Chicago	
TYPE OF PROJECT: Substantive			HSA: VI

PROJECT DESCRIPTION: The Applicants (Ann & Robert H. Lurie Children's Hospital of Chicago and Children's Hospital of Chicago Medical Center) propose to expand inpatient hematology/oncology service with the addition of a 24-bed Intensive Care Unit adjacent to the existing 24-bed pediatric medical/surgical unit. The anticipated completion date for the project is September 30, 2020. The total project cost is \$27,199,281.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (Ann & Robert H. Lurie Children's Hospital of Chicago and Children's Hospital of Chicago Medical Center) propose to expand inpatient hematology/oncology service with the addition of a 24-bed Intensive Care Unit adjacent to the existing 24-bed pediatric medical/surgical unit. The anticipated completion date for the project is September 30, 2020. The total project cost is \$27,199,281.
- **In May of 2017** the State Board approved the Applicants to modernize and expand its Intensive Care (ICU), and Neonatal Intensive Care (NICU) units on the campus of Ann & Robert H. Lurie Children's Hospital, in Chicago. The project added 44 ICU beds to the existing complement of 92 beds, resulting in a 136-bed Intensive Care unit (ICU). In addition, 4 NICU beds were approved to be added to the existing complement of 60 beds, resulting in a 64-bed Neonatal Intensive Care unit (NICU). The approved cost of the project is \$50,985,179, and the project completion date is January 31, 2019.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project is proposing to substantially change of the scope or functional operation of a health care facility and the cost is in excess of the capital expenditure minimum of \$13,171,046 (20 ILCS 3960).

PURPOSE OF THE PROJECT:

- The Applicants stated *"the purpose of the proposed 24-bed Hem/Onc ICU project is two-fold: a) to create an ICU in space adjacent to the Hem/Onc pediatric medical/surgical unit on the south side of the 17th floor (17S) to accommodate cancer patients requiring intensive care who are now being hospitalized in the pediatric medical/surgical unit; and b) to reduce occurrences of spillover of pediatric medical/surgical patients to other units of by treating those ICU-eligible patients in the proposed Hem/Onc ICU on 17S. This will allow the pediatric medical/surgical unit on 17N to treat more traditional pediatric "medical/surgical" patients, and the adjacent ICU (to be dedicated to Hem/Onc patients) to meet the demand for intensive care."*

PUBLIC COMMENT:

- A public hearing was offered in regard to this project, but one was not requested. No letters of opposition were received during the public comment period.

CONCLUSION:

- Based upon the information in the application for permit we note the following:

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 1120.140(c) - Reasonableness of Project Costs	The applicants have exceeded the State standard for New Construction/Contingencies, and a negative finding results for this criterion. A detailed explanation of the difference in cost is provided at the end of this report.

STATE BOARD STAFF REPORT
Project #17-054
Ann & Robert H. Lurie Children’s Hospital of Chicago

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	Children’s Hospital of Chicago Medical Center Ann & Robert H. Lurie Children’s Hospital of Chicago
Facility Name	Ann & Robert H. Lurie Children’s Hospital of Chicago
Location	225 East Chicago Avenue, Chicago, Illinois
Application Received	October 11, 2017
Application Deemed Complete	October 12, 2017
Review Period Ends	January 26, 2018
Permit Holder	Children’s Hospital of Chicago Medical Center Ann & Robert H. Lurie Children’s Hospital of Chicago
Operating Entity/Licensee	Ann & Robert H. Lurie Children’s Hospital of Chicago
Owner of the Site	Ann & Robert H. Lurie Children’s Hospital of Chicago
Project Financial Commitment Date	February 27, 2020
Gross Square Footage	32,447 GSF
Project Completion Date	September 30, 2020
Can Applicants Request a Deferral?	Yes
Has the Application been extended by the State Board?	No

I. The Proposed Project

The Applicants (Ann & Robert H. Lurie Children's Hospital of Chicago and Children's Hospital of Chicago Medical Center) propose to expand inpatient hematology/oncology service with the addition of a 24-bed Intensive Care Unit adjacent to the existing 24-bed pediatric medical/surgical unit. The anticipated completion date for the project is September 30, 2020. The total project cost is \$27,199,281.

II. Summary of Findings

- A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of 77 ILAC 1110 (Part 1110).
- B. The State Board Staff finds the proposed project **does not** appear to be in conformance with the provisions of 77 ILAC 1120 (Part 1120).

III. General Information

Ann & Robert H. Lurie Children’s Hospital of Chicago is one of 9 subsidiary pediatric health care organizations operating in conjunction with Children’s Hospital of Chicago Medical Center. Lurie Children’s Hospital is classified as the largest provider of pediatric medical care in the region, and is a prominent research hospital for advanced pediatric care. Lurie Children’s Hospital is a 288-bed children’s specialty care hospital, located at 225 East Chicago Avenue, Chicago, in HSA-VI. HSA-VI encompasses the city of Chicago. Lurie Children’s Hospital is one of three children’s specialty hospitals located in Chicago.

Project obligation will occur after permit issuance. The project is a substantive project subject to 1110 and 1120 review.

IV. Health Service Area VI

The Ann & Robert H. Lurie Children's Hospital is located at 225 East Chicago Avenue, Chicago, Illinois in Cook County, A-01 Hospital Planning Area and Health Service Area HSA VI. Planning Area A-01 includes the Chicago community areas of Uptown, Lincoln Square, North Center, Lakeview, Lincoln Park, Near North Side, Edison Park, Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare, and Edgewater. HPA A-01 includes

- Advocate Illinois Masonic Medical Center [397 beds]
- Community First Medical Center [296 beds]
- Louis A. Weiss Memorial Hospital [236 beds]
- Methodist Hospital of Chicago [145 beds]
- Northwestern Memorial Hospital [894 beds]
- Presence Resurrection Medical Center [337 beds]
- Presence Saint Joseph Hospital [184 beds]
- Swedish Covenant Hospital [312]
- Thorek Memorial Hospital [156]
- Ann & Robert H. Lurie Children's Hospital [288 beds]*
- Shriner's Hospital for Children [60 beds]*

*Children's specialty care hospital

V. Project Details

Currently, Lurie Children's has 92 ICU beds in operation. In May 2017, the Illinois Health Facilities and Services Review Board approved Project 16-050, allowing for the construction of 44 ICU beds on the 22nd floor at Lurie Children's, increasing the ICU bed complement from 92 to 136. These 44 ICU beds are now under construction. The current proposed project to add 24 ICU beds to the Hem/One service will increase the ICU bed complement from 136 ICU beds to 160 ICU beds. Total hospital authorized beds will increase from 336 to 360. Existing office space on 17S will be converted to the proposed 24-bed Hem/One ICU. The 32,447 square foot construction project includes 16,398 sq. ft. of clinical space, and 16,049 sq. ft. of non-clinical space.

VI. Project Uses and Sources of Funds

The Applicants are funding this project with cash in the amount of \$5,612,550 and a bond issue in the amount of \$21,586,731. Itemization of the project costs can be found at pages 43-47 of the Application for Permit.

TABLE ONE
Project Costs and Sources of Funds

Use of Funds	Reviewable	Non Reviewable	Total	% of Total
Pre-planning Costs	\$205,639	\$188,586	\$394,225	1.45%
Site Survey and Soil Investigation	\$15,404	\$14,126	\$29,530	0.11%
Site Preparation	\$302,268	\$277,202	\$579,470	2.13%
New Construction Contracts	\$9,590,435	\$8,795,107	\$18,385,543	67.60%
Contingencies	\$573,309	\$525,765	\$1,099,074	4.04%
A/E Fees	\$420,668	\$385,782	\$806,450	2.96%
Consultant Fees	\$636,043	\$583,296	\$1,219,339	4.48%
Movable Equipment	\$1,568,455	\$1,438,384	\$3,006,839	11.05%
Bond Issuance Expense	\$112,603	\$103,265	\$215,867	0.79%
Other Capital Costs	\$763,115	\$699,830	\$1,462,945	5.38%
Total Use of Funds	\$14,187,939	\$13,011,343	\$27,199,282	

Sources of Funds	Reviewable	Non Reviewable	Total	% of Total
Cash and Securities	\$2,927,670	\$2,684,880	\$5,612,550	20.63%
Mortgages/Bonds	\$11,260,268	\$10,326,463	\$21,586,731	79.37%
Total Sources of Funds			\$27,199,281	

VII. Background of the Applicants

A) Criterion 1110.1430(b)(1)&(3) – Background of the Applicants

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. To demonstrate compliance with this criterion the Applicants must provide

- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH 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 the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
- D) An attestation that the Applicants have not had *adverse action*¹ taken against any facility they own or operate.

¹ “Adverse action is defined as a disciplinary action taken by IDPH, CMMS, or any other State or federal agency against a person or entity that owns or operates or owns and operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type "A" and Type "AA" violations.” (77 IAC 1130.140)

1. The Applicants have attested that there has been no adverse action taken against any of the facilities owned or operated by the Applicants during the three (3) years prior to filing the application. [Application for Permit page 55]
2. The Applicants have authorized the Illinois Health Services Review Board and the Illinois Department of Public Health to have access to any documents necessary to verify information submitted in connection to the applicants' certificate of need to establish a twelve station ESRD facility. The authorization includes, but is not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. [Application for Permit page 55]
3. The site is owned by Ann & Robert H. Lurie Children's Hospital of Chicago and evidence of this can be found at pages 31-35 of the application for permit.
4. The Applicants provided evidence that they were in compliance with Executive Order #2006-05 that requires *all State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.*
5. The proposed location of the facility is in compliance with the Illinois State Agency Historic Resources Preservation Act which requires *all State Agencies in consultation with the Director of Historic Preservation, institute procedures to ensure that State projects consider the preservation and enhancement of both State owned and non-State owned historic resources* (20 ILCS 3420/1).

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 ILAC 1110.1430 (b)(1)&(3))

VIII. Purpose of the Project, Safety Net Impact, Alternatives

A) Criterion 1110.230 – Purpose of the Project

To demonstrate compliance with this criterion the Applicants must 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 area, per the applicant's definition.

According to the applicants:

Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) has a long history of delivering advanced pediatric cancer care and now accounts for 40.4% of all pediatric hematology/oncology discharges in the 7-county Chicago metropolitan area. (COMP data, 2016). [The seven counties are Cook, DuPage, Kane, Lake, McHenry, Will and Kendall] Lurie Children's is also at the forefront of research to develop new cancer treatments and other advances. Great strides have been made nationally and locally in treating pediatric cancers, but significant challenges remain. While the overall 5-year survival rate for children's cancer now approaches nearly 90%, the rates are much lower for those with aggressive or recurring

cancers. The proposed 24-bed hematology/oncology (Hem/Onc) ICU project will help Lurie Children's continue its leadership role in caring for children with cancer by meeting the demand of patients referred for tertiary level cancer care.

The addition of 24 Intensive Care Unit (ICU) beds to the existing complement of 136 authorized ICU beds will improve access to the population in northeastern Illinois by: a) adding intensive care capacity to meet increasing demand, and b) specifically addressing the intensive care needs of hematology/oncology patients at Lurie Children's.

a. Assure the availability of intensive care at Lurie Children's.

ICU patient days have risen from 12,707 in Calendar Year (CY) 2009 to 25,357 in CY 2016. This 99.6% increase over 7 years equates to an annual average increase of 14.2%. ICU bed occupancy was 68% in CY 2015, and 75.5% in CY 2016, which exceeds the State ICU occupancy standard of 60%. Ongoing growth is expected to continue due to the expansion of referral relationships with hospitals throughout the Chicago metropolitan area for specialized pediatric care and the further development of specialized cancer services and interventions at Lurie Children's. Over the past 5 years, transports of pediatric cases to Lurie Children's increased by 43%, from 3,556 in Fiscal Year (FY) 2012 (ending August 31, 2012) to 5,074 in FY 2017 (ending August 31, 2017). This represents an average increase of 7.2% per year. This trend is also expected to continue. Approximately 50% of these transports are directly to the ICU. The trends are evidence of the fact that physicians and hospitals in northeastern Illinois increasingly refer to Lurie Children's as a regional resource for tertiary and quaternary pediatric inpatient care. When Lurie Children's relocated in June 2012 from Lincoln Park to the Streeterville neighborhood of Chicago, the new facility had an authorized capacity of 72 ICU beds. In June 2014, increased patient volumes led to the conversion of 20 pediatric medical/surgical beds to 20 ICU beds, resulting in an authorized ICU bed count of 92 ICU beds. The construction of 44 additional ICU beds at Lurie Children's is underway, based on the approval of Project #16-050 by the Health Facilities and Services Review Board in May 2017. This project will increase the ICU bed complement at Lurie Children's to 136 ICU beds. The addition of 44 ICU beds will accommodate a projected annual increase of 5.5% in ICU patient days through CY 2021, which is considerably less than the historic average growth of 14.2% for the past 7 years. The purpose of the proposed 24-bed Hem/Onc ICU project is to add capacity to meet the forecasted conservative annual growth of 5.5% in ICU patient days at Lurie Children's, to accommodate a projected volume of almost 35,000 ICU days in CY 2022.

b. Assure the availability of capacity for Hem/Onc patients at Lurie Children's.

The existing 24-bed Hem/Onc pediatric medical/surgical unit on the north side of the 17th floor (17N) of Lurie Children's has been serving the Hem/Onc patient population by providing care through clinical staff with specialized training and experience. The special needs of this population have also required high nurse-to-patient ratios. A critically important feature of this unit is the positive air pressure which helps protect patients who are immune compromised due to chemotherapy and susceptible to infections. This feature is not typical in an ordinary pediatric medical/surgical or ICU. As the treatments available for cancer patients become more complex, the medical acuity of these patients is also changing. An increasing number of patients on the 24-bed Hem/Onc pediatric medical/surgical unit now require a higher level of care, beyond what is provided in typical pediatric medical/surgical units. About two-thirds of annual admissions to Hem/Onc involve planned chemotherapy; these patients require frequent monitoring of vital signs and other tests. Many of these patients now require ICU level services, for all or a part of their hospital stay. The following diagnosis-related groups (DRGs) are associated with Hem/Onc patients qualifying for and requiring intensive care that would be best addressed by Hem/Onc

specialists rather than pediatric internists in Lurie Children's pediatric ICU. Based on the first ten months of FY 2017, these pediatric "medical/surgical patients with eligibility for ICU level care" constituted 29.7% of patient days in the 24-bed Hem/Onc pediatric medical/surgical unit:

- bone marrow transplant;*
- craniotomy except for trauma;*
- major OR procedure for lymphatic/hematopoietic/other neoplasms;*
- septicemia and disseminated infections;*
- major GI and peritoneal infections;*
- malfunction, reaction, and complication of cardiac or vascular device or procedure;*
- pulmonary embolism.*

In FY 2017 (ending August 31, 2017), there were 9,480 pediatric medical/surgical Hem/Onc patient days at Lurie Children's. 7,536 of these patient days were accommodated on the 24-bed Hem/Onc pediatric medical/surgical service at Lurie Children's, resulting in an occupancy of 86.0% on that unit; 1,945 were spillovers to other units. 29.7% of these 9,480 pediatric medical/surgical patients meet the requirement for intensive care that would be best addressed by Hem/Onc specialists rather than pediatric internists in Lurie Children's pediatric ICU. 29.7% of the 9,480 patient days in FY 2017 equates to 2,815 "ICU eligible" patient days. The growth of "ICU eligible" patients in the Hem/Onc pediatric medical/surgical unit has increased by 17-20% annually for the past several years.

Therefore, the purpose of the proposed 24-bed Hem/Onc ICU project is two-fold: a) to create an ICU in space adjacent to the Hem/Onc pediatric medical/surgical unit on the south side of the 17th floor (17S) to accommodate cancer patients requiring intensive care who are now being hospitalized in the pediatric medical/surgical unit; and b) to reduce occurrences of spillover of pediatric medical/surgical patients to other units of by treating those ICU-eligible patients in the proposed Hem/Onc ICU on 17S. This will allow the pediatric medical/surgical unit on 17N to treat more traditional pediatric "medical/surgical" patients, and the adjacent ICU (to be dedicated to Hem/Onc patients) to meet the demand for intensive care. [See Application for Permit pages 56-67]

The reasons for the increase in utilization at Lurie Children's include:

- 1. the increase in new outreach partner hospital affiliations and the expansion of services with those partners,*
- 2. the growth of the Lurie Children's outpatient service facilities in the suburbs,*
- 3. the reduction of pediatric medical/surgical beds and complete pediatric unit closures at hospitals in the metropolitan area,*
- 4. the growth in number and scope of specialty programs at Lurie Children's, and the applications of basic science and clinical research to pediatric clinical care.*

The affiliations with outreach partner hospitals has been ongoing for over 15 years, with the goal of enhancing pediatric expertise at community hospitals throughout the metropolitan Chicago area and beyond, and serving patients near their homes. These partnerships have also resulted in patient referrals and transports to Lurie Children's for specialty medical and surgical care. Transports to Lurie Children's increased from 3,556 in FY 2012 to 5,074 in FY 2017. In FY 2017, about 20% of total transports, and about half of the transports involving Lurie Children's transport team, are directly to the ICU.

At the same time, a number (19 total) of Chicago and suburban hospitals are closing or reducing the size of their pediatric units; other than through Lurie Children's recently approved Project #16-050, there have been virtually no additions to the pediatric bed supply

in the Chicago metropolitan area. Since 2012, hospitals in the Chicago metropolitan area have reduced their pediatric bed complement by over 200 beds; an additional closing of a 16-bed pediatric unit is already planned for 2018. By the early part of 2018, 11 hospitals will have discontinued their pediatric units. Patients formerly seen at those hospitals are now referred to Lurie Children's and other pediatric centers in the area.

New or specialized services available at Lurie Children's are a factor in the increasing utilization. Pages 83 and 84 of the permit application highlight these services as reasons for the growth of the hematology/oncology service including growth in the number of pediatric stem cell transplants performed and patient days, making it one of the largest programs of its kind. This service is increasingly used to treat not just cancers, but sickle cell disease, thalassemia, immune deficiencies and genetic disorders

Pediatric specialists at Lurie Children's are actively involved with various consortia of health science centers to offer state of the art clinical trials for patients meeting special requirements. Their expertise in cancer treatment and research is increasingly recognized and is attributed as a key factor in the increasing patient volumes at Lurie Children's.

B) Criterion 1110.230 (b) - Safety Impact Statement

To demonstrate compliance with this criterion the Applicants must document the safety net impact if any of the proposed project. *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 Applicants provided a safety net impact statement and it is attached at the end of this report.

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

To demonstrate compliance with this criterion the Applicants must 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 Applicants considered four alternatives to the proposed project.

Alternative 1: Add 24 pediatric medical/surgical (instead of ICU) beds on the 17th floor. The estimated cost of this alternative is \$25,759,281.

Alternative 2: Convert an existing 24-bed pediatric medical/surgical unit on another floor to a 24-bed ICU. The estimated cost of this alternative is \$14,949,281.

Alternative 3: Convert an existing ICU for exclusive use by hematology/oncology intensive care. The estimated cost of this alternative is \$12,955,321

Alternative 4: Utilize capacity at area community hospitals with pediatric intensive care units.

The **first alternative** was rejected because an increasing number of patients in Hem/Onc require an intensive care level of service. The **second alternative** was rejected because it would reduce the authorized medical/surgical bed count at Lurie Children's below the level needed for current patient day census. The **third alternative** was rejected because without the addition of 24 ICU beds, there would be insufficient ICU bed capacity to meet the projected utilization of almost 35,000 in CY 2022 and beyond. The **final alternative** was rejected because pediatric units at hospitals in the Chicago metropolitan area are not able to handle complex pediatric intensive care patients with high acuity

conditions. Even with greater pediatric capability at hospitals in northern Illinois, transports to Lurie Children's are increasing. There were 3,556 transports in FY 2010 and 5,074 in FY 2016. [Application for Permit pages 68-70]

IX. Size of the Project, Projected Utilization, Assurances

A) Criterion 1110.234(a) – Size of the Project

To demonstrate compliance with this criterion the Applicants must document that the size of the proposed project is in conformance with the standards published in Part 1110 Appendix B.

For hospitals, area determinations for departments and clinical service areas are to be made in departmental gross square feet (dgsf). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required by the Hospital Licensing Act, applicable federal certification, and any additional spaces required by the applicant's operational program.

The Applicants are proposing 24 ICU beds in 16,398 DGSF of space. The State Board Standard is 685 DGSF per bed or 16,440 DGSF. The Applicants have met the requirements of this criterion.

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

B) Criterion 1110.234(b) – Projected Utilization

To demonstrate compliance with this criterion the Applicants must document that proposed service will be at the State Board’s target occupancy by the end of the second year of operation after the project is complete.

The Applicants propose to expand ICU bed capacity by 24 beds, from the current authorized bed complement of 136. This increase is based on current utilization and historic growth over the past 7 years for the ICU service. For the ICU, patient days increased from 12,707 in Calendar Year (CY) 2009 to 25,357 in CY 2016. This increase of 12,650 patient days (99.6%) equates to an annual average increase of 14.2% (99.6% divided by 7 years.) Projections for future years are based on a more conservative annual increase of 5.5%, which results in a CY 2021 patient day projection of 32,300 ICU patient days (from Project 16-050, page 63) and 34,963 ICU patient days in CY 2022.

CY	Beds	Patient Days	Utilization
2009	60	12,707	58.02%
2010	60	14,434	65.91%
2011	60	13,576	61.99%
2012	72	17,649	67.16%
2013	72	16,923	64.39%
2014	92	20,565	61.24%
2015	92	22,785	67.85%
2016	92	25,357	75.51%
2017	92	26,752	79.67%
2018	92	28,223	84.05%
2019	92	29,775	88.67%
2020	136	31,413	63.28%
2021	136	33,141	66.76%
2022	160	34,963	59.87%

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH THE PROJECTED UTILIZATION CRITERION (77 IAC 1110.234(b)).

C) Criterion 1110.234 (e) – Assurances

The applicants have supplied a certified letter (Application for Permit, p. 91), attesting to their commitment to meet or exceed State operational standards by the second year of operation. The applicants have met the requirements of this criterion

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH THE ASSURANCES CRITERION (77 IAC 1110.234(e)).

X. Medical/Surgical, Obstetric, Pediatric and Intensive Care

A) Criterion 1110.530 (b) –Background of the Applicants

This criterion has previously been addressed.

B) Criterion 1110.530 (c) (2) (4) - Planning Area Need

To demonstrate compliance with this criterion the Applicants must document that the proposed project will provide service to residents of the planning or geographical service area and that at least 50% of the admissions for the last 12-months were residents of the area.

2) Service to Planning Area Residents

The Applicants have identified the 7-county metropolitan area as its primary service area and the Planning Area for this project. The Planning Area is the source of 89.2% of its inpatient admissions [Application for Permit page 61-66]. ICU patient admissions are slightly more concentrated than all inpatient admissions. As a result, more than 89.2% of ICU admissions (and therefore more than 50% of the projected planned patient volumes for the expanded ICU service) are from within the Planning Area.

4) Service Demand – Expansion of Existing Category of Service

The Applicants have documented a growth of 14.2% compounded annually from 2009 through 2016 for ICU inpatient days. Projections for future years are based on a more conservative annual increase of 5.5%, which results in a CY 2021 patient day projection of 32,300 ICU patient days (from Project 16-050, page 63) and 34,963 ICU patient days in CY 2022.

TABLE THREE			
Historical and Projected Information			
CY	Beds	Patient Days	Utilization
2009	60	12,707	58.02%
2010	60	14,434	65.91%
2011	60	13,576	61.99%
2012	72	17,649	67.16%
2013	72	16,923	64.39%
2014	92	20,565	61.24%
2015	92	22,785	67.85%
2016	92	25,357	75.51%
2017	92	26,752	79.67%
2018	92	28,223	84.05%

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Historical and Projected Information			
CY	Beds	Patient Days	Utilization
2019	92	29,775	88.67%
2020	136	31,413	63.28%
2021	136	33,141	66.76%
2022	160	34,963	59.87%

C) Criterion 1110.530 (f) - Staffing Availability

To demonstrate compliance with this criterion the Applicants must document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission staffing requirements can be met.

The Applicants provided the following information:

All ICU beds provide 24/7/365 coverage of expert physician and nursing specialists. As a result, the addition of the proposed 24-bed Hem/Onc ICU will require additional staffing to meet patient care demands. Physician recruitment is a rigorous process that is an integral part of the bed expansion planning. Working closely with Lurie Children's data analytics group, the need for additional beds and staffing by position was determined to accommodate increasing service demand. A thorough review of resources to support each medical staff/faculty appointment is completed, with the plan presented to Pediatric Faculty Foundation, Inc., Lurie Children's affiliate that employs these physician specialists. Lurie Children's academic partner, Northwestern University Feinberg School of Medicine, applies strict guidelines to assure that academic integrity is incorporated into the recruitment process. These positions are hospital-based, requiring all candidates to be board-eligible or board certified and demonstrate academic productivity as well as clinical excellence and productivity.

Currently, the complement of Hem/Onc physicians includes 27 faculty members totaling 25.5 Full Time Equivalent (FTE) positions. Of the total FTE complement, there are 13.6 clinical FTEs to support direct patient care needs, which is consistent with the clinical activity needed to support current and expanded volumes. The recruitment period lasts approximately 1-2 years to attract and retain the best clinicians. A national search has begun, which includes verbal communication to individual candidates, exhibiting and recruiting at relevant conferences, and mass e-mailings to leading centers in North America. Recruitment is currently underway for one additional Oncology physician specializing in leukemia management and one Neuro-Oncology physician specializing in pediatric brain tumors. One Hematology physician has already been hired and will be starting in Fiscal Year (FY) 2018 (ending August 31, 2018).

Advanced Practice Nurse (APN) Recruitment:

The APN/Physician Assistant (PA) Council at Lurie Children's includes a diverse group of specialties, with all clinical areas having advanced practice representation. In the Hem/Onc ICU, these individuals will be specialty trained with both acute care

and primary care certifications, in addition to all being certified as Certified Pediatric Oncology Nurses (CPON).

The addition of the proposed 24-bed Hem/Onc ICU provides the opportunity to recruit additional APNs. Lurie Children's Human Resources Department has a recruiter who focuses specifically on ICU APN recruitment. After the position approval process is completed, the average recruitment process takes three to four months, the credentialing and privileging processes take an average of 90 to 120 days, and orientation takes four to six months. This timeframe allows for recruitment and training to take place one year prior to the opening of the additional ICU beds. The current Lurie Children's registered nurse staff, who will be finishing their Master's Degree work and intend to sit for the APN licensing board, constitute a great pool of talent and recruitment opportunity. In the past 12 months, Lurie Children's has received 39 applications for APNs interested in the Hem/Onc unit. In addition to general Hem/Onc APN recruitment, Lurie Children's has recently initiated an additional 24/7/365 APN service to manage a core group of patients on the Hem/Onc service. This additional service will reduce the volume of patients on the residents' service and allow for the appropriate care needs of these complex patients to be met. This APN service will consist of 6.7 APN FTEs. Lurie Children's has already added 2.0 FTEs in the past two months, bringing the total to 5.3 FTE currently. Lurie Children's anticipates having a full complement of APNs to support the proposed Hem/Onc ICU service by June 2018, well in advance of the completion of the proposed 24-bed Hem/Onc ICU.

Registered Nurse (RN) Recruitment:

In the last 12 months, Lurie Children's Human Resources Department has received 370 RN applications with specific interest in the Hem/Onc unit. In addition to these formal applications, there are RN candidates now working in the hospital in other positions who, once they complete their RN training, approach nursing leaders seeking transfers to the Hem/Onc unit. Available positions are posted on Lurie Children's website and are advertised in professional journals and at national organization meetings and conferences. Lurie Children's also has a nationally-respected nurse internship program, which provides a four to six month orientation process to best prepare the new graduate to step into the role of a Lurie Children's Hem/Onc nurse. As the Hem/Onc unit prepares for the addition of an ICU, a staffing plan will be developed. Once needed positions are approved, recruitment, hiring, and training will take place to assure that the nurses are prepared to fully and competently care for the needs of Hem/Onc patients and families immediately upon the completion of the proposed 24-bed Hem/Onc ICU project. Staffing for the existing Hem/Onc pediatric medical/surgical unit is based on nursing ratios of 1 nurse for every 2.5 patients—a ratio that is similar to ICUs. Lurie Children's will maintain this staffing ratio in the current unit and the new Hem/Onc ICU and increase nursing resources to meet the expanded volumes.

Currently, Lurie Children's has the following staff to support the existing 24 pediatric medical/surgical beds: 46.12 FTE Nursing, 1.0 FTE Director, 2.0 FTE Patient Care Managers, and 10.61 FTE Nursing Assistants. Lurie Children's is planning to

increase to the following to support the addition of the proposed 24 ICU beds: 64.38 FIE Nursing (+18.26 FTE), 1.0 FTE Director, 3.0 FTE Patient Care Managers (+1.0 FTE), and 18.04 FTE Nursing Assistants (+7.43 FTE). Lurie Children's is confident, with the number of applicants regularly received for open nursing positions and support staff positions, that Lurie Children's will be able to recruit the necessary staff to support the proposed 24-bed Hem/Onc ICU appropriately.

D) Criterion 1110.530 (g) - Performance Requirements – Bed Capacity Minimum

To demonstrate compliance with this criterion the Applicants must document that the size of the intensive care unit is four beds.

Should this project be approved the Applicants will have a total of 160 ICU beds at the hospital. The Applicants have successfully addressed this criterion.

E) Criterion 1110.530 (h) - Assurances

To demonstrate compliance with this criterion the Applicants must attest to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The Applicants have provided the necessary attestation at page 91 of the Application for Permit.

FINANCIAL VIABILITY

This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community

A) Criterion 1120.120 – Availability of Funds

B) Criterion 1120.130 – Financial Viability

To demonstrate compliance with these criteria the Applicants must document that funds are available and the Applicants are financially viable.

The Applicants are funding this project with cash in the amount of \$5,612,550 and a loan in the amount of \$21,586,731. Both S & P Global Ratings² and Fitch³ have assigned “AA-” long term rating on the \$133.13 million bonds for Lurie’s Children Hospital. The Applicants have qualified for the financial waiver by providing evidence of an “A” or better bond rating.

	2016	2015
Cash	\$35,464,988	\$27,695,157
Current Assets	\$283,075,429	\$173,276,907
Total Assets	\$2,416,207,199	\$2,262,048,447
Current Liabilities	\$137,482,166	\$98,228,576
LTD	\$363,974,915	\$368,758,475
Total Liabilities	\$700,401,379	\$653,458,970
Total Net Assets	\$1,715,805,820	\$1,608,589,477
Patient Service Revenue	\$807,078,359	\$737,265,139
Total Operating Revenue	\$922,450,143	\$854,856,636
Income from Operations	\$50,357,737	\$37,863,329
Non Operating Income	\$60,866,407	-\$20,408,260
Excess of Revenue over Expenses	\$111,224,144	\$17,455,069

² Long-Term Issue Credit Ratings

Issue credit ratings are based, in varying degrees, on S&P Global Ratings' analysis of the following considerations:

- The likelihood of payment--the capacity and willingness of the obligor to meet its financial commitments on an obligation in accordance with the terms of the obligation;
- The nature and provisions of the financial obligation, and the promise we impute; and
- The protection afforded by, and relative position of, the financial obligation in the event of a bankruptcy, reorganization, or other arrangement under the laws of bankruptcy and other laws affecting creditors' rights.

³ **AA: Very high credit quality.** ‘AA’ ratings denote expectations of very low default risk. They indicate very strong capacity for payment of financial commitments. This capacity is not significantly vulnerable to foreseeable events. **Plus (+) or minus(-)** - The ratings from ‘AA’ to ‘CCC’ may be modified by the addition of a plus or minus sign to show relative standing within the major rating categories

ECONOMIC FEASIBILITY

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

B) Criterion 1120.140 (b) – Terms of Debt Financing

To demonstrate compliance with these criteria the Applicants 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 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.

Ron Blaustein, Chief Financial Officer Ann & Robert H. Lurie Children's Hospital of Chicago stated “*Ann & Robert H. Lurie Children's Hospital of Chicago plans to fund the capital cost of the proposed bed expansion project with cash, securities, and bonds. This strategy recognizes that the market is favorable for issuing bonds with low rates. Terms and conditions of financing have not yet been determined. I hereby certify that the selected form of debt financing will be at the lowest net cost available.*”

Based upon the information provided in the Application for Permit; the Applicants have met the requirements of these two criteria.

State Board Staff finds the proposed project in conformance with criteria Reasonableness of Financing Arrangements and Terms of Debt Financing (77 ILAC 1120.140 (a) (b))

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

To demonstrate compliance with this criterion the Applicants must document that costs are reasonable when compared to the State Board Standards in Part 1120 Appendix A.

The Applicants have met all of the State Board Standards except for new construction and contingencies costs. An explanation for the construction and contingency costs is provided at the end of this report.

**TABLE FIVE
Reasonableness of Project Costs**

Item	Cost	State Board Standard	Project Costs	Met Standard?	
Pre-planning Costs	\$205,639	1.80%	\$211,180	1.75%	Yes
Site Survey and Soil Investigation Site Preparation	\$317,672	5.00%	\$508,187	3.13%	Yes
New Construction Contracts and Contingencies	\$10,163,744	\$481.08/DGSF	\$7,888,750	\$619.82/DGSF	No
Contingencies	\$573,309	10%	\$1,016,374	5.64%	Yes
A/E Fees	\$420,668	8.86%	\$900,508	4.14%	Yes
Consultant Fees	\$636,043				
Movable Equipment	\$1,568,455				
Bond Issuance Expense	\$112,603				No Standards
Other Capital Costs	\$763,115				

STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COST (77 ILAC 1120.140(d))

D) Criterion 1120.140(d) - Projected Operating Costs

The applicants provided the necessary information as required. The projected operating cost per patient day is \$1,045.00. The State Board does not have a standard for these costs.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 ILAC 1120.140(d))

F) Criterion 1120.140(e) – Total Effect of Project on Capital Costs

The applicants provided the necessary information as required. The projected capital cost for the Children’s Hospital is \$230.00 per patient day. The State Board does not have a standard for these costs.

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

Explanation of Difference in RS Means and the Proposed Construction Costs

Of the \$620, approximately \$213.15/SF is attributed to construction requirements that are not associated with a typical project, as outlined below.

Lurie Children's Hematology/Oncology (Hem/Onc) unit treats patients with blood disorders and cancer. These patients are immune compromised, and any exposure to environmental pathogens, such as mold spores and pneumonia bacteria, or airborne pathogens, such as tuberculosis bacteria and chickenpox virus, can result in serious adverse patient outcomes. Lurie Children's implements infection control measures on its Hem/Onc unit to protect its patients in the form of a positive air pressure environment. In a positive pressure unit, air flow is controlled so it flows out of the unit, instead of into the unit where immune compromised patients reside. This positive air flow prevents pathogens outside of the unit from entering into the unit and harming immune compromised Hem/Onc patients.

During the construction of the proposed 24-bed Hem/Onc ICU, Lurie Children's will place an emphasis on the safety of its patients, especially its Hem/Onc immune compromised patients, since construction activities can uncover and release environmental pathogens. In order to protect these patients against airborne pathogens through the construction phases, a positive pressure environment must be maintained at all times in patient care spaces, which requires the creation of temporary barriers and ante rooms, cleaning, and ongoing monitoring of airflow. Constantly maintaining this environment is a significant undertaking and contributes to the need for many additional construction phases than would otherwise be required in a "typical" hospital project, resulting in increased costs.

The construction process is further complicated by the need, in the spaces where construction is underway, to configure air flow to a negative pressure, meaning that the air is pushed into the space, instead of out. This is to ensure that any uncovered environmental pathogens do not spread throughout the unit and hospital into the patient care spaces. Constantly maintaining a negative pressure environment in construction spaces, which involves taking all exterior windows off the 17th floor and retaining a barrier around the elevator, also contributes to the need for additional construction phases, resulting in increased costs.

1. 17th Floor Under-Slab Plumbing Premium

Plumbing runs for the current 17th floor reside under the concrete flooring slab in the 16th floor ceiling cavity. The result of this requires extensive demolition and eventual re-installation of interior finishes on the 16th floor in order to access and construct the plumbing that will serve the floor above. The costs associated with this additional work includes \$231,432 for interior finishes and re-construction, \$102,000 for the removal of exterior glass for ventilation, and \$250,000 for the plumbing work that will serve the 17th floor.

Total Plumbing - \$35.58/SF

2. Added Phasing and Enabling Premium

The proposed project is planned to be constructed in the existing Lurie Children's hospital facility. This provides limitations regarding timing and availability of the construction areas due to the proximity of adjacent, active units. Mitigating disruptions will be a key factor in the successful execution of the project. The 16th floor PICU is directly below, the current 17th floor Hematology/Oncology unit is directly adjacent and the 18th floor infusion/outpatient Hematology/Oncology unit is located directly above. With the high level of specialized care occurring in these areas, detailed phasing and enabling is required to keep these units operational during construction. For example, over twenty phases are required to keep the public elevators and lobby accessible to the public on the 17th floor. These types of plans are required to ensure the standard high levels of care are not compromised for interim construction conditions. This phasing-plan has an associated cost of \$1,188,218 for the 17th floor and \$240,237 for the 16th floor.

Total Enabling Costs: \$87.11/SF

3. Infection Prevention and Control Premium

As mentioned in item #2, there is significant impact to the construction set-up and procedures due to the proximity of the new areas to existing patient care spaces. This direct adjacency to the north halves of both the 16th and 17th floors requires a high level of care with regards to temporary barriers, ante rooms, cleaning and ongoing monitoring. At all times, the patient care spaces must have positive air pressure in relation to the construction areas which requires large maintenance effort to assure all barriers and air movement is intact. The costs associated with this effort include \$98,957 for protection of existing-to-remain areas, \$193,004 for equipment/rentals, \$436,853 for ongoing maintenance/cleaning and \$150,008 for temporary barriers.

Total Infection Control Costs: \$53.59/SF

4. Elevator Operator and Re-Programming Premium

The current elevator system in Lurie Children's does not have a built-in solution to allow for construction crews to isolate a given car for material deliveries and construction activities; this requires re-programming of the system by the elevator contractor. Due to the square footage of the project, local unions require the use of an operator during all project work. The costs associated with this additional work include \$5,000 for elevator re-programming and modifications, \$259,652 for a day shift operator and \$339,946 for a weekend/off-hour operator.

Total Elevator Costs \$36.87/SF

SECTION X. SAFETY NET IMPACT STATEMENT

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.

Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) provides more pediatric patient care than any other hospital in Illinois in nearly every pediatric and surgical specialty. In addition, Lurie Children's is the largest provider of Medicaid pediatric services in the State of Illinois and one of the 19 "safety net hospitals" in Illinois as defined in 305 ILCS 5/5-5e.1. For Fiscal Year (FY) 2016 (ending August 31, 2016), Lurie Children's total charity care and community benefit was \$144.7 million, which includes: \$1.3 million for charity care and \$94.1 million for the unreimbursed cost of providing Medicaid services.

While not a traditional safety net service such as emergency department or psychiatry services, Lurie Children's expansion of the Hematology/Oncology services should not adversely affect the safety net services provided by other providers in the community. Lurie Children's provides care, including hematology/oncology care to all patients, regardless of payor, at all locations where Lurie Children's offers services. In addition, many of these services are not available at other hospitals, particularly among the pediatric population. As further described below, many of the services involve complex clinical trials, so they are only available at an academic medical center. Instead, Lurie Children's is a resource for referral for patients requiring services that are not available elsewhere.

The hematology/oncology service is one of the fastest growing clinical services at Lurie Children's. This is the result of several factors. Lurie Children's holds the position as a regional referral center for complex pediatric cases, especially for patients with cancer who may have other clinical disorders. As a regional, national, and international referral site, Lurie Children's treats more than 300 new cancer patients each year. Lurie Children's sees more infants, children, and teens with cancer and blood disorders than any other hospital in Illinois, providing more than one-third of all Hematology/Oncology and Stem Cell Transplant discharges in the 7 county metropolitan market.

As access to health care remains a challenge for patients, the intent of Lurie Children's expansion of inpatient services furthers the commitment to our patients by ensuring that we have adequate capacity to provide a high quality level of care to our patients.

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.

Other area hospitals provide emergency care, inpatient psychiatry, and other services they consider safety net services. None are dedicated to the unique and specialized needs of children. Fewer and fewer hospitals provide pediatric inpatient services at all and only a handful provide for the tertiary and quaternary needs of pediatric inpatients. The proposed expansion of pediatric intensive care and neonatal intensive care beds is not designed to, and to our knowledge will not, prevent another provider from providing essential safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by applicant.

Not applicable; this project does not involve discontinuation of a facility or service.

4. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

Patient Care Related Safety Net Services

In FY 2016, Lurie Children's cared for 198,800 individual children from every county in Illinois, 50 states, and 51 countries. Lurie Children's is dedicated to making healthcare services accessible to pediatric patients without discrimination based on race, religion, gender, national origin, sexual orientation, or ability to pay.

As the premier pediatric Level 1 trauma center in the Chicago area, Lurie Children's Kenneth & Anne Griffin Emergency Care Center provides acute care for all sick and injured children, with more than 56,800 patient visits in FY 2016. The Emergency Care Center is staffed 24 hours a day by board-certified pediatric emergency medicine specialists and fellows and is supported by a broad range of pediatric medical and surgical subspecialties and state-of-the-art diagnostic services. Experienced physicians and nurses are appointed around the clock to handle even the most complicated, life-threatening cases. Lurie Children's received a 2014-2017 Lantern Award from the Emergency Nurses Association in recognition of exceptional practice and innovative performance in the core areas of leadership, practice, education, advocacy, and research.

In addition to the Emergency Care Center, Lurie Children's has partnerships with community hospitals to provide greater access to pediatric care throughout the Chicagoland area. These partnerships place Lurie Children's pediatric hospitalists and/or neonatologists on-site and on-call for outpatient services, pediatric emergency medicine, and telemedicine. In FY 2016, Lurie Children's board-certified pediatric emergency medicine physicians provided emergency care for more than 24,600 patients at community hospitals in the Chicago area.

Many of the children served by Lurie Children's are transferred from other hospitals by Lurie Children's Transport Team, a Midwest leader in neonatal and pediatric transport. The Transport Team received the 2015 Association of Air Medical (AAMS) Neonatal and Pediatric Transport Award of Excellence. The Transport Team recently received accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS), making Lurie Children's the first neonatal-pediatric specialty transport team in Illinois, and the region, to obtain this prestigious recognition of quality.

Lurie Children's also operates a Level III Neonatal Nursery that serves as a regional referral center for the State of Illinois' Perinatal Network. This nursery has cared for more than twice the number of children with life-threatening conditions than any other pediatric hospital in Illinois. Lurie Children's ability to treat the most critically ill infants is demonstrated by the fact that in FY 2017, 42 percent of all transports into its neonatal intensive care unit were from other Level III nurseries in the Chicago metropolitan area.

For almost 60 years, the Department of Child and Adolescent Psychiatry at Lurie Children's has provided psychiatric and psychological services to families and children of all ages, from every social and economic background. In FY 2017, Lurie Children's specialists provided mental health evaluation and care during more than 25,300 outpatient visits; 557 inpatient psychiatric admissions; and served 2,392 children in the Partial Hospitalization Program. In addition, Lurie Children's provided more than 1,600 psychiatric consultations in the emergency department and inpatient pediatric and surgical services.

Patient demographics are diverse and include a large number of families whose primary language is not English, as demonstrated by the fact that Lurie Children's spent over \$1.3 million in translation services in FY 2016. In addition, Lurie Children's provides comprehensive family support services to patients and their families. An interdisciplinary team of social workers, chaplains, and child life specialists are available 24 hours a day, seven days a week. Most of these services are funded through philanthropic support.

Lurie Children's also operates numerous outpatient specialty clinics in various locations throughout the Chicago metropolitan area, increasing convenient access to the scarce pediatric specialty and subspecialty services that would not otherwise be immediately available. Lurie Children's also provides physician coverage through neonatologists, pediatric intensivists, pediatric hospitalists, pediatric emergency care medicine physicians, and telemedicine services at 16 other hospitals located in Chicago and suburban areas.

Lurie Children's is consistently recognized for providing the highest level of safe and quality care. For example:

- In 2017, Lurie Children's was ranked by U.S. News & World Report as the 7th best children's hospital in the country and the only pediatric hospital in Illinois to be ranked in all 10 specialties evaluated. In fact, no other Illinois hospital scored higher in any one specialty area. Lurie Children's was also awarded the 2017-2018 Honor Roll designation—the highest level of recognition.
- In 2015, Lurie Children's earned the American Nurses Credentialing Center's Magnet Recognition for Nursing Excellence and Quality Patient Care for the fourth time; less than 1 percent of hospitals in the country have been recognized four times.
- In 2017, for the second year in a row, Lurie Children's was named a Level I pediatric surgery center by the American College of Surgeons, becoming the first children's hospital in Illinois to earn this status. Lurie Children's is currently one of five in the country to earn this status.
- In December 2016, Lurie Children's was one of 10 children's hospitals nationwide, and the only one in Illinois, named as one of The Leapfrog Organization's 2016 Top Hospitals, an elite national distinction given to hospitals with the highest quality in the nation. The Leapfrog Hospital Survey compares hospitals' performance on national standards of patient safety, quality, efficiency, and management structures that prevent errors, providing the most comprehensive picture of how patients fare at individual institutions.
- In 2012, The Joint Commission, the leading accreditor of health care organizations in the U.S., named Lurie Children's as one of three of the nation's Top Performers on Key Quality Measures. Children's hospitals were ranked in one area – children's asthma.
- Lurie Children's is certified by the Illinois Department of Public Health and the Emergency Medical Services for Children program as both a Pediatric Critical Care Center (PCCC) and an Emergency Department Approved for Pediatrics (EDAP). Together, these certifications signify that Lurie Children's has the essential resources and capabilities in place to meet the emergency and critical care needs of seriously ill and injured children.

Below are some specific areas where Lurie Children's has dedicated efforts in education, research, and community outreach to support and increase safety net services. For FY 2016, this included \$19.4 million for education, including resident and fellows expenses; \$11.8 million for research; \$1.3 million for language assistance/translation services; \$12.6 million for subsidized health services; and \$4.2 million for bad debts that were not able to be collected.

Education-Related Safety Net Services

Lurie Children's is a major academic tertiary care medical center. It serves as the primary pediatric practice site for the Northwestern University Feinberg School of Medicine (NUFSM) and provides the clinical training for NUFSM's resident physicians, fellows, and medical students in pediatric specialties and subspecialties. Each year, the Lurie Children's Department of Pediatrics trains over 200 NUFSM physicians, almost half are pediatric residents, and the remainder are fellows in various pediatric subspecialties including cardiology, hematology/oncology, and neonatology. In addition, the Lurie Children's Department of Surgery provides formal resident education to NUFSM in each of its 10 divisions and trains rotating residents from various other medical schools. Lurie Children's invested more than \$19.4 million in these educational programs in FY 2016.

Among the training opportunities for residents, supervised by attending physicians, is providing pediatric primary care at the Uptown Clinic in Chicago. This clinic is a medical home for more than 3,000 children who speak over 20 different languages. More than 200 of these children have conditions that the State considers "medically complex" or "highly medically complex." These conditions include spina bifida, cystic fibrosis, spastic quadriplegia cerebral palsy, seizure disorder, Down syndrome, chronic lung disease, neuromuscular scoliosis, hypo/hyperthyroidism, and obstructive sleep apnea. In 2015, this clinic was recognized as a Patient-Centered Medical Home Program by the National Committee for Quality Assurance. These primary care services would not otherwise be available to the patients treated at the site. The operating costs attributable to the primary care and dentistry clinics in FY 2016 are more than \$3.2 million. Both programs are operated despite financial losses to the organization. The clinics provide health care to a largely underserved community.

In addition to training medical students, residents, and fellows of NUFSM and other institutions, Lurie Children's offers clinical experiences in pediatrics to nursing students and students in other allied health fields. Students in clinical placements must be candidates for a degree in their particular field of study. Lurie Children's is affiliated with 21 nursing training programs. In academic year 2016-17 there were 469 third and fourth year medical students, and in FY 2016, there were 968 nursing students and 348 allied health students, (totaling 1,785 student placements) studying in the fields of respiratory therapy, exercise physiology, rehabilitation services, social work, nutrition, radiology, pharmacy, child life, art therapy, and psychiatry-related studies. Students training to be operating room technicians and cardiac perfusion technicians also have clinical placements at Lurie Children's.

Research Related Safety Net

Advances in research lead to better outcomes for all children, regardless of their family income or demographics. Lurie Children's has been committed to generating new knowledge about the prevention and treatment of disease since its founding in 1882. In FY 2017, more than 160 Lurie Children's researchers received more than \$33.5 million in external funding to advance their discoveries. More than \$18 million of these awards were from the National Institutes of Health (NIH) or other federal government sources. Researchers are currently participating in approximately 175 industry-sponsored clinical trials to uncover new cures and treatments to childhood diseases.

In addition to clinical and fundamental laboratory-based research, Lurie Children's conducts population-based and public health research that drives policy and community-based interventions that has garnered in excess of \$4.4 million in grants and contracts. These studies address the most pressing issues faced by our city's most vulnerable children. Lurie Children's Mary Ann & J. Milburn Smith Child Health Research Program researchers focus on issues including violence, obesity, and unintentional injury.

Community Outreach Related Safety Net Services

The vision statement of Lurie Children's declares that "we are guided by the belief that all children need to grow up in a protective and nurturing environment where each child is given the opportunity to reach their full potential." These words call Lurie Children's to extend its expertise and resources beyond the confines of its buildings. For decades, Lurie Children's experts have gone out into communities throughout Illinois to understand the social, economic, and environmental factors that threaten children's health and well-being.

A Public Policy Committee of Lurie Children's Board of Directors considers institutional positions on key child health issues to help guide Lurie Children's advocacy in Washington, D.C., Springfield, and Chicago. These positions include improving access to health care and mental health services for children, preventing childhood injury, abuse and obesity, and encouraging safe childhood immunizations. In addition, in collaboration with local community leaders, Lurie Children's experts develop and implement targeted initiatives and programs to help create a healthier future for every child throughout the Chicagoland area.

Since 2013, Lurie Children's community outreach has been guided by its Community Health Needs Assessment (CHNA) and Implementation Plan. These reports were created by a committee comprised of key Lurie Children's staff, representatives of public health agencies, organizations that serve communities in Chicago that experience health disparities, and Lurie Children's patient population. In 2016, Lurie Children's CHNA identified the following priority areas as the focus for 2017—2019: social determinants of health; access to care; asthma; child maltreatment; children with complex chronic conditions; mental health; obesity, physical activity, and nutrition; and violence-related injury and mortality. Below is a summary of how Lurie Children's is addressing these priorities, which are barriers to child health in our community:

Lurie Children's Partnerships with School Districts

Lurie Children's experts partner with school districts across Illinois, with particular focus on Chicago Public Schools (CPS), to educate and train teachers, administrators, and school nurses on child health issues. Lurie Children's serves as a resource for school leaders to support children with a wide range of needs, including diabetes, food allergies, hearing disorders, mental health, gender support, HIV/STI, asthma, and epilepsy.

Center for Childhood Resilience

The Center for Childhood Resilience (CCR) was established in 2004 at Lurie Children's to promote access to high-quality mental health services for children and adolescents across Illinois and the region. Since 2013, CCR has been training mental health providers in the "Bounce Back" intervention, a skill-building resiliency program. A recent study found that 93 percent of CPS students who participated in the Bounce Back program experienced a reduction in post-traumatic stress disorder symptoms.

CCR is partnered with eight school districts across Illinois to build the capacity of school-based clinicians and staff to implement trauma-informed practices and deliver evidence-based mental health services. In 2016 alone, CCR staff trained more than 2,300 school and community clinicians and staff to improve support for youth struggling with emotional issues and ongoing traumatic stress. Also in 2016, CCR launched the "You Are Not Alone" initiative with a kick-off webinar, engaging more than 700 youth-serving professionals to better meet the mental health needs of refugee, immigrant, LGBTQ, religious, and ethnic minority youth and families.

Injury Prevention and Research Center

The Injury Prevention and Research Center (IPRC) coordinates all hospital activities in both unintentional and intentional injuries. The IPRC strives to reduce preventable injuries in several ways. In 2016, Lurie Children's experts: taught 42 car seat classes and distributed 898 car seats with 21 community partners; distributed 1,800 home safety bags, 1,600 bicycle helmets, 700 window safety devices, and 650 smoke detectors; trained more than 700 coaches and taught 1,000 athletes how to reduce the likelihood of anterior cruciate ligament (ACL) injuries through the Knee Injury Prevention Program (KIPP); and provided "Return to Learn" training for approximately 1,000 school administrators, teachers and nurses to help them care for children who experience concussions. The IPRC also houses the Illinois Violent Death Reporting System (IVDRS), which, in 2016, produced and shared six data briefs with more than 2,000 individuals and community organizations to develop a state-wide data repository related to violent deaths. With these data, policy makers and researchers will be able to analyze the causes and correlates of violent deaths in order to develop effective prevention policies and programs for the State of Illinois.

Lurie Children's has been a vocal advocate for motor vehicle safety and has helped pass legislation to expand car seat use to children through age 8, seat belt use for all passengers, expanded use of bicycle helmets, and graduated licensure for adolescent drivers. As a result of these types of efforts, hospitalizations and deaths due to motor vehicle injuries have dropped by approximately 20% since 2000. In addition, Lurie Children's has provided free and reduced price car seats to parents in need for more than 20 years. Lurie Children's experts also have trained staff members at 14 hospitals and community agencies to be Child Passenger Safety Technicians to serve their clients.

Lurie Children's is also home to national experts in concussion policy and procedures. They have worked with legislators to pass critical legislation about when children with concussions can return to both sports and school. They also train Chicago Park District coaches, and others who supervise children's sports, on the prevention and treatment of concussions. In addition, Lurie Children's experts have conducted 29 playground safety checks at childcare centers that serve 2,000 children.

Strengthening Chicago's Youth

In 2012, Lurie Children's launched Strengthening Chicago Youth (SCY) to build capacity among numerous public and private stakeholders to connect, collaborate, and mobilize around a public health approach to violence prevention. With more than 4,000 partners, SCY efforts focus on policy development, providing technical assistance and training to community organizations, encouraging conversations about how every individual can play a role in the prevention of violence, and fostering connections between community organizations and researchers. SCY collaborative uses a public health approach to prevent violence in Chicago. SCY hosts approximately 15 training and educational sessions per year, which are attended by more than 1,000 partners, to address the organizations' needs.

In early 2017, SCY, together with Cook County Juvenile Probation Department, TASC, the Illinois Collaboration on Youth, and 10 community-based service providers, launched the Juvenile Justice Collaborative, an innovative pilot program that helps arrested youth access community services and avoid further involvement with the juvenile justice system by facilitating and coordinating access to comprehensive support services that meet adolescents' developmental needs. Throughout 2017, up to 50 young people, ages 12 to 18, will be referred to the Collaborative to receive appropriate mental health and other services instead of spending time in the juvenile justice system.

Consortium to Lower Obesity in Chicago Children

The Consortium to Lower Obesity in Chicago Children (CLOCC), a nationally recognized childhood obesity prevention coalition, was founded by Lurie Children's in 2002. With more than 3,000 participants representing over 1,200 organizations, CLOCC is data-driven and evidence-based, committed to building capacity among partners. The Institute of Medicine, the U.S. Surgeon General, the American Medical Association, and the Centers for Disease Control and Prevention have recognized CLOCC as an outstanding community obesity prevention model. CLOCC's obesity prevention strategies include environmental change, public education, advocacy, research, outcome measurement, and program evaluation.

CLOCC supported the efforts of more than 30 public schools to achieve Healthy CPS designation, which demonstrates a school's commitment to a safe and healthy learning environment by offering access to daily physical activity, nutritious foods, school-based health services, health education and supports for students with chronic conditions. CLOCC has successfully advocated for Healthy Vending contracts to improve healthy options in vending machines in Chicago Park District locations and buildings owned or managed by the City of Chicago. CLOCC has trained more than 1,900 staff from over 145 organizations to deliver its 5-4-3-2-1 Go!® healthy lifestyle message to millions of children and their families.

Adolescent Medicine Team

Lurie Children's Adolescent Medicine Team plays a leadership role in advocacy and outreach around the health needs and legal rights of marginalized children and young adults, especially those in the LGBTQ and HIV+ community. The Adolescent Medicine team has provided professional development and education about gender-inclusive practices for trans and gender-expansive youth in more than 150 schools through Lurie Children's Gender & Sex Development Program. Lurie Children's is the first pediatric hospital in the country to create a model policy for student gender support as a resource for schools striving to be inclusive of all students. Lurie Children's provided free HIV/STI testing at more than 30 community events targeting young people in 2016.

Workforce Development and Clinical Units

Lurie Children's Workforce Development and Clinical Units provide internships and mentoring opportunities for African-American, Latino, and chronically ill Chicago public high school students, ages 17-19, to introduce them to a wide range of healthcare careers and help build a more diverse workforce. Workforce Development manages four customized internship programs for students, housed at Lurie Children's main hospital, outpatient centers, and Lurie Children's Pediatrics - Uptown primary care clinic. In 2016, approximately 200 students were engaged in internships at Lurie Children's. Lurie Children's has hired more than 65 former interns as full-time employees. The program has 3,600 alumni who work in hospitals around the country.

Community Volunteer Corps

Lurie Children's Community Volunteer Corps is an opportunity for community members, hospital volunteers, and staff to serve as advocates for childhood health and safety throughout Chicago. During the summer months, volunteers attend community events and festivals around the city, bringing interactive games and educational material to share with children and families. In 2016, the Community Volunteer Corps reached more than 3,000 families by engaging more than 100 volunteers and participating in more than 10 events across the city each summer.

Safety Net Impact Statement

	FY14	FY15	FY16
Charity Care			
<i>Charity (# of patients)</i>			
Inpatient	253	257	227
Outpatient	2,780	3,294	2,797
Total	3,033	3,551	3,024
<i>Charity (cost in dollars)</i>			
Inpatient	383,188	526,014	202,065
Outpatient	1,005,290	1,008,446	842,026
Total	1,388,478	1,534,460	1,044,091
Medicaid			
<i>Medicaid (# of patients)</i>			
Inpatient	4,574	4,412	4,371
Outpatient	50,203	56,086	59,237
Total	54,777	60,498	63,608
<i>Medicaid (cost in dollars)</i>			
Inpatient	167,973,638	157,675,579	181,656,672
Outpatient	80,803,510	89,669,177	95,345,653
Total	248,777,148	247,344,756	277,002,325

XI. CHARITY CARE INFORMATION

Since 1882, Ann & Robert H. Lurie Children’s Hospital of Chicago’s (Lurie Children’s) mission has been to improve the health and well-being of all children. Lurie Children’s is the State of Illinois’ primary partner in bringing high-quality and accessible health care to the most vulnerable children. As the State’s only freestanding, acute care children’s hospital, Lurie Children’s treats more children insured by Medicaid than any other Illinois hospital.

Lurie Children’s is steadfast in its commitment to care for all children and families, despite reimbursement the Medicaid program provides the hospital and its physicians. In FY 2016, Lurie Children’s was reimbursed \$94.1 million less than the actual cost of providing Medicaid services to children.

Lurie Children’s has a robust financial assistance program that is widely publicized and available to patients at any time. In FY 2016, 1,214 individuals applied for financial assistance. More than 95 percent of these applicants received financial assistance. Eligibility for financial assistance from Lurie Children’s is based upon a family’s income as compared to national poverty levels. In general, the few applicants who were not approved for such assistance failed to provide documentation of income and financial resources to demonstrate eligibility.

The primary reason Lurie Children’s does not receive more requests for financial assistance is that the State of Illinois has established nearly universal health coverage for all children who reside in the State through its Medicaid/All Kids programs. Lurie Children’s assists the Illinois Department of Healthcare and Family Services by enrolling children who require inpatient services and who qualify for Medicaid/All Kids.

In FY 2016, Lurie Children’s provided \$1,044,091 in charity care.

CHARITY CARE			
	FY14	FY15	FY16
Net Patient Revenue	622,825,298	645,272,675	698,477,020
Amount of Charity Care (charges)	4,197,334	4,832,946	3,545,301
Cost of Charity Care	1,388,478	1,534,460	1,044,091

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Patrick Magoon	White	40.3%	Hispanic or Latino:	32.3%
ADMINSTRATOR PHONE:	(312) 227-4350	Black	17.6%	Not Hispanic or Latino:	62.4%
OWNERSHIP:	Ann & Robert H. Lurie Children's Hospital of Chica	American Indian	0.1%	Unknown:	5.3%
OPERATOR:	Ann & Robert H. Lurie Children's Hospital of Chica	Asian	4.4%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R	Hawaiian/ Pacific	0.0%	IDPH Number:	5843
CERTIFICATION:	(Not Answered)	Unknown	37.6%	HPA	A-01
FACILITY DESIGNATION:	Children's Speciality Care Hospital			HSA	6
ADDRESS	225 E. Chicago Avenue	CITY:	Chicago	COUNTY:	Suburban Cook (Chicago)

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	124	124	124	6,454	31,194	2,925	5.3	93.2	75.2	75.2
Intensive Care	92	92	92	4,111	24,488	869	6.2	69.3	75.3	75.3
Direct Admission				3,690	20,256					
Transfers - Not included in Facility Admissions				421	4,232					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	60	60	60	862	19,685	1	22.8	53.8	89.6	89.6
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	12			521	3,442	0	6.6	9.4	78.4	
Adolescent AMI		12	12	521	3,442	0	6.6	9.4		78.4
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	10					1803				
Facility Utilization	288			11,527	78,809	5,598	7.3	230.6	80.1	

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	0.5%	50.0%	0.7%	45.6%	1.1%	2.1%	
	62	5759	76	5258	128	244	11,527
Outpatients	0.2%	44.7%	0.3%	51.0%	3.0%	0.7%	
	1284	261766	2002	298550	17750	4155	585,507

<u>Financial Year Reported:</u>	9/1/2015 to		8/31/2016		<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				Charity Care Expense	Total Charity Care Expense 1,027,559
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals				
Inpatient Revenue (\$)	0.2%	44.1%	1.8%	53.7%	0.1%	100.0%				
	1,007,664	179,186,107	7,495,543	217,833,509	400,774	405,923,597	202,065		Total Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	0.4%	23.9%	1.8%	73.5%	0.4%	100.0%				
	1,065,777	62,909,190	4,712,526	193,914,484	1,083,122	263,685,099	825,494		0.2%	

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>	
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:	13
Number of Live Births:	0	Beds	0	0	0	Heart:	20
Birthing Rooms:	0	Patient Days	0	0	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			0	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	20
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	53
C-Section Rooms:	0	Inpatient Studies			370,415		
CSections Performed:	0	Outpatient Studies			501,575		
		Studies Performed Under Contract			22,644		

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	3	3	391	62	2428	153	2581	6.2	2.5
Dermatology	0	0	0	0	0	2	0	4	4	0.0	2.0
General	0	0	3	3	1470	1957	4039	2987	7026	2.7	1.5
Gastroenterology	0	0	2	2	240	1213	307	1152	1459	1.3	0.9
Neurology	0	0	3	3	780	224	3012	405	3417	3.9	1.8
OB/Gynecology	0	0	0	0	0	4	0	5	5	0.0	1.3
Oral/Maxillofacial	0	0	0	0	9	440	33	1361	1394	3.7	3.1
Ophthalmology	0	0	1	1	32	645	87	1376	1463	2.7	2.1
Orthopedic	0	0	3	3	379	1075	1811	2494	4305	4.8	2.3
Otolaryngology	0	0	3	3	653	3953	1453	5288	6741	2.2	1.3
Plastic Surgery	0	0	1	1	102	502	463	1309	1772	4.5	2.6
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	171	1449	829	3511	4340	4.8	2.4
Totals	0	0	21	21	4227	11526	14462	20045	34507	3.4	1.7

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

26

Stage 2 Recovery Stations

92

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	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	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
	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

Multipurpose Non-Dedicated Rooms**Emergency/Trauma Care**

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Pediatric
Operating Rooms Dedicated for Trauma Care	Not Answered
Number of Trauma Visits:	1
Patients Admitted from Trauma	906
Emergency Service Type:	718
Number of Emergency Room Stations	Comprehensive
Persons Treated by Emergency Services:	43
Patients Admitted from Emergency:	54,958
Total ED Visits (Emergency+Trauma):	5,231
	55,864

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	585,507
Outpatient Visits at the Hospital/ Campus:	280,118
Outpatient Visits Offsite/off campus	305,389

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	555
Diagnostic Catheterizations (0-14)	266
Diagnostic Catheterizations (15+)	115
Interventional Catheterizations (0-14):	102
Interventional Catheterization (15+)	14
EP Catheterizations (15+)	58

Cardiac Surgery Data

Total Cardiac Surgery Cases:	238
Pediatric (0 - 14 Years):	212
Adult (15 Years and Older):	26
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned		Examinations		
	Contract		Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	33	0	23,165	40,179	0
Nuclear Medicine	2	0	95	535	0
Mammography	0	0	0	0	0
Ultrasound	16	0	5,532	16,291	0
Angiography	3	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			4,425	1,961	0
Positron Emission Tomography (PET)	1	0	24	176	0
Computerized Axial Tomography (CAT)	3	0	2,214	3,177	0
Magnetic Resonance Imaging	4	1	3,034	11,588	1,455

Therapeutic Equipment

	Owned		Contract	Therapies/Treatments
Lithotripsy	0	0		0
Linear Accelerator	0	0		0
Image Guided Rad Therapy				0
Intensity Modulated Rad Thrpy				0
High Dose Brachytherapy	0	0		0
Proton Beam Therapy	0	0		0
Gamma Knife	0	0		0
Cyber knife	0	0		0

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