STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-10	BOARD MEETING: January 9, 2018	PROJECT NO: 17-055	PROJECT COST: Original: $39,612,776
FACILITY NAME: Northwestern Medicine Delnor Hospital		CITY: Geneva	
TYPE OF PROJECT: Non-Substantive			HSA: VIII

PROJECT DESCRIPTION: The Applicants (Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital ("DCH"), CDH-Delnor Health System, and Northwestern Memorial HealthCare) propose to modernize their existing surgical services in the hospital in approximately 81,000 GSF at a cost of $39,612,776. The expected completion date is July 31, 2021.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital ("DCH"), CDH-Delnor Health System, and Northwestern Memorial HealthCare) propose to modernize their existing surgical services that are in the hospital in approximately 81,000 GSF of space at a cost of $39,612,776. The expected completion date is July 31, 2021. The hospital currently has 13 operating rooms and six procedure rooms.

BACKGROUND

- On June 15, 2004, the State Board approved Permit #04-055 for the establishment of Tri-Cities Surgery Center, LLC, a multi-specialty ASTC in Geneva, immediately adjacent to Delnor-Community Hospital. The ASTC was a joint venture between Delnor-Community Hospital and participating physicians.
- On March 10, 2016, the Chairwoman approved a Change of Ownership exemption request #E-013-16 which allowed the hospital to acquire 100% of the membership interest in Tri-Cities Surgery Center, LLC. The transaction was completed on June 1, 2016.
- On August 5, 2016 the Chairwoman approved the discontinuation of the Tri-Cities Surgery Center in order for the Applicants to operate the facility under the hospital license.
- This outpatient surgery department, formerly known as the Tri-Cities Surgery Center, located in the adjacent medical office building, is not being modernized as part of this project. However since this facility is now under the hospital license the total number of surgery (13 ORs) and procedure rooms (6) are considered when reviewing the modernization of the surgery department.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The proposed project is by or on behalf of a health care facility and the cost of the project is in excess of the capital expenditure minimum of $13,171,046.

PURPOSE OF THE PROJECT:

- The project is intended to modernize the Surgical Services department at the hospital in order to increase operational efficiencies to improve surgical capacity at Delnor Community Hospital

PUBLIC HEARING/COMMENT:

- There was no request for a public hearing and no letters of support or opposition were received by State Board Staff.

SUMMARY:

- An Application for the modernization of existing services at a hospital does not require review of the utilization of other hospitals in the Hospital Planning Area or the calculated need or excess of beds in the Planning Area.
- The Applicants stated the hospital's surgical suite has not had a significant modernization in over 25 years. The Applicants state that there are three main operational constraints at the hospital's surgical services program that the proposed project is intended to correct. Per the Applicants there is an overall inefficient layout of the current operating rooms and the operating rooms vary in size from 383 NSF to 648 NSF with seven of the ten operating rooms not large enough to meet IDPH standards. Many of the operating rooms cannot accommodate new specialty equipment which has resulted in wait time for the larger operating rooms for the procedures that require the new equipment. According to the Applicants standardized operating rooms provides faster access, consistent care, and higher productivity of staff. Additionally the existing space does not have enough pre/post-operative stations. Finally the existing Surgical Services department has an inefficient design/flow. Phase II recovery areas are separate and non-contiguous, there is comingling of sterile and non-sterile areas, and caregivers must leave

the sterile environment to access the storage areas. A modernized unit with a more efficient design will improve safety, privacy, and infection control.

- The Applicants addressed a total of 16 criteria and failed to successfully the following:

Criteria	Reasons for Non-Compliance
77 ILAC 1110.3030 (d) (1) (2) and (3) – Modernization of Service	The Applicants propose the modernization of the surgical services. Currently the Applicants have a total of 13 operating rooms and six procedure rooms. Should this project be approved the Applicants will have 13 operating rooms and four procedure rooms. Historical utilization will justify ten operating rooms and five procedure rooms at the target occupancy of 1,500 hours per room.

STATE BOARD STAFF REPORT
#17-055
Northwestern Medicine Delnor Hospital

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital, CDH-Delnor Health System Northwestern Memorial HealthCare
Facility Name	Northwestern Medicine Delnor Hospital
Location	300 Randall Road, Geneva, Illinois
Application Received	October 13, 2017
Application Deemed Complete	October 16, 2017
Review Period Ends	December 15, 2017
Permit Holder	Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital, CDH-Delnor Health System Northwestern Memorial HealthCare
Operating Entity/Licensee	Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital
Owner of the Site	Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital
Project Financial Commitment Date	January 9, 2020
Gross Square Footage	80,681 GSF
Project Completion Date	July 31, 2021
Expedited Review	No
Can Applicants Request a Deferral?	Yes
Has the Application been extended by the State Board?	No

I. The Proposed Project

The Applicants (Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital ("DCH"), CDH-Delnor Health System, and Northwestern Memorial HealthCare) propose to modernize their existing surgical services in approximately 81,000 GSF at a cost of $39,612,776. The expected completion date is July 31, 2021.

II. Summary of Findings

A. The State Board Staff finds the proposed project is in conformance with the provisions of 77 ILAC 1110 (Part 1110).

B. The State Board Staff finds the proposed project is in conformance with the provisions of 77 ILAC 1120 (Part 1120).

III. General Information

The Applicants are Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital ("DCH"), CDH-Delnor Health System, and Northwestern Memorial HealthCare. Northwestern Medicine Delnor Hospital is located at 300 Randall Road in Geneva, Illinois.

The project is a non-substantive project subject to a 60-day review. Non-Substantive projects are **all** projects not considered substantive or emergency projects. Substantive projects shall include no more than the following:

1. *Projects to construct a new or replacement facility located on a new site; or a replacement facility located on the same site as the original facility and the costs of the replacement facility exceed the capital expenditure minimum.*
2. *Projects proposing a new service or discontinuation of a service, which shall be reviewed by the Board within 60 days.*
3. *Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one facility to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board* in the Inventory, *whichever is less, over a 2-year period*. [20 ILCS 3960/12]

Emergency Projects are projects that are emergent in nature and must be undertaken immediately to prevent or correct structural deficiencies or hazardous conditions that may harm or injure persons using the facility, as defined at 77 Ill. Adm. Code 1110.40(a). [20 ILCS 3960/12(9)]

Northwestern Memorial HealthCare currently owns and operates the following facilities.

TABLE ONE
Facilities owned and operated by Northwestern Memorial HealthCare

Facilities	IDPH License No.	Joint Commission Organization No.
Northwestern Memorial Hospital	0003251	7267
Northwestern Lake Forest Hospital	0005660	3918
Central DuPage Hospital	0005744	7444
Delnor-Community Hospital	0005736	5291
Marianjoy Rehabilitation Hospital	0003228	7445
Kishwaukee Community Hospital	0005470	7325
Valley West Community Hospital	0004690	382957
Grayslake Freestanding Emergency Center	22002	3918
Grayslake ASTC	7003156	3918
Grayslake Endoscopy ASTC	7003149	3918
Cadence Ambulatory Surgery Center	7003173	n/a
The Midland Surgical Center*	7003148	n/a
Illinois Proton Center*	n/a	n/a

*Northwestern Memorial HealthCare owns a controlling interest in these two facilities.
Source: Application for Permit page 46.

IV. Health Service Area

Northwestern Medicine Delnor Hospital is located in the HSA VIII Health Service Area and the A-12 Health Planning Area. HSA VIII includes the Illinois Counties of Kane, Lake, and McHenry. The A-12 Health Planning Area includes Kendall County; Kane County Townships of Kaneville, Black Berry, Aurora, Big Rock, Sugar Grove, Batavia and Geneva. The State Board is estimating a 2.20% annual increase in the population in the A-12 Hospital Planning Area for the period 2015 to 2020.

According to the Applicants the population in DCH's primary market area, which is comprised of nine contiguous ZIP codes surrounding the hospital including Batavia (60510), Elburn (60119), Geneva (60134), North Aurora (60542), Saint Charles (60174), South Elgin (60177) Sugar Grove (60554), and one ZIP code in Aurora (60506), is projected to increase by 1.5% by CY22. More importantly, the population of the 65+ age group is projected to increase by 20%. Approximately one-third of DCH's surgical cases in CY16 were in that age group which is expected to increase with the projected population increase.

TABLE TWO
Hospital Population in the Hospital's Primary Market Area

Age Groups	2017 Population	2017 % of Total	2022 Population	2022 %of Total	Population % Change
00-17	57,453	24.5%	53,509	22.5%	(6.9)%
18-44	76,474	32.6%	78,868	33.2%	3.1%
45-64	68,796	29.4%	67,570	28.4%	(1.8)%
65-UP	31,640	13.5%	37,954	16.0%	20.0%
Total	234,363	100.0%	237,901	100.0%	1.5%

Source: Application for Permit page 61

V. Project Details

The proposed project, a 2-story addition will be constructed at the site of the hospital's current loading dock. The modernized Surgical Services department will be located in the addition as well as in the reconfigured Surgical Services space that is adjacent to the addition. The number of operating rooms will not increase and the number of procedure rooms will decrease by one as a result of this project.

The proposed project scope includes ten operating rooms, two procedure rooms, 11 Phase I recovery stations, 33 Phase II recovery stations, expanded pre-admission testing area, and office and support space to accommodate the surgery clinical space. In addition there will be site work and signage to accommodate the new addition including related utility and store sewer relocation work, landscaping work including modification to the sidewalks, driveways, parking, site utilities, site lighting and expanded public facilities including larger and more private family waiting/consult spaces, public toilets, and required fire exit corridors around the sterile environment.

The project also includes extensive infrastructure work including reworking and tie-ins to new and existing systems. Related exterior enclosure work includes 3 new rooftop air handling units with maintenance vestibules, 2 new chillers on the roof of the addition, underground utilities and services required for the new building addition and repairs to existing kitchen exhaust systems to meet current regulations. The outpatient surgery department, formerly known as the Tri-Cities Surgery Center ASTC, located in the adjacent medical office building, is not part of this project.

Below is the anticipated construction schedule.

- Anticipated project construction start date: April, 2018
- Anticipated midpoint of construction date: July, 2019
- Anticipated project construction substantial completion date: September, 2020
- Anticipated project completion date: July, 2021
- Project obligation will occur after permit issuance.

VI. Uses and Sources of Funds

The Applicants are funding this project with cash in the amount of $39,612,776.

TABLE THREE
Project Costs and Sources of Funds

Use of Funds	Reviewable	Non Reviewable	Total	% of Total
Preplanning Costs	$69,937	$60,063	$130,000	0.33%
Site Survey and Soil Investigation	$16,139	$13,861	$30,000	0.08%
Site Preparation	$247,332	$212,413	$459,745	1.16%
New Construction Contracts	$5,126,776	$9,178,776	$14,305,552	36.11%
Modernization Contracts	$9,103,680	$2,608,023	$11,711,703	29.57%
Contingencies	$1,423,046	$1,178,680	$2,601,726	6.57%
Architectural/Engineering Fees	$847,529	$727,871	$1,575,400	3.98%
Consulting and Other Fees	$895,731	$769,269	$1,665,000	4.20%
Movable or Other Equipment (not in construction contracts)	$5,971,650	$786,000	$6,757,650	17.06%
Other Costs To Be Capitalized	$202,279	$173,721	$376,000	0.95%
Total Uses Of Funds	**$23,904,099**	**$15,708,677**	**$39,612,776**	**100.00%**
Source of Funds				
Cash and Securities			$39,612,776	100.00%
Total			**$39,612,776**	**100.00%**

VII. Background of the Applicants

A) Criterion 1110.3030 (b) (1) & (3) – Background of the Applicants

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 had no *adverse action*[1] taken against any facility owned or operated by applicants.**

1. The Applicants have provided the necessary attestation that no adverse action has been taken against any facility owned or operated by the Applicants and authorization allowing the State Board and IDPH access to all information to verify information in the application for permit. [Application for Permit pages 46-47]

[1] [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)

2. The Applicants provided IDPH licenses, JCAHO accreditation and certificate of good standing as required. [Application for Permit pages 29-28 and pages 46-47].

3. The site is owned by the Applicants and evidence of this can be found at pages 30-34 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 ESRD 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 1110.3030 (b) (1) & (3))

VIII. Purpose of Project, Safety Net Impact Statement, Alternatives to the Proposed Project

These 3 criteria are for informational purposes only.

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

To demonstrate compliance with this criterion the Applicants must document

1. **That the project will provide health services that improve the health care or well-being of the market area population to be served.**
2. **Define the planning area or market area, or other relevant area, per the applicant's definition.**
3. **Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.**
4. **Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.**
5. **Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

The Applicants stated the following in regards to the purpose of the project.

"This project responds to the continued need for quality healthcare in the A-12 Planning area and the region surrounding Northwestern Medicine Delnor Hospital ("DCH"). The project is intended to modernize the Surgical Services department at the hospital in order to increase operational efficiencies to improve surgical capacity at DCH. This will be done by increasing the number of pre/post-operative rooms/stations, creating a more efficient layout, and standardizing the operating rooms. The project will improve health care for residents of the hospital's primary market area and the A-12 planning area by enhancing access to surgical services at DCH. DCH's primary market area is comprised of nine contiguous ZIP codes

surrounding the hospital. The primary market area includes Batavia (60510), Elburn (60119), Geneva (60134), North Aurora (60542), Saint Charles (60174), South Elgin (60177) Sugar Grove (60554), and one ZIP code in Aurora (60506). This market area is the source of approximately 72% of DCH's admissions. Since CY11, DCH's surgery volume has experience tremendous growth. As documented in DCH's IDPH Hospital Profiles, demand for surgical services has increased each year, with the number of surgical hours increasing by over 49% from CY11 to CY16. DCH's Surgical Services department has not undergone a significant renovation in over 25 years and the current space is undersized and needs improvements to provide care in the best setting for patients. There is an opportunity to improve patient flow and patient and provider satisfaction which will help DCH provide more surgical care to patients in the DCH community. In addition to an overall inefficient layout, the current operating rooms at DCH vary in size from 383 NSF to 648 NSF with seven of the ten operating rooms not large enough to meet current IDPH standards. Because of the varying sizes and layout, the operating rooms are not identical. As experienced with other recent NMHC projects, standardized operating rooms will provide faster access, consistent care, and higher productivity of staff. The current space does not have enough pre/post-operative stations. Currently, there are 33 stations while the current IDPH Building Code warrants 44 (source: Illinois Administrative Code, Title 77, Part 250.2440 - general hospital standards for the required 4:1 ratio of pre/post-operative rooms to operating rooms/2:1 ratio of pre/post-operative rooms to procedure rooms). The number of existing pre/post-operative rooms is putting constraints on the surgical demand. The modernization of the Surgical Services department with the increase in the number of pre/post-operative rooms/stations and improve the efficiency of the department layout which will alleviate the current surgical capacity constraints at DCH, allowing for increased access to surgical services at DCH. The broad goal of this project is to create a Surgical Services department that is code compliant and highly functional. This project seeks to improve the surgical experience at OCH and increase capacity through a more efficient design. The Surgical Services department will strive for a coordinated and seamless patient/family experience. By designing the project as a clean core concept with standardized, same-handed operating rooms, OCH will experience improvements in patient, family, staff, and material flows, patient privacy and facilities in pre/post- operative recovery, and case turnaround times.

The modernization of the Surgical Services department with the increase in the number of pre/post-operative rooms/stations and improve the efficiency of the department layout which will alleviate the current surgical capacity constraints at DCH, allowing for increased access to surgical services at DCH. The broad goal of this project is to create a Surgical Services department that is code compliant and highly functional. This project seeks to improve the surgical experience at DCH and increase capacity through a more efficient design. The Surgical Services department will strive for a coordinated and seamless patient/family experience. By designing the project as a clean core concept with standardized, same-handed operating rooms, DCH will experience improvements in patient, family, staff, and material flows, patient privacy and facilities in pre/post- operative recovery, and case turnaround times."

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

To demonstrate compliance with this criterion the Applicants must document

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

Safety net 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]

This is a non-substantive project and a Safety Net Impact Statement is only required for substantive projects. Charity Care information was provided as required.

TABLE FOUR
Charity Care Information

Northwestern Medicine Delnor Hospital	**FY14**	**FY15**	**FY16**
Net Patient Revenue	$ 213,310,618	$ 255,168,156	$ 291,113,383
Amount of Charity Care (charges)	$ 11,371,095	$ 12,795,269	$ 12,623,926
Cost of Charity Care	$ 2,649,465	$ 2,345,261	$ 2,179,655
% of Cost of Charity Care/Net Revenue	1.26%	.94%	.75%

TABLE FIVE
Charity Care Information

Northwestern HealthCare	**FY14**	**FY15**	**FY16**
Net Patient Revenue	$2,296,846,000	$3,702,986,000	$4,081,581,000
Amount of Charity Care (charges)	$ 304,890,000	$ 418,054,000	$ 386,070,000
Cost of Charity Care	$ 66,747,000	$ 81,601,000	$ 80,459,000
% of Cost of Charity Care/Net Revenue	2.90%	2.20%	1.97%

Note: numbers do not reflect the impact on acquisitions/affiliations for periods prior to the acquisition/affiliation.

The Applicants stated the following:

"With a mission-driven commitment to providing quality medical care, regardless of the patients' ability to pay, NMHC/DCH maintain their dedication to improve the health of the most medically underserved members of the community. DCH experienced a decrease in the amount of charity care provided since 2014, which is primarily due to the health insurance coverage expansions that took effect in 2014 as a result of the Affordable Care Act (specifically, the ACA's expansion of Medicaid and the implementation of GetCovered Illinois, the State's health insurance marketplace, or "exchange"). This decrease in charity care is consistent with the statewide average from 2013-2015. Over the same period (2014 - 2016), the number of Medicaid patients treated by DCH increased by 41%. DCH regularly engages with Kane County organizations committed to improving the health of its residents, including the Kane County Health Department, the Tri City Health Partnership, a Kane County free health clinic that had more than 1,500 patient visits in 2016 through its entirely volunteer medical staff, and the INC 708 organization, which focuses on mental health services. During FY16, Northwestern Memorial HealthCare contributed $747.4 million in community benefits including charity care, other unreimbursed care, research, education, language assistance, donations and other community benefits."

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

To demonstrate compliance with this criterion the Applicants must identify all of the alternatives considered to the proposed project.

The Applicants provided the following information:

1. *Do Nothing*

"The space limitations detailed above have constrained DCH's Surgical Services program. If the Surgical Services department is not modernized, DCH would be forced to cap surgery volume at some point in the near future which would not meet the needs of the community. Additionally, the proposed infrastructure improvements included in the project are needed to correct existing facility infrastructure including humidity control, negative pressure, and other facility infrastructure investments. This alternative was rejected because it does not meet the current or projected demand for surgical services at DCH.

2. *Renovate in the Current Building Footprint (Do Not Build Addition)*

The overall area of the current Surgical Services department is not large enough to accommodate the required surgical program. Additionally, if there was enough space for the proposed program, renovating the operating rooms in place would be disruptive to patient care and take as much as five years longer than the proposed project. Renovating in place would have to be done two operating rooms at a time and the corresponding construction and inspection time would result in a much longer schedule. This additional time would equate to additional General Conditions and contractor fees, resulting in a higher cost. This alternative would cost approximately $500,000 more than the proposed project. In addition to a higher construction cost, this alternative would result in a loss of revenue for the duration of the project because two operating rooms would be down until the completion of the department. This loss of revenue would be approximately $33 million dollars (assuming a 40 month construction period). This alternative was rejected because it is does not meet the required space program, is more expensive, and takes more time than the proposed project.

3. *Relocate to Another Location in the Hospital*

There is no available space within the existing hospital to accommodate the Surgical Services program. Relocations of existing departments and the construction of an addition to accommodate them would be required to provide sufficient space which would add costs of approximately $1.6 million. Additionally, relocations could be disruptive to patient care and would add time to the project schedule. This alternative was rejected because it is more expensive and takes more time than the proposed project.

4. *Build a Lessor Number of Operating Rooms*

The proposed project includes 10 operating rooms which are needed to accommodate the demand for surgical services at DCH. While there is currently some capacity in the 3 operating rooms in the adjacent medical office building due to the 2016 acquisition and conversion from ASTC to hospital-based outpatient surgery department, this capacity will be used to accommodate the surgery volume during the construction period for the proposed project. While building less than 10 operating rooms would reduce the project cost, it does not meet the projected demand for surgical services. This alternative was rejected because does not meet the projected demand for surgical services at DCH."

VIII. Size of the Project, Projected Utilization and Assurances

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

To demonstrate compliance with this criterion the Applicants must document the size of the proposed facility is in compliance with the State Board Standards published in Part 77 ILAC 1110 Appendix B.

Below are the definitions of reviewable and non reviewable space.

Clinical Service Area [reviewable space] means a department or service that is directly *related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility* [20 ILCS 3960/3]. A clinical service area's physical space shall include those components required under the facility's licensure or Medicare or Medicaid Certification, and as outlined by documentation from the facility as to the physical space required for appropriate clinical practice.

Non-clinical Service Area [non reviewable space] *means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers.* [20 ILCS 3960/3]

The Applicants are proposing a total of 43,192 GSF of space for the surgical suite located in the Main Hospital. The Applicants have met the requirements of Part 1110 Appendix B. [See Appendix III at the end of this report]

TABLE SIX
Surgical Suite

	State Standard			
	Rooms/Bays	DGSF	Total	Project GSF
Class C operating rooms	10	2,750	27,500	
Class B procedure rooms	2	1,100	2,200	
Phase I recovery bays	11	180	1,980	
Phase II recovery bays	33	400	13,200	
Total			44,880 DGSF	43,192 DGSF

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

B) Criterion 1110.234 (b) – Projected Utilization

To demonstrate compliance with this criterion the Applicants must document that the proposed facility will be in compliance with the State Board Standards published in Part 77 ILAC 1110 Appendix B two (2) years after project completion.

The Applicants are proposing the modernization of ten operating rooms and two procedure rooms in the main hospital. The three operating rooms and two procedure

rooms of the outpatient surgery department are not being modernized as part of this project.

TABLE SEVEN
Operating and Procedure Rooms

	Main Hospital Rooms	Outpatient Surgery Department	Total Hospital
Class C operating rooms	10	3	13
Class B procedure rooms	2	2	4

The Applicants historical growth in surgical hours has been 4.4% for the period 2011-2016 (the 4.4% growth includes the Hospital and the Outpatient Department (formerly Tri-Cities Surgery Center). The growth in surgery hours at the hospital for the period 2011-2016 has been 9.8%.

Projecting that growth out to 2022 the first year after project completion the applicants can justify the 13 Class C operating rooms and the four Class B procedure rooms at the hospital. According to the Applicants the reason for the growth in the number of surgical hours has been the addition of more surgeons to the medical staff, investment in specialized surgical equipment to expand procedure capability such as laparoscopic scopes and instrumentation, robotic-assisted technology, specialized instrumentation, advanced intra-operative monitoring capability, and staff training. [See Appendix I and Appendix II at the end of this report]

STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH PROJECTED UTILIZATION CRITERION (77 ILAC 1110.234 (b))

C) Criterion 1110.234 (e) – Assurance

To demonstrate compliance with this criterion the Applicants must document that the proposed facility will be in compliance with the State Board Standards published in Part 77 ILAC 1110 Appendix B two (2) years after project completion.

The Applicants have met the requirements of this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH ASSURANCE CRITERION (77 ILAC 1110.234 (e))

IX. Clinical Service Area Other than Categories of Service

A) Criterion 1110.3030 –Information

These criteria are applicable only to those projects or components of projects (including major medical equipment), concerning Clinical Service Areas (CSAs) that are not "Categories of Service", but for which utilization standards are listed in Appendix B, including:

A) Surgery
B) Emergency Services and/or Trauma
C) Ambulatory Care Services (organized as a service)
D) Diagnostic and Interventional Radiology/Imaging (by modality)
E) Therapeutic Radiology
F) Laboratory
G) Pharmacy
H) Occupational Therapy/Physical Therapy
I) Major Medical Equipment

This project is proposing the modernization of surgical services in the main hospital.

B) Criterion 1110.3030 (b) (1) & (3) – Background of the Applicants

This criterion was successfully addressed earlier in this report.

C) Criterion 1110.3030 (d) (1) (2) (3) – Need Determination- Modernization

To demonstrate compliance with this criterion the Applicants must document that the proposed project meets one of the following:

1) Deteriorated Equipment or Facilities

The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.

2) Necessary Expansion

The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand. Documentation shall consist of, but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.

3) Utilization

Service or Facility Projects involving the modernization of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B. The number of key rooms being modernized shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional key rooms can be justified per subsection (d)(2) (Necessary Expansion).

The Applicants have stated the surgical suite has not had a significant modernization in over 25 years. The Applicants have also stated that there are three main operational constraints at the hospital's surgical services program that the proposed project is intended to correct. Per the Applicants there is an overall inefficient layout of the current operating rooms and the operating rooms vary in size from 383 NSF to 648 NSF with seven of the ten operating rooms not large enough to meet IDPH standards. Many of the operating rooms cannot accommodate new specialty equipment which has resulted in wait time for the larger operating rooms for the procedures that require the

new equipment. According to the Applicants standardized operating rooms provides faster access, consistent care, and higher productivity of staff.

Additionally the existing space does not have enough pre/post-operative stations. Currently, there are 33 stations while current IDPH Building Code warrants 44 (source: Illinois Administrative Code, Title 77, Part 250.2440 - general hospital standards for the required 4:1 ratio of pre/post-operative rooms to operating rooms/2:1 ratio of pre/post-operative rooms to procedure rooms). The number of existing pre/post-operative rooms is putting constraints on the surgical demand by creating back-ups in patient flow.

The pre-operative and Phase II recovery area is congested with individual "rooms" separated by half walls and curtains with four fully enclosed rooms at the end of the hallway that are isolated from the nurses' station. Space is limited in the individual rooms for patients' families and care givers which make it difficult to perform necessary pre-operative procedures. Adding to the congestion is patient equipment that needs to be readily available for patients coming out of surgery with no accessible storage space. Additionally, there is no enclosed room for patients requiring isolation.

The existing Surgical Services department has an inefficient design/flow. Phase II recovery areas are separate and non-contiguous, there is comingling of sterile and non-sterile areas, and caregivers must leave the sterile environment to access the storage areas. A modernized unit with a more efficient design will improve safety, privacy, and infection control.

For the modernization of the surgical suite State Board rule requires that the Applicants be at the target occupancy of 1,500 hours per operating/procedure room. Historical utilization at the hospital's surgical suite will justify the ten operating rooms and the five procedure rooms and not the 13 operating rooms and 6 procedure rooms currently at the hospital.

TABLE EIGHT
Number of Rooms justified at Historical Utilization

Rooms	2016	Hours Average (2011-2016) (1)	Rooms Justified
Class C operating rooms	13	12,453	9
Class B procedure rooms	6	6,330	5

1. Hours includes inpatient and outpatient hours

Should this project be approved the hospital will have a total 13 operating and four procedure rooms at the hospital and the medical office building housing the outpatient surgery department (formerly Tri-Cities Surgery Center). [See Appendix I and Appendix II at the end of this report for utilization information]

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH THE CLINICAL SERVICES OTHER THAN CATEGORES OF SERVICE CRITERION MODERNIZATION (77 IAC 1110.3030 (d) (1) (2) (3))

X. 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; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs. ***Cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process."*** (20 ILCS 3960)

A) Criterion 1120.120 – Availability of Funds

To demonstrate compliance with this criterion the Applicants must document that the resources are available to fund the project.

The Applicants are funding this project with cash in the amount of $39,612,776. The Applicants provided evidence of an "A" or better bond rating. Moody's Investors Service stated "*We are affirming the Aa2 on $1.2 billion of outstanding NMHC debt, including bonds initially issued by Central DuPage Health and Delnor-Community Hospital and secured by the NMHC obligated group. The outlook is stable."* S&P Global Ratings "*assigned its 'A-1+' short-term rating to the Illinois Finance Authority's taxable commercial paper notes, series A, issued on behalf of Northwestern Memorial HealthCare (NMHC). At the same time, S&P Global Ratings affirmed its 'AA+' long-term rating on the authority's series 2013, 2009A, and 2009B bonds, and its 'AA+/A-1+' dual rating on the authority's series 2002C bonds. The series 2013 bonds were issued on behalf of NMHC, while the series 2002C, 2009A, and 2009B were issued on behalf of Northwestern Memorial Hospital (NMH)."*

A bond rating is a grade given to a bond that indicates its credit quality. Private independent rating services provide these evaluations (at a cost to Northwestern Memorial HealthCare) of Northwestern Memorial HealthCare ability to pay a bond's principal and interest. Bond ratings are expressed as letters ranging from "AAA," which is the highest grade, to "C" or "D" ("junk"), which is the lowest grade. [Application for Permit pages 72-87]

TABLE NINE
Northwestern Memorial HealthCare
Audited Financial Statements
(in thousands)
As of August 31

	2017	2016
Cash and Securities	$258,463	$218,163
Current Assets	$1,399,719	$1,355,772
PPE	$3,458,587	$3,233,885
Total Assets	$10,726,322	$9,712,186
Current Liabilities	$1,345,517	$1,601,107
LTD	$1,324,776	$1,077,180
Total Liabilities	$3,501,485	$3,562,593
Net Patient Revenue	$4,749,433	$4,236,441
Total Revenue	$4,830,996	$4,359,873
Total Expense	$4,529,827	$4,120,502
Operating Income	$301,169	$239,371
Excess of Revenue over Expenses	$983,565	$718,150

Source: 2017 Audited Financial Statements

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 ILAC 1120.120)

B) Criterion 1120.130 - Financial Viability

To demonstrate compliance with this criterion the Applicants must document that they have a Bond Rating of "A" or better, they meet the State Board's financial ratio standards for the past three (3) fiscal years or the project will be funded from internal resources.

The Applicants are funding this project with cash in the amount of $39,612,776. The Applicants provided evidence of an "A" or better bond rating therefore qualifying for the financial viability waiver[2].

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 ILAC 1120.130)

[2] The applicant is NOT required to submit financial viability ratios if:

1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.
2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA) or its equivalent; or
HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.
3) the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

XI. 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 must document that leasing of the space is reasonable. The State Board considers the leasing of space as debt financing.

The Applicants are funding this project with cash in the amount of $39,612,776. No debt is being used to fund this project.

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 the project costs are reasonable by the meeting the State Board Standards in Part 1120 Appendix A.

As shown in the table below the Applicants has met the requirements of the Part 1120 Appendix A. The new construction and contingency and modernization and contingency cost per GSF is inflated by 3% to the midpoint of construction.

TABLE TEN [3]
Reasonableness of Project Costs

Preplanning Costs	$69,937	1.80%	$389,253	0.32%	Yes
Site Survey and Soil Investigation Site Preparation	$263,471	5.00%	$782,675	1.68%	Yes
New Construction Contracts and Contingencies [2]	$5,639,499	$461.46/GSF	$5,900,228	$441.07	Yes
Modernization Contracts and Contingencies [2]	$10,014,003	$323.02/GSF	$10,210,662	$316.80	Yes
Contingencies	$1,423,046	10-15%	$2,134,568	10.00%	Yes
Architectural/Engineering Fees	$847,529	8.66%	$1,355,593	5.41%	Yes
Consulting and Other Fees	$895,731				
Movable or Other Equipment (not in construction contracts)	$5,971,650		No Standard		
Other Costs To Be Capitalized	$202,279				

1. Itemization of the Project Costs can be found at the Application for Permit pages 40-43
2. 2017 RS Means hospital new construction and contingency standard for Geneva, Illinois is $434.96/GSF and the modernization and contingency is $304.48.
3. RS Means is a paid subscription service that provides construction cost estimating service to the State Board on a yearly basis.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 ILAC 1120.140 (c))

D) Criterion 1120.140 (d) – Projected Operating Costs

To demonstrate compliance with this criterion the Applicants must document that the projected direct annual operating costs for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated costs of salaries, benefits and supplies for the service.

The projected operating cost per equivalent patient day for the first full fiscal year at target utilization but no more than two years after project completion is $844.47. [Application for Permit page 71]

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

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

To demonstrate compliance with this criterion the Applicants must provide the total projected annual capital costs for the first full fiscal year at target utilization but no more than two years following project completion. Capital costs are defined as depreciation, amortization and interest expense.

The effect of the project on capital costs per equivalent patient day for the first full fiscal year at target utilization but no more than two years after project completion is $54.87. [Application for Permit page 71]

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

APPENDIX I
Surgery Rooms
Historical

DELNOR	**CY11**		**CY12**		**CY13**		**CY14**		**CY15**		**CY16**		Annual Growth	
	Cases	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**
Inpatient	2,038	4,767	1,762	4,139	1,649	3,818	1,138	2,302	1,138	2,407	2,365	6,119		
Outpatient	3,631	4,568	3,657	4,683	3,134	5,713	3,941	8,746	4,354	9,861	4,291	7,801		
Total	5,669	9,335	5,419	8,822	4,783	9,531	5,079	11,048	5,492	12,268	6,656	13,920	3.48%	9.82%
# of ORs	10		10		9		9		10		10			
ORs justified	6.2		5.9		6.4		7.4		8.2		9.3			

Tri-City Surgery Ctr.	**CY11**		**CY12**		**CY13**		**CY14**		**CY15**		**CY16**			
	Cases	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**		
Outpatient	2,513	2,741	1,290	1,414	1,602	1,759	1,283	1,443	1,321	1,634	774	801	-13.84%	-14.16%
# of ORs	3		3		3		3		3		3			
ORs justified	1.8		0.9		1.2		1.0		1.1		0.5			

COMBINED	**CY11**		**CY12**		**CY13**		**CY14**		**CY15**		**CY16**			
	Cases	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**		
Inpatient	2,038	4,767	1,762	4,139	1,649	3,818	1,138	2,302	1,138	2,407	2,365	6,119		
Outpatient	6,144	7,309	4,947	6,097	4,736	7,472	5,224	10,189	5,675	11,495	5,065	8,602		
Total	8,182	12,076	6,709	10,236	6,385	11,290	6,362	12,491	6,813	13,902	7,430	14,721	-1.84%	4.38%
# of ORs	13		13		12		12		13		13			
ORs justified	8.1		6.8		7.5		8.3		9.3		9.8			

Projected Growth

ALL DCH	**CY17**		**CY18**		**CY19**		**CY20**		**CY21**		**CY22**	
	Cases	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**
Inpatient	2,754	6,333	2,850	6,555	2,950	6,784	3,053	7,022	3,160	7,267	3,270	7,522
Outpatient	5,682	9,090	6,004	9,607	6,345	10,152	6,705	10,728	7,086	11,338	7,488	11,981
Total	8,436	15,423	8,854	16,162	9,295	16,936	9,758	17,750	10,246	18,605	10,758	19,503
# of ORs	13		13		13		13		13		13	
ORs justified	10.3		10.8		11.3		11.8		12.4		13.0	

APPENDIX II
Procedure Rooms

Historical

DELNOR	**CY11**		**CY12**		**CY13**		**CY14**		**CY15**		**CY16**		**Annual Growth**	
	Cases	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**
Inpatient	652	696	534	617	618	604	578	752	705	880	532	610		
Outpatient	3,373	1562	2,016	1,575	1,232	859	1,349	1,362	1,664	1,774	3,730	3,696		
Total	4,025	2258	2,550	2,192	1,850	1,463	1,92	7 2,114	2,369	2,654	4,262	4,306	1.18%	18.14%
# of PRs	3		3		3		3		3		3			
PRs justified	1.5		1.5		1.0		1.4		1.8		2.9			

Tri-City Surgery Ctr.	**CY11**		**CY12**		**CY13**		**CY14**		**CY15**		**CY16**			
	Cases	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**		
Outpatient	3,302	3,522	5,165	5,445	5,647	3,964	5,720	4,678	4,965	3,417	2,167	1,967	-6.87%	-8.83%
# of ORs	2		2		2		2		2		2			
ORs justified	2.3		3.6		2.6		3.1		2.3		1.3			

COMBINED	**CY11**		**CY12**		**CY13**		**CY14**		**CY15**		**CY16**			
	Cases	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**		
Inpatient	652	696	534	617	618	604	578	752	705	880	532	610		
Outpatient	6,675	5,084	7,181	7,020	6,879	4,823	7,069	6,040	6,629	5,191	5,897	5,663		
Total	7,327	5,780	7,715	7,637	7,497	5,427	7,647	6,792	7,334	6,071	6,429	6,273	-2.45%	1.71%
#of ORs	5		5		5		5		5		5			
ORs justified	3.9		5.1		3.6		4.5		4.0		4.2			

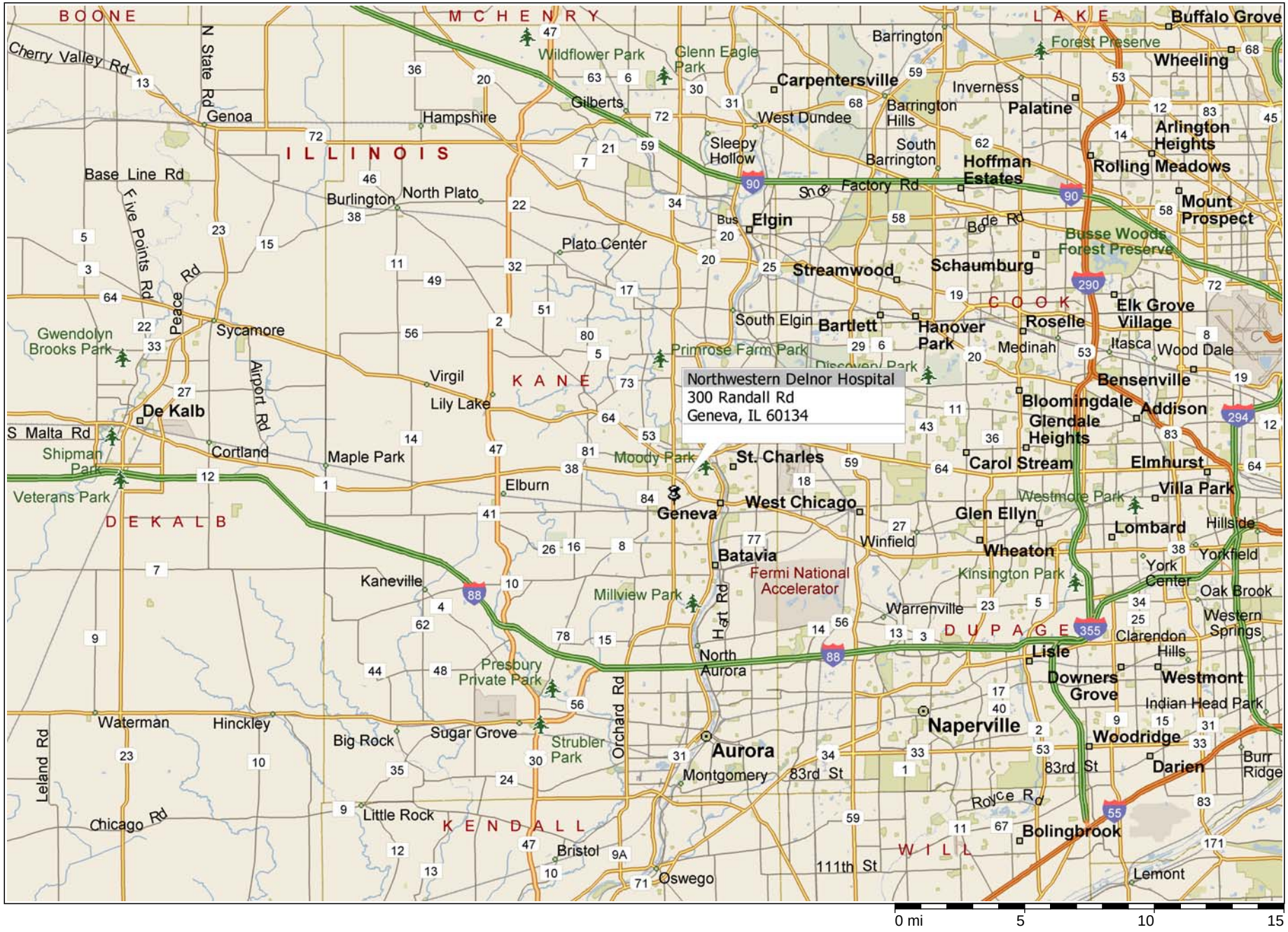
Projected Growth

ALL DCH	**CY17**		**CY18**		**CY19**		**CY20**		**CY21**		**CY22**			
	Cases	**Hours**	**Cases**	**Hours**	**Cases H**	**ours**	**Cases**	**Hours**	**Cases**	**Hours**	**Cases**	**Hours**		
Inpatient	557	613	560	616	563	620	566	623	569	626	572	630		
Outpatient	7,231	5,785	7,387	5,909	7,545	6,036	7,708	6,166	7,874	6,299	8,043	6,434		
Total	7,788	6,398	7,947	6,525	8,108	6,656	8,274	6,789	8,443	6,925	8,615	7,064	2.12%	2.08%
# of PRs	5		5		5		5		4		4			
PRs justified	4.3		4.4		4.4		4.5		4.6		4.7			

APPENDIX III
Cost Space Requirements

		Departmental Gross Square Feet		Building Gross Square Feet		Amount of Proposed Total Building Gross Square Feet That Is:			
Department	Cost	Existing DGSF	Proposed DGSF	Floor Gross Factor	Propose BGSF	New Const.	Modernized	As Is	Vacated Space
CLINICAL									
Surgical Services	$14,230,456	24,437	43,192	1.03	44,396	12,786	31,610		
Clinical Subtotal =	$14,230,456	24,437	43,192						
NON-CLINICAL									
Administration	$1,068,104	4,357	4,054	1.03	4,187	0	4,187	0	0
Public Facilities	$1,333,905	6,106	5,115	1.02	5,231	0	5,231	0	0
Materials Management/loading dock	$2,346,231	6 693	12,470	1.02	12,470	11,607	863		0
MEP Systems	$7,038,559	390	15,850	1.02	16,240	15,850	390	0	0
Non-Clinical Subtotal	$11,786,799	**17,546**	**37,489**		**38,128**	**27,457**	**10,671**	**0**	**0**
TOTAL	**$26,017,255**	**41,983**	**80,681**		**82,524**	**40,243**	**42,281**	**0**	**0**
OTHER									
Preplanning Costs	$130,000								
Site Survey & Soil Investigation	$30,000								
Site Preparation	$459,745								
Contingencies	$2,601,726								
NE Fees	$1,575,400								
Consultin9 & Other Fees	$1,665,000								
Movable or other Equipment	$6,757,650								
Other Costs To Be Capitalized	$376,000								
Other Subtotal =	**$13,595,521**								
GRAND TOTAL=	**$39,612,776**								

17-055 Northwestern Medicine Delnor Hospital - Geneva



Ownership, Management and General Information

ADMINISTRATOR NAME:	Maureen Taus
ADMINSTRATOR PHONE:	630-933-6342
OWNERSHIP:	Delnor Community Hospital
OPERATOR:	Delnor Community Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	General Hospital
ADDRESS	300 Randall Road **CITY:** Geneva **COUNTY:** Kane County

Patients by Race

White	90.5%
Black	2.7%
American Indian	0.0%
Asian	1.4%
Hawaiian/ Pacific	0.1%
Unknown	5.4%

Patients by Ethnicity

Hispanic or Latino:	6.0%
Not Hispanic or Latino:	93.2%
Unknown:	0.8%

IDPH Number:	5736
HPA	A-12
HSA	8

Facility Utilization Data by Category of Service

Clinical Service	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	121	121	121	5,609	22,129	8,223	5.4	82.9	68.5	68.5
0-14 Years				*42*	*171*					
15-44 Years				*702*	*2,590*					
45-64 Years				*1,509*	*5,834*					
65-74 Years				*1,251*	*4,770*					
75 Years +				*2,105*	*8,764*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	20	20	20	1,218	2,796	164	2.4	8.1	40.4	40.4
Direct Admission				*860*	*2,189*					
Transfers - Not included in Facility Admissions				*358*	*607*					
Obstetric/Gynecology	18	18	18	1,421	3,711	123	2.7	10.5	58.2	58.2
Maternity				*1,334*	*3,471*					
Clean Gynecology				*87*	*240*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
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	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
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	*0*					*0*				
Facility Utilization	**159**			**7,890**	**28,636**	**8,510**	**4.7**	**101.5**	**63.8**	

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	**48.4%**	**8.7%**	**0.5%**	**41.3%**	**0.6%**	**0.5%**	
	3819	683	41	3257	49	41	**7,890**
Outpatients	**32.9%**	**11.4%**	**0.9%**	**53.7%**	**0.3%**	**0.8%**	
	55808	19258	1573	91009	467	1365	**169,480**

Financial Year Reported: 9/1/2015 *to* 8/31/2016

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	**39.0%**	**5.9%**	**1.5%**	**51.9%**	**1.7%**	**100.0%**	
	34,480,886	5,251,464	1,329,808	45,927,164	1,519,368	88,508,690	572,368
Outpatient Revenue ($)	**16.1%**	**3.6%**	**1.0%**	**77.7%**	**1.6%**	**100.0%**	
	32,717,451	7,352,814	1,950,968	157,390,186	3,193,274	202,604,693	1,607,287

Total Charity Care Expense
2,179,655

Total Charity Care as % of Net Revenue
0.7%

Birthing Data

Number of Total Births:	1,386
Number of Live Births:	1,376
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	6
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	475

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	2,358	1,226	66
Total Newborn Patient Days			**3,650**

Laboratory Studies

Inpatient Studies	9,213
Outpatient Studies	69,249
Studies Performed Under Contract	4,316

Organ Transplantation

Kidney:	
Heart:	
Lung:	
Heart/Lung:	
Pancreas:	
Liver:	
Total:	

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	1	1	85	26	239	55	294	2.8	2.1
Dermatology	0	0	0	0	0	2	0	2	2	0.0	1.0
General	0	0	3	3	558	1475	1541	2546	4087	2.8	1.7
Gastroenterology	0	0	0	0	0	1	0	2	2	0.0	2.0
Neurology	0	0	1	1	113	24	401	67	468	3.5	2.8
OB/Gynecology	0	0	2	2	574	763	1011	1431	2442	1.8	1.9
Oral/Maxillofacial	0	0	0	0	18	55	39	138	177	2.2	2.5
Ophthalmology	0	0	2	2	0	303	0	374	374	0.0	1.2
Orthopedic	0	0	3	3	855	587	2501	1264	3765	2.9	2.2
Otolaryngology	0	0	0	0	12	363	17	509	526	1.4	1.4
Plastic Surgery	0	0	0	0	6	272	20	767	787	3.3	2.8
Podiatry	0	0	0	0	24	92	31	169	200	1.3	1.8
Thoracic	0	0	0	0	1	0	2	0	2	2.0	0.0
Urology	0	0	1	1	119	328	317	477	794	2.7	1.5
Totals	**0**	**0**	**13**	**13**	**2365**	**4291**	**6119**	**7801**	**13920**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 16 Stage 2 Recovery Stations 24

Dedicated and Non-Dedicated Procedure Room Utilzation

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	5	5	532	3730	610	3696	4306	1.1	1.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	20	1122	15	1029	1044	0.8	0.9
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	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

Emergency/Trauma Care

Certified Trauma Center		Yes
Level of Trauma Service	**Level 1**	**Level 2**
	(Not Answered)	Adult
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		7,467
Patients Admitted from Trauma		824
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		33
Persons Treated by Emergency Services:		40,885
Patients Admitted from Emergency:		4,502
Total ED Visits (Emergency+Trauma):		**48,352**

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	**190,580**
Outpatient Visits at the Hospital/ Campus:	172,347
Outpatient Visits Offsite/off campus	18,233

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**739**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	481
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	171
EP Catheterizations (15+)	87

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	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	5	0	9,240	27,222	0
Nuclear Medicine	2	0	470	2,873	0
Mammography	3	0	22	14,070	0
Ultrasound	9	0	1,368	19,129	0
Angiography	2	0			
Diagnostic Angiography			81	84	0
Interventional Angiography			659	606	0
Positron Emission Tomography (PET)	1	0	6	469	0
Computerized Axial Tomography (CAT)	2	0	4,681	17,600	0
Magnetic Resonance Imaging	2	0	1,317	9,367	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	1	0	5,283
Image Guided Rad Therapy			1,709
Intensity Modulated Rad Thrpy			1,489
High Dose Brachytherapy	1	0	150
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.