



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

DOCKET ITEM: C-04	BOARD MEETING: June 4, 2019	EXEMPTION NUMBER: #E-018-19
EXEMPTION APPLICANT(S): Presence Chicago Hospitals Network d/b/a Presence Saint Joseph Hospital – Chicago, Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health, Ascension Health		
FACILITY NAME and LOCATION: Presence Saint Joseph Hospital-Chicago, Chicago		

STATE BOARD STAFF REPORT
DISCONTINUATION OF A CATEGORY SERVICE
EXEMPTION REQUEST

I. The Exemption Application

The Applicants (Presence Chicago Hospitals Network d/b/a Presence Saint Joseph Hospital – Chicago, Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health, Ascension Health) propose the discontinuation of a 23-bed comprehensive physical rehabilitation category of service. There is no cost to this project. The expected completion date is July 5, 2019.

II. Applicant

Presence Saint Joseph Hospital-Chicago is located at 2900 North Lake Shore Drive, Chicago, Illinois in the HSA VI Health Service Area – Chicago and the A-01 Hospital Planning Area¹. The Planning Area for comprehensive physical rehabilitation category of service is Health Service Area VI. There are 12 hospitals in this planning area providing comprehensive physical rehabilitation services. As of May 2019, there is a calculated excess of 189 comprehensive physical rehabilitation beds in this planning area. Table One documents the 5-year utilization of Presence Saint Joseph Hospital-Chicago category of service.

TABLE ONE
Presence Saint Joseph Hospital – Chicago
Historical Comprehensive Physical Rehabilitation Category of Service Utilization

	2017	2016	2015	2014	2013
Rehab Beds	23	23	23	23	23
Days	1,825	2,137	2,004	2,477	2,609
Admissions	154	183	188	203	243
ALOS	11.9	11.7	10.7	12.2	10.7
ADC	5.0	5.8	5.5	6.8	7.1
Occupancy	21.7%	25.4%	23.9%	29.5%	31.1%

¹ A-01 - City of Chicago Community Areas of Douglas, Oakland, Fuller Park, Grand Boulevard, Kenwood, Near South Side, Washington Park, Hyde Park, Woodlawn, South Shore, Chatham, Avalon Park, South Chicago, Burnside, Calumet Heights, Roseland, Pullman, South Deering, East Side, Garfield Ridge, Archer Heights, Brighton Park, New City, West Elsdon, Gage Park, Clearing, West Lawn, West Englewood, Englewood, Chicago Lawn and Greater Grand Crossing.

III. Applicable Rules

A) Section 1130.500 - General Requirements for Exemptions

Only those projects specified in Section 1130.410 are eligible for exemption from permit requirements. Persons that have initiated or completed such projects without obtaining an exemption are in violation of the provisions of the Act and are subject to the penalties and sanctions of the Act and Section 1130.790.

a) Application for Exemption

Any persons proposing a project for an exemption to permit requirements shall submit to HFSRB an application for exemption containing the information required by this Subpart, submit an application fee (if a fee is required), and receive approval from HFSRB.

b) General Information Requirements

The application for exemption shall include the following information and any additional information specified in this Subpart:

- 1) the name and address of the applicant or applicants (see Section 1130.220);*
- 2) the name and address of the health care facility;*
- 3) a description of the project, e.g., change of ownership, discontinuation, increase in dialysis stations;*
- 4) documentation from the Illinois Secretary of State that the applicant is registered to conduct business in Illinois and is in good standing or, if the applicant is not required to be registered to conduct business in Illinois, evidence of authorization to conduct business in other states;*
- 5) a description of the applicant's organization structure, including a listing of controlling or subsidiary persons;*
- 6) the estimated project cost, including the fair market value of any component and the sources and uses of funds;*
- 7) the anticipated project completion date;*
- 8) verification that the applicant has fulfilled all compliance requirements with all existing permits that have been approved by HFSRB; and*
- 9) the application-processing fee.*

HFSRB NOTE: If a person or project cannot meet the requirements of exemption, then an application for permit may be filed.

B) Section 1130.525 - Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service

- a) *Submission of Application for Exemption*
Prior to any person discontinuing a health care facility or category of service, the person shall submit an application for exemption to the HFSRB, submit the required application-processing fee (see Section 1130.230), and receive approval from HFSRB.
- b) *Application for Exemption*
The application for exemption is subject to approval under Section 1130.560 and shall include a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.130. The application shall be available for review on the premises of the health care facility.
- c) *Opportunity for Public Hearing*
Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. [20 ILCS 3960/8.5(a-3)]

C) Section 1110.290 - Discontinuation – Review Criteria

These criteria pertain to the discontinuation of categories of service and health care facilities.

- a) *Information Requirements – Review Criterion*
The applicant shall provide at least the following information:
 - 1) *Identification of the categories of service and the number of beds, if any, that are to be discontinued;*
 - 2) *Identification of all other clinical services that are to be discontinued;*
 - 3) *The anticipated date of discontinuation for each identified service or for the entire facility;*
 - 4) *The anticipated use of the physical plant and equipment after discontinuation occurs;*
 - 5) *The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;*
 - 6) *For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.*
- b) *Reasons for Discontinuation – Review Criterion*

The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

- 1) *Insufficient volume or demand for the service;*
- 2) *Lack of sufficient staff to adequately provide the service;*
- 3) *The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;*
- 4) *The facility or the service is not in compliance with licensing or certification standards.*

c) Impact on Access – Review Criterion

The applicant shall document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area. The facility's market area, for purposes of this Section, is the established radii outlined in 77 Ill. Adm. Code 1100.510(d). Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

- 1) *The service will no longer exist within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the applicant facility;*
- 2) *Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website;*
- 3) *Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.*

d) The applicant shall provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation and that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d). The notification letter must include at least the anticipated date of discontinuation of the service and the total number of patients that received care or

III. State Board Staff Analysis

Presence Saint Joseph Hospital – Chicago proposes to discontinue a 23-bed comprehensive physical rehabilitation category of service. No final plans have made of the use of the vacated space. The medical records will be maintained in accordance with all federal and state legal requirements.

According to the Applicants the proposed discontinuation is the result of low and steadily decreasing utilization at the hospital. Over the past five years (2014-2018), admissions have decreased from 203 to 92 or 111%. Average daily census is 2.9 patients.

The Applicant sent impact letters to the hospitals listed below with comprehensive physical rehabilitation service informing those hospitals of Presence Saint Joseph Hospital-Chicago

intent to discontinue comprehensive physical rehabilitation services (See Table Two below). No replies were received from these hospitals by the State Board Staff.

TABLE TWO
Hospitals with Comprehensive Physical Rehabilitation Service in HSA VI Planning Area

Facility	City	Beds	Admissions	Days	ADC	Occupancy
Advocate Illinois Masonic Medical Center	Chicago	22	397	5,109	14.00	63.62%
Louis A. Weiss Memorial Hospital	Chicago	26	170	2,197	6.02	23.15%
Holy Cross Hospital	Chicago	34	195	2,366	6.5	19.10%
Mercy Hospital & Medical Center	Chicago	24	429	4,319	11.83	49.30%
Presence Resurrection Medical Center	Chicago	65	872	11,014	30.18	46.42%
Presence Saint Mary of Nazareth Hospital	Chicago	15	252	2,827	7.75	51.63%
Rehabilitation Institute of Chicago	Chicago	242	2,799	66,999	183.56	75.85%
Rush University Medical Center	Chicago	59	751	9,978	27.34	46.33%
Schwab Rehabilitation Center	Chicago	81	1,006	13,700	37.53	46.34%
Shriners Hospital for Children - Chicago	Chicago	6	73	1,226	3.36	55.98%
Swedish Covenant Hospital	Chicago	25	301	3,847	10.54	42.16%
University of Illinois Hospital at Chicago	Chicago	18	40	422	1.16	6.42%
		617	7,285	124,004	339.77	55.10%

Source: 2017 Hospital Profiles

IV. Safety Net Impact

The Applicants stated:

“Presence Saint Joseph Hospital-Chicago has a long history of being a safety net provider, both in terms of services provided directly at or by the hospital, as well as its role in the community. The proposed discontinuation of comprehensive rehabilitation services will have no impact on that commitment, nor will it have any impact on any other providers of safety net services.”

TABLE THREE
Safety Net Information

	2016	2017	2018 ⁽¹⁾
Net Revenue	\$207,300,397	\$218,077,373	\$105,592,218
<u>Charity Care</u>			
Inpatient	723	42	255
Outpatient	4,445	452	1,376
Total	5,168	494	1,631
<u>Charity</u>			
Inpatient	\$727,799	\$354,365	\$763,794
Outpatient	\$1,520,340	\$454,772	\$633,862
Total	\$2,248,139	\$809,137	\$1,397,656
% of Net Revenue	1.08%	0.37%	1.32%
	2016	2017	2018
<u>Medicaid</u>			
Inpatient	464	427	993
Outpatient	3,000	10,536	3,447
Total	3,464	10,963	4,440
Inpatient	\$20,516,947	\$33,379,547	\$12,089,906
Outpatient	\$7,584,914	\$18,530,768	\$1,242,421
Total	\$28,101,861	\$51,910,315	\$13,332,327
% of Net Revenue	13.56%	23.80%	12.63%

1. 2018 information for the first 6-months.

The Illinois Health Facilities Planning Act (20 ILCS 3960/6) requires that

“An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility, discontinuation of a category of service, and discontinuation of a health care facility, other than a health care facility maintained by the State or any agency or department thereof or a nursing home maintained by a county.”

The Applicants have provided the required information for this exemption application.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH DISCONTINUATION OF A CATEGORY OF SERVICE OR HEALTH CARE FACILITY (77 ILAC 1130.500, 77 ILAC 1130.520 AND 77 ILAC 1110.290)

TABLE FOUR
Presence Saint Joseph Hospital-Chicago

<u>2017</u>	<u>Beds</u>	<u>ALOS</u>	<u>ADC</u>	<u>Occ</u>	<u>2016</u>	<u>Beds</u>	<u>ALOS</u>	<u>ADC</u>	<u>Occ</u>	<u>2015</u>	<u>Beds</u>	<u>ALOS</u>	<u>ADC</u>	<u>Occ</u>
Medical Surgical	208	5.7	119	57.20%	Medical Surgical	208	5.7	112.7	54.18%	Medical Surgical	208	97.7	97.7	46.97%
Pediatric	11	3.4	0.9	8.50%	Pediatric	11	3.3	1.1	10.00%	Pediatric	11	1.2	1.2	10.91%
Intensive Care	21	2.9	8.7	41.30%	Intensive Care	21	2.7	8	38.10%	Intensive Care	21	9.5	9.5	45.24%
OB/GYN	23	2.7	9.5	41.10%	OB/GYN	23	2.6	10.1	43.91%	OB/GYN	23	10.4	10.4	45.22%
Neonatal	15	10	5.8	38.40%	Neonatal	15	11.3	5.4	36.00%	Neonatal	15	4.2	4.2	28.00%
LTC	26	12.3	20.4	78.60%	LTC	26	13	20.4	78.46%	LTC	26	16.7	16.7	64.23%
AMI	34	5.5	22.3	65.70%	AMI	34	5.9	22.1	65.00%	AMI	34	23.7	23.7	69.71%
Rehabilitation	23	11.9	5	21.70%	Rehabilitation	23	11.7	5.8	25.22%	Rehabilitation	23	5.5	5.5	23.91%
Total	361	5.7	191.6	53.07%	Total	361	5.7	185.6	51.41%	Total	361	5.2	169	46.81%
Total Revenue	\$215,138,034	100.00%			Total Revenue	\$283,937,322	100.00%			Total Revenue	\$203,357,193	100.00%		
Medicare	\$20,655,138	9.60%			Medicare	\$66,815,366	23.53%			Medicare	\$81,221,359	39.94%		
Medicaid	\$51,910,315	24.13%			Medicaid	\$28,101,861	9.90%			Medicaid	\$18,818,322	9.25%		
Other Public	\$0	0.00%			Other Public	\$0	0.00%			Other Public	\$0	0.00%		
Private Insurance	\$136,401,581	63.40%			Private Insurance	\$179,544,208	63.23%			Private Insurance	\$96,799,262	47.60%		
Private Pay	\$6,171,000	2.87%			Private Pay	\$9,475,887	3.34%			Private Pay	\$6,518,250	3.21%		
Charity Care	\$809,137	0.38%			Charity Care	\$2,248,139	0.79%			Charity Care	\$3,128,453	1.54%		

Source: Hospital Profiles

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	James Leon Robinson	White	59.8%	Hispanic or Latino:	#Div/0!
ADMINISTRATOR PHONE	773-665-3972	Black	18.9%	Not Hispanic or Latino:	#Div/0!
OWNERSHIP:	Presence Chicago Hospitals Network	American Indian	0.1%	Unknown:	#Div/0!
OPERATOR:	Presence Chicago Hospitals Network	Asian	4.9%		
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.1%	IDPH Number:	5983
CERTIFICATION:		Unknown	16.3%	HPA	A-01
FACILITY DESIGNATION:	General Hospital			HSA	6
ADDRESS	2900 North Lake Shore Drive	CITY:	Chicago	COUNTY:	Suburban Cook (Chicago)

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	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	208	192	142	7,666	39,047	4,376	5.7	119.0	57.2	62.0
0-14 Years				0	0					
15-44 Years				2,188	12,227					
45-64 Years				2,419	12,510					
65-74 Years				1,218	5,575					
75 Years +				1,841	8,735					
Pediatric	11	10	4	99	302	39	3.4	0.9	8.5	9.3
Intensive Care	21	19	15	1,076	3,142	26	2.9	8.7	41.3	45.7
Direct Admission				835	2,170					
Transfers				241	972					
Obstetric/Gynecology	23	23	19	1,272	3,303	150	2.7	9.5	41.1	41.1
Maternity				1,227	3,219					
Clean Gynecology				45	84					
Neonatal	15	15	14	211	2,100	0	10.0	5.8	38.4	38.4
Long Term Care	26	26	26	608	7,462	0	12.3	20.4	78.6	78.6
Swing Beds			0	0	0		0.0	0.0		
Total AMI	34			1,491	8,149	0	5.5	22.3	65.7	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		34	34	1,491	8,149	0	5.5	22.3		65.7
Rehabilitation	23	10	0	154	1,825	0	11.9	5.0	21.7	50.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	361			12,336	65,330	4,591	5.7	191.6	53.1	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	31.2%	3.5%	0.0%	63.9%	1.1%	0.3%	
	3846	427	0	7888	133	42	12,336
Outpatients	30.7%	13.2%	0.0%	53.0%	2.5%	0.6%	
	24502	10536	0	42327	1970	452	79,787

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	9.6%	24.1%	0.0%	63.4%	2.9%	100.0%		809,137	
	13,281,737	33,379,547	0	87,709,407	3,968,097	138,338,788	354,365		
Outpatient Revenue (\$)	9.6%	24.1%	0.0%	63.4%	2.9%	100.0%			
	7,373,401	18,530,768	0	48,692,174	2,202,903	76,799,246	454,772	0.4%	

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>		
Number of Total Births:	1,196		Level I	Level II	Level II+	Kidney:		0
Number of Live Births:	1,190	Beds	0	0	0	Heart:		0
Birthing Rooms:	0	Patient Days	1,769	208	2,875	Lung:		0
Labor Rooms:	0	Total Newborn Patient Days			4,852	Heart/Lung:		0
Delivery Rooms:	0					Pancreas:		0
Labor-Delivery-Recovery Rooms:	1					Liver:		0
Labor-Delivery-Recovery-Postpartum Rooms:	17					Total:		0
C-Section Rooms:	2							
CSections Performed:	225							

Laboratory Studies

Inpatient Studies	326,352
Outpatient Studies	183,043
Studies Performed Under Contract	0

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	144	145	286	37	323	2.0	0.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	594	1087	1484	1578	3062	2.5	1.5
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	5	5	66	45	183	81	264	2.8	1.8
OB/Gynecology	0	0	5	5	112	515	349	902	1251	3.1	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	8	1080	16	748	764	2.0	0.7
Orthopedic	0	0	5	5	444	868	1096	1160	2256	2.5	1.3
Otolaryngology	0	0	5	5	8	368	7	448	455	0.9	1.2
Plastic Surgery	0	0	5	5	23	371	102	1286	1388	4.4	3.5
Podiatry	0	0	5	5	27	328	51	511	562	1.9	1.6
Thoracic	0	0	5	5	35	9	85	9	94	2.4	1.0
Urology	0	0	1	1	107	278	175	299	474	1.6	1.1
Totals	0	0	43	43	1568	5094	3834	7059	10893	2.4	1.4

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	47	Stage 2 Recovery Stations	37
-----------------------------------	---------------------------	----	---------------------------	----

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	1	1	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	204	1246	86	549	635	0.4	0.4
Cystoscopy	0	0	1	1	52	156	80	268	348	1.5	1.7

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	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	22
Persons Treated by Emergency Services:	21,916
Patients Admitted from Emergency:	6,043
Total ED Visits (Emergency+Trauma):	21,916

Free-Standing Emergency Center

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

Outpatient Service Data

Total Outpatient Visits	79,787
Outpatient Visits at the Hospital/ Campus:	79,787
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

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

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	701
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	286
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	268
EP Catheterizations (15+)	147

Cardiac Surgery Data

Total Cardiac Surgery Cases:	46
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	46
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	25

Diagnostic/Interventional Equipment

	Owned		Contract		Examinations
	Inpatient	Outpt	Inpatient	Outpt	
General Radiography/Fluoroscopy	17	0	11,870	18,265	0
Nuclear Medicine	3	0	289	719	0
Mammography	2	0	0	8,152	0
Ultrasound	5	0	2,598	10,995	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	1	0	0	439	0
Computerized Axial Tomography (CAT)	3	0	3,744	6,966	0
Magnetic Resonance Imaging	2	0	1,622	3,786	0

Therapeutic Equipment

	Owned		Contract		Therapies/Treatments
	Inpatient	Outpt	Inpatient	Outpt	
Lithotripsy	0	0			0
Linear Accelerator	1	0			3,596
Image Guided Rad Therapy					3,275
Intensity Modulated Rad Thrpy					1,264
High Dose Brachytherapy	1	0			72
Proton Beam Therapy	1	0			44
Gamma Knife	0	0			0
Cyber knife	0	0			0

