

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**RECEIVED**

APR 26 2010

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name:	Elmhurst Memorial Addison Health Center		
Street Address:	303 W. Lake Street		
City and Zip Code:	Addison 60101		
County:	DuPage	Health Service Area	A-05 Health Planning Area: 7

**Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Elmhurst Memorial Hospital		
Address:	200 Berteau Avenue Elmhurst, IL 60126		
Name of Registered Agent:	Ms. Mary Bartz Dano		
Name of Chief Executive Officer:	Mr. Leo F. Fronza, President and Chief Executive Officer		
CEO Address:	Elmhurst Memorial Hospital 200 Berteau Avenue Elmhurst, IL 60126		
Telephone Number:	630-833-1400 Extension 41000		

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Type of Ownership**

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]

Name:	Ms. Gail Warner
Title:	Vice President, Strategic Planning
Company Name	Elmhurst Memorial Hospital
Address:	200 Berteau Avenue Elmhurst, Illinois 60126
Telephone Number:	630-941-4572
E-mail Address:	gwarner@emhc.org
Fax Number:	630-782-7801

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	875 N. Michigan Avenue #3250 Chicago, IL 60611-1960
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

**Additional Applicant Identification**  
**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name:	Elmhurst Memorial Healthcare
Address:	200 Berteau Avenue Elmhurst, IL 60126
Name of Registered Agent:	Ms. Mary Bartz Dano
Name of Chief Executive Officer:	Mr. Leo F. Fronza, President and Chief Executive Officer
CEO Address:	Elmhurst Memorial Healthcare 200 Berteau Avenue Elmhurst, IL 60126
Telephone Number:	630-833-1400 Extension 41000

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<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

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- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance]

Name:	Mr. Mark Hoffman
Title:	Director – Ambulatory Properties
Company Name	Elmhurst Memorial Healthcare
Address:	200 Berteau Avenue Elmhurst, Illinois 60126
Telephone Number:	630-833-1400 Extension 88027
E-mail Address:	mhoffma@emhc.org
Fax Number:	630-782-7801

**Additional Post-Permit Contact**

[Person who is also authorized to receive all correspondence subsequent to permit issuance]

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	875 N. Michigan Avenue #3250 Chicago, IL 60611-1960
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Elmhurst Memorial Healthcare
Address of Site Owner:	200 Berteau Avenue Elmhurst, Illinois 60126
Street Address or Legal Description of Site:	303 W. Lake Street Addison, Illinois 60101

**APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Operating Identity/Licensee...for Elmhurst Memorial Addison Health Center**

Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	HC Elmhurst Addison I, LLC	
Address:	18000 W. Sarah Lane #250 Brookfield, Wisconsin 53045	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois certificate of good standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul>		
<b>SEE ATTACHMENT-2A</b>		

**Operating Identity/Licensee...for Clinical Services in building**

Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	Elmhurst Memorial Hospital	
Address:	200 Berteau Avenue Elmhurst, Illinois 60126	
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois certificate of good standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul>		
<b>SEE ATTACHMENT-2A</b>		

### Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### Flood Plain Requirements

Applicable to only new construction projects [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**DESCRIPTION OF PROJECT**

**1. Project Classification** [Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

<p>Part 1110 Classification:</p> <p><input type="checkbox"/> Substantive</p> <p><input checked="" type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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**2. Project Outline**

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Immediate Care	X				5, Att. 6
• Outpatient Specimen Collection		X			4, Att. 6
• Diagnostic & Interventional Radiology/Imaging	X				4, Att. 6
• MRI	X				1, Att. 6
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

**APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### 3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This project proposes the construction of a three-story Medical Office Building (MOB) in Addison that will be owned by HC Elmhurst Addison I, LLC, a limited liability company (LLC) that is unrelated to any health care facility. Elmhurst Memorial Hospital will lease space in the MOB for clinical services.

This MOB will replace an existing MOB currently located on the same site. Some of the same physician groups that lease space in the existing MOB will lease space in the new MOB for the private practice of medicine. The new MOB will also include physicians' offices that will be relocated from leased space in Wood Dale, a town that is adjacent to Addison.

Elmhurst Memorial Hospital is a co-applicant for this project because it will lease a portion of the MOB in which it will provide both clinical and non-clinical services.

Elmhurst Memorial Healthcare is a co-applicant for this project because it owns the site on which the MOB will be constructed.

Addison is located within Planning Area A-5 (DuPage County) in the same planning area as Elmhurst Memorial Hospital. Addison is within Elmhurst Memorial Hospital's primary service area.

Elmhurst Memorial Hospital will provide the following clinical services in the MOB, which will be known as the Elmhurst Memorial Addison Health Center:

- Diagnostic Radiology Services (Radiology, CT Scanning, Ultrasound, Mammography);
- MRI;
- Immediate Care;
- Outpatient Specimen Procurement.

The project also includes the following non-clinical service areas:

- Leased Physician Offices;
- Waiting and Registration;
- Community Education;
- Staff Services;
- Facility Operations;
- Entrances, Lobbies and Public Space;
- Mechanical and Electrical Space and Shafts;
- Elevator shafts;
- Stairwells.

The Elmhurst Memorial Addison Health Center will be a three-story building, with all of the clinical services located on the first floor.

The MOB will not be a "healthcare facility," as defined in 20 ILCS 3960. Since an MOB does not have any beds, this project will not include any change in bed capacity.

This project is "non-substantive" in accordance with 77 Ill. Adm. Code 1110.40.b) because it is "solely and entirely limited in scope" to "outpatient clinical service areas" and non-clinical service areas.

## Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	\$ 31,082	\$ 108,606	\$ 139,688
Site Survey and Soil Investigation	\$ 5,563	\$ 19,437	\$ 25,000
Site Preparation	\$ 170,866	\$ 406,034	\$ 576,900
Off Site Work	\$ 186,707	\$ 652,393	\$ 839,100
New Construction Contracts	\$ 3,345,000	\$ 7,849,413	\$11,194,413
Modernization Contracts	\$ 0	\$ 0	\$ 0
Contingencies	\$ 190,549	\$ 665,818	\$ 856,367
Architectural/Engineering Fees	\$ 77,111	\$ 269,439	\$ 346,550
Consulting and Other Fees	\$ 355,118	\$ 734,194	\$ 1,089,312
Movable or Other Equipment (not in construction contracts)	\$ 1,503,923	\$ 151,747	\$ 1,655,670
Bond Issuance Expense (project related)	\$ 0	\$ 0	\$ 0
Net Interest Expense During Construction (project related)	\$ 121,490	\$ 424,510	\$ 546,000
Fair Market Value of Leased Space or Equipment	\$ 3,120,000	\$ 0	\$ 3,120,000
Other Costs To Be Capitalized	\$ 36,714	\$ 128,286	\$ 165,000
Acquisition of Building or Other Property (excluding land)	\$ 0	\$ 0	\$ 0
<b>TOTAL USES OF FUNDS</b>	<b>\$ 9,144,123</b>	<b>\$11,409,877</b>	<b>\$20,554,000</b>
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$ 4,680,000	\$ 3,829,000	\$ 8,509,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages/Loans	\$ 1,344,123	\$ 7,580,877	\$ 8,925,000
Leases (fair market value)	\$ 3,120,000	\$0	\$ 3,120,000
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 9,144,123</b>	<b>\$11,409,877</b>	<b>\$20,554,000</b>

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project  Yes  No  
Purchase Price: \$ \_\_\_\_\_  
Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \_\_\_\_\_.

### Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2013

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
- Project obligation will occur after permit issuance.

### State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

### Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON CLINICAL</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Elmhurst Memorial Hospital		CITY: Elmhurst			
REPORTING PERIOD DATES: From: January 1, 2008 to: December 31, 2008					
Category of Service	Authorized Beds*	Admissions	Patient Days Incl. Observ.	Bed Changes	Proposed Beds*
Medical/Surgical	198	9,981	53,789**	0	198
Obstetrics	20	1,487	4,215**	0	20
Pediatrics	6	180	677**	0	6
Intensive Care	35	2,805***	7,694**	0	35
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	18	674	4,325**	0	18
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	38	947	12,708	0	38
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
<b>TOTALS:</b>	<b>315</b>	<b>15,165****</b>	<b>83,408**</b>	<b>0</b>	<b>315</b>

\*The Authorized Beds and Proposed Beds reported are for Elmhurst Memorial Hospital at both its existing hospital on Berteau Avenue and its new hospital on York Street, as authorized under #07-104, which is currently in progress

\*\*Patient days are reported for inpatient days plus observation days on the nursing unit

\*\*\*Intensive Care Admissions include Transfers into the Intensive Care Unit.

\*\*\*\*Total Admissions exclude Transfers into the Intensive Care Unit.

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Elmhurst Memorial Hospital\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

*Leo F. Fronza*  
SIGNATURE

LEO F. FRONZA  
PRINTED NAME

PRESIDENT & CEO  
PRINTED TITLE

*Ronald E. Cheff, MD*  
SIGNATURE

RONALD CHEFF, MD  
PRINTED NAME

SECRETARY, EMH BOARD OF TRUSTEES  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 7 day of APRIL 2010

Notarization:  
Subscribed and sworn to before me  
this 7 day of APRIL 2010

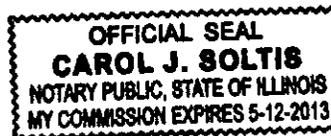
*Carol J. Soltis*  
Signature of Notary

Seal



*Carol J. Soltis*  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

**CERTIFICATION**

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- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
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*Leo F. Fronza*  
SIGNATURE

LEO F. FRONZA  
PRINTED NAME

PRESIDENT & CEO  
PRINTED TITLE

*James A. Migala, MD*  
SIGNATURE

JAMES MIGALA, MD  
PRINTED NAME

ASS'T SECRETARY, EMHC  
PRINTED TITLE  
BOARD OF TRUSTEES

Notarization:  
Subscribed and sworn to before me  
this 7 day of APRIL 2010

Notarization:  
Subscribed and sworn to before me  
this 7 day of APRIL 2010

*Carol J. Soltis*  
Signature of Notary

*Carol J. Soltis*  
Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

**SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS**

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

**Criterion 1110.230 - Project Purpose, Background and Alternatives**

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH 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 such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS **ATTACHMENT-10**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PURPOSE OF PROJECT**

1. Document 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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

For projects involving modernization, describe the conditions being upgraded. For facility projects, include statements of age and condition and regulatory citations. For equipment being replaced, include repair and maintenance records.

**NOTE: The description of the "Purpose of the Project" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-11. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
  - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-12. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE****Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.
2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B.

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:**

**NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT HAVE UNFINISHED OR SHELL SPACE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available;

- and
- b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:**

**NOT APPLICABLE BECAUSE THIS PROJECT DOES NOT HAVE UNFINISHED OR SHELL SPACE**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**R. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> Diagnostic Radiology	0	4	4	0	0
<input checked="" type="checkbox"/> MRI	0	1	1	0	0
<input checked="" type="checkbox"/> Immediate Care	0	5	5	0	0
<input checked="" type="checkbox"/> Outpatient Specimen Procurement	1	4	0	3	4

3. READ the applicable review criteria outlined below and SUBMIT all required information:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility

APPEND DOCUMENTATION AS INDICATED BELOW, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

APPLICABLE REVIEW CRITERIA	Attachment Number
Need Determination - Establishment	62
Service Demand	63
Referrals from Inpatient Base	64
Physician Referrals	65
Historical Referrals to Other Providers	66
Population Incidence	67
Impact of Project on Other Area Providers	68
Utilization	69
Deteriorated Facilities	70
Necessary Expansion	71
Utilization -Major Medical Equipment	72
Utilization - Service or Facility	73

**T. Financial Feasibility**

This section is applicable to all projects subject to Part 1120.

**REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes  No

**CO-APPLICANT ELMHURST MEMORIAL HEALTHCARE HAS AN "A" BOND RATING**

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

**SEE ATTACHMENT 75 FOR ELMHURST MEMORIAL HEALTHCARE'S PROOF OF "A" BOND RATING**

**A. Criterion 1120.210(a), Financial Viability**

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

**REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**  
(continued)

**NOT APPLICABLE BECAUSE ELMHURST MEMORIAL HEALTHCARE  
HAS AN "A" BOND RATING**

**B. Criterion 1120.210(b), Availability of Funds**

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

\_\_\_\_\_ **Cash & Securities**

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

\_\_\_\_\_ **Pledges**

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

\_\_\_\_\_ **Gifts and Bequests**

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

\_\_\_\_\_ **Debt Financing (indicate type(s) Construction Loan, Leases for Medical Equipment)**

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

\_\_\_\_\_ **Governmental Appropriations**

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

\_\_\_\_\_ **Grants**

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time of receipt.

\_\_\_\_\_ **Other Funds and Sources**

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

\_\_\_\_\_ **TOTAL FUNDS AVAILABLE**

**C. Criterion 1120.210(c), Operating Start-up Costs**

**NOT APPLICABLE**

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes  No  . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

**APPEND DOCUMENTATION AS ATTACHMENT 75, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**U. Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**

**A. Criterion 1120.310(a), Reasonableness of Financing Arrangements**

Is the project classified as a Category B project? Yes  No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes  No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

**ELMHURST MEMORIAL HEALTHCARE HAS PROVIDED PROOF OF "A" BOND RATING**

Are all available cash and equivalents being used for project funding prior to borrowing?  Yes  No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Criterion 1120.310(b), Conditions of Debt Financing**

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

**B. Criterion 1120.310(c), Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE**

Department (list below)	A Cost/Sq. Foot		B Gross Sq. Foot		C Gross Sq. Foot		D Gross Sq. Foot		E Gross Sq. Foot		F Circ.	G New Const. \$	H Mod. \$	I Total Costs
	New	Mod.	New	Mod.	New	Mod.	New	Mod.	New	Mod.				
<b>Clinical Service Areas:</b>														
Diagnostic Radiology	\$280.00		5,541									\$1,551,480		\$1,551,480
MRI	\$290.00		2,117									\$613,930		\$613,930
Immediate Care	\$250.00		3,331									\$832,750		\$832,750
Outpatient Specimen Procurement	\$260.00		1,334									\$346,840		\$346,840
<b>SUBTOTAL CLINICAL SERVICE AREAS</b>	\$271.44		12,323									\$3,345,000		\$3,345,000
Contingency												\$190,549		\$190,549
<b>TOTAL CLINICAL SERVICE AREAS</b>	\$286.91		12,323									\$3,535,549		\$3,535,549
<b>TOTAL NON-CLINICAL SERVICE AREAS ( Next Page)</b>	\$197.76		43,059									\$8,515,231		\$8,515,231
<b>PROJECT TOTAL</b>	\$217.59		55,382									\$12,050,780		\$12,050,780

**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE**

Department (list below)	A		B		C		D		E		F		G		H		I	
	Cost/Sq. Foot		Gross Sq. Foot		G New Const. \$		H Mod. \$		I Total Costs									
	New	Mod.	New	Mod.	New	Mod.	New	Mod.	New	Mod.	New	Mod.	(A x C)	(B x E)	(G + H)			
<b><u>Non-Clinical Service Areas:</u></b>																		
Waiting and Registration	\$225.00		1,333										\$299,925					\$299,925
Conference Room for Community Education	\$225.00		1,454										\$327,150					\$327,150
Staff Services	\$220.00		1,408										\$309,760					\$309,760
Facility Operations	\$215.00		1,774										\$381,410					\$381,410
Physicians' Offices	\$192.00		28,894										\$5,547,648					\$5,547,648
Entrances, Lobbies, and Public Space	\$120.00		3,854										\$462,480					\$462,480
Mechanical and Electrical Space and Shafts	\$120.00		1,574										\$188,880					\$188,880
Elevator Shafts	\$120.00		855										\$102,600					\$102,600
Stairwells	\$120.00		1,913										\$229,560					\$229,560
<b>SUBTOTAL NON-CLINICAL SERVICE AREAS</b>	\$182.29		43,059										7,849,413					7,849,413
Contingency													\$665,818					\$665,818
<b>TOTAL NON-CLINICAL SERVICE AREAS</b>	\$197.76		43,059										\$8,515,231					\$8,515,231

**REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**  
(continued)

- a. that the lowest net cost available has been selected; or
  - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

**D. Criterion 1120.310(d), Projected Operating Costs**

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

FY2013  
Elmhurst Memorial Hospital \$1,215

**E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs**

Is the project classified as a category B project? Yes  No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

FY2013  
Elmhurst Memorial Hospital \$188

**F. Criterion 1120.310(f), Non-patient Related Services**

**NOT APPLICABLE**

Is the project classified as a category B project and involve non-patient related services? Yes  No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

**APPEND DOCUMENTATION AS ATTACHMENT-78, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SAFETY NET IMPACT STATEMENT that describes all of the following:**

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.
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.
3. 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 Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service

APPEND DOCUMENTATION AS ATTACHMENT-77, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification	27
2	Site Ownership	29
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	39
4	Flood Plain Requirements	41
5	Historic Preservation Act Requirements	46
6	Description of Project	47
7	Project and Sources of Funds Itemization	48
8	Cost Space Requirements	55
9	Discontinuation	-
10	Background of the Applicant	56
11	Purpose of the Project	63
12	Alternatives to the Project	126
13	Size of the Project	132
14	Project Service Utilization	181
15	Unfinished or Shell Space	
16	Assurances for Unfinished/Shell Space	
17	Master Design Project	
18	Mergers, Consolidations and Acquisitions	
	<b>Categories of Service:</b>	
19	Planning Area Need	
20	Service Demand – Establishment of Category of Service	
21	Service Demand – Expansion of Existing Category of Service	
22	Service Accessibility – Service Restrictions	
23	Unnecessary Duplication/Maldistribution	
24	Category of Service Modernization	
25	Staffing Availability	
26	Assurances	
	<b>Service Specific:</b>	
27	Comprehensive Physical Rehabilitation	
28	Neonatal Intensive Care	
29	Open Heart Surgery	
30	Cardiac Catheterization	
31	In-Center Hemodialysis	
32	Non-Hospital Based Ambulatory Surgery	
	<b>General Long Term Care:</b>	
33	Planning Area Need	
34	Service to Planning Area Residents	
35	Service Demand-Establishment of Category of Service	
36	Service Demand-Expansion of Existing Category of Service	
37	Service Accessibility	
38	Description of Continuum of Care	
39	Components	
40	Documentation	
41	Description of Defined Population to be Served	

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>	<b>PAGES</b>	
42	Documentation of Need	
43	Documentation Related to Cited Problems	
44	Unnecessary Duplication of Service	
45	Maldistribution	
46	Impact of Project on Other Area Providers	
47	Deteriorated Facilities	
48	Documentation	
49	Utilization	
50	Staffing Availability	
51	Facility Size	
52	Community Related Functions	
53	Zoning	
54	Assurances	
	<b>Service Specific (continued...):</b>	
55	Specialized Long Term Care	
56	Selected Organ Transplantation	
57	Kidney Transplantation	
58	Subacute Care Hospital Model	
59	Post Surgical Recovery Care Center	
60	Children's Community-Based Health Care Center	
61	Community-Based Residential Rehabilitation Center	
	<b>Clinical Service Areas Other than Categories of Service:</b>	
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63	Service Demand	
64	Referrals from Inpatient Base	
65	Physician Referrals	
66	Historical Referrals to Other Providers	
67	Population Incidence	
68	Impact of Project on Other Area Providers	
69	Utilization	199
70	Deteriorated Facilities	
71	Necessary Expansion	210
72	Utilization- Major Medical Equipment	
73	Utilization-Service or Facility	214
	<b>FEC:</b>	
74	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
75	Financial Feasibility	220
76	Economic Feasibility	225
77	Safety Net Impact Statement	234



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ELMHURST MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1934, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



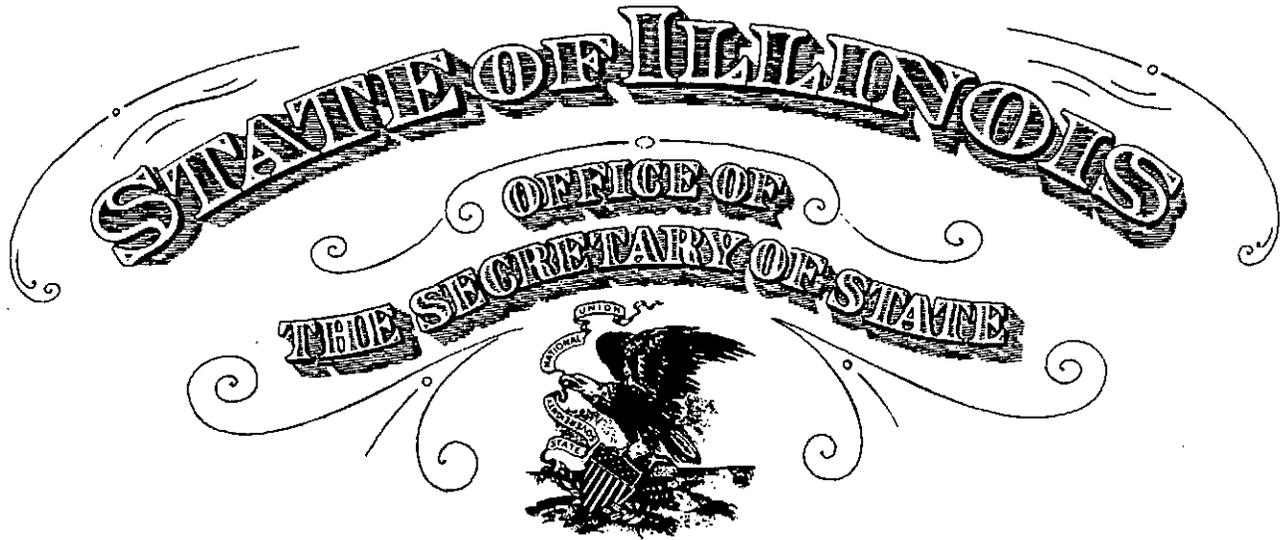
**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JANUARY A.D. 2010 .

*Jesse White*

SECRETARY OF STATE

Authentication #: 1001502738

Authenticate at: <http://www.cyberdriveillinois.com>



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ELMHURST MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 06, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



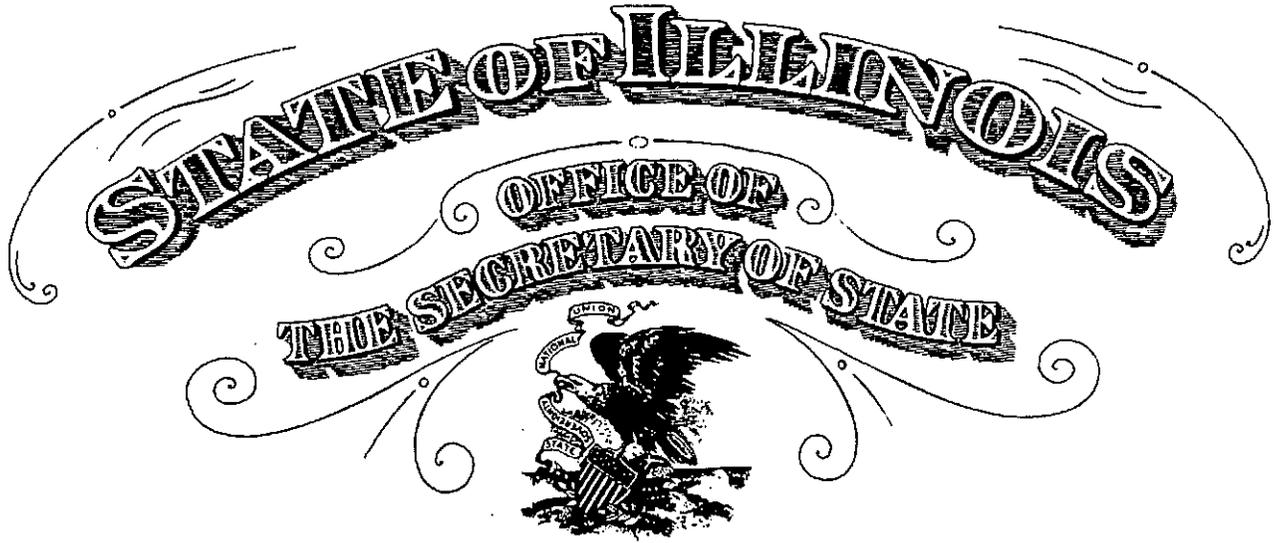
Authentication #: 1001502712

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JANUARY A.D. 2010*

*Jesse White*

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ELMHURST MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 06, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JANUARY A.D. 2010

Jesse White

SECRETARY OF STATE

Authentication #: 1001502712

Authenticate at: <http://www.cyberdriveillinois.com>

# Policy of Title Insurance



ISSUED BY

*First American Title Insurance Company*

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B AND THE CONDITIONS AND STIPULATIONS, FIRST AMERICAN TITLE INSURANCE COMPANY, a California corporation, herein called the Company, insures, as of Date of Policy shown in Schedule A, against loss or damage, not exceeding the Amount of Insurance stated in Schedule A, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested other than as stated therein;
2. Any defect in or lien or encumbrance on the title;
3. Unmarketability of the title;
4. Lack of a right of access to and from the land.

The Company will also pay the costs, attorneys' fees and expenses incurred in defense of the title, as insured, but only to the extent provided in the Conditions and Stipulations.

*First American Title Insurance Company*

BY *Gary L. Kerwood* PRESIDENT

ATTEST *Mark R. Aronson* SECRETARY



**First American Title Insurance Company  
ALTA Owner's Policy (1992)  
Schedule A**

File No. NCS-146987-CHI1

Amount of Insurance: \$1,300,000.00

Date of Policy: July 22, 2003

1. Name of Insured:  
Elmhurst Memorial Healthcare
2. The estate or interest in the land described herein and which is covered by this policy is:  
Fee Simple
3. Title to the estate or interest in the land is vested in:  
Elmhurst Memorial Healthcare
4. The land referred to in this policy is described as follows:

That part of Lot "E" lying East of a straight line drawn from a point in the South line, 464.0 feet West of the Southeast corner thereof, to a point in the Northerly line, 623.93 feet Northwesterly of the Northeast corner thereof as measured along said Northerly line in Children's Home Subdivision, being a Subdivision in the Southeast quarter of Section 20, and the Southwest quarter of Section 21, and the Northwest quarter of Section 28, Township 40 North, Range 11 East of the Third Principal Meridian, according to the Plat thereof recorded January 6, 1960 as Document 952197, in Du Page County, Illinois.

**First American Title Insurance Company**  
**ALTA Owner's Policy**  
**Schedule B**

File No.:NCS-146987-CHI1

This policy does not insure against loss or damage (and the Company will not pay costs, attorney fees or expenses) which arise by reason of:

A. STANDARD EXCEPTIONS:

1. Rights or claims of parties in possession not shown by the public records.
2. Easements, or claims of easements, not shown by the public records.
3. Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey or inspection of the premises.
4. Any lien or right to a lien for services, labor, or materials heretofore or hereafter furnished, imposed by law and not shown by the public records.
5. Taxes, or special assessments which are not shown as existing liens by the public records.

B. SPECIAL EXCEPTIONS:

1. Taxes for the year(s) 2003 and subsequent years not due or payable.

Tax Identification Number: 03-21-304-001

2. Easement recorded as Document R69-19609, in favor of the Village of Addison for sanitary sewer system, sewer line, drain connections, appliances and other structure and appurtenances as may be necessary over, upon and under the land.
3. Easement over that part as shown on Exhibit "A" for the purpose of installing and maintaining all equipment necessary to serve the subdivision and other land with telephone and electrical service, together with the right to overhang aerial service wires and the right of access to such wires, as created by grant to the Commonwealth Edison Company and their respective successors and assigns, recorded June 8, 1983 as Document number R83-35149.

NOTE: If any document referenced herein contains a covenant, condition or restriction violative of 42 USC 3604(c), such covenant, condition or restriction to the extent of such violation is hereby deleted.

End of Schedule B

F.A. Special  
Lack of Signatures

**ENDORSEMENT**

**Attached to Policy No. NCS-146987-CHI1**

**Issued By**

**First American Title Insurance Company**

The Company hereby assures the Insured that the Company will not deny liability under the policy or any endorsements issued therewith solely on the grounds that the policy and/or endorsement(s) were issued electronically and/or lack signatures in accordance with Paragraph (c) of the Conditions and Stipulations.

This endorsement is made a part of said policy and is subject to all of the terms and provisions thereof and of any prior endorsements thereto. Except to the extent expressly stated, it neither modifies any of the terms and provisions of the policy and any prior endorsements, nor does it extend the effective date of the policy and any prior endorsements, nor does it increase the face amount thereof.

*First American Title Insurance Company*

BY *Gary L. Keruitt* PRESIDENT

ATTEST *Mark R. Arsen* SECRETARY

By: *C. Gange*  
Authorized Signature



## EXCLUSIONS FROM COVERAGE

The following matters are expressly excluded from the coverage of this policy and the Company will not pay loss or damage, costs, attorneys' fees or expenses which arise by reason of:

1. (a) Any law, ordinance or governmental regulation (including but not limited to building and zoning laws, ordinances, or regulations) restricting, regulating, prohibiting or relating to
  - (i) the occupancy, use, or enjoyment of the land;
  - (ii) the character, dimensions or location of any improvement now or hereafter erected on the land;
  - (iii) a separation in ownership or a change in the dimensions or area of the land or any parcel of which the land is or was a part; or
  - (iv) environmental protection, or the effect of any violation of these laws, ordinances or governmental regulations, except to the extent that a notice of the enforcement thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land has been recorded in the public records at Date of Policy.
- (b) Any governmental police power not excluded by (a) above, except to the extent that a notice of the exercise thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land has been recorded in the public records at Date of Policy.
2. Rights of eminent domain unless notice of the exercise thereof has been recorded in the public records at Date of Policy, but not excluding from coverage any taking which has occurred prior to Date of Policy which would be binding on the rights of a purchaser for value without knowledge.
3. Defects, liens, encumbrances, adverse claims, or other matters:
  - (a) created, suffered, assumed or agreed to by the insured claimant;
  - (b) not known to the Company, not recorded in the public records at Date of Policy, but known to the insured claimant and not disclosed in writing to the Company by the insured claimant prior to the date the insured claimant became an insured under this policy;
  - (c) resulting in no loss or damage to the insured claimant;
  - (d) attaching or created subsequent to Date of Policy; or
  - (e) resulting in loss or damage which would not have been sustained if the insured claimant had paid value for the estate or interest insured by this policy.
4. Any claim, which arises out of the transaction vesting in the Insured the estate or interest insured by this policy, by reason of the operation of federal bankruptcy, state insolvency, or similar creditors' rights laws, that is based on:
  - (i) the transaction creating the estate or interest insured by this policy being deemed a fraudulent conveyance or fraudulent transfer; or
  - (ii) the transaction creating the estate or interest insured by this policy being deemed a preferential transfer except where the preferential transfer results from the failure:
    - (a) to timely record the instrument of transfer; or
    - (b) of such recordation to impart notice to a purchaser for value or a judgment or lien creditor.

## CONDITIONS AND STIPULATIONS

### 1. DEFINITION OF TERMS.

The following terms when used in this policy mean:

- (a) "insured": the insured named in Schedule A, and, subject to any rights or defenses the Company would have had against the named insured, those who succeed to the interest of the named insured by operation of law as distinguished from purchase including, but not limited to, heirs, distributees, devisees, survivors, personal representatives, next of kin, or corporate or fiduciary successors.
- (b) "insured claimant": an insured claiming loss or damage.
- (c) "knowledge" or "known": actual knowledge, not constructive knowledge or notice which may be imputed to an insured by reason of any public records as defined in this policy or any other records which impart constructive notice of matters affecting the land.
- (d) "land": the land described or referred to in Schedule (A), and improvements affixed thereto which by law constitute real property. The term "land" does not include any property beyond the lines of the area described or referred to in Schedule (A), nor any right, title, interest, estate or easement in abutting streets, roads, avenues, alleys, lanes, ways or waterways, but nothing herein shall modify or limit the extent to which a right of access to and from the land is insured by this policy.
- (e) "mortgage": mortgage, deed of trust, trust deed, or other security instrument.
- (f) "public records": records established under state statutes at Date of Policy for the purpose of imparting constructive notice of matters relating to real property to purchasers for value and without knowledge. With respect to Section 1(a)(iv) of the Exclusions from Coverage, "public records" shall also include environmental protection liens filed in the records of the clerk of the United States district court for the district in which the land is located.
- (g) "unmarketability of the title": an alleged or apparent matter affecting the title to the land, not excluded or excepted from coverage, which would entitle a purchaser of the estate or interest described in Schedule A to be released from the obligation to purchase by virtue of a contractual condition requiring the delivery of marketable title.

### 2. CONTINUATION OF INSURANCE AFTER CONVEYANCE OF TITLE.

The coverage of this policy shall continue in force as of Date of Policy in favor of an insured only so long as the insured retains an estate or interest in the land, or holds an indebtedness secured by a purchase money mortgage given by a purchaser from the insured, or only so long as the insured shall have liability by reason of covenants of warranty made by the insured in any transfer or conveyance of the estate or interest. This policy shall not continue in force in favor of any purchaser from the insured of either

- (i) an estate or interest in the land, or
- (ii) an indebtedness secured by a purchase money mortgage given to an insured.

### 3. NOTICE OF CLAIM TO BE GIVEN BY INSURED CLAIMANT.

The insured shall notify the Company promptly in writing

- (i) in case of any litigation as set forth in Section 4(a) below,
- (ii) in case knowledge shall come to an insured hereunder of any claim of title or interest which is adverse to the title to the estate or interest, as insured, and which might cause loss or damage for which the Company may be liable by virtue of this policy, or
- (iii) if title to the estate or interest, an insured, is rejected as unmarketable. If prompt notice shall not be given to the Company, then as to the insured all liability of the Company shall terminate with regard to the matter or matters for which prompt notice is required; provided, however, that failure to notify the Company shall in no case prejudice the rights of any insured under this policy unless the Company shall be prejudiced by the failure and then only to the extent of the prejudice.

### 4. DEFENSE AND PROSECUTION OF ACTIONS; DUTY OF INSURED CLAIMANT TO COOPERATE.

(a) Upon written request by the insured and subject to the options contained in Section 6 of these Conditions and Stipulations, the Company, at its own cost and without unreasonable delay, shall provide for the defense of an insured in litigation in which any third party asserts a claim adverse to the title or interest as insured but only as to those stated causes of action alleging a defect, lien or encumbrance or other matter insured against by this policy. The Company shall have the right to select counsel of its choice (subject to the right of the insured to object for reasonable cause) to represent the insured as to those stated causes of action and shall not be liable for and will not pay the fees of any other counsel. The Company will not pay any fees, costs or expenses incurred by an insured in the defense of those causes of action which allege matters not insured against by this policy.

(b) The Company shall have the right, at its own cost, to institute and prosecute any action or proceeding or to do any other act which in its opinion may be necessary or desirable to establish the title to the estate or interest, as insured, or to prevent or reduce loss or damage to an insured. The Company may take any appropriate action under the terms of this policy, whether or not it shall be liable hereunder, and shall not thereby concede liability or waive any provision of this policy. If the Company shall exercise its rights under this paragraph, it shall do so diligently.

(c) Whenever the Company shall have brought an action or interposed a defense as required or permitted by the provisions of this policy, the Company may pursue any litigation to final determination by a court of competent jurisdiction and expressly reserves the right, in its sole discretion, to appeal from any adverse judgment or order.

(d) In all cases where this policy permits or requires the Company to prosecute or provide for the defense of any action or proceeding, the insured shall secure to the Company the right to so prosecute or provide defense in the action or proceeding, and all appeals therein, and permit the Company to use, at its option, the name of the insured for this purpose. Whenever requested by the Company, the insured, at the Company's expense, shall give the Company all reasonable aid (i) in any action or proceeding, securing evidence, obtaining witnesses, prosecuting or defending the action or proceeding, or effecting settlement, and (ii) in any other lawful act which in the opinion of the Company may be necessary or desirable to establish the title to the estate or interest as insured. If the Company is prejudiced by the failure of the insured to furnish the required cooperation, the Company's obligations to the insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such cooperation.

#### **5. PROOF OF LOSS OR DAMAGE.**

In addition to and after the notices required under Section 3 of these Conditions and Stipulations have been provided the Company, a proof of loss or damage signed and sworn to by the insured claimant shall be furnished to the Company within 90 days after the insured claimant shall ascertain the facts giving rise to the loss or damage. The proof of loss or damage shall describe the defect in, or lien or encumbrance on the title, or other matter insured against by this policy which constitutes the basis of loss or damage and shall state, to the extent possible, the basis of calculating the amount of the loss or damage. If the Company is prejudiced by the failure of the insured claimant to provide the required proof of loss or damage, the Company's obligations to the insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such proof of loss or damage.

In addition, the insured claimant may reasonably be required to submit to examination under oath by any authorized representative of the Company and shall produce for examination, inspection and copying, at such reasonable times and places as may be designated by any authorized representative of the Company, all records, books, ledgers, checks, correspondence and memoranda, whether bearing a date before or after Date of Policy, which reasonably pertain to the loss or damage. Further, if requested by any authorized representative of the Company, the insured claimant shall grant its permission, in writing, for any authorized representative of the Company to examine, inspect and copy all records, books, ledgers, checks, correspondence and memoranda in the custody or control of a third party, which reasonably pertain to the loss or damage. All information designated as confidential by the insured claimant provided to the Company pursuant to this Section shall not be disclosed to others unless, in the reasonable judgment of the Company, it is necessary in the administration of the claim. Failure of the insured claimant to submit for examination under oath, produce other reasonably requested information or grant permission to secure reasonably necessary information from third parties as required in this paragraph shall terminate any liability of the Company under this policy as to that claim.

#### **6. OPTIONS TO PAY OR OTHERWISE SETTLE CLAIMS; TERMINATION OF LIABILITY.**

In case of a claim under this policy, the Company shall have the following additional options:

(a) To Pay or Tender Payment of the Amount of Insurance.

To pay or tender payment of the amount of insurance under this policy together with any costs, attorneys' fees and expenses incurred by the insured claimant, which were authorized by the Company, up to the time of payment or tender of payment and which the Company is obligated to pay. Upon the exercise by the Company of this option, all liability and obligations to insured under this policy, other than to make the payment required, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, and the policy shall be surrendered to the Company for cancellation.

(b) To Pay or Otherwise Settle With Parties Other than the Insured or With the Insured Claimant.

(i) to pay or otherwise settle with other parties for or in the name of an insured claimant any claim insured against under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay; or

(ii) to pay or otherwise settle with the insured claimant the loss or damage provided for under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay.

Upon the exercise by the Company of either of the options provided for in paragraphs (b) (i) or (ii), the Company's obligations to the insured under this policy for the claimed loss or damage, other than the payments required to be made, shall terminate, including any liability or obligation to defend, prosecute or continue any litigation.

#### **7. DETERMINATION, EXTENT OF LIABILITY AND COINSURANCE.**

This policy is a contract of indemnity against actual monetary loss or damage sustained or incurred by the insured claimant who has suffered loss or damage by reason of matters insured against by this policy and only to the extent herein described.

(a) The liability of the Company under this policy shall not exceed the least of:

(i) the Amount of Insurance stated in Schedule A; or,

(ii) the difference between the value of the insured estate or interest as insured and the value of the insured estate or interest subject to the defect, lien or encumbrance insured against by this policy.

(b) In the event the Amount of Insurance stated in Schedule A at the Date of Policy is less than 80 percent of the value of the insured estate or interest or the full consideration paid for the land, whichever is less, or if subsequent to the Date of Policy an improvement is erected on the land which increases the value of the insured estate or interest by at least 20 percent over the Amount of Insurance stated in Schedule A, then this Policy is subject to the following:

(i) where no subsequent improvement has been made, as to any partial loss, the Company shall only pay the loss pro rata in the proportion that the amount of insurance at Date of Policy bears to the total value of the insured estate or interest at Date of Policy; or (ii) where a subsequent improvement has been made, as to any partial loss, the Company shall only pay the loss pro rata in the proportion that 120 percent of the Amount of Insurance stated in Schedule A bears to the sum of the Amount of Insurance stated in Schedule A and the amount expended for the improvement. The provisions of this paragraph shall not apply to costs, attorneys' fees and expenses for which the Company is liable under this policy, and shall only apply to that portion of any loss which exceeds, in the aggregate, 10 percent of the Amount of Insurance stated in Schedule A.

(c) The Company will pay only those costs, attorneys' fees and expenses incurred in accordance with Section 4 of these Conditions and Stipulations.

#### **8. APPORTIONMENT.**

If the land described in Schedule (A)(C) consists of two or more parcels which are not used as a single site, and a loss is established affecting one or more of the parcels but not all, the loss shall be computed and settled on a pro rata basis as if the amount of insurance under this policy was divided pro rata as to the value on Date of Policy of each separate parcel to the whole, exclusive of any improvements made subsequent to Date of Policy, unless a liability or value has otherwise been agreed upon as to each parcel by the Company and the Insured at the time of the issuance of this policy and shown by an express statement or by an endorsement attached to this policy.

**9. LIMITATION OF LIABILITY.**

(a) If the Company establishes the title, or removes the alleged defect, lien or encumbrance, or cures the lack of a right of access to or from the land, or cures the claim of unmarketability of title, all as insured, in a reasonably diligent manner by any method, including litigation and the completion of any appeals therefrom, it shall have fully performed its obligations with respect to that matter and shall not be liable for any loss or damage caused thereby.

(b) In the event of any litigation, including litigation by the Company or with the Company's consent, the Company shall have no liability for loss or damage until there has been a final determination by a court of competent jurisdiction, and disposition of all appeals therefrom, adverse to the title as insured.

(c) The Company shall not be liable for loss or damage to any insured for liability voluntarily assumed by the insured in settling any claim or suit without the prior written consent of the Company.

**10. REDUCTION OF INSURANCE; REDUCTION OR TERMINATION OF LIABILITY.**

All payments under this policy, except payments made for costs, attorneys' fees and expenses, shall reduce the amount of the insurance pro tanto.

**11. LIABILITY NONCUMULATIVE.**

It is expressly understood that the amount of insurance under this policy shall be reduced by any amount the Company may pay under any policy insuring a mortgage to which exception is taken in Schedule B or to which the insured has agreed, assumed, or taken subject, or which is hereafter executed by an insured and which is a charge or lien on the estate or interest described or referred to in Schedule A, and the amount so paid shall be deemed a payment under this policy to the insured owner.

**12. PAYMENT OF LOSS.**

(a) No payment shall be made without producing this policy for endorsement of the payment unless the policy has been lost or destroyed, in which case proof of loss or destruction shall be furnished to the satisfaction of the Company.

(b) When liability and the extent of loss or damage has been definitely fixed in accordance with these Conditions and Stipulations, the loss or damage shall be payable within 30 days thereafter.

**13. SUBROGATION UPON PAYMENT OR SETTLEMENT.**

(a) **The Company's Right of Subrogation.**

Whenever the Company shall have settled and paid a claim under this policy, all right of subrogation shall vest in the Company unaffected by any act of the insured claimant.

The Company shall be subrogated to and be entitled to all rights and remedies which the insured claimant would have had against any person or property in respect to the claim had this policy not been issued. If requested by the Company, the insured claimant shall transfer to the Company all rights and remedies against any person or property necessary in order to perfect this right of subrogation. The insured claimant shall permit the Company to sue, compromise or settle in the name of the insured claimant and to use the name of the insured claimant in any transaction or litigation involving these rights or remedies.

If a payment on account of a claim does not fully cover the loss of the insured claimant, the Company shall be subrogated to these rights and remedies in the proportion which the Company's payment bears to the whole amount of the loss.

If loss should result from any act of the insured claimant, as stated above, that act shall not void this policy, but the Company, in that event, shall be required to pay only that part of any losses insured against by this policy which shall exceed the amount, if any, lost to the Company by reason of the impairment by the insured claimant of the Company's right of subrogation.

(b) **The Company's Rights Against Non-Insured Obligors.**

The Company's right of subrogation against non-insured obligors shall exist and shall include, without limitation, the rights of the insured to indemnities, guaranties, other policies of insurance or bonds, notwithstanding any terms or conditions contained in those instruments which provide for subrogation rights by reason of this policy.

**14. ARBITRATION.**

Unless prohibited by applicable law, either the Company or the insured may demand arbitration pursuant to the Title Insurance Arbitration Rules of the American Arbitration Association. Arbitrable matters may include, but are not limited to, any controversy or claim between the Company and the insured arising out of or relating to this policy, any service of the Company in connection with its issuance or the breach of a policy provision or other obligation. All arbitrable matters when the Amount of Insurance is \$1,000,000 or less shall be arbitrated at the option of either the Company or the insured. All arbitrable matters when the Amount of Insurance is in excess of \$1,000,000 shall be arbitrated only when agreed to by both the Company and the insured. Arbitration pursuant to this policy and under the Rules in effect on the date the demand for arbitration is made or, at the option of the insured, the Rules in effect at Date of Policy shall be binding upon the parties. The award may include attorneys' fees only if the laws of the state in which the land is located permit a court to award attorneys' fees to a prevailing party. Judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction thereof.

The law of the situs of the land shall apply to an arbitration under the Title Insurance Arbitration Rules.

A copy of the Rules may be obtained from the Company upon request.

**15. LIABILITY LIMITED TO THIS POLICY; POLICY ENTIRE CONTRACT.**

(a) This policy together with all endorsements, if any, attached hereto by the Company is the entire policy and contract between the insured and the Company. In interpreting any provision of this policy, this policy shall be construed as a whole.

(b) Any claim of loss or damage, whether or not based on negligence, and which arises out of the status of the title to the estate or interest covered hereby or by any action asserting such claim, shall be restricted to this policy.

(c) No amendment of or endorsement to this policy can be made except by a writing endorsed hereon or attached hereto signed by either the President, a Vice President, the Secretary, an Assistant Secretary, or validating officer or authorized signatory of the Company.

**16. SEVERABILITY.**

In the event any provision of the policy is held invalid or unenforceable under applicable law, the policy shall be deemed not to include that provision and all other provisions shall remain in full force and effect.

**17. NOTICES, WHERE SENT.**

All notices required to be given the Company and any statement in writing required to be furnished the Company shall include the number of this policy and shall be addressed to the Company at 1 First American Way, Santa Ana, California 92707, or to the office which issued this policy.



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

HC ELMHURST ADDISON I, LLC, A WISCONSIN LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JANUARY 26, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



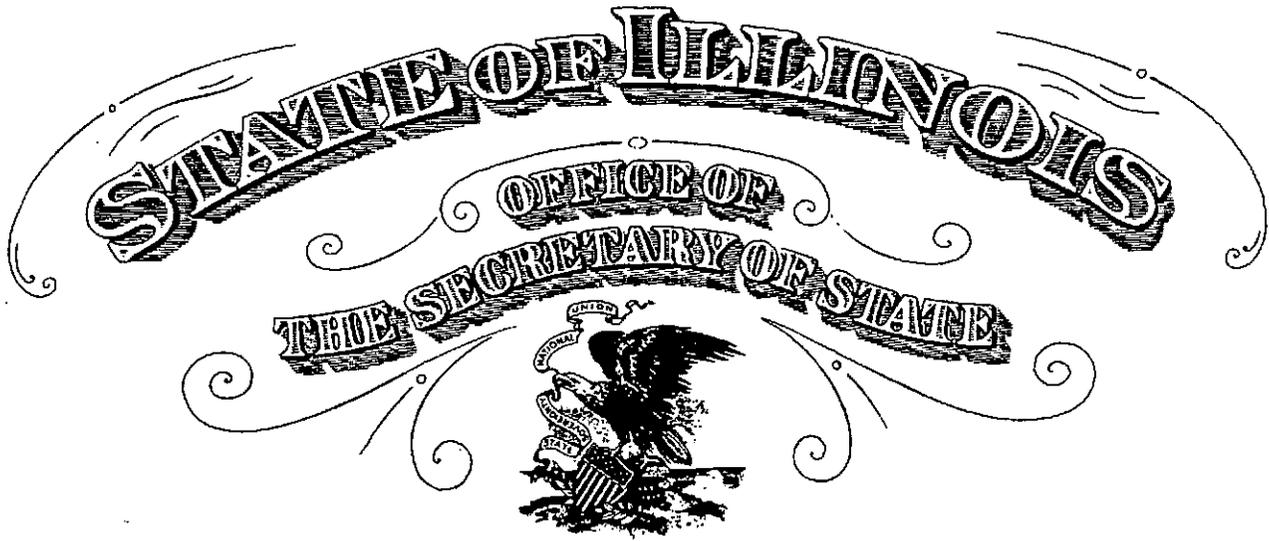
Authentication #: 1002702642

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JANUARY A.D. 2010*

*Jesse White*

SECRETARY OF STATE



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ELMHURST MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1934, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JANUARY A.D. 2010 .*

*Jesse White*

Authentication #: 1001502738

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

I.  
Organizational Relationships

This project has 2 co-applicants: Elmhurst Memorial Hospital and Elmhurst Memorial Healthcare.

As will be seen on the Organizational Chart for Elmhurst Memorial Healthcare and Elmhurst Memorial Hospital, which appears on the following page and as discussed in Attachment 10, Elmhurst Memorial Healthcare is the sole member of Elmhurst Memorial Hospital.

Elmhurst Memorial Addison Health Center will be owned and operated by HC Elmhurst Addison I, LLC, a third party developer that is unrelated to any health care facility.

HC Elmhurst Addison I, LLC, will provide part of the equity funding for this project and be responsible for all of the debt financing in this project, except for the leased medical equipment. Equity funding from HC Elmhurst Addison I, LLC, will total \$3,829,000. The debt financing will consist of a construction loan for \$8,925,000.

Elmhurst Memorial Hospital will lease space in the Elmhurst Memorial Addison Health Center for clinical services.

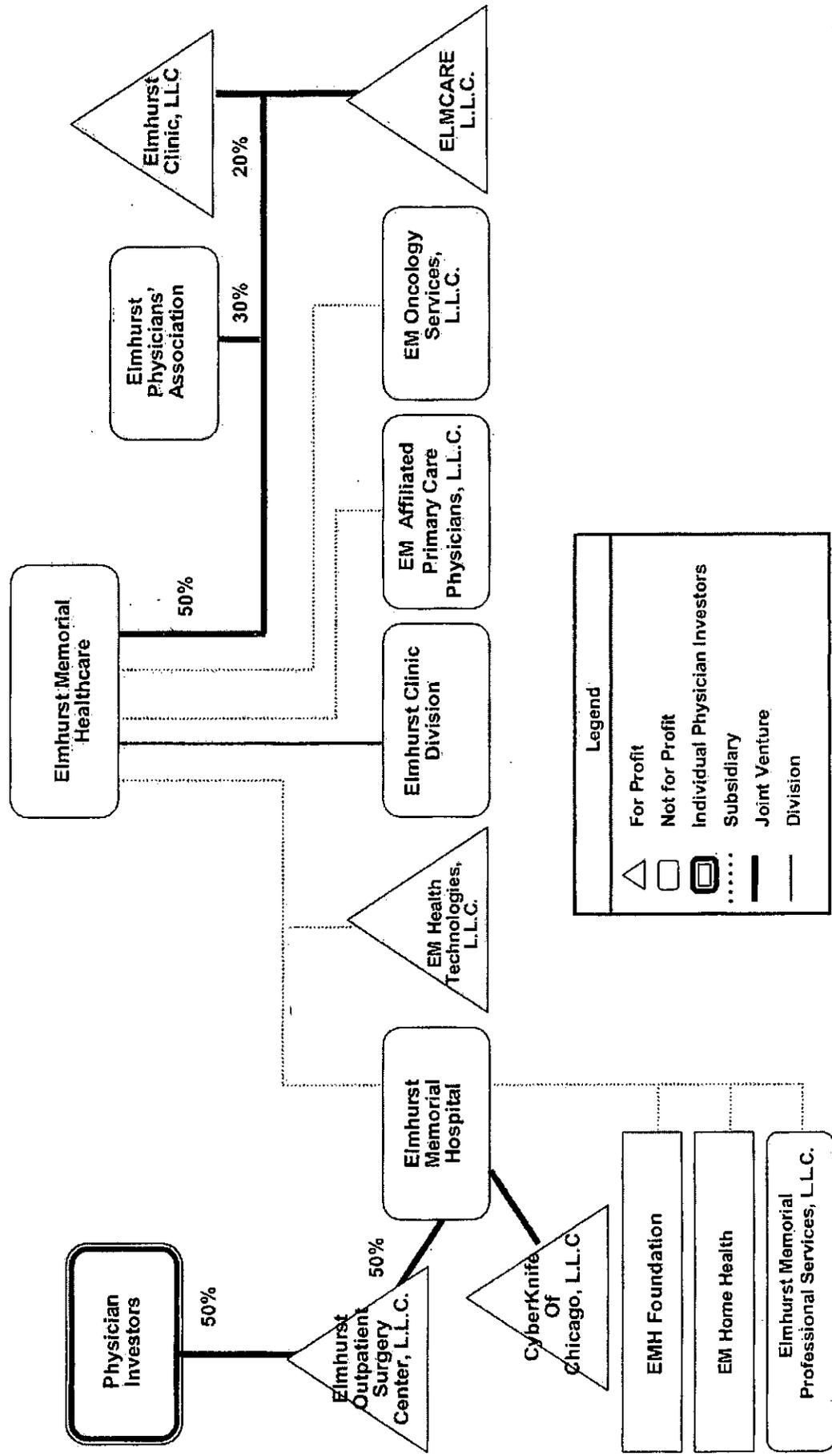
Elmhurst Memorial Hospital will lease medical equipment with a fair market value of \$3,120,000 that will be used in space that it will lease for clinical services in the Elmhurst Memorial Addison Health Center.

Elmhurst Clinic and Elmhurst Memorial Primary Care Associates, both of which are leasing space in the Elmhurst Memorial Addison Health Center for the private practice of medicine, are entities within Elmhurst Memorial Healthcare. The physicians within each of these entities are organized as independent LLCs, and the LLCs are under long term contract to provide medical services to the entity.

Elmhurst Memorial Healthcare will provide equity funding of \$4,680,000 for this project.

The site of the Elmhurst Memorial Addison Health Center is owned by Elmhurst Memorial Healthcare.

# Elmhurst Memorial Healthcare – Organizational Chart



Legend

△	For Profit
□	Not for Profit
▭	Individual Physician Investors
⋯	Subsidiary
—	Joint Venture
—	Division

Rev. 06-09

1.  
Flood Plain Requirements

The following pages of this Attachment include the most recent Special Flood Hazard Area Determination for the project site as well as the most recent Flood Insurance Rate Map for this site.

A statement from Elmhurst Memorial Healthcare, the owner of the project site, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, is found on Attachment 4, Page 5.

UNIVERSITY OF ILLINOIS  
AT URBANA-CHAMPAIGN

Institute of Natural Resource Sustainability  
Illinois State Water Survey

2204 Griffith Drive, MC-674  
Champaign, Illinois 61820-7463



Special Flood Hazard Area Determination  
pursuant to Governor's Executive Order 5 (2006)  
(supersedes Governor's Executive Order 4 (1979))

Requester: Andrea Rozran, Diversified Health Resources, Inc.  
Address: 875 North Michigan Ave., Suite 3250  
City, state, zip: Chicago, IL 60611 Telephone: (312) 266-0466

Site description of determination:

Site address: Addison Center for Health, 303 W. Lake St. (Parcel 03-21-304-001)  
City, state, zip: Addison, IL  
County: DuPage Sec $\frac{1}{4}$ : SW $\frac{1}{4}$  of SW $\frac{1}{4}$  Section: 21 T. 40 N. R. 11 E. PM: 3rd  
Subject area: Parcel 03-21-304-001, which is within that part of the SW 1/4 Sec. 21, T. 40 N., R. 11 E., 3rd P.M., DuPage County IL lying southwest of Lake St. (U.S. 20).

The property described above IS NOT located in a Special Flood Hazard Area or a shaded Zone X floodzone.

Floodway mapped: Yes Floodway on property: No  
Sources used: FEMA Flood Insurance Rate Map (FIRM, copy attached); tax parcel map.  
Community name: Village of Addison, IL Community number: 170198  
Panel/map number: 17043C0305H Effective Date: December 16, 2004  
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

- N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP). NFIP flood insurance is not available; certain State and Federal assistance may not be available.  
N/A b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or unshaded X).  
N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:

- N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.  
N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.  
X f. Is not located in a Special Flood Hazard Area or 500-year floodplain area shown on the effective FEMA map.  
N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.  
N/A h. Exact structure location is not available or was not provided for this determination.

Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard reference for the subject area. This letter does not imply that the referenced property will be free from water damage. Property not in a Special Flood Hazard Area may be damaged by a flood greater than that illustrated on the FEMA map, by local drainage problems or runoff not illustrated on the source map, or by failure of flood control structures. This letter does not create liability on the part of the Illinois State Water Survey or employee thereof for any damage that results from reliance on this determination. This letter does not exempt the project from local stormwater management regulations.

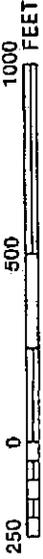
Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 5 (2006), or State floodplain regulations, may be directed to John Lentz (847/608-3100 x2022) at the Illinois Department of Natural Resources' Office of Water Resources.

William Saylor  
William Saylor, CFM IL-02-00107, Illinois State Water Survey

Title: ISWS Floodplain Information Specialist Date: 8/22/2008



MAP SCALE 1" = 500'



**NATIONAL FLOOD INSURANCE PROGRAM**

PANEL 0305H

**FIRM  
FLOOD INSURANCE RATE MAP  
DuPAGE COUNTY,  
ILLINOIS  
AND INCORPORATED AREAS**

**PANEL 0305 OF 1006**

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

**CONTAINS:**

COMMUNITY	NUMBER	PANEL	SUFFIX
ADDESON, VILLAGE OF	170188	0305	H
DUPAGE COUNTY	170977	0305	H
WOOD DALE, CITY OF	170224	0306	H

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.



**MAP NUMBER  
17043C0305H**

**EFFECTIVE DATE  
DECEMBER 16, 2004**

Federal Emergency Management Agency



ZONE

1920000

ZONE

DuP

# LEGEND

## SPECIAL FLOOD HAZARD AREAS SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

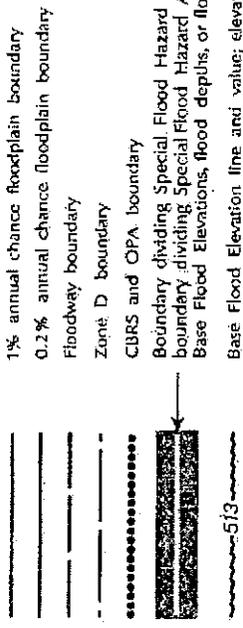
- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood. Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Area formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE V** Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

## FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream, plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

## OTHER FLOOD AREAS

- ZONE X** Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.
- OTHER AREAS**
  - ZONE X** Areas determined to be outside the 0.2% annual chance floodplain.
  - ZONE D** Areas in which flood hazards are undetermined, but possible.



(EL 987)  
 \*Referenced to the National Geodetic Vertical Datum of 1929  
 Cross section line  
 Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)  
 1000-meter Universal Transverse Mercator grid values, zone 16  
 5000-foot grid values; Illinois State Plane Coordinate System, East Zone (FIPSZONE 1201), Transverse Mercator Projection.  
 Bench mark (see explanation in Notes to Users section of this FIRM panel)  
 River Mile  
 MAP REPOSITORY  
 Refer to listing of Map Repositories on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP  
 December 16, 2004



April 5, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Spring, Illinois 62702

RE: Compliance with Requirements of Illinois Executive Order #2006-5 regarding  
Construction Activities in Special Flood Hazard Areas.

Dear Mr. Constantino:

The undersigned area authorized representatives of Elmhurst Memorial Healthcare, the owner of 303 W. Lake Street, Addison (Parcel #03-21-304-001), the site proposed for Elmhurst Memorial Addison Health Center.

We hereby attest that this site is not located in a flood plain, as identified by the most recent FEMA Flood Insurance Rate Map for this location, and that this location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-5, "Construction Activities in Special Flood Hazard Areas."

Signed and dated as of April 12, 2010:

Elmhurst Memorial Healthcare  
Illinois Corporation

**SUBSCRIBED AND SWORN TO BEFORE ME**  
THIS 5 DAY OF APRIL, 2010  
BY Carol J. Soltis  
\_\_\_\_\_  
**NOTARY PUBLIC**

By: [Signature]  
Its: President & CEO

By: [Signature]  
Its: Sr. Vice President, Finance &/ CFO





FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

DuPage County  
Addison

Demolition and New Construction of Medical Office Building, Elmhurst Memorial  
Healthcare  
303 W. Lake St.  
IHPA Log #016082808

September 2, 2008

Andrea Rozran  
Diversified Health Resources  
875 N. Michigan Ave., Suite 3250  
Chicago, IL 60611

Dear Ms. Rozran:

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Patrick Gleason, Cultural Resources Manager, Illinois Historic Preservation Agency, 1 Old State Capitol Plaza, Springfield, IL 62701, 217/785-3977.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

ATTACHMENT 5

I.  
Description of Project: Project Outline

Clinical Service Areas

Number and Type of Stations/Key Rooms

**Diagnostic Radiology/Imaging**

- 1 General Radiography Room
- 1 CT Scanning Imaging Room
- 1 Ultrasound Imaging Room
- 1 Mammography Imaging Room

Total Key Rooms

4

**MRI**

- 1 MRI Scanning Room

Total Key Rooms

1

**Immediate Care**

- 5 Exam Rooms

Total Stations/Key Rooms

5

**Outpatient Specimen Procurement**

- 3 Specimen Collection Drawing Stations
- 1 Private Specimen Collection Station
- 1 Specimen Collection Toilet

Total Stations/Key Rooms

4

**ATTACHMENT 7**

ATTACHMENT 7

ELMHURST MEMORIAL MADISON HEALTH CENTER

	<u>Itemized Cost</u>				<u>Total Cost</u>
	<u>Clinical Service Areas</u>		<u>Non-Clinical Service Areas</u>		
	<u>Cost</u>	<u>Subtotal</u>	<u>Cost</u>	<u>Subtotal</u>	
<b>1. <u>Preplanning Costs</u></b>					
Programming	\$8,900		\$31,100		\$40,000
Architectural Preliminary Design	<u>\$22,182</u>		<u>\$77,506</u>		<u>\$99,688</u>
		<u>\$31,082</u>		<u>\$108,606</u>	\$139,688
<b>2. <u>Site Survey and Soil Investigation</u></b>					
Site Survey	\$3,338		\$11,662		\$15,000
Environmental Survey	<u>\$2,225</u>		<u>\$7,775</u>		<u>\$10,000</u>
		<u>\$5,563</u>		<u>\$19,437</u>	\$25,000
<b>3. <u>Site Preparation</u></b>					
Site Demolition	\$26,812		\$93,688		\$120,500
Earthwork & Erosion Control	<u>\$144,054</u>		<u>\$312,346</u>		<u>\$456,400</u>
		<u>\$170,866</u>		<u>\$406,034</u>	\$576,900

**Itemized Cost**

**Clinical Service Areas      Non-Clinical Service Areas      Total Cost**

	<u>Cost</u>	<u>Subtotal</u>	<u>Cost</u>	<u>Subtotal</u>	<u>Total Cost</u>
<b>4. <u>Off Site Work</u></b>					
Site Utilities	\$43,412		\$151,688		\$195,100
Paving	\$85,666		\$299,334		\$385,000
Exterior Site Lighting	\$18,691		\$65,309		\$84,000
Landscaping	<u>\$38,938</u>		<u>\$136,062</u>		<u>\$175,000</u>
		<u>\$186,707</u>		<u>\$652,393</u>	
					\$839,100

**5. Consulting and Other Fees**

Interior Design	\$6,675		\$23,325		\$30,000
Development Pre-Construction SD	\$39,009		\$136,303		\$175,312
Development Services - Building	\$60,966		\$213,034		\$274,000
Development Services - Leasing	\$14,241		\$49,759		\$64,000
Landscape Architect	\$3,338		\$11,662		\$15,000
Civil Engineer	\$6,675		\$23,325		\$30,000
Traffic Engineer	\$3,338		\$11,662		\$15,000
Reimbursables	\$5,563		\$19,437		\$25,000
Construction Testing Services	\$10,680		\$37,320		\$48,000
CON Consulting Fee and Reimbursements	\$60,000		\$0		\$60,000
CON Filing Fees	\$65,000		\$0		\$65,000
IDPH Plan Examination Fee	\$20,000		\$0		\$20,000
Public Utility Connection Fees	\$4,450		\$15,550		\$20,000

Itemized Cost

Total Cost

Non-Clinical Service Areas

Subtotal

Cost

Subtotal

Cost

5. Consulting and Other Fees (continued)

Builders' Risk Insurance	\$15,550	\$20,000
Legal Fees	\$77,749	\$100,000
Additional Consultants	\$87,856	\$113,000
Miscellaneous/Owner's Printing	\$11,662	\$15,000
	<u>\$734,194</u>	
		\$1,089,312

6. Movable Capital Equipment and Furniture

(See Attached Equipment List)

	<u>\$151,747</u>	
		<u>\$151,747</u>
		\$1,655,670

7. Fair Market Value of Leased Equipment

1 Radiographic Room	\$520,000	\$520,000
1 CT Scanner	\$1,100,000	\$1,100,000
1 MRI Scanner	<u>\$1,500,000</u>	<u>\$1,500,000</u>
	<u>\$3,120,000</u>	<u>\$0</u>
		\$3,120,000

	<u>Itemized Cost</u>		<u>Total Cost</u>	
	<u>Clinical Service Areas</u>	<u>Non-Clinical Service Areas</u>		
	<u>Cost</u>	<u>Subtotal</u>	<u>Cost</u>	<u>Subtotal</u>
<b>8. <u>Other Costs to be Capitalized</u></b>				
Excess Utility Charges	\$3,338		\$11,662	\$15,000
Structure Demolition	<u>\$33,376</u>		<u>\$116,624</u>	<u>\$150,000</u>
		<u>\$36,714</u>		<u>\$128,286</u>
				\$165,000

Area	Description	Quantity	Unit Price	Total Cost
	<b>Medical Equipment</b>			

Description	Quantity	Unit Price	Total Cost
Waiting	1	\$ 16,000	\$ 16,000
Staff Work Areas	1	\$ 10,000	\$ 10,000
Patient Changing	3	\$ 3,000	\$ 9,000
Miscellaneous / signage	5,541	\$ 5	\$ 27,705

Description	Quantity	Unit Price	Total Cost
Computers / Monitors	4	\$ 2,500	\$ 10,000
Printers / Faxes	4	\$ 1,000	\$ 4,000
Cabling/Routers/Racks	5,541	\$ 5	\$ 27,705
Tele/Wireless	6	\$ 500	\$ 3,000
Miscellaneous	1	\$ 4,967	\$ 4,967

Area	Description	Quantity	Unit Price	Total Cost
101.00	<b>Radiology</b>			
	<i>to be leased</i>			
	CT Scanner	1	\$ 510,000	\$ 510,000
	Ultrasound	1	\$ 1,100,000	\$ 1,100,000
	Mammography	1	\$ 305,000	\$ 305,000
	Digitizer	1	\$ 275,000	\$ 275,000
	ID Tablet	1	\$ 100,000	\$ 100,000
	Server & Stand	1	\$ 5,000	\$ 5,000
	Cassettes	1	\$ 40,000	\$ 40,000
	Clinical Review Station	1	\$ 10,000	\$ 10,000
	Lead Protection	1	\$ 35,000	\$ 35,000
	Stretchers / Carts	1	\$ 5,000	\$ 5,000
	Miscellaneous	1	\$ 4,000	\$ 4,000
	Clean Supply	1	\$ 25,000	\$ 25,000
	Soiled Utility	1	\$ 5,000	\$ 5,000
		1	\$ 4,920	\$ 4,920

Description	Quantity	Unit Price	Total Cost
Waiting	1	\$ 4,000	\$ 4,000
Staff Workroom	1	\$ 2,000	\$ 2,000
Patient Changing	2	\$ 3,000	\$ 6,000
Miscellaneous / Installation	2,117	\$ 5	\$ 10,585

Description	Quantity	Unit Price	Total Cost
Computers / Monitors	1	\$ 1,500	\$ 1,500
Printers / Faxes	1	\$ 1,000	\$ 1,000
Cabling/Routers/Racks	2,117	\$ 5	\$ 10,585
Tele/Wireless	1	\$ 500	\$ 500
Miscellaneous	1	\$ 1,509	\$ 1,509

Area	Description	Quantity	Unit Price	Total Cost
102.00	<b>MRI</b>			
	<i>to be leased</i>			
	MRI Scanner	1	\$ 1,500,000	\$ 1,500,000
	Medial MR Injector	1	\$ 30,000	\$ 30,000
	Non-Per-Cards/Wheelchair	1	\$ 12,000	\$ 12,000
	Miscellaneous	1	\$ 16,283	\$ 16,283
	Shielding	1	\$ 70,000	\$ 70,000
103.00	<b>Outpatient Specimen Procurement</b>			
	POCT Testing	1	\$ 9,000	\$ 9,000
	Centrifuges	1	\$ 7,000	\$ 7,000
	Refrig / Freezer	1	\$ 2,000	\$ 2,000
	Specimen Collection	4	\$ 4,250	\$ 17,000
	Miscellaneous	1	\$ 3,889	\$ 3,889
104.00	<b>Immediate Care</b>			
	Monitors	6	\$ 10,500	\$ 63,000
	Exam Lights	6	\$ 5,250	\$ 31,500
	Defibrillator	1	\$ 10,000	\$ 10,000
	Audio Booth	1	\$ 5,000	\$ 5,000
	Exam Tables / Carts	6	\$ 7,000	\$ 42,000
	Diagnostic Sets	6	\$ 6,125	\$ 36,750
	Blanket Warmer	1	\$ 10,000	\$ 10,000
	Ice Maker	1	\$ 5,000	\$ 5,000
	Med Gas Regulators	12	\$ 875	\$ 10,500
	Portable Anemoid	1	\$ 2,000	\$ 2,000
	Pyxis Dispensers	1	\$ 25,000	\$ 25,000
	Special Exam - Eye	1	\$ 10,000	\$ 10,000
	EKG	1	\$ 5,000	\$ 5,000
	Miscellaneous	1	\$ 1,286	\$ 1,286

Description	Quantity	Unit Price	Total Cost
Waiting	1	\$ 5,000	\$ 5,000
Staff Workroom	1	\$ 2,000	\$ 2,000
Collection	4	\$ 500	\$ 2,000
Miscellaneous / Installation	1,334	\$ 5	\$ 6,670

Description	Quantity	Unit Price	Total Cost
Computers / Monitors	4	\$ 1,500	\$ 6,000
Printers / Faxes	2	\$ 1,000	\$ 2,000
Cabling/Routers/Racks	1,334	\$ 5	\$ 6,670
Tele/Wireless	3	\$ 500	\$ 1,500
Miscellaneous	1	\$ 1,500	\$ 1,500

Description	Quantity	Unit Price	Total Cost
Waiting	8	\$ 3,000	\$ 24,000
Staff Workroom	1	\$ 5,000	\$ 5,000
Subwait	4	\$ 500	\$ 2,000
Miscellaneous / Installation	3,331	\$ 5	\$ 16,655

Description	Quantity	Unit Price	Total Cost
Computers / Monitors	10	\$ 1,500	\$ 15,000
Printers / Faxes	5	\$ 1,000	\$ 5,000
Cabling/Routers/Racks	1,454	\$ 5	\$ 7,270
Tele/Wireless	8	\$ 500	\$ 4,000
Miscellaneous	1	\$ 3,474	\$ 3,474

Description	Quantity	Unit Price	Total Cost
Computers / Monitors	10	\$ 1,500	\$ 15,000
Printers / Faxes	5	\$ 1,000	\$ 5,000
Cabling/Routers/Racks	1,454	\$ 5	\$ 7,270
Tele/Wireless	8	\$ 500	\$ 4,000
Miscellaneous	1	\$ 3,474	\$ 3,474

**SUBTOTAL** \$1,238,128

\$ 148,615

\$ 117,160

Proposed Medical Equipment / Furniture

Area	Description	Quantity	Unit Price	Total Cost
107.00	Registration No Medical Equipment			
	Registration Rooms	3	\$ 9,000	\$ 27,000
	Reception Desk	1	\$ 3,600	\$ 3,600
	Waiting	12	\$ 1,200	\$ 14,400
			\$ 350	\$ 4,200
108.00	Conference No Medical Equipment			
	Conference Tables	15	\$ 2,249	\$ 33,735
	Conference Chairs	60	\$ 200	\$ 12,000
	Speaker podium	1	\$ 4,999	\$ 4,999
109.00	Staff Services No Medical Equipment			
	Staff Lounge Furniture	2	\$ 5,000	\$ 10,000
110.00	Facility Operations No Medical Equipment			
	Office Furniture	4	\$ 3,500	\$ 14,000
	Equipment	1	\$ 10,000	\$ 10,000
111.00	Entrances, Lobbies and Public Spaces No Medical Equipment			
	Lobby Lounge Furniture	1	\$ 30,000	\$ 30,000
				\$ 30,000
	<b>SUBTOTAL</b>			<b>\$ 95,149</b>

\$0

Description	Quantity	Unit Price	Total Cost
Registration			
Computers / Monitors	4	\$ 1,500	\$ 6,000
Printers / Faxes	2	\$ 1,000	\$ 2,000
Cabling/Routers/Racks	1,333	\$ 5	\$ 6,665
Tele/Wireless	5	\$ 500	\$ 2,500
Conference			
Audio Visual Equipment	1	\$ 20,000	\$ 20,000
Projection Screen	2	\$ 550	\$ 1,100
Staff Services			
Cabling/Routers/Racks	1,408	\$ 5	\$ 7,040
Tele/Wireless	2	\$ 500	\$ 1,000
Facility Operations			
Cabling/Routers/Racks	1,651	\$ 2	\$ 3,302
Tele/Wireless	3	\$ 500	\$ 1,500
Entrances, Lobbies and Public Spaces			
Cabling/Routers/Racks	2,195	\$ 2	\$ 4,390
Tele/Wireless	2	\$ 500	\$ 1,000

\$

Cost Space Requirements

Department	Cost (\$)	Gross Square Feet		Amount of Proposed Total GSF That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>Clinical Service Areas:</b>							
Diagnostic Radiology	\$4,640,158	0	5,541	5,541	0	0	0
MRI	\$2,493,346	0	2,117	2,117	0	0	0
Immediate Care	\$1,468,824	0	3,331	3,331	0	0	0
Outpatient Specimen Procurement	<u>\$541,795</u>	<u>225*</u>	<u>1,334</u>	<u>1,334</u>	0	0	<u>225*</u>
<b>Sub-Total: Clinical Service Areas</b>	<b>\$9,144,123</b>	<b>225*</b>	<b>12,323</b>	<b>12,323</b>	<b>0</b>	<b>0</b>	<b>225*</b>
<b>Non-Clinical Service Areas:</b>							
Waiting and Registration	\$451,508	0	1,333	1,333	0	0	0
Community Education	\$507,301	750*	1,454	1,454	0	0	750*
Staff Services	\$457,814	0	1,408	1,408	0	0	0
<b>Facility Operations</b>							
First Floor		986*	1,651	1,651	0	0	986*
Second Floor		800*	42	42	0	0	800*
Third Floor		<u>0</u>	<u>81</u>	<u>81</u>	0	0	<u>0</u>
<b>TOTAL</b>	<b>\$570,823</b>	<b>1,786*</b>	<b>1,774</b>	<b>1,774</b>	<b>0</b>	<b>0</b>	<b>1,786*</b>
<b>Leased Physicians' Offices</b>							
First Floor		6,139*	0	0	0	0	6,139*
Second Floor		6,825*	14,671	14,671	0	0	6,825*
Third Floor		<u>0</u>	<u>14,223</u>	<u>14,223</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL</b>	<b>\$7,933,004</b>	<b>12,964*</b>	<b>28,894</b>	<b>28,894</b>	<b>0</b>	<b>0</b>	<b>12,964*</b>
<b>Entrances, Lobbies, and Public Space</b>							
First Floor		1,740*	2,195	2,195	0	0	1,740*
Second Floor		1,740*	312	312	0	0	1,740*
Third Floor		<u>0</u>	<u>1,347</u>	<u>1,347</u>	0	0	<u>0</u>
<b>TOTAL</b>	<b>\$719,073</b>	<b>3,480*</b>	<b>3,854</b>	<b>3,854</b>	<b>0</b>	<b>0</b>	<b>3,480*</b>
<b>Mechanical and Electrical Space and Shafts</b>							
First Floor		368*	897	897	0	0	368*
Second Floor		342*	270	270	0	0	342*
Third Floor		<u>0</u>	<u>407</u>	<u>407</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL</b>	<b>\$279,221</b>	<b>710*</b>	<b>1,574</b>	<b>1,574</b>	<b>0</b>	<b>0</b>	<b>710*</b>
<b>Elevator Shafts</b>							
First Floor		212*	333	333	0	0	212*
Second Floor		212*	316	316	0	0	212*
Third Floor		<u>0</u>	<u>206</u>	<u>206</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL</b>	<b>\$151,674</b>	<b>424*</b>	<b>855</b>	<b>855</b>	<b>0</b>	<b>0</b>	<b>424*</b>
<b>Stairwells</b>							
First Floor		586*	631	631	0	0	586*
Second Floor		586*	641	641	0	0	586*
Third Floor		<u>0</u>	<u>641</u>	<u>641</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL</b>	<b>\$339,359</b>	<b>1,172*</b>	<b>1,913</b>	<b>1,913</b>	<b>0</b>	<b>0</b>	<b>1,172*</b>
<b>Sub-Total: Non-Clinical Service Areas</b>	<b>\$11,409,877</b>	<b>21,286*</b>	<b>43,059</b>	<b>43,059</b>	<b>0</b>	<b>0</b>	<b>21,286*</b>
<b>TOTAL PROJECT</b>	<b>\$20,554,000</b>	<b>21,511*</b>	<b>65,382</b>	<b>55,382</b>	<b>0</b>	<b>0</b>	<b>21,511*</b>

\*The existing Medical Office Building at this location will be demolished and replaced with the new Medical Office Building that is the subject of this CON application

III.

Criterion 1110.230 - Background of Applicant

1. Elmhurst Memorial Healthcare is the sole member of Elmhurst Memorial Hospital. Elmhurst Memorial Hospital operates Elmhurst Memorial Hospital and is a member of Elmhurst Outpatient Surgery Center, LLC, which owns and operates the Elmhurst Outpatient Surgery Center.

The identification numbers of each of these health care facilities is shown below, along with their names and locations.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Elmhurst Memorial Hospital, Elmhurst	Illinois License ID# 0001511 JCAHO ID# 7341
Elmhurst Outpatient Surgery Center, LLC, Elmhurst	Illinois License ID# 7002330 JCAHO ID# 257710

Proof of the current licensure and accreditation of each of the facilities identified above will be found on the following pages of this Attachment.

- 2, 3. Letters from Elmhurst Memorial Healthcare, certifying that it has not had any adverse action taken against it during the past three years and authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection will be found in this Attachment.



State of Illinois 1927315

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D.  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	ID. NUMBER
06/30/10	BGBD	0001511
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 07/01/09		

BUSINESS ADDRESS

ELMHURST MEMORIAL HOSPITAL  
200 BERTEAU AVENUE

ELMHURST IL 60126

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •



July 11, 2008

Leo F. Fronza  
President and CEO  
Elmhurst Memorial Hospital  
200 Bertean Avenue  
Elmhurst, IL 60126

Joint Commission ID #: 7341  
Accreditation Activity: Evidence of Standards  
Compliance  
Accreditation Activity Completed: 7/11/2008

Dear Mr. Fronza:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care
- Comprehensive Accreditation Manual for Hospitals
- Comprehensive Accreditation Manual for Long Term Care

This accreditation cycle is effective beginning May 10, 2008. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

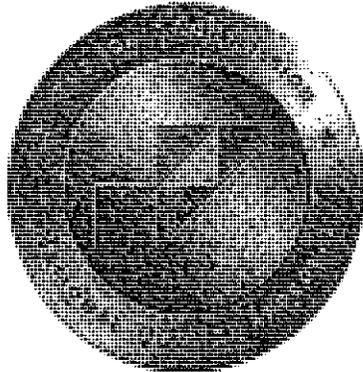
Sincerely,

Linda S. Murphy-Knoll  
Interim Executive Vice President  
Division of Accreditation and Certification Operations

# Elmhurst Memorial Hospital

Elmhurst, IL

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Hospital Accreditation Program

May 10, 2008

Accreditation is customarily valid for up to 39 months.

*David L. Nahrwold*

David L. Nahrwold, M.D.  
Chairman of the Board

7341  
Organization ID #

*Mark Chassin*

Mark Chassin, M.D.  
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

1923419

Department of Public Health  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ELMHURST OUTPATIENT SURGERY CENTER  
06/30/09 BGGD 7002330

FULL LICENSE  
AMBUL SURGICAL TREAT CNTR  
EFFECTIVE: 07/01/09

04/04/09

ELMHURST OUTPATIENT SURGERY CTR  
1200 SOUTH YORK ROAD, SUITE 1400  
ELMHURST IL 60126 9633

FEE RECEIPT NO.

57208

# State of Illinois 1923419 Department of Public Health

## LICENSE, PERMIT, CERTIFICATION, REGISTRATION

This license, permit or certification is issued only to persons who are duly licensed or certified by the State of Illinois. It is subject to the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to practice in the activity as indicated below.

DAMON T. ARNOLD, M. D.  
DIRECTOR

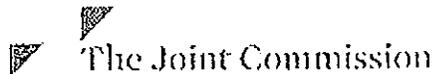
06/30/09 BGGD 7002330

FULL LICENSE  
AMBUL SURGICAL TREAT CNTR  
EFFECTIVE: 07/01/09

BUSINESS ADDRESS

ELMHURST OUTPATIENT SURGERY CENTER, LLC  
1200 SOUTH YORK ROAD, SUITE 1400  
ELMHURST IL 60126 9633

Printed by the State of Illinois • 4977



July 23, 2008

Tina M. Mentz  
Executive Director  
Elmhurst Outpatient Surgery Center, LLC  
1200 South York Road, Suite 1400  
Elmhurst, IL 60126

Joint Commission ID #: 257710  
Accreditation Activity: Evidence of Standards  
Compliance  
Accreditation Activity Completed: 7/23/2008

Dear Ms. Mentz:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Ambulatory Health Care

This accreditation cycle is effective beginning July 21, 2008. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Linda S. Murphy-Knoll  
Interim Executive Vice President  
Division of Accreditation and Certification Operations



**Elmhurst  
Memorial  
Healthcare**

200 Berteau Avenue  
Elmhurst, Illinois 60126

ph 630.833.1400  
fx 630.782.7801

**Leo F. Fronza**  
*President / CEO*

April 5, 2010

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Spring, Illinois 62702

Dear Mr. Constantino:

Elmhurst Memorial Hospital is a licensed, Joint Commission-accredited hospital in Elmhurst whose sole member is Elmhurst Memorial Healthcare, also an Illinois not-for-profit corporation.

Elmhurst Memorial Hospital is a member of Elmhurst Outpatient Surgery Center, LLC, which owns and operates the Elmhurst Outpatient Surgery Center.

We hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by Elmhurst Memorial Hospital or Elmhurst Memorial Healthcare during the three years prior to the filing of this application.

Elmhurst Memorial Hospital and Elmhurst Outpatient Surgery Center hereby authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification of records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230(a).

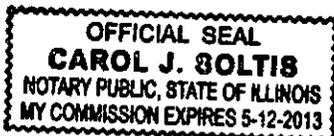
Sincerely,

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 5 DAY OF April, 2010,  
BY Carol J. Soltis

NOTARY PUBLIC

Leo F. Fronza  
President & CEO



III.  
Criterion 1110.230 - Purpose of Project

1. This project will improve the health care and well-being of the market area population by doing the following.
  - a. The project will replace and expand an existing Specimen Procurement Unit that is currently located in a Medical Office Building (MOB) owned and operated by Elmhurst Memorial Healthcare that is located in Addison on the site of the proposed replacement MOB in which the health care services that are proposed in this certificate of need (CON) application will be located.
  - b. The project will add the following outpatient clinical services to the replacement Medical Office Building in order to provide these services near the homes and places of employment of patients who have historically received these services at Elmhurst Memorial Hospital:
    - 1) Diagnostic Imaging, which will include both the General Radiography Service (i.e., General Radiography [X-Ray], CT Scanning, Ultrasound, Mammography) and the MRI Scanning Service;
    - 2) Immediate Care.
  - c. Although it is not subject to CON requirements, it is important to note that the health care services proposed in this CON application will be located in an MOB that will be constructed by a third-party developer (unrelated to Elmhurst Memorial Hospital or Elmhurst Memorial Healthcare) that will replace existing physicians' offices that are currently located in 2 locations within the target market area. The physicians' offices are located in a MOB owned and operated by Elmhurst Memorial Healthcare that is located in Addison on the site of the proposed replacement MOB and also in leased space in the adjacent town of Wood Dale.

The project will maintain and improve the market area's health care in the following ways:

- By continuing to provide outpatient Specimen Procurement Services in the same Medical Office Building where the patients' physicians' offices are located, patients will be able to continue receiving these needed diagnostic services in an accessible location near their homes and places of employment;

- By providing these services in Elmhurst Memorial Hospital's primary service area (PSA) to a market area that resides within its PSA;
  - By establishing Diagnostic Imaging Services in the Medical Office Building, the availability and accessibility of these diagnostic services will increase since patients will be able to undergo diagnostic testing in the same location as their physicians' offices at the same time as they visit their physicians;
  - By establishing an Immediate Care Center in the Medical Office Building, the availability and accessibility of needed medical services will be increased for area residents and employees because they will be able to have their medical conditions diagnosed and treated, particularly on holidays, evenings, and week-ends when their personal physicians may be unavailable.
2. The primary service market area (PSA) for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located, and are part of Elmhurst Memorial Hospital's primary service area.

60101	Addison
60106	Bensenville
60143	Itasca
60191	Wood Dale

Patient origin data for Elmhurst Memorial Hospital's outpatients as well as for patients of 2 of the physician practices that will be tenants in the Elmhurst Memorial Addison Health Center which are found on Pages 6 through 8 of this Attachment demonstrate that the market area for this project is within the state-designated Planning Area, A-5 (DuPage County). In addition, this market area is within Elmhurst Memorial Hospital's Primary Service Area (PSA).

3. The problems and issues that need to be addressed by the portion of this project subject to CON requirements are the following. These issues are discussed in Attachments 62 and 71.
- a. Outpatient Specimen Procurement currently provided by Elmhurst Memorial Hospital in the Addison MOB needs to be replaced because this building will be demolished following the construction of the new Elmhurst Memorial Addison Health Center.

That is because the Elmhurst Memorial Addison Health Center will be constructed on the current parking lot used by the Addison MOB, and the existing Addison MOB will need to be demolished in order to create a new parking lot on the site.

In addition to being replaced, Outpatient Specimen Procurement needs to be expanded in order to provide adequately sized and configured testing facilities for patients whose physicians will have offices in the new Health Center.

- b. Space is needed to establish Diagnostic Imaging Services (consisting of the following modalities: General Radiography, CT Scanning, Ultrasound, Mammography, and MRI Scanning) and an Immediate Care Center in the Elmhurst Memorial Addison Health Center.

The addition of Diagnostic Imaging Services to the MOB will increase the availability and accessibility of these services to patients and the timeliness of testing and receipt of results when they have appointments with their physicians in the MOB.

- c. The establishment of an Immediate Care Center in the Elmhurst Memorial Addison Health Center will increase the accessibility and availability of urgent care services to area residents and employees of local businesses while reducing duplication of staff and facilities.
- d. This project will be located in Addison, in which there is a Hispanic Low-Income population that is identified as a Medically Underserved Area/Population (MUA/P ID #07312).

Documentation of this designation will be found in Item 4. below.

- e. The project will provide much-needed services to the market area and, in doing so, will provide health care services to the low income and uninsured.

Documentation of this project's ability to address this issue is found in Item 5. below.

- 4. The sources of information provided as documentation are the following:
  - a. Hospital records regarding the deficiencies of the Addison MOB, which justify the need to replace the facility;
  - b. The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S.

Department of Health and Human Services, 2006 Guidelines for Design and Construction of Health Care Facilities;

- c. Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by Address, <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

A print-out of this information and a discussion of Medically Underserved Areas are found on Pages 9 and 10 of this Attachment.

5. This project will improve the previously referenced issues, as well as the health status and well-being of the market area population by (1) making it possible for physicians' offices to exist and operate in appropriate, contemporary facilities and (2) providing needed outpatient diagnostic and treatment services within the market area to patients whose physicians will have offices at the Elmhurst Memorial Addison Health Center.

By providing much-needed services to the market area this project will provide health care services to the low income and uninsured that reside and work within the market area.

In a January 23, 2009, letter that is found on Page 11 of this Attachment, Richard Endress, President of Access DuPage, stated that:

"Not only will the new facility provide much-needed services to the population of Addison and surrounding communities, but it will enhance Elmhurst Memorial Health Care's historic commitment to serve low-income persons, such as those enrolled in Access DuPage."

Access DuPage was identified by James R. Dan, M.D., then President of DuPage Medical Group, in August 1, 2006, Public Comment regarding the State Health Improvement Plan, in which he identified the provision of health care services to the uninsured through Access DuPage, an organization "that mobilizes health care providers to share in solving the problem of health care access for the uninsured."

Dr. Dan's Public Comment is found in the materials beginning on Page 12 of this Attachment.

This project has been identified as addressing and improving the previously referenced issues, as well as the market area's health status and well-being in the many letters of support that have been received from the following: government officials at the local, county, state, and national levels; fire and police officials; physicians; social service organizations; members of the

community; and local businesses. These letters are appended to this Attachment beginning on Page 16.

6. Elmhurst Memorial Hospital's goal for this project is to continue providing quality medical care to those living and working within the market area.

The replacement of the Addison MOB's Outpatient Specimen Procurement Unit and the addition of Diagnostic Imaging Services and an Immediate Care Center to an MOB that will replace existing physicians' offices in MOB's in Addison and Wood Dale will make it possible to meet these goals in FY2013.

**ELMHURST MEMORIAL HOSPITAL OUTPATIENTS**

**FY2009 Patient Origin**

<b>Community</b>	<b>Zip Code</b>	<b>FY 2009 Cases*</b>	<b>% of Total Cases</b>	<b>Cummulative %</b>
ELMHURST	60126	79,196	20.3%	20.3%
LOMBARD	60148	40,189	10.3%	30.5%
VILLA PARK	60181	33,744	8.6%	39.2%
ADDISON	60101	31,154	8.0%	47.1%
BENSENVILLE	60106	21,199	5.4%	52.5%
NORTHLAKE	60164	17,574	4.5%	57.0%
WOOD DALE	60191	9,753	2.5%	59.5%
FRANKLIN PARK	60131	6,633	1.7%	61.2%
BERKELEY	60163	6,555	1.7%	62.9%
GLENDALE HEIGHTS	60139	6,493	1.7%	64.6%
GLEN ELLYN	60137	6,487	1.7%	66.2%
HILLSIDE	60162	5,383	1.4%	67.6%
MELROSE PARK	60160	5,198	1.3%	68.9%
BELLWOOD	60104	4,843	1.2%	70.2%
CAROL STREAM	60188	4,604	1.2%	71.3%
BLOOMINGDALE	60108	4,332	1.1%	72.4%
WESTCHESTER	60154	4,083	1.0%	73.5%
OAK BROOK	60523	3,224	0.8%	74.3%
ITASCA	60143	2,650	0.7%	75.0%
ROSELLE	60172	2,639	0.7%	75.7%
ELMWOOD PARK	60707	2,323	0.6%	76.3%
WHEATON	60187	2,275	0.6%	76.8%
BARTLETT	60103	2,258	0.6%	77.4%
<b>Total, These Zipcodes</b>		<b>302,789</b>	<b>77.4%</b>	
<b>Total EMH Outpatient Visits</b>		<b>391,088</b>	<b>100.0%</b>	

<b>PRIMARY SERVICE AREA FOR ELMHURST MEMORIAL ADDISON HEALTH CENTER</b>		
<b>Total Visits from Primary Service Area for Elmhurst Memorial Addison Health Center</b>	<b>64,756</b>	<b>16.56%</b>

\*Source: EPSi

**ELMHURST CLINIC ADDISON MEDICAL OFFICE BUILDING**

**FY2009 Patient Origin**

Community	Zip Code	FY 2009 Cases*	% of Total Cases	Cummulative %
ADDISON	60101	1,476	36.0%	36.0%
BENSENVILLE	60106	281	6.9%	42.9%
ELMHURST	60126	266	6.5%	49.4%
VILLA PARK	60181	239	5.8%	55.2%
WOOD DALE	60191	227	5.5%	60.8%
LOMBARD	60148	222	5.4%	66.2%
GLENDALE HEIGHTS	60139	179	4.4%	70.6%
NORTHLAKE	60164	131	3.2%	73.8%
CAROL STREAM	60188	89	2.2%	75.9%
ROSELLE	60172	85	2.1%	78.0%
ITASCA	60143	82	2.0%	80.0%
BLOOMINGDALE	60108	62	1.5%	81.5%
MELROSE PARK	60160	52	1.3%	82.8%
MAYWOOD	60153	44	1.1%	83.9%
HANOVER PARK	60133	43	1.1%	84.9%
GLEN ELLYN	60137	38	0.9%	85.9%
BERKELEY	60163	32	0.8%	86.6%
FRANKLIN PARK	60131	30	0.7%	87.4%
<b>Total, These Zipcodes</b>		<b>3,578</b>	<b>87.4%</b>	
<b>Total Elmhurst Clinic Addison MOB Visits</b>		<b>4,095</b>	<b>100.0%</b>	

**PRIMARY SERVICE AREA FOR ELMHURST MEMORIAL ADDISON HEALTH CENTER**

<b>Total Visits from Primary Service Area for Elmhurst Memorial Addison Health Center</b>	<b>2,066</b>	<b>50.45%</b>
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\*Source: EPSi

**ELMHURST CLINIC WOOD DALE OFFICE**

**FY2009 Patient Origin**

Community	Zip Code	FY 2009 Cases*	% of Total Cases	Cummulative %
BENSENVILLE	60106	3,404	20.0%	20.0%
ADDISON	60101	3,027	17.8%	37.8%
WOOD DALE	60191	2,879	15.7%	53.5%
ELMHURST	60126	1,054	6.2%	59.7%
VILLA PARK	60181	828	4.9%	64.5%
NORTHLAKE	60164	603	3.5%	68.1%
LOMBARD	60148	577	3.4%	71.5%
ITASCA	60143	504	3.0%	74.4%
GLENDALE HEIGHTS	60139	471	2.8%	77.2%
ROSELLE	60172	251	1.5%	78.7%
FRANKLIN PARK	60131	248	1.5%	80.1%
BLOOMINGDALE	60108	215	1.3%	81.4%
MELROSE PARK	60160	196	1.2%	82.5%
ELK GROVE VILLAGE	60007	176	1.0%	83.6%
HANOVER PARK	60133	162	1.0%	84.5%
GLEN ELLYN	60137	129	0.8%	85.3%
CAROL STREAM	60188	128	0.8%	86.0%
BARTLETT	60103	106	0.6%	86.7%
STREAMWOOD	60107	106	0.6%	87.3%
SCHILLER PARK	60176	105	0.6%	87.9%
<b>Total, These Zipcodes</b>		<b>14,969</b>	<b>87.9%</b>	
<b>Total Elmhurst Clinic Wood Dale Office Visits</b>		<b>17,029</b>	<b>100.0%</b>	

**PRIMARY SERVICE AREA FOR ELMHURST MEMORIAL ADDISON HEALTH CENTER**

<b>Total Visits from Primary Service Area for Elmhurst Memorial Addison Health Center</b>	<b>9,614</b>	<b>56.46%</b>
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\*Source: EPSi



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Find Shortage Areas: HPSA & MUA/P by Address

Shortage Designation  
Home

Find Shortage Areas

HPSA by State &  
County

HPSAs Eligible for the  
Medicare Physician  
Bonus Payment

MUA/P by State &  
County

Reported location: 303 W Lake St, Addison, IL 60101  
(--- Input location: 303 W. Lake Street, Addison, Illinois 60101)

[Start over with a new query by address](#)

Print

In a Primary Care Health Professional Shortage Area: No	
In a Mental Health Professional Shortage Area: No	
In a Dental Care Health Professional Shortage Area: No	
In a Medically Underserved Area/Population: Yes	
MUA/P Service Area Name:	Hisp Low-Inc Pop- Addison / Bensenville
MUA/P ID:	07312
State Name:	Illinois
County Name:	DuPage
County Subdivision Name (2000):	Addison township
Census Tract Number (2000):	8403.01
ZIP Code:	60101
Post Office Name:	ADDISON
Congressional District Name:	Illinois District 6
Congressional District Representative Name:	Peter J. Roskam
FIPS Code (State + County + Minor Civil Division) (2000):	1704300250
FIPS Code (State + County + Tract number) (2000):	17043840301
Click the map and check the detailed neighborhood:	

Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 3/18/2009) in the HRSA Geospatial Data Warehouse. Due to geoprocessing limitations, the designation result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please refer to <http://answers.hrsa.gov>.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. [More about shortage areas](#)

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- [HPSA Eligible for the Medicare Physician Bonus Payment](#)
- [MUA/P by State & County](#)
- [Health Professional Shortage Areas \(HPSAs\)](#)
- [HPSA Designation Criteria, Guidelines & Process](#)
- [How to Apply for HPSA Designation](#)
- [HPSA Dictionary](#)
- [Medically Underserved Areas/Populations \(MUA/Ps\)](#)
- [MUA/MUP Designation Guidelines](#)
- [MUA/MUP Dictionary](#)

### news

**Proposed Rule:** Instead of issuing a final regulation as the next step, the U.S. Department of Health and Human Services will issue a new Notice of Proposed Rulemaking for further review and public comment prior to issuing a final rule. ( Federal Register Notice, 7-23-2008)

The Health Resources and Services Administration Shortage Designation Branch develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population.

### Health Professional Shortage Areas

HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

As of September 30, 2008, there are:

- **6,033 Primary Care HPSAs** with 64 million people living in them. It would take 16,336 practitioners to meet their need for primary care providers (a population to practitioner ratio of 2,000:1).
- **4,048 Dental HPSAs** with 48 million-people living in them. It would take 9,432 practitioners to meet their need for dental providers (a population to practitioner ratio of 3,000:1).
- **3,059 Mental Health HPSAs** with 77 million people living in them. It would take 5,145 practitioners to meet their need for mental health providers (a population to practitioner ratio of 10,000:1).

### Medically Underserved Areas/Populations

**Medically Underserved Areas (MUA)** may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

**Medically Underserved Populations (MUPs)** may include groups of persons who face economic, cultural or linguistic barriers to health care.

**Contact:** [sdb@hrsa.gov](mailto:sdb@hrsa.gov) or 1-888-275-4772. Press option 1, then option 2

Page last updated: November 5, 2008

### Programs that Benefit Shortage Areas

[Health Center Program](#) grants to providers in underserved areas

[Rural Health Clinic Program](#) cost-based reimbursement from Medicare and Medicaid

[Medicare HPSA Bonus Payment](#) for physicians

[National Health Service Corps Loan Repayment Program](#) for primary care professionals

[National Health Service Corps Scholarship Program](#) for primary care health professions students

[Indian Health Service Scholarship Program](#) for health professions students

[Exchange Visitor Program](#) for foreign physicians with J-1 visas working in shortage areas

[Conrad State 30 Program](#) allows States 30 J-1 visa waivers each year in exchange for service in a shortage area

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511 Thornhill Drive, Suite M, Carol Stream, Illinois 60188  
Phone: 630-510-8720, Fax: 630-510-8707  
rend@accessdupage.org

January 23, 2009

Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, IL 62702

Dear Mr. Mark,

I am writing to support Elmhurst Memorial Healthcare's proposed project to construct a replacement facility, the Elmhurst Memorial Addison Health Center, on Lake Street in Addison, IL.

The proposed new facility will replace a facility that is clearly inadequate to meet the growing needs of the local community. The services that will be housed in the new facility – physician office suites, diagnostic services, community education, and immediate care – are precisely those services that most meet the regular health and healthcare needs of the local community, and are conveniently located in an area that has long been well served by Elmhurst Memorial Healthcare. I am particularly pleased to see the addition of immediate care services, as this is a service that is needed and has not been as available in this area as in others.

Not only will the new facility provide much-needed services to the entire population of Addison and surrounding communities, but it will enhance Elmhurst Memorial Healthcare's historic commitment to serve low-income persons, such as those enrolled in Access DuPage.

For all these reasons, therefore, I urge the Illinois Health Facilities Planning Board to approve Elmhurst Memorial Healthcare's Certificate of Need application.

Sincerely

A handwritten signature in cursive script that reads "Richard Endress".

Richard Endress  
President

## **SHIP Vision**

*Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners.*

# **Illinois State Health Improvement Plan Public Comment and Testimony**

**Illinois State Board of Health**

**May 2007**



All public comment and submitted testimony have been included in this document. The first three sections include the transcripts from all public hearings. The last section presents the unduplicated written testimony submitted to the State Health Improvement Planning Team for review and consideration. Several participants read their written testimony at the public hearing. In such cases, their testimony is included in the transcript, rather than the written testimony section.

August 1, 2006

SHIP Public Comment  
c/o Zoe Zhang  
Illinois Public Health Institute  
100 W. Randolph Street, Suite 6-600  
Chicago, IL 60601

Via email @DPH.SHIP@illinois.gov

To Whom It May Concern:

I am writing on behalf of DuPage Medical Group to commend the Illinois State Board of Health for their work on the State Health Improvement Plan (SHIP). As a multi-specialty group providing health care to 25% of DuPage County residents, we believe it is important to educate all Illinois physicians about the general health status of Illinois residents so that we can undertake focused efforts in our practices and through community service to improve the health of Illinois citizens.

Although many laudable goals are included in the Improvement Plan, we believe that the most important is ensuring that all people have access to health care services. DuPage Medical Group and many other physicians and hospitals in DuPage County provide health care services to the uninsured through Access DuPage. This organization is a public-private partnership that mobilizes health care providers to share in solving the problem of health care access for the uninsured.

I noted that part of the mission of the SHIP team is to answer the question of "what assets do we have that can be used to improve Illinois' health?" I submit that one of the most powerful assets we possess is our dedicated health care community. I believe that partnerships such as Access DuPage could be implemented statewide to improve access to health care services. I urge the SHIP team to explore how organizations such as Access DuPage could be used in this effort.

Please feel free to contact me if you have any questions regarding this matter. I can be reached at 630-942-7962.

Sincerely,

James R. Dan, M.D.  
President

CC: The Honorable Dan Cronin  
The Honorable Kirk W. Dillard  
The Honorable Chris Lauzen  
The Honorable John Millner  
The Honorable Carole Pankau  
The Honorable Peter J. Roskam  
The Honorable Arthur J. Wilhelmi  
The Honorable Patricia R. Bellock  
The Honorable Lee A. Daniels  
The Honorable Joe Dunn  
The Honorable Paul Froehlich  
The Honorable Brent Hassert  
The Honorable Randall M. Hultgren  
The Honorable Roger A. Jenisch  
The Honorable Patricia Reid Lindner  
The Honorable James H. Meyer  
The Honorable Sandra M. Pihos  
The Honorable Harry R. Ramey, Jr.

**PETER J. ROSKAM**

11th DISTRICT, ILLINOIS

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**Congress of the United States**

**House of Representatives**

**Washington, DC 20515-1306**

507 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-4501  
(202) 225-1100 FAX

150 S. BLOOMINGDALE ROAD  
SUITE 200  
BLOOMINGDALE, IL 60108  
(630) 893-9570  
(630) 893-9736 FAX

[www.roskam.house.gov](http://www.roskam.house.gov)

February 2, 2010

The Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Dear Distinguished Board Members,

As Washington debates how best to move forward with reforming our nation's healthcare system, I am pleased to see that Elmhurst Memorial is taking steps to extend affordable, high quality care to residents right here in Illinois. The completion of a new and improved Elmhurst Memorial Addison Health Center will ensure that local families have access to the best medical treatment and services available.

The new Elmhurst Memorial Addison Health Center is an ambitious project that will not only improve the local healthcare delivery system, but will also create jobs. This new facility will directly employ nearly 100 people, and its operations will also help support businesses in the surrounding area.

This project will improve the hospital's radiology and laboratory services, provide for a state-of-the-art Immediate Care Center, and enhance Elmhurst Memorial's ability to conduct community education programs. These offerings will be a valuable service to the constituents I represent.

I am a strong supporter of the Elmhurst Memorial Addison Health Center project and respectfully urge you to speedily approve the necessary Certificate of Need to allow this important effort to move forward. If you have any questions or concerns, please feel free to contact Kevin Kuhlman of my staff at (202) 225-4561.

Very truly yours,

Peter J. Roskam  
MEMBER OF CONGRESS

DISTRICT SERVICE OFFICE:  
313 SOUTH MAIN STREET  
LOMBARD, IL 60148  
630/792-0040  
FAX: 630/792-8620  
E-MAIL: senatorcronin@aof.com



COMMITTEES:  
EDUCATION - MINORITY SPOKESMAN  
JUDICIARY - CIVIL LAW  
PENSIONS & INVESTMENTS

CAPITOL OFFICE:  
309-G CAPITOL BUILDING  
SPRINGFIELD, IL 62706  
217/782-8107  
FAX: 217/782-0069

**DAN CRONIN**  
STATE SENATOR · 21ST DISTRICT

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

To the Members of the Illinois Health Facilities and Services Review Board:

I am writing to express my strong support for Elmhurst Memorial Healthcare's proposed project to construct the Elmhurst Memorial Addison Health Center on Lake Street in Addison, Illinois. This important undertaking will bring much needed new jobs and medical services to DuPage County.

At a time when businesses are shrinking and cutting services, this project builds and expands services. The new facility would replace an existing, dated facility in Addison's town center. With the new facility will come both construction and permanent medical professional jobs. The Health Center will employ 100 people, but many more families will be supported by the salaries paid and money spent in the community.

The people of our community are relying on healthcare institutions to provide medical care for us when and where we need it. The immediate care center will enable families to seek medical care outside traditional doctors' hours. The larger facility will accommodate expanded health education programming which will help educate the community to better manage their health.

I support this project and encourage the Illinois Health Facilities and Services Review Board to approve the requested Certificate of Need. Thank you in advance for your favorable consideration of this request.

Sincerely,

A handwritten signature in black ink that reads "Dan Cronin".

Dan Cronin  
Illinois State Senator, 21st District

CAPITOL OFFICE:

105K CAPITOL BUILDING  
SPRINGFIELD, ILLINOIS 62706  
217/782-9463  
FAX: 217/557-3908



DISTRICT OFFICE:

ONE TIFFANY POINTE, SUITE G  
BLOOMINGDALE, ILLINOIS 60108  
630/582-0390  
FAX: 630/582-0391

**Carole A. Pankau**  
STATE SENATOR • 23<sup>RD</sup> DISTRICT

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

The Elmhurst Memorial Addison Health Center is an exciting project which will improve the quality of life for people in my 23<sup>rd</sup> District. I look forward to working with Elmhurst Memorial Healthcare as this project progresses. It is a welcome addition to our community.

The new Health Center will be located in Addison's town center and very conveniently located on Lake Street. The new façade will be visible from this main thoroughfare and be an upgrade from the current facility. The building will have an attractive prairie style design and replace a 50 year old structure that was built as a movie theater.

The larger size will allow for more medical services. More doctors will call this building their professional home. More families will come through the facility to use the immediate care center. The outpatient services will be convenient for those needing labs or test done following a medical appointment. The local economy will benefit from this increased traffic.

And finally, the jobs created by the construction and the expanded workforce will help to rebuild our local economy. Nearly 100 people will be permanently employed in this building and many more will be hired to construct the facility.

I support this project and encourage the Illinois Health Facilities and Services Review Board to approve the requested Certificate of Need.

Sincerely,

A handwritten signature in cursive script that reads "Carole Pankau".

Carole Pankau  
Illinois State Senator, 23rd District

DISTRICT OFFICE:  
114 W. VALLETTE  
ELMHURST, ILLINOIS 60126  
630-941-1278  
FAX: 630-941-1285  
bobbiggins@comcast.net



COMMITTEES:  
REPUBLICAN SPOKESPERSON:  
APPROPRIATIONS  
GENERAL SERVICES  
REVENUE

SPRINGFIELD OFFICE:  
207-N STRATTON BUILDING  
SPRINGFIELD, ILLINOIS 62706  
217-782-6578  
FAX: 217-782-5257

STATE OF ILLINOIS  
**BOB BIGGINS**  
STATE REPRESENTATIVE • 41st DISTRICT

MEMBER:  
EXECUTIVE  
PUBLIC UTILITIES  
COMPUTER TECHNOLOGY  
TOLLWAY OVERSIGHT

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I am pleased to offer my support for the construction of the Elmhurst Memorial Addison Health Center.

Access to quality healthcare is critical for everyone in this county. The construction of this new facility will provide increased healthcare access to the people of Addison as well as residents of communities throughout DuPage County. The immediate care center will increase the options for people needing affordable, quality medical care during non-traditional hours.

The new Health Center will bring construction jobs as well as skilled medical professional jobs to DuPage County. These are well paying jobs and much of the money paid in salaries goes back into the community to support our local businesses. This economic benefit will help a very wide community and is much needed.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center. I look forward to working with Elmhurst Memorial Healthcare as this project develops.

Sincerely,

A handwritten signature in cursive script that reads "Robert Biggins".

Robert Biggins  
Illinois State Representative, 41st District

81



DISTRICT OFFICE:  
50 EAST OAK STREET  
SUITE 250  
ADDISON, ILLINOIS 60101  
630/530-2730  
FAX: 630/530-2792

SPRINGFIELD OFFICE:  
204-N STRATTON BUILDING  
SPRINGFIELD, ILLINOIS 62706  
217/782-4014  
FAX 217/782-3189

**DENNIS M. REBOLETTI**  
STATE REPRESENTATIVE  
46<sup>TH</sup> DISTRICT

COMMITTEES:  
ENVIRONMENT & ENERGY  
JUDICIARY II CRIMINAL LAW  
MINORITY SPOKESMAN  
JUVENILE JUSTICE REFORM  
MINORITY SPOKESMAN  
PRISON REFORM  
TRANSPORTATION, REGULATION,  
ROADS & BRIDGES  
VEHICLE SAFETY  
VETERANS AFFAIRS

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board:

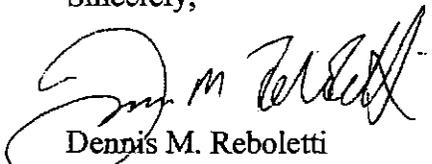
I write to express my support for the Elmhurst Memorial Addison Health Center. I have worked with Elmhurst Memorial Healthcare for many years and am familiar with their quality medical care and commitment to the community.

The new Elmhurst Memorial Addison Health Center will be an attractive prairie style building similar to health centers they have built in south Elmhurst and Lombard. These other facilities have greatly enhanced the community and provide much needed healthcare.

I anticipate that this new project will also enhance the community. The new facility will replace a smaller, dated facility. The expanded services will include additional physician offices, an immediate care center and laboratory services. It will be a convenient place to go for outpatient medical care.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center. I look forward to working with Leo Fronza and the team at Elmhurst Memorial Healthcare on this project.

Sincerely,

  
Dennis M. Reboletti  
Illinois State Representative  
46th District

DMR:eg



## SPEAKER LEE DANIELS

Speaker 1995-1997  
House Republican Leader 1983-2003

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I am writing to express my support of the new Elmhurst Memorial Addison Health Center. This is an important undertaking to bring new jobs, high quality and convenient medical services to Addison.

At a time when businesses are shrinking and cutting services, this project builds and expands services. The new facility would replace an existing, dated facility in Addison's town center. With the new facility will come both construction jobs and permanent medical professional jobs. The Health Center will employ 100 people, but many more families will be supported by the salaries paid and money spent in the community.

The people of our community are relying on healthcare institutions to provide medical care for us when and where we need it. The immediate care center will enable families to seek medical care outside traditional doctors' hours. The larger facility will accommodate expanded health education programming which will help educate our community to better manage their health.

I support this project and encourage the Illinois Health Facilities and Services Review Board to approve the requested Certificate of Need. I look forward to working with Leo Fronza and the team at Elmhurst Memorial Healthcare on this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee Daniels".

Lee Daniels



## COUNTY BOARD

DuPage County

(630) 682-7993

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I am in support of the proposed new Elmhurst Memorial Addison Health Center. This new facility will be a welcome addition to DuPage County and will greatly expand our community's medical options.

The new Health Center will replace an aging office building with limited capacity. The existing facility was built as a movie theater and does not have enough space to meeting the medical needs of the community. The newer, larger facility will better meet these needs.

I look forward to commencement of this project. Many jobs will be created while the center is being built. Once the facility opens, this center will increase the healthcare access in Addison. The additional physician office space, laboratory services and immediate care center will make this building an asset to our community.

I support this project and encourage the Illinois Health Facilities and Services Review Board to approve the requested Certificate of Need.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Fichtner", written in a cursive style.

Paul Fichtner  
DuPage County Board Member, District 1

# CITIZENS FOR DONALD E. PUCHALSKI

1029 Compton Point • Addison, IL 60101 • (630) 543-2320 • deplaw@sbcglobal.net

---

February 4, 2010

Illinois Health Facilities and Review Board  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Review Board,

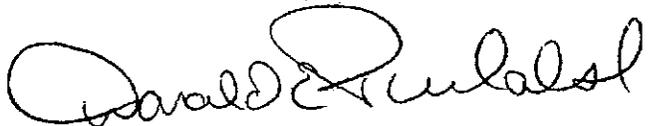
I am on the county board and represent county board District 1 this district includes the Village of Addison and I personally live in Addison as well. The purpose of this letter is to express my support for Elmhurst Memorial Healthcare's proposed project to construct a replacement facility, the Elmhurst Memorial Addison Health Center, on Lake Street in Addison, Illinois.

I know the importance of this healthcare facility in Addison. I am very active in Addison and serve on various intergovernmental committees. Elmhurst Memorial Healthcare has served the community of Addison since the hospital was founded in 1926. The Hospital currently operates the Elmhurst Memorial Addison Health Center in a nearly 50-year-old building which was acquired in 1984 and converted from its use as a movie theatre. Clearly, this site can no longer adequately serve the healthcare needs of the Addison community.

The proposed new site will offer updated, modernized space for physician office suites. In addition, the hospital will have an enhanced ability to provide services needed by the Addison community - radiology, laboratory services, and community education. I understand that Elmhurst Memorial also plans to establish immediate care as a part of this facility. This is a much-needed service in the Addison community and will assure that Addison residents have access to medical care when they need it urgently.

Elmhurst Memorial Healthcare has my full support in the construction of this much needed facility in the community of Addison. I urge the Illinois Health Facilities Planning Board to approve Elmhurst Memorial's Certificate of Need application.

Sincerely,



Donald E. Puchalski

DEP: nam

*Member DuPage County Board - District 1*

# ADDISON TOWNSHIP ASSESSOR'S OFFICE

401 N. Addison Road, Addison, IL 60101-2701  
630/530-8161 • Fax 630/589-0103 • www.addisontownship.com



**CHRISTOPHER T. KAIN, CIAO**  
ADDISON TOWNSHIP ASSESSOR

February 4, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I am writing to express my support for Elmhurst Memorial Healthcare's project to construct a replacement facility, the Elmhurst Memorial Addison Health Center, on Lake Street in Addison, Illinois. The construction of this new facility will provide increased healthcare access to the people of Addison.

Elmhurst Memorial Healthcare has served the community of Addison since the hospital was founded in 1926. The Hospital currently operates the Elmhurst Memorial Addison Health Center in a nearly 50-year-old building which was acquired in 1984 and converted from its use as a movie theatre. Clearly, this site can no longer adequately serve the healthcare needs of the Addison community.

The proposed new site will offer updated, modernized space for physician office suites. In addition, the hospital will have an enhanced ability to provide services needed by the Addison community – radiology, laboratory services, and community education. I understand that Elmhurst Memorial also plans to establish immediate care as a part of this facility. This is a much-needed service in the Addison community and will assure that Addison residents have access to medical care when they need it urgently.

Elmhurst Memorial Healthcare has my full support in the construction of this much-needed facility in the community of Addison. I urge the Illinois Health Facilities Planning Board to approve Elmhurst Memorial's Certificate of Need application.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris T. Kain".

Christopher T. Kain, CIAO  
Addison Township Assessor



# Village of Addison

LARRY HARTWIG  
MAYOR

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I write to express my strong support for Elmhurst Memorial Healthcare and the construction of the Elmhurst Memorial Addison Health Center. Addison residents will truly benefit from this new and improved healthcare facility.

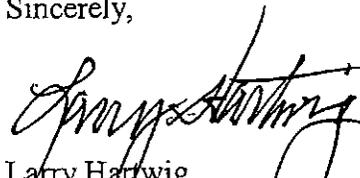
Addison is one of the best kept secrets in DuPage County. Our community is blessed with many resources, but we do not have a hospital within our borders. This new health center will bring the staff and skills of Elmhurst Hospital closer to our residents.

Elmhurst Memorial Healthcare has had a presence in Addison for many years, but their current office building is dated and limited in what it can offer. The existing facility was built as a movie theater and not a place to provide quality medical care. This new center will allow more doctors to practice in Addison and provide outpatient diagnostic services, an Immediate Care Center and community education programming.

Furthermore, the new health center will greatly enhance development currently happening in Addison's Town Center. The Addison Town Center Redevelopment Project is a long-term plan to create a distinctive civic heart for Addison. Much of the commercial, residential and mixed use development envisioned in the plan is in close proximity to the Addison Health Center.

I look forward to working with Elmhurst Memorial Healthcare CEO Leo Fronza and his team throughout the planning process and encourage the Illinois Health Facilities and Services Review Board to approve this project.

Sincerely,



Larry Hartwig  
Mayor, Village of Addison

87



# Village of Addison

February 5, 2010

Illinois Health Facilities Planning Board  
525 W. Jefferson, 2nd Floor  
Springfield, Illinois 62702

Dear Members of the Illinois Health Facilities and Service Review Board,

I am writing in support of Elmhurst Memorial Healthcare's proposal to construct a replacement facility; the Elmhurst Memorial Addison Health Center, on Lake Street in Addison, Illinois.

Elmhurst Memorial has served our community since 1926, and has operated its current facility in Addison since 1984. The facility is currently obsolete, having been rehabilitated from its former use as a movie theater. Space is limited, and it can no longer meet the long term healthcare needs of our community. In my opinion, Addison has, for many years, been underserved when it comes to healthcare facilities, particularly when it comes to laboratory, radiology and immediate care. This project would provide these services, and would represent a huge improvement in meeting the healthcare needs of our diverse community.

I endorse Elmhurst Memorial Healthcare's application for a Certificate of Need, and also I urge the Illinois Health Facilities Planning Board to support it.

Sincerely,  
VILLAGE OF ADDISON

A handwritten signature in black ink, appearing to read "Joseph E. Block", is written over the printed name.

Joseph E. Block  
Village Manager



# Village of Addison

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

The Village of Addison will benefit from Elmhurst Memorial Healthcare and its plans to build a new, expanded Elmhurst Memorial Addison Health Center. I support this project.

Addison will benefit from this project in both the short and long term. The construction of this new facility will bring construction jobs to Addison. Once the facility opens, it will employ nearly 100 people – 60 more than work at the existing facility. In these tough economic times, ambitious community development projects like this facility play a strong role in keeping our community employed.

I encourage the members of the Illinois Health Facilities and Services Review Board to approve the Certificate of Need requested to move forward with this project. I look forward to working with Elmhurst Memorial Healthcare and their team as this project progresses.

Sincerely,

A handwritten signature in black ink, appearing to read "John Berley", written in a cursive style.

John Berley  
Assistant Village Manager & Director of Community Development



# Village of Addison

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I strongly support Elmhurst Memorial Addison Health Center's plans to construct the Elmhurst Memorial Addison Health Center.

This ambitious project to build a new and improved medical office building will bring much needed medical services closer to our residents. The new facility will be a great addition to our Town Center and be easily accessed by the whole community.

The Elmhurst Memorial Health Center will replace a much smaller facility that currently has limited offerings. I am excited to hear of plans to add physician offices and an immediate care center to this site. Many Addison residents receive care from Elmhurst Memorial Healthcare. This new facility will bring their talented staff closer to the Addison people who rely on them for medical care. The facility will also bring new jobs into our community.

I look forward to working with Elmhurst Memorial Healthcare as this project comes to fruition. I encourage the Illinois Health Facilities and Services Review Board to approve the requested Certificate of Need.

Sincerely,

A handwritten signature in cursive script that reads "Lucille Zucchero".

Lucille Zucchero



# Village of Addison

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

The Village of Addison has an exciting project pending which awaits your approval. I support the services to be offered at the Elmhurst Memorial Addison Health Center.

The new Health Center will replace a dated facility with limited services. The new Health Center will greatly increase the medical services offered in Addison. With its larger space, more physicians will work near our town center. One hundred people will be employed near our town center. And countless patients will come through Addison to get medical care.

Addison will significantly benefit from the construction and operation of this Health Center. In these tough economic times, projects like this Health Center are becoming rarer. We welcome this commitment to our community.

I look forward to working with Elmhurst Memorial Healthcare and their team as this project progresses and encourage the members of the Illinois Health Facilities and Services Review Board to approve the requested Certificate of Need.

Sincerely,

Tom Hundley  
Trustee, Village of Addison



# Village of Addison

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I write to express my support for the Elmhurst Memorial Addison Health Center.

This project will entail the construction of a 50,000-square-foot Prairie-style building to replace a smaller, dated office building very prominently located on Lake Street. The new Health Center will visually improve our community. But, more importantly, it will greatly expand medical services.

The larger space will accommodate more medical services and provide space for much needed community health education programming. The immediate care center will be a great resource to families in need of quality medical care with a convenient schedule.

In the midst of an economic downturn, projects such as this generate great excitement. Employment will be created through the construction of the facility and 100 jobs will be available when the new center opens. These employees will bring many new faces into our community and into our stores and restaurants. We welcome this project and we welcome those who will frequent the facility.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need so this project may proceed.

Sincerely,

Sylvia Layne  
Trustee, Village of Addison

92



# Village of Addison

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I support plans for the new, expanded Elmhurst Memorial Addison Health Center.

This new facility will expand medical services in Addison. Our town does not have a hospital in our borders, but we are thrilled that many more physicians will make Addison their professional home. This new facility will attract new doctors as well as bring their patients into our community. The immediate care center will make seeking medical care more convenient for many families. The health education programming will make our community wiser about critical health care issues. The larger, more functional new building will also include radiology and expanded laboratory services:

The Health Center will nicely compliment our Town Center Development Plan. The Town Center Redevelopment Project is a long-term plan to create a distinctive civic heart for Addison. The new, expanded Elmhurst Memorial Addison Health Center will be a strong addition to this development.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center.

Sincerely,

William Lynch  
Trustee, Village of Addison



# Village of Addison

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

The Village of Addison will benefit from the new, expanded Elmhurst Memorial Addison Health Center. I support this project and encourage your board to favorably review the project.

Addison welcomes the addition of this new facility to our Town Center. The facility will bring new jobs, new doctors and new patients to the heart of our community. Currently a small health center exists, the replacement facility will be built just adjacent to the old building and will greatly enhance the services offered.

At a time when our County is focused on healthcare, this is a project that will truly help the health and welfare of our community. The project will bring Elmhurst Memorial Healthcare's quality staff and services to our community. The larger facility will enable more local health programming to occur, and the immediate care center will provide quality care outside the traditional doctor's office structure.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center.

Sincerely,

A handwritten signature in cursive script that reads "Joe McDermott".

Joe McDermott  
Trustee, Village of Addison



# Village of Addison

COMMUNITY DEVELOPMENT DEPARTMENT

BUILDING • CODE ENFORCEMENT • ENGINEERING • ZONING

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center. I support this project that will improve the health of the community of Addison.

My family has lived in Addison since 1959. I have served as Trustee on the Village of Addison Board and currently serve as chairwoman of the Addison Zoning Board of Appeals as well as being a volunteer at Elmhurst Hospital and serving on the Board of Governors.

The new health center will replace an outdated office building. The larger space will facilitate more medical services to be offered. And the new building will encourage skilled doctors to make Addison their professional home. The additional space will allow for much needed community health education programming. The addition of an immediate care center will further enhance this facility and make it a true asset to our community.

Access to healthcare is a vital part of a healthy community. This is a much-needed service in the Addison community and will assure that Addison residents have access to medical care when it is needed urgently.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for this much-needed project to bring better healthcare access to Addison residents.

Sincerely,

Janet M. Mueller  
Chairwoman  
Addison Zoning Board of Appeals



# ADDISON FIRE PROTECTION DISTRICT #1

10 S. Addison Rd, Addison, Illinois 60101-3870  
Business Phone: (630)628-3100 • Fax: (630)543-9742

## BOARD OF TRUSTEES

Anthony J. LaRocca

President

Michael J. Super

Treasurer

Charles Baxa, Jr.

Secretary

February 5, 2010

ADMINISTRATION  
Donald E. Markowski  
Fire Chief

James F. Burke  
Deputy Chief

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

This letter will serve as my support for the construction of the Elmhurst Memorial Addison Health Center. As Fire Chief, I truly support projects that will improve the health of our community. I welcome Elmhurst Memorial Healthcare and this project into our community.

The new health center will replace an outdated office building. The larger space will facilitate more medical services to be offered. And the new building will encourage skilled doctors to make Addison their professional home. The additional space will allow for much needed community health education programming. The addition of an immediate care center will further enhance this facility and make it a true asset to our community.

Access to healthcare is a vital part of public safety. The Addison Police Department is committed to working in partnership with the community to solve problems affecting the quality of life. This new facility will help us to help the community.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for this much needed project to bring better healthcare access to Addison residents.

Sincerely,

Donald Markowski  
Fire Chief, Addison Fire Protection District



# Addison Police DEPARTMENT



February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

Please accept this letter as a show of my support for the construction of the Elmhurst Memorial Addison Health Center. As Chief of Police, I truly support projects that will improve the health of our community. I welcome Elmhurst Memorial Healthcare and this project into our community.

The new health center will replace an outdated office building. The larger space will facilitate more medical services to be offered. And the new building will encourage skilled doctors to make Addison their professional home. The additional space will allow for much needed community health education programming. The addition of an immediate care center will further enhance this facility and make it a true asset to our community.

Access to healthcare is a vital part of public safety. The Addison Police Department is committed to working in partnership with the community to solve problems affecting the quality of life. This new facility will help us to help the community.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for this much needed project to bring better healthcare access to Addison residents.

Sincerely,

Tim Hayden  
Chief of Police, Village of Addison

3 Friendship Plaza  
Tel. (630) 543-3080

Addison, Illinois 60101-2774

www.AddisonAdvantage.org  
Fax (630) 543-1069



97



**ADDISON POLICE DEPARTMENT**

199 Michael Lane

Addison, Illinois 60101

630-628-2680 phone 630-628-1124 fax

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

On behalf of the many Addison families I work with daily, I write to support the new, expanded Elmhurst Memorial Addison Health Center. The Henry Hyde Resource Center works with Addison families who struggle daily to find the time to get needed medical care. This new facility will provide medical care that is of high quality and convenient.

The proposed project calls for a larger, more function medical office building to replace a smaller, dated building. The new facility will be a true resource for the people of Addison and the families from the Henry Hyde Resource Center. The new facility will make it more convenient to visit the doctor with both professional offices and laboratory services in the same building. The immediate care center will facilitate working families getting medical care during non traditional hours. This convenience is imperative for working parents.

I look forward to learning more about this project and sharing news of its grand opening with our Addison families. I encourage you to approve the Certificate of Need so that this project may proceed.

Sincerely,

Kiki DeLuna

Director, Henry Hyde Resource Center



**ADDISON POLICE DEPARTMENT**  
199 Michael Lane  
Addison, Illinois 60101  
630-628-2680 phone 630-628-1124 fax

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to support the new, expanded Elmhurst Memorial Addison Health Center. I work at the Henry Hyde Resource Center and am a resident of Addison. The Henry Hyde Resource Center works with Addison families who struggle daily to find transportation to get to needed medical care. This new facility will provide medical care that is of high quality and conveniently located.

The proposed project calls for a larger, more function medical office building to replace a smaller, dated building. The new facility will be a true resource for the people of Addison and the families from the Henry Hyde Resource Center. The new facility will make it possible to visit the doctor with both professional offices and laboratory services in the same building. Many families in this area do not have a car or are a one car family. The immediate care center will facilitate working families getting medical care during non traditional hours. This is very important because many of our families would loose their jobs or be displaced because they can not miss work.

I look forward to learning more about this project and sharing news of its grand opening with our Addison families. I encourage you to approve the Certificate of Need so that this project may proceed.

Sincerely,

Angie Vega  
Senior Site Coordinator, Henry Hyde Resource Center



**ADDISON POLICE DEPARTMENT**

199 Michael Lane

Addison, Illinois 60101

630-628-2680 phone 630-628-1124 fax

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

On behalf of the many Addison families I work with daily, I write to support the new, expanded Elmhurst Memorial Addison Health Center. My job is to work with the Adult Educational Programs at the Center.

The proposed project calls for a larger, more function medical office building to replace a smaller, dated building. The new facility will be a true resource for the people of Addison and the families from the Henry Hyde Resource Center. When I speak to the adults they tell me how hard it is for them to find transportation and a health center that has laboratory services that is open late so they do not have to miss work. Many of the families have one car or none at all. They have to walk everywhere they go or rely on getting rides from other people. The Elmhurst Memorial Addison Health Center will be within walking distance of the families we service at the Center. The immediate care center will be perfect because of the expanded hours. This service is important for everyone in this area.

I look forward to hearing more about this project and sharing news of its opening with our families. I encourage you to approve the Certificate of Need so that this project may proceed.

Sincerely,

Irma Ruiz  
Evening and Weekend Coordinator  
Henry Hyde Resource Center



February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

The Village of Addison will benefit from Elmhurst Memorial Healthcare and its plans to build a new, expanded Elmhurst Memorial Addison Health Center. As the Executive Director of the Addison Park District, I support this project.

The construction of this new facility will bring construction jobs to Addison. Once the facility opens, it will employ nearly 100 people – 60 more than work at the existing facility. It will be conveniently located in the town center on Lake Street.

I encourage the members of the Illinois Health Facilities and Services Review Board to approve the Certificate of Need requested to move forward with this project. I look forward to working with Elmhurst Memorial Healthcare as this project progresses.

Sincerely,

Mark McKinnon  
Executive Director  
Addison Park District



February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I support the plans for the new Elmhurst Memorial Addison Health Center. It is an exciting project that will improve access to quality healthcare in Addison and the nearby communities.

This larger, more functional new building will replace an existing 50 year-old building with limited space. The replacement building will be designed as a central point in Addison's town center. The prairie style building will look and function similar to Elmhurst Memorial's other facilities in Lombard and south Elmhurst.

With the new building will come more doctors who will make Addison their professional home. An immediate care center will be added to provide medical services on a more flexible schedule. Patients seeing doctors at the center will benefit from the convenience of having expanded lab services on site.

This is a very worthwhile project and will benefit our community. I encourage the Illinois Health Facilities and Services Review Board to approve the requested Certificate of Need.

Sincerely,

Donald R. Jessen  
President  
Addison Park District Board of Commissioners



February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I support the Elmhurst Memorial Addison Health Center. This project will expand medical services in Addison. Access to quality healthcare is important for the Addison Community, in particular, for the Senior Citizens.

The new Elmhurst Memorial Addison Health Center will replace an existing facility with the same name. However, the current facility was built 50 years ago as a movie theater. The new building will be larger and better equipped to meet 21<sup>st</sup> century medical needs.

The new building will allow for more medical services and more doctors. More families will use this facility that will be convenient for those needing lab work or tests following a medical appointment. The immediate care will provide options for those needing medical care without a doctor's appointment.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center.

Sincerely,

Gerri Estvanik  
Community Relations, Addison Park District



# CITY OF ELMHURST

209 NORTH YORK STREET  
ELMHURST, ILLINOIS 60126-2759  
(630) 530-3000  
www.elmhurst.org

PETER "PETE" DICIANNI  
MAYOR  
PATTY SPENCER  
CITY CLERK  
DAVID DYER  
CITY TREASURER  
THOMAS P. BORCHERT  
CITY MANAGER

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board:

I am writing to express my support for Elmhurst Memorial Healthcare and the construction of the Elmhurst Memorial Addison Health Center. Addison residents and businesses will truly benefit from this new and improved healthcare facility.

My business is located in Addison and I look forward to the new facility and the quality medical care that will be provided. The Immediate Care Center will be convenient for urgent medical needs.

Elmhurst Memorial Healthcare has served the community of Addison since the hospital was founded in 1926. The Hospital currently operates the Elmhurst Memorial Addison Health Center in a nearly 50 year old building, which was acquired in 1984 and was converted from its use as a movie theater. This site can no longer adequately serve the healthcare needs of the Addison community.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center.

Sincerely,

  
Peter P. Dicianni III  
Mayor, City of Elmhurst

/s



# Lutheran Child and Family Services of Illinois

Corporate Office: 7620 Madison Street | River Forest, IL 60305  
Telephone: 708-771-7180 | Fax: 708-771-7184 | www.lcfs.org

February 5, 2010

**Gene L. Svebakken, ACSW**  
President & CEO

**BOARD OF TRUSTEES**  
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Decatur

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board:

I support plans for the new, expanded Elmhurst Memorial Addison Health Center. This new facility will greatly expand the community's medical options.

The Hospital currently operates the Elmhurst Memorial Addison Health Center in a nearly 50-year-old building, which was acquired in 1984 and converted from its use as a movie theatre. Clearly this site can no longer adequately serve the healthcare needs of the Addison community.

The new site will offer updated, modernized space for physician office suites, in addition to radiology, laboratory services, community education, and immediate care. It will be an asset to the community.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center.

Sincerely,

Gene Svebakken, ASCW  
President & CEO  
Lutheran Child and Family Services of Illinois

File: GLS/lag 2-2-10/AddisonLtr

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DUPAGE HIGH SCHOOL

DISTRICT 88 ADDISON TRAIL  
WILLOWBROOK

*Building Futures*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I am writing to express the support of DuPage High School District 88 for Elmhurst Memorial Healthcare's project to replace the current Elmhurst Memorial Addison Health Center on Lake Street in Addison.

Access to quality healthcare is critical for everyone in the community. The construction of this new facility will provide increased healthcare access to the people of Addison as well as the residents of nearby communities. The immediate care center will increase the options for people needing quality medical care during non-traditional hours.

The new Health Center will offer updated, modernized space for physician office suites. In addition, the hospital will have an enhanced ability to provide services needed by the Addison community – radiology, laboratory services and community education.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center.

Sincerely,



Steve K. Humphrey, Ed.D.  
Superintendent of Schools  
DuPage High School District 88

JOHN R. LANGTON, Superintendent

Administration Center  
222 N. Kennedy Drive  
Addison, IL 60101  
(630) 458-2500  
Fax (630) 628-8829



Addison 4  
School District

ADDISON | ILLINOIS | SINCE 1842

February 5, 2010

Ardmore School  
644 S. Ardmore  
Addison, IL 60101  
60101-4802  
(630) 458-2900  
Fax (630) 833-3572

Army Trail School  
346 Army Trail Blvd  
Addison, IL 60101  
(630) 458-2502  
Fax (630) 628-2516

Fullerton School  
400 S. Michigan  
Addison, IL 60101  
(630) 458-2950  
Fax (630) 833-3949

Indian Trail Jr. High  
222 Kennedy Dr.  
Addison, IL 60101  
(630) 458-2600  
Fax (630) 628-2841

Lake Park School  
330 W. Lake Park Dr.  
Addison, IL 60101  
(630) 458-3010  
Fax (630) 628-2526

Lincoln School  
720 N. Lincoln  
Addison, IL 60101  
(630) 458-3040  
Fax (630) 628-2524

Stone School  
1404 W. Stone  
Addison, IL 60101  
(630) 628-4020  
Fax (630) 628-2546

Wesley School  
1111 W. Westwood Tr.  
Addison, IL  
60101-2197  
(630) 628-4060

Illinois Health Facilities Services Review Board  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Members of the Illinois Health Facilities and Services Review Board:

Addison School District 4 supports Elmhurst Memorial Healthcare's proposed project to construct a replacement facility, the Elmhurst Memorial Addison Health Center, on Lake Street in Addison, Illinois.

We understand that the existing building is nearly fifty years old, which was acquired in 1984 and converted from its use as a movie theatre. We believe this site can no longer adequately serve the healthcare needs of the Addison community.

We have been informed that the new site will offer updated, modernized space for physician office suites. In addition, the hospital will have an enhanced ability to provide services needed by the Addison community – radiology, laboratory services, and community education. We understand that Elmhurst Memorial also plans to establish immediate care as a part of this facility. This is a much-needed service in the Addison community and will assure that Addison residents have access to medical care when they need it urgently.

Elmhurst Memorial Healthcare has our full support in the construction of this much needed facility in the community of Addison. We urge the Illinois Health Facilities Planning Board to approve Elmhurst Memorial's Certificate of Need application.

Sincerely,

David Williams  
President, Board of Education  
Addison School District 4

DW/mh

The Addison School District 4 community...

- Provides a safe and nurturing learning environment
- Empowers all students to excel in the classrooms and beyond; and
- Embraces individual differences.



February 4, 2010

Illinois Health Facilities Planning Board  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board:

I am writing to express my support for Elmhurst Memorial Healthcare's project to construct a replacement facility, the Elmhurst Memorial Addison Health Care Center, on Lake Street in Addison.

Elmhurst Memorial Healthcare has served our community since the hospital was founded in 1926. Their current Addison Health Center operates out of a nearly 50-year old building which was acquired in 1984 and converted from its use as a movie theater. Although it's convenient location and excellent services are a huge benefit for our staff and patrons, the facility is truly no longer adequate in serving our community's healthcare needs.

The proposed new site will offer updated, modern space for physician office suites. The hospital will also have an enhanced ability to provide services such as radiology, laboratory services and community education. Perhaps the most exciting and crucial aspect of this project for me is the plan to establish immediate care as a part of this facility. This is a much-needed service in the Addison community and will assure that our residents have access to medical care when it's needed most urgently.

Elmhurst Memorial Healthcare has my full support in the construction of this much needed facility for the village of Addison. I urge the Illinois Health Facilities Planning Board to approve Elmhurst Memorial's Certificate of Need application.

Sincerely,

Mary Medjo Me Zengue  
Library Director



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4 Friendship Plaza • Addison, IL 60101-2499

p: 630-543-3617 • f: 630-543-6645 • [www.addisonlibrary.org](http://www.addisonlibrary.org)

50 YEARS of WORKING TOGETHER  
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*Offices:*

*Elmhurst Main*  
172 Schiller Street  
Elmhurst, IL 60126  
(630) 834-1120

*Center for Health*  
1200 S. York Road  
Suite 2000  
Elmhurst, IL 60126  
(630) 834-1120

*Bloomingtondale*  
471 W. Army Trail Road  
Bloomingtondale, IL 60108  
(630) 671-8020

*Wood Dale*  
236C E. Irving Park Road  
Wood Dale, IL 60191  
(630) 860-1622

*Lombard Health Center*  
130 S. Main Street  
Lombard, IL 60148  
(630) 652-4200

*Oak Park*  
6645 W. North Avenue  
Oak Park, IL 60302  
(708) 524-1420

*Addison Health Center*  
303 W. Lake Street  
Addison, IL 60101  
(630) 832-0000

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

Dear Members of the Illinois Health Facilities and Services Review Board:

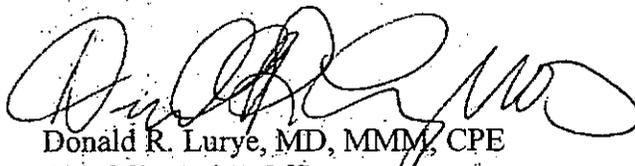
Elmhurst Memorial Healthcare (EMHC) proposes to undertake an enhancement to its ability to serve the Addison community.

EMHC has been a presence in Addison since 1926. The current EMHC Addison Health Center is in a half century old building converted in 1984 to medical use. It had previously been a movie theatre. This aging, inadequate facility no longer allows EMHC to provide the people of Addison with the care they deserve.

The new site will feature up to date, modern physician office suites, including the capacity to operate a fully electronic medical record. EMHC will also provide Addison with needed services in radiology, laboratory medicine and community education. I have further been informed that EMHC will place an Immediate Care center in the new Addison facility. This service will improve access to urgent health care for Addison residents.

I fully support EMHC's proposal to build a replacement Addison Health Center on Lake Street adjacent to the current location. I ask that the Illinois Health Facilities and Services Review Board approve EMHC's Certificate of Need application.

Sincerely,

  
Donald R. Lurye, MD, MMM, CPE  
Chief Executive Officer



ELMHURST CLINIC

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you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

Elmhurst Memorial Healthcare (EMHC) has been a presence in Addison since 1926. The current Addison MOB is in a half century old building that was converted in 1984 for medical use. It had previously been a movie theatre. This aging, inadequate facility no longer allows EMHC to provide the people of Addison with the care that they deserve.

The proposed new site will feature up to date, modern physician office suites and will incorporate the capacity to operate a full electronic medical record. EMHC will also provide Addison residents with needed services including general radiography, CT scanning, ultrasound, mammography, MRI scanning, laboratory medicine and community education. In addition, I am also pleased that Elmhurst Memorial Hospital will place an Immediate Care Center in the new Elmhurst Memorial Addison Health Center. This service will improve access to urgent care for the residents of Addison as well as the surrounding communities. It will also supplement physician office hours during the evening and on week-ends.

These additional services will allow the physicians of the Elmhurst Clinic to deliver efficient and effective healthcare in one convenient setting to the people of Addison.

Sincerely,

Donald R. Lurye, MD, MMH  
Chief Executive Officer  
Elmhurst Clinic, LLC

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YOUR PARTNERS IN HEALTHCARE

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

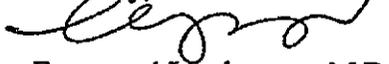
I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center. This building will replace the existing Addison MOB that is located on Lake Street in Addison, Illinois.

I am an Internal Medicine physician who is part of Elmhurst Memorial Primary Care Associates (EMPCA). EMPCA is a medical practice that currently has an office in the existing Addison MOB and will have an office in the new Elmhurst Memorial Addison Health Center.

The current outdated facility, which we currently occupy, does not offer any of the modern amenities that are being contemplated for the new building. I am very excited about these new services (imaging, laboratory services and community education) and the benefits that these services will bring to the patient population that is served by my practice and the other health care providers that occupy the existing Addison MOB. Currently, any patient that is referred for follow up testing needs to be referred out of the building. This inconvenience often times leads to delays in the completion of test(s) that are ordered. The added convenience of offering these tests within the building should eliminate many of these delays and as a result will improve the quality of care that is delivered.

I am very excited about having the opportunity to have an office in a more contemporary medical facility and fully support the construction of the Elmhurst Memorial Addison Health Center.

Sincerely,



Emmanuel Linchangco, M.D.  
Elmhurst Memorial Primary Care Associates



ELMHURST CLINIC

*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center.

I am a Family Medicine Physician who is part of the Elmhurst Clinic, a practice that will have offices at the Elmhurst Memorial Addison Health Center.

The new MOB will replace the outdated building in which we are currently practicing. The larger building will facilitate additional medical services to be offered. My colleagues and I are looking forward to having the opportunity to occupy space within a building that will offer such a broad range of ancillary services. The availability of these services, which include general radiography, CT scanning, ultrasound, mammography, MRI scanning and phlebotomy, will make it possible for me to refer my patients for follow-up care within their own community. The convenience of having many of these services located within the building will also enable patients to complete their follow up, often times as soon as they leave my office.

I am also pleased that Elmhurst Memorial Hospital will place an Immediate Care Center in the new Addison Health Center. This service will improve access to urgent care for the residents Addison as well as the surrounding communities. In addition, it will supplement physician office hours during the evening and on week-ends.

Sincerely,

Carlos M. Cespedes, D.O.  
Department of Family Medicine  
Elmhurst Clinic



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you and your family.*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

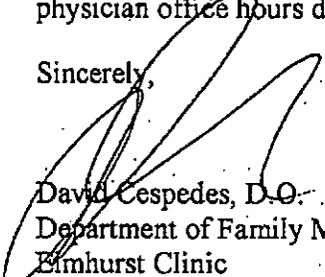
I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center.

I am a Family Medicine Physician who is part of the Elmhurst Clinic, a practice that will have offices at the Elmhurst Memorial Addison Health Center.

I currently practice out of a similar facility in Lombard. This facility offers the full complement of imaging, laboratory and education services that are planned for the Elmhurst Memorial Addison Health Center. I can tell you without hesitation that this model not only improves patient satisfaction based upon the conveniences of having so many services under one roof but also, in my opinion, improves the quality of care because of the efficient, effective and at times immediate way that care can be delivered. Having the wide array of services available within the building decreases the amount of time that elapses between when a test is ordered and when it is completed as many services can be completed as soon as my patients leave the office.

I am also pleased that Elmhurst Memorial Hospital will place an Immediate Care Center in the new Addison Health Center. This service will improve access to urgent care for the residents Addison as well as the surrounding communities. In addition, it will supplement physician office hours during the evening and on week-ends.

Sincerely,



David Cespedes, D.O.  
Department of Family Medicine  
Elmhurst Clinic

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ELMHURST CLINIC

*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center. This building will replace the existing Addison MOB that is located on Lake Street in Addison, Illinois.

As an obstetrics/gynecology physician who will be practicing at the Elmhurst Memorial Addison Health Center it will be a great convenience for my patients to have radiology and laboratory services located within the building. My colleagues and I feel that our patient satisfaction will improve by being able to offer them the convenience of scheduling an office visit and diagnostic testing at one location. This "one stop shop" approach to patient care has been successful at the other location that I am currently practicing at (The Elmhurst Memorial Center for Health) and is what our patient population has come to expect.

Having evidence that this model of care has proven to be successful for me and my colleagues elsewhere, I fully support the construction of the Elmhurst Memorial Addison Health Center.

Sincerely,

Nirali Ghia, M.D.  
Department of Obstetrics/Gynecology  
Elmhurst Clinic



*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the Elmhurst Memorial Addison Health Center, on Lake Street in Addison.

As a pediatrician who will be practicing in the building, it will be a great convenience for my patients to have an immediate care center located within the building. When an urgent matter comes up and my office is closed, it reassures me that my patients will be taken care of with board certified emergency trained physicians and excellent nursing and support staff. My colleagues and I feel that this is a much needed service in the Addison community.

I am also very excited about having the additional ancillary services available in the building. I currently practice out of our Wood Dale office, which isn't large enough for us to offer the expanded services that will be available at the new facility. Knowing that I can send my patients for tests in the building and have the ability to follow up immediately will be a great convenience for me and my patients.

Elmhurst Memorial Healthcare has my full support in the construction of this much needed replacement facility.

Sincerely,

Michael Hoffman, M.D.  
Department of Pediatrics  
Elmhurst Clinic



*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center.

I am a Family Medicine Physician who is part of the Elmhurst Clinic. The Elmhurst Clinic currently has an office in the existing Addison MOB as well as an office approximately 3 miles away in a neighboring town, Wood Dale. The Elmhurst Clinic plans to consolidate both of these practices within a larger space in the new Elmhurst Memorial Addison Health Center.

The main reason for the consolidation of these practices revolves around the ability to offer a wider array of services to our patient population in a modern, contemporary medical office setting. These additional ancillary services, that are not currently available in our existing locations, include x-ray, CT scanning, ultrasound, mammography, MRI scanning and laboratory services. The presence of these diagnostic services will increase our ability to care for our patients without having to duplicate costly equipment in multiple locations. In addition, the added convenience of having these services located within the building where we are practicing should improve patient satisfaction.

Sincerely,

Vineet Singla, D.O.  
Department of Family Medicine  
Elmhurst Clinic

YOUR PARTNERS IN HEALTHCARE

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center. This building will replace the existing Addison MOB that is located on Lake Street in Addison, Illinois.

I am an Internal Medicine physician who is part of Elmhurst Memorial Primary Care Associates (EMPCA). EMPCA is a medical practice that currently has an office in the existing Addison MOB and will have an office in the new Elmhurst Memorial Addison Health Center.

The current outdated facility, which we currently occupy, does not offer any of the modern amenities that are being contemplated for the new building. I am very excited about these new services (imaging, laboratory services and community education) and the benefits that these services will bring to the patient population that is served by my practice and the other health care providers that occupy the existing Addison MOB. Currently, any patient that is referred for follow up testing needs to be referred out of the building. This inconvenience often times leads to delays in the completion of test(s) that are ordered. The added convenience of offering these tests within the building should eliminate many of these delays and as a result will improve the quality of care that is delivered.

I am very excited about having the opportunity to have an office in a more contemporary medical facility and fully support the construction of the Elmhurst Memorial Addison Health Center.

Sincerely,



Emmanuel Linchangco, M.D.  
Elmhurst Memorial Primary Care Associates

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the Elmhurst Memorial Addison Health Center.

I am the Chief Medical Officer of Primary Care Associates, a practice that currently has an office located within the facility that will be replaced and will have an office at the new Elmhurst Memorial Addison Health Center.

I have practiced for over ten years in the current facility and I know that I speak for myself and my colleagues in stating that we are very excited about the opportunity to practice within what will be a new state of the art medical facility. This new site will offer updated, modernized space for physician office suites. In addition, the hospital will have an enhanced ability to provide services that are needed within the Addison community. These services, which are not currently available within the existing Addison MOB, include x-ray, CT scanning, ultrasound, mammography, MRI scanning, laboratory services and community education. The availability of these additional services will allow for the majority of out-patient testing to be completed within the building in which I will be practicing. This has many benefits to me and my colleagues. The biggest of which are efficiency and convenience driven.

It is my understanding that Elmhurst Memorial also has plans to establish immediate care as part of this facility. This is a much needed service and will assure that Addison residents have access to medical care when they urgently need it.

Elmhurst Memorial has my full support in the construction of this much-needed replacement facility in the community of Addison.

Sincerely,



C. Thomas Webb, M.D.  
Chief Medical Officer  
Primary Care Associates

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

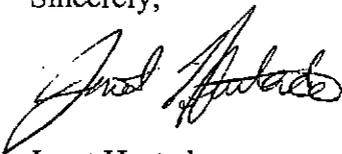
Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to support the new, expanded Elmhurst Memorial Addison Health Center. I live in Addison with my family.

It is very difficult for people to access good health care in the area. Due to work or transportation, they are unable to make it to other locations. This new updated center is very important and critical to the community and my family.

I am excited to hear more about this project and sharing news of its grand opening with other Addison families. I encourage you to approve the Certificate of Need so that this project may proceed.

Sincerely,



Janet Hurtado  
2110 Silverleaf Lane  
Addison, Illinois 60101

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

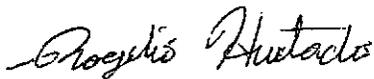
Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to support the new, expanded Elmhurst Memorial Addison Health Center. I am a resident of Addison and feel there is a great need for the new Health Center.

I know of many families that cannot get to the other locations for service. They do not have a car to get to the services they need.

I am excited to hear more about this project and sharing news of its grand opening with other Addison families. I encourage you to approve the Certificate of Need so that this project may proceed.

Sincerely,



Rogelio Hurtado  
542 West Park Place  
Addison, Illinois 60101

*Joe Bonfanti*

110 East Schiller Street Suite 222 Elmhurst Illinois 60126.2822  
630.279.6120 joe@allegro-architects.com  
mobile: 630.212.2020 fax: 630.563.1263

*Allegro Architects*

February 5, 2010

Illinois Health Facilities and Service Board Review  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

I support plans for the new, expanded Elmhurst Memorial Addison Health Care Center, on Lake Street in Addison, Illinois.

Access to quality healthcare is critical for everyone in this community. The construction of this new facility will provide increased healthcare access to the people of Addison as well as residents of communities throughout DuPage County. The immediate care center will increase the options for people needing affordable, quality medical care during non- traditional hours.

As the Chairman of the Addison Plan Commission and a member of the Town Center Task Force Committee, I would welcome you as on of the first benchmark projects in our Town Center master plan and wish to express my support for this project.

The new Health Center will bring construction jobs as well as skilled medical professional jobs to DuPage County. These are well paying jobs and much of the money paid in salaries goes back into the community to support our local businesses. This economic benefit will help a very wide community base and is much needed.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Care Center.

Sincerely,



Joseph Bonfanti  
Principal



February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Illinois Health Facilities and Services Review Board,

On behalf of the Elmhurst Memorial Hospital Board of Trustees, I write to express support for the new, expanded Elmhurst Memorial Addison Health Center.

This new, Prairie-style, 50,000-square-foot facility will replace an outdated building and greatly expand our ability to provide quality medical care to the community in and around Addison. It will be an attractive building resembling our health centers in Lombard and south Elmhurst. Our track record with these existing facilities is to design a functional building which is a net positive community addition. We are committed to working with the local community.

The facility is just outside Addison's Town Center Development, but will greatly enhance that plan. The new, larger Elmhurst Memorial Addison Health Center will bring more doctors to Addison. The building will be very convenient for outpatient services with offices, a lab and immediate care center under one roof. There will be an economic benefit to the community from the jobs this project creates - both construction and medical professional.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for the Elmhurst Memorial Addison Health Center.

Sincerely,

Joel Herter  
Chairman, Elmhurst Memorial Hospital Board of Trustees



777 Army Trail Road, Suite D  
Addison, Illinois 60101  
Phone: 630-543-4300  
Fax: 630-543-4355

Website: [www.addisonchamber.org](http://www.addisonchamber.org)  
E-mail: [addisonchamber@sbcglobal.net](mailto:addisonchamber@sbcglobal.net)

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

Please accept this letter as a show of my support for the construction of the Elmhurst Memorial Addison Health Center. As President of the Addison Chamber, I truly support projects that will improve the health of our community. I welcome Elmhurst Memorial Healthcare and this project into our community.

The new health center will replace an outdated office building. The larger space will facilitate more medical services to be offered. And the new building will encourage skilled doctors to make Addison their professional home. The additional space will allow for much needed community health education programming. The addition of an immediate care center will further enhance this facility and make it a true asset to our community.

Access to healthcare is a vital part of a healthy community. The Addison Chamber of Commerce is committed to working with the community to provide quality healthcare.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for this much needed project to bring better healthcare access to Addison residents.

Sincerely,

A handwritten signature in black ink, reading 'Bernadette LaRocca'. The signature is fluid and cursive, with the first name 'Bernadette' being more prominent and the last name 'LaRocca' following in a similar style.

Bernadette LaRocca  
Executive Director



777 Army Trail Road, Suite D  
Addison, Illinois 60101  
Phone: 630-543-4300  
Fax: 630-543-4355

Website: [www.addisonchamber.org](http://www.addisonchamber.org)  
E-mail: [addisonchamber@sbcglobal.net](mailto:addisonchamber@sbcglobal.net)

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

Please accept this letter as a show of our support for the construction of the Elmhurst Memorial Addison Health Center. As President of the Addison Chamber of Commerce & Industry, I truly support projects that will improve the health of our community. I welcome Elmhurst Memorial Healthcare and this project into our community.

The new health center will replace an outdated office building. The larger space will facilitate more medical services to be offered. And the new building will encourage skilled doctors to make Addison their professional home. The additional space will allow for much needed community health education programming. The addition of an immediate care center will further enhance this facility and make it a true asset to our community.

Access to healthcare is a vital part of a healthy community. The Addison Chamber of Commerce & Industry is committed to working with the community to provide quality healthcare.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for this much needed project to bring better healthcare access to Addison residents.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Humes III', written over a horizontal line.

John Humes III  
President

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

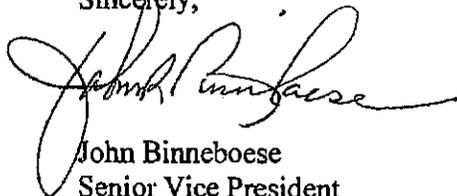
I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center. I support this project that will improve the health of the community of Addison because our Bank will utilize the facility for various services for our staff.

The new health center will replace an outdated office building. The larger space will facilitate more medical services to be offered. And the new building will encourage skilled doctors to make Addison their professional home. The additional space will allow for much needed community health education programming. The addition of an immediate care center will further enhance this facility and make it a true asset to our community.

Access to healthcare is a vital part of a healthy community. This is a much-needed service in the Addison community and will assure that Addison residents, as well as those of neighboring towns like Itasca, have access to medical care when it is needed urgently.

I encourage the Illinois Health Facilities and Services Review Board to approve the Certificate of Need for this much needed project to bring better healthcare access to Addison residents.

Sincerely,



John Binneboese  
Senior Vice President  
Itasca Bank & Trust Co.

III.  
Criterion 1110.230 - Alternatives

1. The following alternatives to the proposed project were considered and found to be infeasible for the following reasons.
  - a. Remodel the existing Addison MOB without expansion.
  - b. Construct an addition to the existing Addison MOB without remodeling the existing building
  - c. Purchase land on a different site for the project proposed in this application, which is replacement and expansion of the existing Addison MOB and the physicians' offices leased in Wood Dale.
  - d. Construct the project as proposed, but with Elmhurst Memorial Healthcare as its owner and operator.

2. Each of these alternatives was found to be infeasible for the following reasons.

- a. Remodel the existing Addison MOB Without Expansion

Capital Costs: \$4,400,000

Remodeling the existing Addison MOB without expansion is infeasible for the following reasons.

- 1) The existing Addison Medical Office Building (MOB) has serious deficiencies that cannot be corrected by remodeling, but require replacement of the building.
  - a) This building was designed as a movie theater and was not constructed for use as physicians' offices or as a health care facility.
  - b) The building has a very low level of building efficiency since only 69% of its gross square footage is usable.
- 2) Remodeling the existing Addison MOB would require major upgrades if the building were to continue in operation.
- 3) Any significant remodeling of the existing building would be impractical and would result in serious disruption to the existing physicians' practices and clinical services. That is because of the

extent of the required remodeling and the fact that the Addison MOB is fully occupied, which means that tenants cannot be temporarily relocated to vacant space during the remodeling.

As a result, the existing tenants would need to be relocated outside of this building during construction, which would disrupt the operation of the medical practices.

- 4) The existing Addison MOB is fully utilized, and it is too small to accommodate the program for this project.
  - a) There is no space available for the expansion of the sole existing clinical service, which is Outpatient Specimen Procurement.
  - b) There is no space available to add the Diagnostic Imaging Services and Immediate Care Center that are needed in this Health Center.
  - c) Although the construction of this MOB does not require a CON permit because it will be developed and owned by a third party entity that is unrelated to Elmhurst Memorial Hospital and Elmhurst Memorial Healthcare, it is important to note that the existing Addison MOB needs to be replaced with a larger MOB because no space is available for the expansion of existing physicians' offices or for the accommodation of additional physicians' offices.

The existing Addison MOB has 21,511 gross square feet, of which 13,939 gross square feet are usable for clinical services, Physicians' Offices, and Community Education. The space program for this project totals 44,004 gross square feet for these same departments plus Waiting and Registration.

- b. Construct an addition to the existing Addison MOB without remodeling the existing building

Capital Costs: \$12,900,000 plus \$1,080,000 to \$1,560,000 for land acquisition (NOTE: adjacent land may not be available for acquisition, in which case this alternative could not be implemented at any cost)

Constructing an addition to the existing Addison MOB without remodeling the existing building is infeasible for the following reasons.

- 1) An addition would need to be constructed next to the existing Addison MOB because the current building was not designed to accommodate additional floors.
- 2) In order to meet the programmatic needs for this project and because of the limited size of the site, the addition would need be a long narrow 2-story or 3-story building, which would have poor building efficiency (the percentage of usable space in relation to the total building square footage) and would necessitate lengthy walking distances for both staff and patients.
- 3) The construction of an addition to the existing Addison MOB would require a mandatory expansion of the existing storm water retention facility in order to meet current standards and codes.
- 4) Although the construction of an addition to the existing Addison MOB would be less disruptive to the existing tenants than the remodeling of existing space, it would still result in serious disruption to the existing physicians' practices and clinical services.
- 5) Construction of an addition next to the existing Addison MOB would reduce existing parking spaces because the addition would need to be constructed on the MOB's parking lot, which would result in inadequate parking to meet municipal code requirements and to meet the needs of patients and employees.
- 6) The only way that this alternative could be implemented would be by acquiring additional land in order to expand the project site. That is because the current size is too small to accommodate the construction of the addition and the construction of replacement parking.

Although land acquisition costs are not capitalized, the purchase costs add to the project costs required to implement this alternative. The additional land required to implement this alternative would be between 1.65 and 1.80 acres, which would cost between \$1,080,000 and \$1,560,000 at current prices.

However, it is highly unlikely that a sufficiently large parcel of land could be assembled because the project site is surrounded by occupied properties and public rights-of-way.

- 7) The existing building, which would not be remodeled or replaced under this alternative, would retain its existing deficiencies.
  - a) This building was designed as a movie theater and was not constructed for use as physicians' offices or as a health care facility.
  - b) The building has a very low level of building efficiency since only 69% of its gross square footage is usable.
  - c) The mechanical and electrical systems require major upgrades in order for the building to continue in use.
- 8) Although the capital costs required to implement this alternative might be less than the capital costs required to replace and expand the Addison MOB, this alternative would result in higher long-term operating expenses because of the inefficiencies in building layout and the existing building systems.

- c. Purchase land on a different site for the project proposed in this application, which is replacement and expansion of the existing Addison MOB and the physicians' offices leased in Wood Dale.

Capital Costs: \$20,554,000 in capital costs plus \$4,050,000 for land acquisition if HC Elmhurst Addison, LLC, were to purchase the land or \$20,554,000 in capital costs plus a range of \$1,335,000 to \$2,005,000 for net land acquisition costs if Elmhurst Memorial Healthcare were to purchase the land and sell the land and building on the current site

Constructing the proposed project on a different site is infeasible for the following reasons.

- 1) Implementation of this alternative would result in a significant increase in the cost of this project, even though the increased costs would not be capitalized because they would be due to the cost of land acquisition.

It has been estimated that the cost of purchasing a similarly sized parcel of land in the Addison area would be approximately \$4,005,000.

- a) It has been estimated that, if the owner and operator of the proposed facility were to assemble and purchase a parcel of land in the Addison area of the same size as the site

proposed for this project, the total costs of this project would increase by \$4,005,000.

- b) If Elmhurst Memorial Healthcare, the owner of the current site of the Addison MOB, were to purchase the land at a new site and to sell the site of the current Addison MOB, it has been estimated that the total costs of the project would increase by between \$1,335,000 and \$2,005,000 due to the net costs incurred in purchasing land at a new site.

That is because the purchase price for the land at a new site would most likely cost much more than the sale price of the land at the site of the current Addison MOB, which has been valued at \$2,000,000 to \$2,670,000.

- 2) The total capitalized project costs for this project would increase by an additional premium ranging from \$1,200,000 to \$1,600,000 if this alternative were implemented because there are no vacant sites available in Addison. Addison is an established community which offers limited opportunities for new "green-field" development.

If land were purchased on a new site for the development of this project, the existing buildings on the site would need to be demolished, and the site prepared for construction.

- 3) Relocating the clinical services and physicians' offices to a different site, even within Addison, would be a sub-optimal solution.

The current site was purchased for the Addison MOB because of its location in Addison, and the Addison MOB has existed in this location for 25 years, serving its market area and Elmhurst Memorial Hospital's primary service area.

- d. Construct the project as proposed, but with Elmhurst Memorial Healthcare as its owner and operator.

Capital Costs: \$20,554,000, the same as the proposed project costs

Constructing this project as proposed with Elmhurst Memorial Healthcare as its owner and operator was determined to be infeasible for the following reasons.

- 1) If Elmhurst Memorial Healthcare were the owner and operator of the Elmhurst Memorial Addison Health Center, it would need to use its

own equity or, if debt financing were used, it would be using part of its debt capacity for a project that a third party would be able to own and operate on behalf of Elmhurst Memorial Healthcare and Elmhurst Memorial Hospital without having any impact on the debt capacity associated with the health care facilities.

In the current economy, Elmhurst Memorial Healthcare, a not-for-profit health care system, determined that it was a more prudent decision to have a third party own the proposed Medical Office Building, which would permit Elmhurst Memorial Healthcare to maintain its current debt capacity.

- 2) The decision for Elmhurst Memorial Hospital to lease space in a Medical Office Building (MOB) owned and operated by a third party would not result in any additional project costs while permitting its sole corporate member, Elmhurst Memorial Healthcare, to retain its equity and maintain its current debt capacity.
- 3) Elmhurst Memorial Healthcare has determined that it would be advantageous to work with an experienced real estate partner for the development and operation of this MOB.

3. This item is not applicable to this project.

The purpose of this project is to provide Elmhurst Memorial Hospital's existing services for outpatients in an accessible location within the hospital's primary service area and the state-designated planning area.

The clinical services provided in the Elmhurst Memorial Addison Health Center will be used by patients of the physicians who have offices in the MOB and are referred for these diagnostic tests following visits to their physicians as well as by area residents who require Immediate Care, particularly when their physicians' offices are closed.

This project does not propose to establish new categories of service or a new health care facility or to create clinical services that are not currently provided at Elmhurst Memorial Hospital.

IV.  
Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

This project includes both clinical and non-clinical service areas. The Clinical Service Areas are all Clinical Service Areas Other than Categories of Service.

The project includes the following Clinical Service Areas Other than Categories of Service, all of which will be leased by Elmhurst Memorial Hospital, as indicated in the Letter of Intent to lease 19,614 square feet in the Elmhurst Memorial Addison Health Center, which is appended to this Attachment.

Clinical Service Areas:

Diagnostic Radiology (General X-Ray, CT Scanning, Ultrasound, Mammography)  
MRI  
Immediate Care  
Outpatient Specimen Procurement

The project also includes the following Non-Clinical Service areas that will be leased by Elmhurst Memorial Hospital, as indicated in the same Letter of Intent to lease space.

Non-Clinical Service Areas:

Waiting and Registration  
Community Education  
Staff Services  
Facility Operations

The balance of the space in the Elmhurst Memorial Addison Health Center will consist of Non-Clinical Service Areas, with space leased to 3 physician groups for their medical offices and with support space for the building (i.e., Entrances, Lobbies and Public Space; Mechanical/Electrical Space and Shafts; Elevator Shafts; Stairwells).

The Letters of Intent account for a total of 41,856 gross square feet of leased space in the Elmhurst Memorial Addison Health Center, which is 82% of the total leasable space in this building, as shown below.

Gross Square Footage of Elmhurst Memorial Addison Health Center:	55,382
- Total Unleasable Gross Square Footage:	- 4,522
Total Leasable Gross Square Footage	50,860

Included in Letters of Intent to lease space:	41,856 Gross Square Feet
Total Leasable Space:	50,860 Gross Square Feet
Percentage of Leasable Space Included in Letters of Intent to lease space:	82%

1. The Illinois certificate of need (CON) Rules include State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for each of the clinical service areas that are included in this project.

Diagnostic Radiology  
MRI  
Immediate Care (use State Norm for Ambulatory Care)  
Outpatient Specimen Procurement (use State Norm for Ambulatory Care)

An analysis of the proposed size (number of imaging/exam/testing rooms or stations and gross square footage) of all these Clinical Service Areas at the Elmhurst Memorial Addison Health Center is found below, with the methodology used to project the caseload for each Clinical Service presented after the chart.

The projected FY2013 volume for each Clinical Service Area will be found in Attachments 14, 69, and 73.

Elmhurst Memorial Addison Health Center				
Department	State Norm (units/room)	Projected FY2013 Volume	Total Rooms Justified	Total Proposed Key Rooms
Diagnostic Radiology				
Radiology/Fluoroscopy (XRy)	6,500 proc.	7,039	2	1
CT	2,000 visits	3,856	2	1
Ultrasound	2,000 visits	3,143	2	1
Mammography	2,000 visits	2,145	2	1
Diagnostic Radiology TOTAL (these modalities)			8	4
MRI	2,000 visits	1,390	1	1
Immediate Care	2,000 visits	10,216	6	5
Outpatient Specimen Procurement	4.1 Visits/GSF	14,639	N/A*	N/A*

\*N/A refers to there being no Standard for number of rooms.  
A standard for approvable BGSF will be found in the next chart.

The proposed number of rooms for the Clinical Services proposed for the Elmhurst Memorial Addison Health Center is justified by the projected utilization for each of these Clinical Services during the first complete fiscal year of operation of the facility.

The methodology used to develop these projections is described in this Attachment and in Attachment 14.

Space programs for each of these Clinical Services are appended to this Attachment.

Letters of support from physicians who are part of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center are appended to this Attachment following the space programs for each Clinical Service Area. These letters indicate the importance of having the Clinical Services proposed for this facility included as part of the Elmhurst Memorial Addison Health Center in the same location as their medical offices.

The proposed square footage for each of the Clinical Services is found below.

Elmhurst Memorial Addison Health Center				
Department	State Norm (GSF/unit or room)	Total Rooms Proposed	Total GSF Justified	Proposed GSF
Diagnostic Radiology Total Radiology CT Ultrasound Mammography	1,386 GSF/ Procedure Room	4	5,544	5,541
MRI	3,400 GSF/Unit	1	3,400	2,117
Immediate Care	4.1 Clinic Visits/GSF or 667 GSF/ Treatment Room	5	3,335	3,331
Outpatient Specimen Procurement	4.1 Clinic Visits/GSF or 667 GSF/ Treatment Room	N/A	3,570	1,334

The proposed Gross Square Footage for the Clinical Services proposed for the Elmhurst Memorial Addison Health Center, which is based upon the facility's projected utilization during its first complete fiscal year of operation, as discussed below, meets the State Norms.

The projected utilization for each Clinical Service has been developed using the methodology described below.

a. For Diagnostic Radiology and MRI, which are not currently provided at the Addison MOB, the projected utilization is based upon the following methodology.

- 1) The primary service market area (PSA) for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

- 2) The total number of Diagnostic Radiology and MRI exams for each of the modalities included in this project (i.e., Radiology, CT Scanning, Ultrasound, Mammography, MRI) in the PSA for the 2009 historic year (also known as the base year) and for projected years through 2014 were identified using Outpatient Procedure Estimates from Thomson-Reuters Market Planner Plus.
- 3) A use rate for each modality was calculated for each zip code, establishing the number of exams per 1,000 population.
- 4) Diagnostic Radiology and MRI Services are currently provided at both Elmhurst Memorial Hospital and the Elmhurst Memorial Center for Health (EMCH), an ambulatory care facility which is located in Elmhurst on the campus where Elmhurst Memorial Hospital's new hospital (the partial replacement of the current hospital, which was approved under IHFPB Project #07-104) will be located.

The Diagnostic Radiology and MRI Services at these locations provide testing to outpatients who are referred by their physicians at both the Wood Dale and Addison Medical Office Buildings (MOBs). These are patients who will be referred to the Elmhurst Memorial Addison Health Center for Diagnostic Radiology and MRI Services once that building becomes operational.

- 5) Elmhurst Memorial Healthcare's (EMHC's) 2008 market share for these modalities in each of the zip codes constituting the PSA for the Elmhurst Memorial Addison Health Center was calculated for 2008.
- 6) The projected number of Diagnostic Radiology and MRI exams for each of the modalities included in this project from within the PSA was calculated by holding EMHC's 2008 market share constant and applying it to the total number of projected exams for each of the zip codes in the PSA.

The results of this calculation are the total number of outpatient exams for each of the Diagnostic Radiology and MRI modalities from within the PSA that are projected to be performed at EMHC facilities.

- 7) The projected number of Diagnostic Radiology and MRI exams for each of these modalities from within the PSA for 2013 and 2014 that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated by making the assumption that 30% of the exams for each of these modalities that are projected to be performed at EMHC will actually be performed at the Elmhurst Memorial Addison Health Center once that facility becomes operational in FY13.

8) The percentage of Diagnostic Radiology and MRI exams for each of these modalities that are projected to be performed on patients residing outside the PSA was calculated by analyzing the mix of patients at other outpatient sites owned and operated by Elmhurst Memorial Hospital and determining that the average will vary by modality.

- Radiology: 52% from outside the PSA
- CT Scanning: 60% from outside the PSA
- Ultrasound: 61% from outside the PSA
- Mammography: 52% from outside the PSA
- MRI: 61% from outside the PSA

9) The total projected number of Diagnostic Radiology and MRI exams for each of these modalities that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:

- The projected cases that will come from within the PSA, as discussed in Items 6) and 7) above;
- The projected cases that will come from outside the PSA, which are calculated by applying the average percentage of cases outside the PSA to the projected number of cases from within the PSA, as discussed in Item 8) above.

b. For Immediate Care, which Elmhurst Memorial Hospital does not currently provide in the Addison MOB, projected utilization is based upon the following methodology.

1) The PSA for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center.

Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

- 2) The total population in each of the PSA zip codes was calculated for the 2009 historic year (also known as the base year) and for projected years through 2014 using Demographics from Thomson-Reuters Market Planner Plus.
- 3) A use rate for Immediate Care in each zip code was calculated using Emergency Department Estimates from Thomson-Reuters Market Planner Plus. This calculation established the number of Immediate Care visits per 1,000 population for each of the zip codes comprising the PSA.

The Emergency Department Estimates projects non-emergent visits as the sum of visits for Immediate Care, Urgent Care, and Emergency Department Fast Track.

- 4) Elmhurst Memorial Addison Health Center's projected market share in its PSA for Immediate Care was estimated based on the Lombard Health Center's 2008 market share for Immediate Care in its own Primary Service Area.

It is reasonable to assume that the two Immediate Care Centers will have similar profiles. Lombard Health Center, which is owned by Elmhurst Memorial Healthcare and operated by Elmhurst Memorial Hospital, offers similar programs to the proposed Elmhurst Memorial Addison Health Center, and it is located in a different area of Elmhurst Memorial Hospital's Primary Service Area in DuPage County, serving a different section of Elmhurst Memorial Hospital's Primary Service Area.

- 5) The projected number of Immediate Care visits at Elmhurst Memorial Addison Health Center from residents of the PSA was calculated by applying the projected use rate for Immediate Care in the PSA and then applying the projected market share.
- 6) Elmhurst Memorial Addison Health Center's projected caseload for Immediate Care from patients residing outside its PSA was estimated based on the percentage of patients using Elmhurst Memorial Hospital's other Immediate Care Centers who reside outside the Primary Service Areas for these facilities.

It is reasonable to assume that the Elmhurst Memorial Addison Health Center's Immediate Care Center will have a similar profile to that of other Immediate Care Centers operated by Elmhurst Memorial Hospital. The percentage of Immediate Care visits at these facilities from patients residing outside the Primary Service Area for each ranged from 33% to 36%.

Therefore, it has been estimated that 34.5% of the Immediate Care visits at the Elmhurst Memorial Addison Health Center will come from outside that facility's PSA.

7) The total projected number of Immediate Care visits for the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:

- The projected cases that will come from within the PSA, as discussed in Items 4) and 5) above;
- The projected cases that will come from outside the PSA, as discussed in Item 6) above. These cases are calculated by applying the percentage of Immediate Care visits experienced by residents coming from outside the PSA (34.5%) to the projected number of visits from within the PSA.

c. For Outpatient Specimen Procurement, the projected utilization is based upon the following methodology.

- 1) The proposed Outpatient Specimen Procurement Service will significantly expand the facilities currently available for this Service at the Addison MOB, which is the building that will be replaced by the Elmhurst Memorial Addison Health Center.
  - a) Blood draws are currently available a total of 9 hours per week using only 1 draw station.
  - b) Urine and fecal sampling are not provided at the Addison MOB.
- 2) The proposed Outpatient Specimen Procurement Service at the Elmhurst Memorial Addison Health Center will operate 78 hours per week, and facilities will be available for blood draws, urinalysis, and fecal testing.
- 3) The PSA for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in

FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

- 4) Because of the limited hours during which Outpatient Specimen Procurement operated at the Addison MOB and the limited facilities available for this Service at that location, the historic caseload for Outpatient Blood Draws (part of the patient visits that will be experienced at the Elmhurst Memorial Addison Health Center) at that location is acknowledged, but is not used to project the caseload at the Elmhurst Memorial Addison Health Center.
- 5) The total number of Outpatient Specimen Procurement tests for the 2009 historic year (also known as the base year) and for projected years through 2014 were identified using Outpatient Procedure Estimates from Thomson-Reuters Market Planner Plus.
- 6) A use rate was calculated for each zip code, establishing the number of tests per 1,000 population.
- 7) Because Outpatient Specimen Procurement is available for such a limited amount of time, facilities at both Elmhurst Memorial Hospital and EMCH are used by outpatients who are referred by their physicians at both the Wood Dale and Addison MOBs. All of these are patients who will be referred to the proposed Outpatient Specimen Procurement Department at the Elmhurst Memorial Addison Health Center once that building becomes operational.
- 8) EMHC's 2008 market share for these tests (i.e., blood draws, urinalysis, fecal testing) in each of the zip codes constituting the PSA for the Elmhurst Memorial Addison Health Center was calculated for 2008.
- 9) The projected number of these tests within the PSA for 2013 and 2014 was calculated by holding EMHC's 2008 market share constant and applying it to the total number of projected exams for each of the zip codes in the PSA.

The results of this calculation are the total number of Outpatient Specimen Procurement tests from within the PSA that are projected to be performed at EMHC facilities.

- 10) The projected number of Outpatient Specimen Procurement tests from within the PSA that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated by making the assumption that 30% of the tests that are projected to be performed at EMHC facilities will actually be performed at the Elmhurst Memorial Addison Health Center once that facility becomes operational in FY13.

- 11) The percentage of Outpatient Specimen Procurement tests that are projected to be performed on patients residing outside the PSA was calculated by analyzing the mix of patients in the Outpatient Specimen Procurement Service at the Addison MOB. It was determined that 28% of the tests will be performed on patients residing outside the PSA.
- 12) The total projected number of Outpatient Specimen Procurement tests that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:
  - The projected cases that will come from within the PSA, as discussed in Item 10) above;
  - The projected cases that will come from outside the PSA, which are calculated by applying the 28% of tests performed on patients coming from outside the PSA to the projected number of cases from within the PSA, as discussed in Item 11) above.
- 13) The number of Outpatient Specimen Procurement tests per visit at the Addison MOB was calculated in order to convert the total number of Outpatient Specimen Procurement tests, both historic and projected, to visits.

For CY2006 through FY2009, the number of tests per visit varied from 3.2 to 3.3. Consequently, the historic and projected number of tests were divided by 3.2 tests per visit in order to calculate the total projected number of Outpatient Specimen Procurement visits.

Space programs for all clinical services included in this project are appended to this Attachment as documentation that the amount of physical space proposed for this project is necessary and not excessive.

2. This item is not applicable because the proposed square footage for all of the Clinical Service Areas included in this project is within the State Norms found in 77 Ill. Adm. Code 1110.  
APPENDIX B.

Diagnostic Radiology  
MRI  
Immediate Care  
Outpatient Specimen Procurement

Appended to this Attachment are the following documents that were used as guidelines in determining the appropriate floor area for these clinical services in addition to the ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG).

- Space Programs for all Clinical Services included in this project.
- The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities. 2006: American Institute of Architects., Chapters 3.1 (Outpatient Facilities) and 3.5 (Freestanding Urgent Care Centers).

# Hammes Company

18000 West Sarah Lane, Suite 250  
Brookfield, Wisconsin 53045  
Tel 262 792 5900 Fax 262 792 3620

## Elmhurst Memorial Addison Health Center Letter of Intent

January 20, 2010

Jim Doyle  
Senior Vice President and Chief Financial Officer  
Elmhurst Memorial Healthcare  
200 Berteau Avenue  
Elmhurst, IL 60126

Dear Mr. Doyle,

On behalf of HC Elmhurst Addison I, LLC ("Landlord"), we are pleased to submit the following outline of terms and conditions for your lease in the Elmhurst Memorial Addison Health Center, to be located at 303 West Lake Street, Addison IL 60101.

1. Tenant: Elmhurst Memorial Hospital
2. Premises: 1<sup>st</sup> Floor of the building  
Approximately 18,916 usable square feet, 19,614 rentable square feet
3. Term: The term of the lease shall be for 15 years.
4. Possession: Upon substantial completion of improvements, tentatively estimated to be July 2011.
5. Rent Commence-ment: Upon the earlier of possession or delivery of the space by Landlord to Tenant.
6. Base Rent: The initial rent will be \$25.70 NNN (triple-net) per rentable square foot per year (\$42,006.65 per month) for the first year, and then to be increased based on the CPI annually thereafter.
7. Operating Expenses and Real Estate Taxes: Landlord shall be directly responsible for all operating expenses, real estate taxes and Ground Lease payments. However, these expenses will be a direct pass-through to Tenant based upon the Tenant's proportionate share of rentable square feet.
8. Prepaid Rent and Security Deposit: The first month's rent and security deposit will be collected at lease signing.
9. Use: Tenant shall use and occupy the Premises for providing hospital-based services including diagnostic imaging, outpatient specimen procurement, immediate care, community education conference room, staff services, facilities operations and registration.
10. Condition of Premises: Landlord shall provide a tenant improvement allowance of \$72.00 per useable square foot for architectural, permitting and construction costs for the build-out of the suite.

- 11. Signs: Tenant shall have the right to place its business sign in the Premises, provided such sign is in compliance with current building standards, subject to all local agencies. All associated costs shall be Tenant's responsibility and approved by Landlord in advance.
- 12. Additional Utility Consumption: If any equipment used in the performance of Tenant's professional activities exceeds the utility usage of a typical medical office, the Landlord has the right to sub-meter the device at the Tenant's expense and charge the Tenant directly for its use.
- 13. Brokers: Tenant warrants it has no contract with any brokerage firm and as such Landlord shall have no obligation to pay any brokerage fee to any broker representing Tenant in this transaction.
- 14. Guarantee: A corporate guarantee from Tenant will be accepted subject to satisfactory review of Tenant's creditworthiness by Landlord.
- 15. Special Provisions: In no event shall Tenant sublet or assign the premises without the Landlord's prior written approval.

This is a proposal only and is not a binding legal agreement to lease. Neither party shall have any legal obligation or liability to the other with respect to the matters set forth until a definitive lease is executed by both parties. Nothing contained herein shall be construed to create an option or a reservation for Tenant to lease the Premises or to indicate that the Landlord has removed all or any portion of the Premises from consideration by other potential tenants.

This Letter of Intent and the execution of a final lease agreement are contingent upon receipt of a Certificate of Need Permit to construct the proposed medical office building.

Thank you for your consideration of this proposal. I am available at your convenience to discuss the terms and conditions proposed herein.

Sincerely,  
HAMMES COMPANY (ON BEHALF OF HC ELMHURST ADDISON I, LLC)

*Kirk Dunlap*

Kirk Dunlap, Development Manager

ACCEPTED & AGREED TO:

TENANT		LANDLORD	
Elmhurst Memorial Hospital		HC Elmhurst Addison I, LLC	
<i>James E. Doyle</i>		<i>Kirk Dunlap</i>	
Date: 1/20/10		Date: 1/19/10	
<i>James E. Doyle Senior VP + CFO</i>			
Name and Title		Kirk Dunlap	

## Elmhurst Memorial Addison Health Center

### Diagnostic Radiology

<u>Area</u>	<u>Quantity</u>
General Radiography Procedure Room	1
C.T. Scanner Procedure Room	1
Ultrasound Procedure Room	1
Mammography Procedure Room	1
General Radiography Control Room	1
C.T. Scanner Control Room	1
C.T. Equipment Room	1
Radiology Patient Dressing Rooms	3
C.T. Patient Dressing and Pre-Procedure Prep. Rooms	3
Mammography Patient Dressing Rooms	2
Patient Toilets	3
Patient Waiting Room	1
Staff Workrooms	2
Janitor Closet	1

## Elmhurst Memorial Healthcare

### Magnetic Resonance Imaging (MRI)

<u>Area</u>	<u>Quantity</u>
MRI Scanning Procedure Room	1
MRI Control Room	1
MRI Equipment Room	1
MRI Patient Dressing and Pre-Procedure Prep. Rooms	2

## Elmhurst Memorial Addison Health Center

### Immediate Care

<u>Area</u>	<u>Quantity</u>
Exam/Treatment Rooms	5
Triage/Assesment Stations	1
Nurse Station	1
Soiled Holding Room	1
Clean Supply Room	1
Nourishment Station	1
Equipment Storage Alcove	1
Patient Toilets	2
Patient Waiting Room	10
Consultation Rooms	2
Physicians' Offices	2

## Elmhurst Memorial Healthcare

### Outpatient Specimen Procurement

<u>Area</u>	<u>Quantity</u>
Specimen Collection Drawing Stations	3
Private Specimen Collection Station	1
Patient Toilet for Specimen Collection	1
Work Alcove/Intake Station	1
Specimen Processing Work Area	1



*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

Elmhurst Memorial Healthcare (EMHC) has been a presence in Addison since 1926. The current Addison MOB is in a half century old building that was converted in 1984 for medical use. It had previously been a movie theatre. This aging, inadequate facility no longer allows EMHC to provide the people of Addison with the care that they deserve.

The proposed new site will feature up to date, modern physician office suites and will incorporate the capacity to operate a full electronic medical record. EMHC will also provide Addison residents with needed services including general radiography, CT scanning, ultrasound, mammography, MRI scanning, laboratory medicine and community education. In addition, I am also pleased that Elmhurst Memorial Hospital will place an Immediate Care Center in the new Elmhurst Memorial Addison Health Center. This service will improve access to urgent care for the residents of Addison as well as the surrounding communities. It will also supplement physician office hours during the evening and on week-ends.

These additional services will allow the physicians of the Elmhurst Clinic to deliver efficient and effective healthcare in one convenient setting to the people of Addison.

Sincerely,

Donald R. Lurye, MD, MMM  
Chief Executive Officer  
Elmhurst Clinic, LLC



*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center.

I am a Family Medicine Physician who is part of the Elmhurst Clinic, a practice that will have offices at the Elmhurst Memorial Addison Health Center.

The new MOB will replace the outdated building in which we are currently practicing. The larger building will facilitate additional medical services to be offered. My colleagues and I are looking forward to having the opportunity to occupy space within a building that will offer such a broad range of ancillary services. The availability of these services, which include general radiography, CT scanning, ultrasound, mammography, MRI scanning and phlebotomy, will make it possible for me to refer my patients for follow-up care within their own community. The convenience of having many of these services located within the building will also enable patients to complete their follow up, often times as soon as they leave my office.

I am also pleased that Elmhurst Memorial Hospital will place an Immediate Care Center in the new Addison Health Center. This service will improve access to urgent care for the residents Addison as well as the surrounding communities. In addition, it will supplement physician office hours during the evening and on week-ends.

Sincerely,

Carlos M. Cespedes, D.O.  
Department of Family Medicine  
Elmhurst Clinic



*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

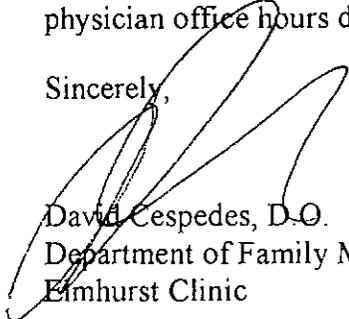
I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center.

I am a Family Medicine Physician who is part of the Elmhurst Clinic, a practice that will have offices at the Elmhurst Memorial Addison Health Center.

I currently practice out of a similar facility in Lombard. This facility offers the full complement of imaging, laboratory and education services that are planned for the Elmhurst Memorial Addison Health Center. I can tell you without hesitation that this model not only improves patient satisfaction based upon the conveniences of having so many services under one roof but also, in my opinion, improves the quality of care because of the efficient, effective and at times immediate way that care can be delivered. Having the wide array of services available within the building decreases the amount of time that elapses between when a test is ordered and when it is completed as many services can be completed as soon as my patients leave the office.

I am also pleased that Elmhurst Memorial Hospital will place an Immediate Care Center in the new Addison Health Center. This service will improve access to urgent care for the residents Addison as well as the surrounding communities. In addition, it will supplement physician office hours during the evening and on week-ends.

Sincerely,



David Cespedes, D.O.  
Department of Family Medicine  
Elmhurst Clinic

150



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February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center. This building will replace the existing Addison MOB that is located on Lake Street in Addison, Illinois.

As an obstetrics/gynecology physician who will be practicing at the Elmhurst Memorial Addison Health Center it will be a great convenience for my patients to have radiology and laboratory services located within the building. My colleagues and I feel that our patient satisfaction will improve by being able to offer them the convenience of scheduling an office visit and diagnostic testing at one location. This "one stop shop" approach to patient care has been successful at the other location that I am currently practicing at (The Elmhurst Memorial Center for Health) and is what our patient population has come to expect.

Having evidence that this model of care has proven to be successful for me and my colleagues elsewhere, I fully support the construction of the Elmhurst Memorial Addison Health Center.

Sincerely,

Nirali Ghia, M.D.  
Department of Obstetrics/Gynecology  
Elmhurst Clinic



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you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the Elmhurst Memorial Addison Health Center, on Lake Street in Addison.

As a pediatrician who will be practicing in the building, it will be a great convenience for my patients to have an immediate care center located within the building. When an urgent matter comes up and my office is closed, it reassures me that my patients will be taken care of with board certified emergency trained physicians and excellent nursing and support staff. My colleagues and I feel that this is a much needed service in the Addison community.

I am also very excited about having the additional ancillary services available in the building. I currently practice out of our Wood Dale office, which isn't large enough for us to offer the expanded services that will be available at the new facility. Knowing that I can send my patients for tests in the building and have the ability to follow up immediately will be a great convenience for me and my patients.

Elmhurst Memorial Healthcare has my full support in the construction of this much needed replacement facility.

Sincerely,

Michael Hoffman, M.D.  
Department of Pediatrics  
Elmhurst Clinic



*Working together for the health of  
you and your family*

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center.

I am a Family Medicine Physician who is part of the Elmhurst Clinic. The Elmhurst Clinic currently has an office in the existing Addison MOB as well as an office approximately 3 miles away in a neighboring town, Wood Dale. The Elmhurst Clinic plans to consolidate both of these practices within a larger space in the new Elmhurst Memorial Addison Health Center.

The main reason for the consolidation of these practices revolves around the ability to offer a wider array of services to our patient population in a modern, contemporary medical office setting. These additional ancillary services, that are not currently available in our existing locations, include x-ray, CT scanning, ultrasound, mammography, MRI scanning and laboratory services. The presence of these diagnostic services will increase our ability to care for our patients without having to duplicate costly equipment in multiple locations. In addition, the added convenience of having these services located within the building where we are practicing should improve patient satisfaction.

Sincerely,

Vineet Singla, D.O.  
Department of Family Medicine  
Elmhurst Clinic

YOUR PARTNERS IN HEALTHCARE

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

I am writing to express my support for the Elmhurst Memorial Addison Health Center.

I am the Chief Medical Officer of Primary Care Associates, a practice that currently has an office located within the facility that will be replaced and will have an office at the new Elmhurst Memorial Addison Health Center.

I have practiced for over ten years in the current facility and I know that I speak for myself and my colleagues in stating that we are very excited about the opportunity to practice within what will be a new state of the art medical facility. This new site will offer updated, modernized space for physician office suites. In addition, the hospital will have an enhanced ability to provide services that are needed within the Addison community. These services, which are not currently available within the existing Addison MOB, include x-ray, CT scanning, ultrasound, mammography, MRI scanning, laboratory services and community education. The availability of these additional services will allow for the majority of out-patient testing to be completed within the building in which I will be practicing. This has many benefits to me and my colleagues. The biggest of which are efficiency and convenience driven.

It is my understanding that Elmhurst Memorial also has plans to establish immediate care as part of this facility. This is a much needed service and will assure that Addison residents have access to medical care when they urgently need it.

Elmhurst Memorial has my full support in the construction of this much-needed replacement facility in the community of Addison.

Sincerely,



C. Thomas Webb, M.D.  
Chief Medical Officer  
Primary Care Associates

YOUR PARTNERS IN HEALTHCARE

February 5, 2010

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Members of the Illinois Health Facilities and Services Review Board,

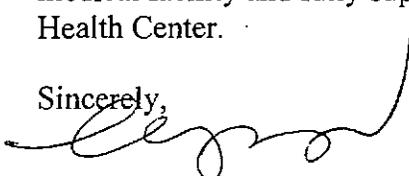
I am writing to express my support for the construction of the Elmhurst Memorial Addison Health Center. This building will replace the existing Addison MOB that is located on Lake Street in Addison, Illinois.

I am an Internal Medicine physician who is part of Elmhurst Memorial Primary Care Associates (EMPCA). EMPCA is a medical practice that currently has an office in the existing Addison MOB and will have an office in the new Elmhurst Memorial Addison Health Center.

The current outdated facility, which we currently occupy, does not offer any of the modern amenities that are being contemplated for the new building. I am very excited about these new services (imaging, laboratory services and community education) and the benefits that these services will bring to the patient population that is served by my practice and the other health care providers that occupy the existing Addison MOB. Currently, any patient that is referred for follow up testing needs to be referred out of the building. This inconvenience often times leads to delays in the completion of test(s) that are ordered. The added convenience of offering these tests within the building should eliminate many of these delays and as a result will improve the quality of care that is delivered.

I am very excited about having the opportunity to have an office in a more contemporary medical facility and fully support the construction of the Elmhurst Memorial Addison Health Center.

Sincerely,



Emmanuel Linchangco, M.D.  
Elmhurst Memorial Primary Care Associates

2006

# Guidelines

## for Design and Construction of Health Care Facilities

The Facility  
Guidelines Institute

The American  
Institute of Architects  
Academy of Architecture  
for Health

With assistance from the  
U.S. Department of Health  
and Human Services

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## 3.1 Outpatient Facilities

*Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.*

### 1 General Considerations

#### 1.1 Applicability

1.1.1 This part of the Guidelines applies to the outpatient unit in a hospital, a freestanding facility, or an outpatient facility in a multiple-use building containing an ambulatory health care facility as defined in the NFPA 101 Life Safety Code occupancy chapters.

\*1.1.2 The general standards set forth in Sections 1 through 5 of this chapter (General Considerations, Diagnostic and Treatment Locations, Service Areas, Administrative and Public Areas, and Construction Standards) shall apply to each of the facility types below. Additions and/or modifications shall be made as described in this chapter and in the chapters for the specific facility types. Consideration shall be given to the special needs of anticipated patient groups/demographics as determined by the functional program.

- Primary Care Outpatient Centers (Chapter 3.2)
- Small Primary (Neighborhood) Outpatient Facilities (Chapter 3.3)
- Freestanding Outpatient Diagnostic and Treatment Facilities (Chapter 3.4)
- Freestanding Urgent Care Facilities (Chapter 3.5)
- Freestanding Birthing Centers (Chapter 3.6)
- Ambulatory Surgical Facilities (Chapter 3.7)
- Gastrointestinal Endoscopy Facilities (Chapter 3.9)
- Renal Dialysis (Acute and Chronic) Centers (Chapter 3.10)
- Psychiatric Outpatient Centers (Chapter 3.11)

1.1.3 Specialty facilities not identified above may have needs that are not addressed in this chapter. Development of such specialty facilities shall rely on a detailed and specific functional program to establish physical environment requirements beyond the general requirements identified in this chapter.

#### 1.2 Outpatient Facility Classification

1.2.1 The outpatient facilities described in this part of

the Guidelines are used primarily by patients capable of traveling into, around, and out of the facility unassisted. This group includes the disabled confined to wheelchairs. Occasional facility use by stretcher patients shall not be used as a basis for more restrictive institutional occupancy classifications.

1.2.2 Where patients are rendered incapable of self-preservation due to the care process, facilities shall comply with the Ambulatory Health Care Occupancies section of NFPA 101 in addition to details herein. The Business Occupancy section of NFPA 101 applies to other types of outpatient facilities. Outpatient units that are part of another facility may be subject to the additional requirements of the other occupancy.

1.2.3 References are made to Chapter 2.1, General Hospitals, for certain service spaces. Those references are intended only for the specific areas indicated.

#### 1.3 Functional Program

Each project sponsor shall provide a functional program for the facility. (See Section 1.2-2.)

#### 1.4 Environment of Care

##### 1.4.1 Patient Privacy

Each facility design shall ensure appropriate levels of patient acoustical and visual privacy and dignity throughout the care process, consistent with needs established in the functional program. See Sections 1.1-6 and 1.2-2.1.2.5 (4).

##### 1.5 Shared/Purchased Services

When services are shared or purchased, modification or elimination of space and equipment to avoid unnecessary duplication shall be permitted.

### APPENDIX

A1.1.2 The applicability of Sections 3.1-6 (Special Systems) and 3.1-7 (Building Systems) generally are specified in these sections and/or in the text of the individual facility type chapters.

### 3.1 OUTPATIENT FACILITIES

#### 1.6 Facility Access

1.6.1 Where the outpatient occupancy is part of another facility, separation and access shall be maintained as described in NFPA 101.

1.6.2 Building entrances used to reach the outpatient services shall be at grade level, clearly marked, and located so patients need not go through other activity areas. (Lobbies of multi-occupancy buildings may be shared.)

1.6.3 Design shall preclude unrelated traffic within the unit.

#### 1.7 Site

##### \*1.7.1 Location

##### 1.7.2 Parking

1.7.2.1 In the absence of a formal parking study, parking for outpatient facilities shall be provided at the rate noted for each type of unit.

1.7.2.2 On-street parking, if available and acceptable to local authorities having jurisdiction, may satisfy part of this requirement unless described otherwise.

1.7.2.3 If the facility is located in a densely populated area where a large percentage of patients arrive as pedestrians, or if adequate public parking is available nearby, or if the facility is conveniently accessible via public transportation, adjustments to this standard may be made with approval of the appropriate authorities.

## 2 Diagnostic and Treatment Locations

Clinical and support areas shall be provided to support the functional program. The following spaces are common to most outpatient facilities:

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A1.7.1 Community outpatient units should ideally be conveniently accessible to patients via available public transportation.

A2.1.1 Door swings should be oriented to provide patient privacy.

A2.1.2 Door swings should be oriented to provide patient privacy.

A2.1.3 Door swings should be oriented to provide patient privacy.

#### 2.1 Examination and Treatment Rooms

##### \*2.1.1 General Purpose Examination Room(s)

##### 2.1.1.1 Space requirements

(1) Area. Rooms for medical, obstetrical, and similar examinations, if provided, shall have a minimum floor area of 80 net square feet (7.43 square meters) excluding vestibules, toilets, closets, and fixed casework.

(2) Clearances. Room arrangement shall permit a minimum clearance of 2 feet 8 inches (81.28 centimeters) at each side and at the foot of the examination table.

2.1.1.2 Hand-washing station. A hand-washing station shall be provided.

2.1.1.3 Documentation space. A counter or shelf space for writing shall be provided.

##### \*2.1.2 Special Purpose Examination Rooms

##### 2.1.2.1 Space requirements

(1) Area. Rooms for special clinics such as eye, ear, nose, and throat examinations, if provided, shall have a minimum floor area of 80 net square feet (7.43 square meters). This square footage shall exclude vestibules, toilets, closets, and fixed casework.

(2) Clearances. Room arrangement shall permit a minimum clearance of 2 feet 8 inches (81.28 centimeters) at each side and at the foot of the examination table, bed, or chair.

2.1.2.2 Hand-washing station. A hand-washing station shall be provided.

2.1.2.3 Documentation space. A counter or shelf space for writing shall be provided.

##### \*2.1.3 Treatment Room(s)

##### 2.1.3.1 Space requirements

(1) Area. Rooms for minor surgical and cast procedures, if provided, shall have a minimum floor area of 120 square feet (11.15 square meters). This square footage shall exclude vestibule, toilet,

### 3.1 OUTPATIENT FACILITIES

closets, and fixed casework. The minimum room dimension shall be 10 feet (3.05 meters).

- (2) Clearance. Room arrangement shall permit a minimum clearance of 3 feet (91.44 centimeters) at each side and at the foot of the bed.

2.1.3.2 Hand-washing station. A hand-washing station shall be provided.

2.1.3.3 Documentation space. A counter or shelf for writing shall be provided.

#### 2.1.4 Observation Room(s)

\*2.1.4.1 Location. The room shall be convenient to a nurse or control station.

2.1.4.2 Space requirements. If provided, observation rooms for the isolation of suspect or disturbed patients shall have a minimum floor area of 80 square feet (7.43 square meters). This square footage shall exclude vestibule, toilet, closets, and fixed casework.

#### 2.1.5 Airborne Infection Isolation Rooms

2.1.5.1 Applicability. In facilities with a functional program that includes treatment of patients with known infectious disease, the need for and number of such rooms shall be determined by an infection control risk assessment (ICRA).

2.1.5.2 Standards. Where airborne infection isolation room(s) are required, they shall comply with the general requirements of Section 2.1-3.2.2, except that a shower or tub shall not be required.

#### 2.1.6 Protective Environment Rooms

2.1.6.1 Applicability. The need for and number of required protective environment rooms shall be determined by an infection control risk assessment.

2.1.6.2 Standards. When required, the protective environment room(s) shall comply with the general requirements of Section 2.1-3.2.3, except that a toilet, bathtub, or shower shall not be required.

#### 2.1.7 Support Areas for Examination and Treatment Rooms

2.1.7.1 Nurse station(s). A work counter, communication system, space for supplies, and provisions for charting shall be provided.

2.1.7.2 Drug distribution station. This may be a part of the nurses station and shall include a work counter, sink, refrigerator, and locked storage for biologicals and drugs.

2.1.7.3 Sterilizing facilities. A system for sterilizing equipment and supplies shall be provided. Sterilizing procedures may be done on- or off-site, or disposables may be used to satisfy functional needs.

2.1.7.4 Clean storage. A separate room or closet for storing clean and sterile supplies shall be provided. This storage shall be in addition to that of cabinets and shelves.

2.1.7.5 Soiled holding. Provisions shall be made for separate collection, storage, and disposal of soiled materials.

2.1.7.6 Wheelchair storage space. Such storage shall be out of the direct line of traffic.

#### 2.1.8 Support Areas for Patients

2.1.8.1 Toilet(s) for patient use. These shall be provided separate from public use toilet(s) and located to permit access from patient care areas without passing through publicly accessible areas.

#### \*2.2 Imaging Facilities

Basic diagnostic procedures (these may be part of the outpatient service, off-site, shared, by contract, or by referral) shall be provided and shall include the following:

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A2.1.4.1 This is to permit close observation of patients. An examination room may be modified to accommodate this function. A toilet room with lavatory should be immediately accessible.

#### A2.2 Imaging Facilities

a. Access. Stretchers should have ready access to and from other areas of the facility. The emergency, surgery, cystoscopy, and outpatient clinics should be accessible to the imaging suite.

b. Layout. Particular attention should be paid to the management of outpatients for preparation, holding, and observation.

c. Location. Imaging should be located with consideration of ceiling height requirements, proximity to electrical services, and future expansion considerations.

### 3.1 OUTPATIENT FACILITIES

#### 2.2.1 Access

#### 2.2.2 Radiographic Room(s)

See Section 2.1-5.5 for special requirements.

#### 2.2.3 Support Areas for Imaging Facilities

##### 2.2.3.1 Viewing and administrative areas(s)

2.2.3.2 Film and media processing facilities. These shall be provided as indicated in the functional program and as technology requires.

2.2.3.3 Storage facilities for exposed film. These shall be provided as indicated in the functional program and as technology requires.

#### 2.2.4 Support Areas for Patients

2.2.4.1 Dressing rooms or booths. These shall be provided as required by the functional program, with convenient toilet access.

2.2.4.2 Toilet rooms. Toilet rooms with hand-washing stations shall be accessible to procedure room(s) if procedures provided may result in the need for immediate access to patient toilet facilities.

### 2.3 Laboratory

Facilities shall be provided within the outpatient department, or through an effective contract arrangement with a nearby hospital or laboratory service, for hematology, clinical chemistry, urinalysis, cytology, pathology, and bacteriology. If these services are provided on contract, the following laboratory facilities shall also be provided in (or be immediately accessible to) the outpatient facility:

#### 2.3.1 Laboratory Work Counter(s)

These shall have sink, vacuum, gas, and electric services.

#### 2.3.2 Hand-washing Station(s)

Hand-washing stations or counter sink(s) equipped for hand washing shall be provided.

#### 2.3.3 Support Areas for the Laboratory

##### 2.3.3.1 Storage cabinet(s) or closet(s)

##### 2.3.3.2 Specimen collection facilities

(1) These shall have a water closet and lavatory.

(2) Blood collection facilities shall have seating space, a work counter, and hand-washing station.

## 3 Service Areas

### 3.1 Environmental Services

#### 3.1.1 Housekeeping Room(s)

3.1.1.1 Number. At least one housekeeping room per floor shall be provided.

3.1.1.2 Facility requirements. Each housekeeping room shall contain a service sink and storage for housekeeping supplies and equipment.

### 3.2 Engineering Services and Maintenance

The following shall be provided (sharing of these with other services shall be permitted provided capacity is appropriate for overall use):

#### 3.2.1 Equipment Rooms

Equipment room(s) for boilers, mechanical equipment, and electrical equipment shall be provided.

#### 3.2.2 Equipment and Supply Storage

Storage room(s) for supplies and equipment shall be provided.

### 3.3 Materials Management

#### 3.3.1 Waste Management

For information on treatment or disposal of waste, see Section 3.1-6.3.

##### 3.3.1.1 Collection and storage

(1) Space and facilities shall be provided for the sanitary storage of waste in accordance with the functional program.

(2) These facilities shall use techniques acceptable to the appropriate health and environmental authorities.

3.3.1.2 Trash chutes. The design and construction of trash chutes shall comply with NFPA 82.

## 4 Administrative and Public Areas

### 4.1 Public Areas

The following shall be provided:

#### 4.1.1 Entrance

This shall be located at grade level and be able to accommodate wheelchairs.

4.1.2 Reception. A reception and information counter or desk shall be provided.

#### \*4.1.3 Waiting Space(s)

#### 4.1.4 Public Toilets

Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work areas or suites.

#### 4.1.5 Public Telephones

Conveniently accessible public telephone(s) shall be provided.

#### 4.1.6 Provisions for Drinking Water

Conveniently accessible provisions for drinking water shall be provided.

#### 4.1.7 Wheelchair Storage

Conveniently accessible wheelchair storage shall be provided.

### \*4.2 Administrative Areas

#### 4.2.1 Interview Space(s)

Space(s) shall be provided for private interviews related to social service, credit, etc.

#### 4.2.2 General or Individual Office(s)

Space providing adequate work area for business transactions, records storage, and administrative and professional staffs shall be provided.

#### 4.2.3 Medical Records

Provisions shall be made for securing medical records.

#### 4.2.4 Equipment and Supply Storage

General storage facilities for supplies and equipment shall be provided as identified in the functional program.

#### 4.2.5 Support Areas for Staff

Special storage for staff personal effects with locking drawers or cabinets (may be individual desks or cabinets) shall be provided. Such storage shall be convenient to individual workstations and shall be staff controlled.

## 5 Construction Standards

### 5.1 Design and Construction, including Fire-Resistant Standards

#### 5.1.1 Building Codes

5.1.1.1 Construction and structural elements of free-standing outpatient facilities shall comply with recognized building code requirements for offices (business occupancies) and the standards contained herein.

5.1.1.2 Outpatient facilities that are an integral part of a hospital or that share common areas and functions with a hospital shall comply with the construction standards for general hospitals. See applicable sections of Chapter 2.1.

#### 5.1.2 Provision for Disasters

5.1.2.1 Earthquakes. Seismic force resistance of new construction for outpatient facilities shall comply with Section 1.1-5 and shall be given an importance factor of one. Where the outpatient facility is part of an existing building, that facility shall comply with applicable local codes.

5.1.2.2 Other natural disasters. Special design provisions shall be made for buildings in regions that have sustained loss of life or damage to buildings from hurricanes, tornadoes, floods, or other natural disasters.

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A4.1.3 Consideration should be given to special needs of specific patient groups in a shared/general waiting area, such as separation of adolescent and geriatric patients.

A4.2 Multipurpose room(s) should be provided for private interviews, conferences, meetings, and health education purposes. Where health education is accommodated, the room(s) should be equipped for audiovisual aids.

### 3.1 OUTPATIENT FACILITIES

#### 5.2 General Standards for Details and Finishes

##### 5.2.1 Details.

Details shall comply with the following standards:

##### 5.2.1.1 Corridor width

- (1) Minimum public corridor width shall be 5 feet (1.52 meters). Staff-only corridors shall be permitted to be 3 feet 8 inches (1.12 meters) wide.
- (2) Items such as provisions for drinking water, telephone booths, vending machines, etc., shall not restrict corridor traffic or reduce the corridor width below the required minimum.
- (3) Out-of-traffic storage space for portable equipment shall be provided.

5.2.1.2 Ceiling height. The minimum ceiling height shall be 7 feet 10 inches (2.39 meters), with the following exceptions:

- (1) Corridors, storage rooms, toilet rooms, etc. Ceiling height in corridors, storage rooms, toilet rooms, and other minor rooms shall not be less than 7 feet 8 inches (2.34 meters).
- (2) Rooms with ceiling-mounted equipment/light fixtures. Radiographic and other rooms containing ceiling-mounted equipment shall have ceilings of sufficient height to accommodate the equipment and/or fixtures.
- (3) Boiler rooms. Boiler rooms shall have ceiling clearances not less than 2 feet 6 inches (76.20 centimeters) above the main boiler header and connecting piping.
- (4) Clearances. Tracks, rails, and pipes suspended along the path of normal traffic shall be not less than 6 feet 8 inches (2.03 meters) above the floor.

##### 5.2.1.3 Exits

- (1) Each building shall have at least two exits that are remote from each other.
- (2) Other details relating to exits and fire safety shall

comply with NFPA 101 and the standards outlined herein.

##### 5.2.1.4 Door width

- (1) The minimum nominal door width for patient use shall be 3 feet (0.91 meter).
- (2) If the outpatient facility serves hospital inpatients, the minimum nominal width of doors to rooms used by hospital inpatients transported in beds shall be 3 feet 8 inches (1.12 meters).

##### 5.2.1.5 Glazing materials

- (1) Doors, sidelights, borrowed lights, and windows glazed to within 18 inches (45.72 centimeters) of the floor shall be constructed of safety glass, wired glass, or plastic glazing material that resists breakage and creates no dangerous cutting edges when broken.
- (2) Similar materials shall be used in wall openings of playrooms and exercise rooms unless otherwise required for fire safety.
- (3) Glazing materials used for shower doors and bath enclosures shall be safety glass or plastic.

##### 5.2.1.6 Hand-washing stations

- (1) Hand-washing stations shall be located and arranged to permit proper use and operation.
- (2) Particular care shall be taken to provide the required clearance for operation of blade-type handles.
- (3) Provisions for hand drying shall be included at all hand-washing stations except scrub sinks.

5.2.1.7 Thresholds and joints. Threshold and expansion joint covers shall be flush with the floor surface to facilitate use of wheelchairs and carts.

5.2.1.8 Radiation protection. Radiation protection for x-ray and gamma ray installations shall comply with Section 2.1-5.5.

**5.2.1.9 Protection from heat-producing equipment.** Rooms containing heat-producing equipment (such as boiler or heater rooms) shall be insulated and ventilated to prevent occupied adjacent floor or wall surfaces from exceeding a temperature 10°F above the ambient room temperature.

**5.2.2 Finishes**

Finishes shall comply with the following standards:

**5.2.2.1 Fire-retardant materials**

- (1) Cubicle curtains and draperies shall be noncombustible or flame-retardant and shall pass both the large- and small-scale tests required by NFPA 701.
- (2) The flame-spread and smoke-developed ratings of finishes shall comply with Section 2.1-8.1. Where possible, the use of materials known to produce large amounts of noxious gases shall be avoided.

**5.2.2.2 Floors**

- (1) Floor materials shall be readily cleanable and appropriately wear-resistant.
- (2) In all areas subject to wet cleaning, floor materials shall not be physically affected by liquid germicidal and cleaning solutions.
- (3) Floors subject to traffic while wet, including showers and bath areas, shall have a nonslip surface.
- (4) Wall bases in areas frequently subject to wet cleaning shall be monolithic and coved with the floor, tightly sealed to the wall, and constructed without voids.

**5.2.2.3 Walls.** Wall finishes shall be washable and, in the proximity of plumbing fixtures, shall be smooth and moisture resistant.

**5.2.2.4 Penetrations.** Floor and wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

**6 Special Systems**

**6.1 General**

**6.1.1 Applicability**

As required by the functional program, special systems shall be installed in accordance with the following standards:

**6.1.2 Testing**

**6.1.2.1** Prior to acceptance of the facility, all special systems shall be tested and operated to demonstrate to the owner or its designated representative that the installation and performance of these systems conform to design intent.

**6.1.2.2** Test results. Test results shall be documented for maintenance files.

**6.1.3 Documentation**

**6.1.3.1** Upon completion of the special systems equipment installation contract, the owner shall be furnished with a complete set of manufacturers' operating, maintenance, and preventive maintenance instructions, a parts lists, and complete procurement information, including equipment numbers and descriptions.

**6.1.3.2** Operating staff persons shall also be provided with instructions for proper operation of systems and equipment. Required information shall include all safety or code ratings as needed.

**6.1.4 Insulation**

Insulation shall be provided surrounding special system equipment to conserve energy, protect personnel, and reduce noise.

**6.2 Elevators**

**6.2.1 Dimensions**

Cars shall have a minimum inside floor dimension of not less than 5 feet (1.52 meters).

**6.2.2 Leveling Device**

Elevators shall be equipped with a two-way automatic level-maintaining device with an accuracy of ±1/2 inch (±12.7 millimeters).

### 3.1 OUTPATIENT FACILITIES

#### 6.2.3 Elevator Controls

6.2.3.1 Elevator call buttons and controls shall not be activated by heat or smoke. Light beams, if used for operating door reopening devices without touch, shall be used in combination with door-edge safety devices and shall be interconnected with a system of smoke detectors. This is so the light control feature will be overridden or disengaged should it encounter smoke at any landing.

6.2.3.2 Elevator controls, alarm buttons, and telephones shall be accessible to wheelchair occupants and usable by the blind.

#### 6.2.4 Installation and Testing

6.2.4.1 Standards. Installation and testing of elevators shall comply with ANSI/ASME A17.1 for new construction and ANSI/ASME A17.3 for existing facilities. (See ASCE/SEI 7 for seismic design and control system requirements for elevators.)

6.2.4.2 Documentation. Field inspections and tests shall be made and the owner shall be furnished with written certification stating that the installation meets the requirements set forth in this section as well as all applicable safety regulations and codes.

### 6.3 Waste Processing

Space and facilities shall be provided for the treatment or disposal of waste.

**Note:** For information on collection and storage of waste, see Section 3.1-3.3.1, Waste Management.

#### 6.3.1 General

6.3.1.1 The functional program shall stipulate the categories and volumes of waste for disposal and shall stipulate the methods of disposal for each.

6.3.1.2 These facilities shall use techniques acceptable to the appropriate health and environmental authorities.

#### 6.3.2 Medical Waste Disposal

##### 6.3.2.1 General

**A6.3.2.4** When incinerators are used, consideration should be given to the recovery of waste heat from on-site incinerators used to dispose of large amounts of waste materials.

- (1) Medical waste shall be disposed of by incineration or other approved technologies. Two or more institutions shall be permitted to share incinerators or other major disposal equipment.
- (2) Use of incinerators or other major disposal equipment to dispose of other medical waste shall be permitted where local regulations permit.

#### 6.3.2.2 Space requirements

- (1) Incinerators with capacities of 50 pounds per hour or more shall be in a separate room or outdoors; those with lesser capacities shall be permitted to be in a separate area within the facility boiler room.
- (2) Rooms and areas containing incinerators shall have adequate space and facilities for charging and cleaning incinerators, as well as necessary clearances for work and maintenance.
- (3) Provisions shall be made for operation, temporary storage, and disposal of materials so that odors and fumes do not drift back into occupied areas.
- (4) Existing approved incinerator installations that are not in separate rooms or outdoors may remain unchanged provided they meet the above criteria.

#### 6.3.2.3 Equipment

- (1) Incinerators or other major disposal equipment shall be designed for the actual quantity and type of waste to be destroyed.
- (2) Equipment shall meet all applicable regulations.
- (3) The design and construction of incinerators, if used, shall comply with NFPA 82 and conform to the standards prescribed by area air pollution regulations.

**Note:** For information about refuse chutes, see Section 3.1-3.3.1.2.

**\*6.3.2.4** Recovery of waste heat

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## | \*6.3.2.5 Environmental/health risk assessments

## 6.3.3 Nuclear Waste Disposal

See Code of Federal Regulations, title X, parts 20 and 35, concerning the handling and disposal of nuclear materials in health care facilities.

## 7 Building Systems

### 7.1 Plumbing

#### 7.1.1 General

7.1.1.1 Applicability. These requirements do not apply to small primary (neighborhood) outpatient facilities or outpatient facilities that do not perform invasive applications or procedures. See Section 3.3-6.1 for requirements for small primary (neighborhood) outpatient facilities.

7.1.1.2 Standards. Unless otherwise specified herein, all plumbing systems shall be designed and installed in accordance with the International Plumbing Code.

#### 7.1.2 Plumbing and Other Piping Systems

##### 7.1.2.1 General piping and valves

- (1) All piping, except control-line tubing, shall be identified.
- (2) All valves shall be tagged, and a valve schedule shall be provided to the facility owner for permanent record and reference.
- (3) No plumbing piping shall be exposed overhead or exposed on walls where possible accumulation of dust or soil may create a cleaning problem or where leaks would create a potential for food contamination.

##### 7.1.2.2 Hemodialysis piping

- (1) Where the functional program includes hemodialysis, continuously circulated filtered cold water shall be provided. Piping shall be in accordance with AAMI RD62.
- (2) In new construction and renovation where hemodialysis or hemoperfusion are routinely

performed, a separate water supply and drainage facility that does not interfere with hand-washing shall be provided.

7.1.2.3 Potable water supply systems. The following standards shall apply to potable water supply systems:

- (1) Capacity. Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand. Supply capacity for hot- and cold-water piping shall be determined on the basis of fixture units, using recognized engineering standards. Where the ratio of plumbing fixtures to occupants is proportionally more than required by the building occupancy and is in excess of 1,000 plumbing fixture units, a diversity factor is permitted.
- (2) Valves. Each water service main, branch main, riser, and branch to a group of fixtures shall have valves.
  - (a) Stop valves shall be provided for each fixture.
  - (b) Appropriate panels for access shall be provided at all valves where required.
- (3) Backflow prevention
  - (a) Systems shall be protected against cross-connection in accordance with American Water Works Association (AWWA) *Recommended Practice for Backflow Prevention and Cross-connection Control*.

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**A6.3.2.5** Incinerators should be designed in a manner fully consistent with protection of public and environmental health, both on-site and off-site, and in compliance with federal, state, and local statutes and regulations. Toward this end, permit applications for incinerators and modifications thereof should be supported by environmental assessments and/or environmental impact statements (EISs) and/or health risk assessments (HRAs) as required by regulatory agencies. Except as noted below, such assessments should utilize standard U.S. EPA methods, specifically those set forth in U.S. EPA guidelines, and should be fully consistent with U.S. EPA guidelines for health risk assessment. Under some circumstances, however, regulatory agencies having jurisdiction over a particular project may require use of alternative methods.

### 3.1 OUTPATIENT FACILITIES

- (b) Vacuum breakers or backflow prevention devices shall be installed on hose bibs and supply nozzles used for connection of hoses or tubing in laboratories, housekeeping sinks, etc.

- (4) Potable water storage vessels (hot and cold) not intended for constant use shall not be installed.

- (5) Emergency eyewash and showers shall comply with ANSI Z358.1.

7.1.2.4 Hot water systems. See Section 1.6-2.2.1.

7.1.2.5 Drainage systems. The following standards shall apply to drainage systems:

#### (1) Piping

- (a) Drain lines from sinks used for acid waste disposal shall be made of acid-resistant material.
- (b) Drain lines serving some types of automatic blood-cell counters shall be of carefully selected material that will eliminate the potential for undesirable chemical reactions (and/or explosions) between sodium azide wastes and copper, lead, brass, solder, etc.
- (c) Insofar as possible, drainage piping shall not be installed within the ceiling or exposed in operating and delivery rooms, nurseries, food preparation centers, food-serving facilities, food storage areas, central services, electronic data processing areas, electric closets, and other sensitive areas.

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**A7.1.2.5 (2)(b)** Floor drains in cystoscopy operating rooms have been shown to disseminate a heavily contaminated spray during flushing. Unless flushed regularly with large amounts of fluid, the trap tends to dry out and permit passage of gases, vapors, odors, insects, and vermin directly into the operating room. For new construction, if the users insist on a floor drain, the drain plate should be located away from the operative site and should be over a frequently flushed nonsplash, horizontal-flow type of bowl, preferably with a closed system of drainage. Alternative methods include (1) an aspirator/trap installed in a wall connected to the collecting trough of the operating table by a closed, disposable tube system or (2) a closed system using portable collecting vessels. (See NFPA 99.)

Where exposed overhead drain piping in these areas is unavoidable, special provisions shall be made to protect the space below from leakage, condensation, or dust particles.

#### (2) Floor drains

- (a) Floor drains shall not be installed in operating and delivery rooms.

\* (b) If a floor drain is installed in cystoscopy, it shall contain a nonsplash, horizontal-flow flushing bowl beneath the drain plate.

- (c) Dietary area floor drains and/or floor sinks

- (i) Type. These shall be of a type that can be easily cleaned by removing the cover. Removable stainless steel mesh shall be provided in addition to grilled drain covers to prevent entry of large particles of waste that might cause stoppages.

- (ii) Location. Floor drains or floor sinks shall be provided at all "wet" equipment (as ice machines) and as required for wet cleaning of floors. Location of floor drains and floor sinks shall be coordinated to avoid conditions where locations of equipment make removal of covers for cleaning difficult.

- (3) Sewers. Building sewers shall discharge into community sewerage. Where such a system is not available, the facility shall treat its sewage in accordance with local and state regulations.

#### (4) Kitchen grease traps

- (a) Grease traps shall be of capacity required.
- (b) These shall be located and arranged to permit easy access without the need to enter food preparation or storage areas.
- (c) These shall be accessible from outside the building without need to interrupt any services.

- (5) Plaster traps. Where plaster traps are used, provisions shall be made for appropriate access and cleaning.

7.1.2.6 Condensate drains. See Section 1.6-2.1.2.2.

#### 7.1.3 Plumbing Fixtures

In addition to the requirements of Section 1.6-2.1.3, the following standards shall apply to plumbing fixtures in outpatient facilities:

##### 7.1.3.1 Clinical sinks

- (1) Handles on clinical sinks shall be at least 6 inches (15.24 centimeters) long.
- (2) Clinical sinks shall have an integral trap wherein the upper portion of the water trap provides a visible seal.

7.1.3.2 Scrub sinks. Freestanding scrub sinks and lavatories used for scrubbing in procedure rooms shall be trimmed with foot, knee, or ultrasonic controls; single-lever wrist blades shall not be permitted.

#### 7.1.4 Medical Gas and Vacuum Systems

7.1.4.1 Medical gas systems. If piped medical gas is used, the installation, testing, and certification of non-flammable medical gas and air systems shall comply with the requirements of NFPA 99. Station outlets shall be provided consistent with need established by the functional program. (See also Table 3.1-2.)

7.1.4.2 Vacuum systems. Central vacuum systems. Where the functional program requires, central clinical vacuum system installations shall be in accordance with NFPA 99.

### 7.2 Heating, Ventilating, and Air-Conditioning (HVAC) Systems

#### 7.2.1 Applicability

These requirements do not apply to small primary (neighborhood) outpatient facilities or outpatient facilities that do not perform invasive applications or procedures. See Section 3.3-6.2 for requirements for small primary (neighborhood) outpatient facilities.

#### 7.2.2 General

##### \*7.2.2.1 Mechanical system design

- (1) Efficiency. The mechanical system shall be designed for overall efficiency and life-cycle costing. Details for cost-effective implementation of design features are interrelated and too numerous (as well as too basic) to list individually.
  - (a) Recognized engineering procedures shall be followed for the most economical and effective results. A well-designed system can generally achieve energy efficiency at minimal additional cost and simultaneously provide improved patient comfort.
  - (b) Different geographic areas may have climatic and use conditions that favor one system over another in terms of overall cost and efficiency.
  - (c) In no case shall patient care or safety be sacrificed for conservation.
  - (d) Facility design features such as site, building mass, orientation, configuration, fenestration, and other features relative to passive and active energy systems shall be considered.
  - (e) Use of recognized energy-saving mechanisms such as variable-air-volume (VAV) systems, load shedding, programmed controls for unoccupied periods (nights and weekends, etc.), and use of natural ventilation shall be considered, site and climatic conditions permitting.

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#### A7.2.2.1 Mechanical system design

- a. Remodeling and work in existing facilities may present special problems. As practicality and funding permit, existing insulation, weather stripping, etc., should be brought up to standard for maximum economy and efficiency. Consideration should be given to additional work that may be needed to achieve this.
- b. Insofar as practical, the facility should include provisions for recovery of waste cooling and heating energy (ventilation, exhaust, water and steam discharge, cooling towers, incinerators, etc.).
- c. Systems with excessive installation and/or maintenance costs that negate long-range savings should be avoided.
- d. Use of mechanically circulated outside air does not reduce the need for filtration.

### 3.1 OUTPATIENT FACILITIES

#### (2) Air-handling systems

\*(a) Air-handling systems shall be designed with an economizer cycle where appropriate to use outside air.

(b) VAV systems. The energy-saving potential of VAV systems is recognized, and the standards herein are intended to maximize appropriate use of such systems. Any system used for occupied areas shall include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas.

(c) Non-central air-handling systems (i.e., individual room units used for heating and cooling purposes, such as fan-coil units, heat pump units, etc.) shall meet the following requirements: These units may be used as recirculating units only. All outdoor air requirements shall be met by a separate central air handling system with the proper filtration, as noted in Table 3.1-1.

(3) Vibration isolators. Mechanical equipment, ductwork, and piping shall be mounted on vibration isolators as required to prevent unacceptable structure-borne vibration.

(4) System valves. Supply and return mains and risers for cooling, heating, and steam systems shall be equipped with valves to isolate the various sections of each system. Each piece of equipment shall have valves at the supply and return ends.

7.2.2.2 Ventilation and space conditioning requirements. All rooms and areas used for patient care shall have provisions for ventilation.

(1) Ventilation rates. The ventilation rates shown in Table 2.1-2 shall be used only as minimum standards; they do not preclude the use of higher, more appropriate rates.

## APPENDIX

A7.2.2.1 (2)(a) It may be practical in many areas to reduce or shut down mechanical ventilation during appropriate climatic and patient care conditions and to use open windows for ventilation.

(2) Air change rates. Air supply and exhaust in rooms for which no minimum total air change rate is noted may vary down to zero in response to room load. For rooms listed in Table 2.1-2, where VAV systems are used, minimum total air change shall be within limits noted.

(3) Temperature and humidity. Space temperature and relative humidity shall be as indicated in Table 2.1-2.

(4) Air movement direction. To maintain asepsis control, airflow supply and exhaust shall be controlled to ensure general movement of air from "clean" to "less clean" areas, especially in critical areas. The ventilation systems shall be designed and balanced according to the requirements in Table 2.1-2 and in the applicable notes.

(5) Natural ventilation. Although natural window ventilation for nonsensitive and patient areas shall be permitted, mechanical ventilation shall be provided for all rooms and areas in the facility.

(6) Renovation. For renovation projects, prior to the start of construction and preferably during design, airflow and static pressure measurements shall be taken at the connection points of new ductwork to existing systems. This information shall be used by the designer to determine if existing systems have sufficient capacity for intended new purposes, and so any required modifications to the existing system can be included in the design documentation.

#### 7.2.2.3 Testing and documentation

(1) Upon completion of the equipment installation contract, the owner shall be furnished with a complete set of manufacturers' operating, maintenance, and preventive maintenance instructions, parts lists, and complete procurement information, including equipment numbers and descriptions. Required information shall include energy ratings as needed for future conservation calculations.

(2) Operating staff persons shall also be provided with written instructions for the proper operation of systems and equipment.

## 7.2.3 Ventilation Requirements for Specific Locations

## \*7.2.3.1 Operating rooms

## (1) Air supply

(a) In new construction and major renovation work, air supply for operating rooms shall be from non-aspirating ceiling diffusers with a face velocity in the range of 25 to 35 fpm (0.13 to 0.18 m/s), located at the ceiling above the center of the work area. Return air shall be near the floor level, at a minimum. Return air shall be permitted high on the walls, in addition to the low returns.

(b) Each operating and delivery room shall have at least two return-air inlets located as far from each other as practical.

(c) Turbulence and other factors of air movement shall be considered to minimize the fall of particulates onto sterile surfaces.

(2) Temperature. Temperature shall be individually controlled for each operating room.

## (3) Ventilation rates

(a) Operating room ventilation systems shall operate at all times, except during maintenance and conditions requiring shutdown by the building's fire alarm system.

(b) During unoccupied hours, operating room air change rates may be reduced, provided that the positive room pressure is maintained as required in Table 2.1-2.

7.2.3.2 Cough-inducing procedure rooms. Rooms used for sputum induction, aerosolized pentamidine treatments, or other cough-inducing procedures shall meet the requirements of Table 2.1-2 for airborne infection isolation rooms. If booths are used, refer to Section 2.1-5.8.1.

7.2.3.3 Anesthesia storage rooms. The ventilation system for anesthesia storage rooms shall conform to the requirements of NFPA 99, including the gravity option. Mechanically operated air systems are optional in this room.

7.2.3.4 ETO sterilizer space. The ventilation system for the space that houses ethylene oxide (ETO) sterilizers shall be designed as follows:

(1) A dedicated (not connected to a return air or other exhaust system) exhaust system shall be provided. Refer to 29 CFR Part 1910.1047.

(2) All source areas shall be exhausted, including the sterilizer equipment room, service/aeration areas, and the space above the sterilizer door, as well as the aerator.

**APPENDIX****A7.2.3.1 Ventilation for operating rooms**

a. The operating and delivery room ventilation systems should operate at all times to maintain the air movement relationship to adjacent areas. The cleanliness of the spaces is compromised when the ventilation system is shut down. For example, airflow from a less clean space such as the corridor can occur, and standing water can accumulate in the ventilation system (near humidifiers or cooling coils).

b. The recommended air change rate in an operating room is 20 to 25 air changes per hour (ACH) for ceiling heights between 9 feet (2.74 meters) and 12 feet (3.66 meters). The system should provide a single directional flow regime, with both high and low exhaust locations. A face velocity of around 25 to 35 fpm (0.13 to 0.18 m/s) is sufficient from the non-aspirating diffuser array provided that the array size itself

is set correctly. The non-aspirating diffuser array size should be set so that it covers at least the area footprint of the table plus a reasonable margin around it. In the cited study, this margin is 21 inches (0.53 meter) on the short side and 12 inches (0.3 meter) on the long side. If additional diffusers are required, they may be located outside this central diffuser array. Up to 30% of the central diffuser array may be allocated to non-diffuser items (medical gas columns, lights, etc.).

The recommended ventilation rates in the previous paragraph were derived from studies conducted by the National Institutes of Health titled "Comparison of Operating Room Ventilation Systems in the Protection of the Surgical Site" (Memarzadeh 2002) and "Effect of Operation Room Geometry and Ventilation System Parameter Variations on the Protection of the Surgical Site" (Memarzadeh 2004).

### 3.1 OUTPATIENT FACILITIES

- (a) If the ETO cylinders are not located in a well-ventilated, unoccupied equipment space, an exhaust hood shall be provided over the cylinders.
  - (b) The relief valve shall be terminated in a well-ventilated, unoccupied equipment space or outside the building.
  - (c) If the floor drain to which the sterilizer(s) discharges is not located in a well-ventilated, unoccupied equipment space, an exhaust drain cap shall be provided (coordinate with local codes).
- (3) General airflow shall be away from the sterilizer operator(s).
- (4) A dedicated exhaust duct system for ETO shall be provided. The exhaust outlet to the outside shall be at least 25 feet (7.62 meters) away from any air intake.
- (5) An audible and visual alarm shall activate in the sterilizer work area, and in a 24-hour staffed location, upon loss of airflow in the exhaust system.

7.2.3.5 Food preparation centers. Exhaust hoods handling grease-laden vapors in food preparation centers shall meet the following requirements:

- (1) Hoods shall comply with NFPA 96.
- (2) All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems, and heat-actuated fan controls.
- (3) Cleanout openings shall be provided every 20 feet (6.10 meters) and at changes in direction in the horizontal exhaust duct systems serving these hoods. Each horizontal duct run shall have at least one cleanout opening. Horizontal runs of ducts serving range hoods shall be kept to a minimum.

#### APPENDIX

A7.2.5.3 (2) See *Industrial Ventilation: A Manual of Recommended Practice*, published by the American Conference of Governmental Industrial Hygienists ([www.acgih.org](http://www.acgih.org)), for additional information.

7.2.3.6 Fuel-fired equipment rooms. Rooms with fuel-fired equipment shall be provided with sufficient outdoor air to maintain equipment combustion rates and to limit workstation temperatures.

7.2.4 Thermal Insulation and Acoustical Provisions  
See Section 1.6-2.2.1.

#### 7.2.5 HVAC Air Distribution

7.2.5.1 Return air systems. All return air ventilation systems in patient care areas of outpatient surgery facilities shall be ducted.

7.2.5.2 HVAC ductwork. See Section 1.6-2.2.2.1.

#### 7.2.5.3 Exhaust systems

##### (1) General

- (a) To enhance the efficiency of recovery devices, required for energy conservation, combined exhaust systems shall be permitted.
- (b) Local exhaust systems shall be used whenever possible in place of dilution ventilation to reduce exposure to hazardous gases, vapors, fumes, or mists.
- (c) Fans serving exhaust systems shall be located at the discharge end and shall be readily serviceable.
- (d) Airborne infection isolation rooms shall not be served by exhaust systems incorporating a heat wheel.

\* (2) Anesthesia scavenging system. Each space routinely used for administering inhalation anesthesia and inhalation analgesia shall be served by a scavenging system to vent waste gases.

- (a) If a vacuum system is used, the gas-collecting system shall be arranged so that it does not disturb patients' respiratory systems.
- (b) Gases from the scavenging system shall be exhausted directly to the outside. The anesthesia evacuation system may be combined with the room exhaust system, provided that

the part used for anesthesia gas scavenging exhausts directly to the outside and is not part of the recirculation system.

- (c) Where anesthesia scavenging systems are required, air supply shall be at or near the ceiling. Return or exhaust air inlets shall be near the floor level.

- (d) Scavenging systems are not required for areas where gases are used only occasionally, such as the emergency department, offices for routine dental work, etc.

#### 7.2.5.4 Air outlets and inlets

##### (1) Fresh air intakes

- (a) Fresh air intakes shall be located at least 25 feet (7.62 meters) from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vents, or areas that may collect vehicular exhaust or other noxious fumes. (Prevailing winds and/or proximity to other structures may require greater clearances.)
- (b) The requirement for a 25-foot (7.62-meter) separation also pertains to the distance between the intake and the exhaust and/or gas vent off packaged rooftop units.
- (c) Plumbing and vacuum vents that terminate at a level above the top of the air intake may be located as close as 10 feet (3.05 meters).
- (d) The bottom of outdoor air intakes serving central systems shall be as high as practical, but at least 6 feet (1.83 meters) above ground level or, if installed above the roof, 3 feet (0.91 meter) above roof level.

- (2) Exhaust outlets. Exhaust outlets from areas that may be contaminated shall be above roof level, arranged to minimize recirculation of exhaust air into the building and directed away from personnel service areas.

- (3) Gravity exhaust. Where conditions permit, gravity exhaust may be used for nonpatient areas such as boiler rooms, central storage, etc.
- (4) Construction requirements. The bottom of air distribution devices (supply/return/exhaust) shall be at least 3 inches (7.62 centimeters) above the floor.

#### 7.2.5.5 Ventilation hoods

##### (1) Exhaust hoods and safety cabinets

- (a) Hoods and safety cabinets are permitted to be used for normal exhaust of a space provided minimum air change rates are maintained.
- (b) If air change standards in Table 2.1-2 do not provide sufficient air for proper operation of exhaust hoods and safety cabinets (when in use), makeup air (filtered and preheated) shall be provided around these units to maintain the required air-flow direction and exhaust velocity. Use of makeup air will avoid dependence upon infiltration from outdoor and/or from contaminated areas.
- (c) Makeup systems for hoods shall be arranged to minimize "short circuiting" of air and to avoid reduction in air velocity at the point of contaminant capture.

##### (2) Laboratory fume hoods. Laboratory fume hoods shall meet the following general standards:

- (a) General standards
  - (i) Average face velocity of 75 feet per minute (0.45 to 0.56 meters per second).
  - (ii) Connection to an exhaust system to the outside that is separate from the building exhaust system
  - (iii) Location of an exhaust fan at the discharge end of the system
  - (iv) Inclusion of an exhaust duct system of noncombustible corrosion-resistant material as needed to meet the planned usage of the hood.

### 3.1 OUTPATIENT FACILITIES

(b) Special standards for use with strong oxidants

- (i) Fume hoods, and their associated equipment in the air stream intended for use with perchloric acid and other strong oxidants, shall be constructed of stainless steel or other material consistent with special exposures.
- (ii) These hoods and equipment shall be provided with a water wash and drain system to permit periodic flushing of duct and hood.
- (iii) Electrical equipment intended for installation within such ducts shall be designed and constructed to resist penetration by water. Lubricants and seals shall not contain organic materials.
- (iv) When perchloric acid or other strong oxidants are only transferred from one container to another, standard laboratory fume hoods and the associated equipment may be used in lieu of stainless steel construction.

(c) Special standards for use with infectious or radioactive materials. In new construction and major renovation work, each hood used to process infectious or radioactive materials shall meet the following requirements:

- (i) Each hood shall have a minimum face velocity of 90 to 110 feet per minute (0.45 to 0.56 meters per second) with suitable pressure-independent air-modulating devices and alarms to alert staff of fan shutdown or loss of airflow.
- (ii) Each hood shall have filters with a 99.97 percent efficiency (based on the DOP test method) in the exhaust stream, and be designed and equipped to permit the safe removal, disposal, and replacement of contaminated filters. Filters shall be as close to the hood as practical to minimize duct contamination.

- (iii) Fume hoods intended for use with radioactive isotopes shall be constructed of stainless steel or other material suitable for the particular exposure and shall comply with NFPA 801, *Facilities for Handling Radioactive Materials*. Note: Radioactive isotopes used for injections, etc., without probability of airborne particulates or gases may be processed in a clean-work-bench-type hood where acceptable to the Nuclear Regulatory Commission.

#### 7.2.6 HVAC Filters

##### 7.2.6.1 Filter efficiencies

- (1) All central ventilation or air conditioning systems shall be equipped with filters with efficiencies equal to, or greater than, those specified in Table 3.1-1.
- (2) Non-central air handling systems shall be equipped with permanent (cleanable) or-replaceable filters with a minimum efficiency of MERV 3 (68 percent weight arrestance).
- (3) Filter efficiencies, tested in accordance with ASHRAE 52.1, shall be average.

7.2.6.2 Filter bed location. Where two filter beds are required, filter bed no. 1 shall be located upstream of the air conditioning equipment and filter bed no. 2 shall be downstream of any fan or blowers.

7.2.6.3 Filter frames. Filter frames shall be durable and proportioned to provide an airtight fit with the enclosing ductwork. All joints between filter segments and enclosing ductwork shall have gaskets or seals to provide a positive seal against air leakage.

7.2.6.4 Filter manometers. A manometer shall be installed across each filter bed having a required efficiency of 75 percent or more, including hoods requiring HEPA filters. Provisions shall be made to allow access for field testing.

#### 7.2.7 Steam and Hot Water Systems

See Section 1.6-2.2.3.

### 7.3 Electrical Systems

#### 7.3.1 General

##### 7.3.1.1 Applicable standards

- (1) All electrical material and equipment, including conductors, controls, and signaling devices, shall be installed in compliance with applicable sections of NFPA 70 and NFPA 99.
- (2) All electrical material and equipment shall be listed as complying with available standards of listing agencies or other similar established standards where such standards are required.

7.3.1.2 Testing and documentation. Electrical installations, including alarm and communication systems, shall be tested to demonstrate that equipment installation and operation is appropriate and functional. A written record of performance tests on special electrical systems and equipment shall show compliance with applicable codes and standards.

7.3.1.3 Power disturbance safeguards. Data processing and/or automated laboratory or diagnostic equipment, if provided, may require safeguards from power line disturbances.

#### 7.3.2 Electrical Distribution and Transmission

##### 7.3.2.1 Switchboards

###### (1) Location

- (a) Main switchboards shall be located in an area separate from plumbing and mechanical equipment and shall be accessible to authorized persons only.
- (b) Switchboards shall be convenient for use and readily accessible for maintenance but away from traffic lanes.
- (c) Switchboards shall be located in dry, ventilated spaces free of corrosive or explosive fumes or gases or any flammable material.

- (2) Overload protective devices. These shall operate properly in ambient room temperatures.

##### 7.3.2.2 Panelboards

- (1) Panelboards serving normal lighting and appliance circuits shall be located on the same floor as the circuits they serve.
- (2) Panelboards serving critical branch emergency circuits shall be located on each floor that has major users.
- (3) Panelboards serving life safety emergency circuits may also serve floors above and/or below.

##### 7.3.2.3 Ground-fault circuit interrupters

#### 7.3.3 Power Generating and Storing Equipment

7.3.3.1 Emergency electrical service. Emergency lighting and power shall be provided for in accordance with NFPA 99, NFPA 101, and NFPA 110.

#### 7.3.4 Lighting

7.3.4.1 General. See Section 1.6-2.3.1.1.

7.3.4.2 Lighting for specific locations in the outpatient facility

- (1) Exam/treatment/trauma rooms. A portable or fixed examination light shall be provided for examination, treatment, and trauma rooms.
- (2) Operating and delivery rooms. Operating and delivery rooms shall have general lighting in addition to special lighting units provided at surgical and obstetrical tables. General lighting and special lighting shall be on separate circuits.

7.3.4.3 Emergency lighting. See Section 1.6-2.3.1.2.

#### 7.3.5 Receptacles (Convenience Outlets)

7.3.5.1 Duplex grounded-type receptacles (convenience outlets) shall be installed in all areas in sufficient quantities for tasks to be performed as needed.

7.3.5.2 Each examination and worktable shall have access to a minimum of two duplex receptacles.

### 3.1 OUTPATIENT FACILITIES

#### 7.3.6 Equipment

7.3.6.1 X-ray equipment. Fixed and mobile x-ray equipment installations shall conform to articles 517 and 660 of NFPA 70.

7.3.6.2 Inhalation anesthetizing locations. At inhalation anesthetizing locations, all electrical equipment and devices, receptacles, and wiring shall comply with applicable sections of NFPA 99 and NFPA 70.

7.3.6.3 Special electrical equipment. Special equipment is identified in the subsections of Section 2, Diagnostic and Treatment Locations, of this chapter. These sections shall be consulted to ensure compatibility between programatically defined equipment needs and appropriate power and other electrical connection needs.

#### 7.4 Telecommunications and Information Systems

7.4.1 Locations for terminating telecommunications and information system devices shall be provided.

7.4.2 A space shall be provided for central equipment locations. Special air conditioning and voltage regulation shall be provided when recommended by the manufacturer.

#### 7.5 Fire Alarm System

Any fire alarm system shall be as required by NFPA 101 and installed per NFPA 72.

### 3.1 OUTPATIENT FACILITIES

**Table 3.1-1**  
**Filter Efficiencies for Central Ventilation and Air Conditioning Systems in Outpatient Facilities**

<i>Area designation</i>	<i>No. filter beds</i>	<i>Filter bed no. 1 (MERV, %)</i>	<i>Filter bed no. 2<sup>1</sup> (MERV, %)</i>
All areas for patient care, treatment, and/or diagnosis, and those areas providing direct service or clean supplies such as sterile and clean processing, etc.	2	8 (30%)	14 (90%)
Laboratories	1	13 (80%)	—
Administrative, bulk storage, soiled holding areas, food preparation areas, and laundries	1	8 (30%)	—

<sup>1</sup>These requirements do not apply to small primary (neighborhood) outpatient facilities or outpatient facilities that do not perform invasive applications or procedures.

**Notes**

1. Additional roughing or prefilters should be considered to reduce maintenance required for main filters.
2. MERV = minimum efficiency reporting value. MERVs are based on ASHRAE 52.2.
3. The filtration efficiency ratings are based on average dust spot efficiency per ASHRAE 52.1.

**Table 3.1-2**  
**Station Outlets for Oxygen, Vacuum, and Medical Air in Outpatient Facilities**

<i>Section</i>	<i>Location</i>	<i>Oxygen</i>	<i>Vacuum</i>	<i>Medical Air</i>
3.1-2.1.1/2.1.2	General/special purpose examination	0	0	—
3.1-2.1.3	Treatment	0	0	—
3.1-2.1.5	Isolation	0 <sup>1</sup>	0 <sup>1</sup>	—
3.6-2.1	Birthing room	2	2	—
3.7-2.2	Examination in outpatient surgical facility	0 <sup>1</sup>	0 <sup>1</sup>	—
	<i>Ambulatory operating rooms</i>			
3.7-2.3.1.1	Class A—minor surgical procedure room	1	1	—
3.7-2.3.1.2	Class B—intermediate surgical procedure room	2	2	—
3.7-2.3.1.3	Class C—major surgical procedure room	2	3	—
3.7-2.4.1	Post-anesthesia recovery	1	1	—
3.7-2.4.2	Phase II recovery	0 <sup>1</sup>	0 <sup>1</sup>	—
—	Cysto procedure	1	3	—
	<i>Urgent Care</i>			
—	Procedure room	1	1	1
—	Cast room	0 <sup>1</sup>	0 <sup>1</sup>	—
—	Catheterization room	1	2	2
	<i>Endoscopy</i>			
3.9-2.3	Procedure room	1	3	—
3.9-2.3.2	Holding/prep/recovery area	0 <sup>1</sup>	0 <sup>1</sup>	—
3.9-3.2.2	Decontamination area	—	—	—

<sup>1</sup>Portable source shall be available for the space.

## 3.5 Freestanding Urgent Care Facilities

### 1 General Considerations

#### 1.1 Applicability

This section applies to facilities that provide urgent care to the public but are not part of licensed hospitals, are not freestanding emergency services, or do not provide care on a 24-hour-per-day, seven-day-per-week basis.

#### 1.2 Site

##### 1.2.1 Signage

1.2.1.1 The facility shall post signs that clearly indicate the type and level of care offered and the hours of operation (if not 24 hours per day, seven days per week).

1.2.1.2 The facility shall post directional signs and information showing the nearest emergency department that is part of a licensed hospital.

##### 1.2.2 Parking

1.2.2.1 Not less than one parking space shall be provided for each staff member on duty at any one time, and no fewer than two spaces shall be provided for each examination and each treatment room.

1.2.2.2 Additional spaces shall be provided for emergency vehicles.

1.2.2.3 Street, public, and shared lot spaces, if included as part of this standard, shall be exclusively for the use of the urgent care facility.

1.2.2.4 All required parking spaces shall be convenient to the urgent care entrance.

### 2 Diagnostic and Treatment Locations

#### 2.1 Examination and Treatment Rooms

In addition to the requirements of Section 3.1-2.1, the following shall be provided:

#### 2.1.1 Examination Rooms

2.1.1.1 Number. At least two examination rooms shall be provided.

#### 2.1.1.2 Space requirements

- (1) Area. The examination rooms shall have a clear floor area of 120 square feet (11.15 square meters) excluding vestibule, toilet, closet, and fixed casework (treatment room may also be utilized for examination).
- (2) Clearances. Room arrangement shall permit a minimum clearance of 3 feet 6 inches (1.07 meters) at each side, head, and foot of the bed.

#### 2.1.2 Procedure Room

At least one procedure room with the following characteristics shall be provided.

2.1.2.1 Capacity. Setup of the room to accommodate more than one patient shall be permitted.

- (1) Utilities and services shall be provided for each patient.
- (2) Provisions shall be included for patient privacy.

#### 2.1.2.2 Space requirements

- (1) Where a procedure room is set up for multi-patient use, each patient area shall have a minimum clear area of 250 net square feet (23.23 square meters) excluding vestibule, toilet, closet, and fixed casework.
- (2) Room arrangement shall permit a minimum clearance of 3 feet 6 inches (1.07 meters) at each side, head, and foot of the bed.

2.1.2.3 Scrub stations. Hands-free scrub stations shall be located at each procedure room.

**2.1.3 Observation Facilities**

Facilities shall be provided for holding urgent care patients until they can be discharged or transferred to an appropriate hospital.

2.1.3.1 Number. Use of one or more examination/treatment rooms for this purpose shall be permitted.

2.1.3.2 Facility requirements. Size, type, and equipment shall be as required for anticipated patient load and lengths of stay.

2.1.3.3 Functional requirements. Each observation bed shall permit the following:

- (1) Direct visual observation of each patient from the nurse station, except where examination/treatment rooms are used for patient holding. View from the duty station may be limited to the door.
- (2) Patient privacy
- (3) Access to patient toilets
- (4) Secure storage of patients' valuables and clothing
- (5) Dispensing of medication
- (6) Bedpan storage and cleaning
- (7) Nourishment area (see Section 2.1-2.3.5). Meal provisions shall be made for patients held for more than four hours.

**2.2 Imaging Facilities**

**2.2.1 Standards**

Standards stipulated in Section 3.1-2.2 shall be met during all hours of operation.

**2.2.2 Facility Requirements**

Radiographic equipment shall be adequate for any part of the body including, but not limited to, fractures.

**2.2.3 Support Areas for Patients**

Separate dressing rooms are not required for unit(s) used only for emergency procedures.

**2.3 Laboratory**

**2.3.1 Standards**

See Section 3.1-2.3 for applicable standards.

**2.3.2 Facility Requirements**

In addition, immediate access to blood for transfusions and provisions for cross-match capabilities shall be provided.

**2.4 Support Areas for Diagnostic and Treatment Locations**

**2.4.1 A Nurse Control and Workstation**

2.4.1.1 This shall accommodate charting, files, and staff consultation activities.

2.4.1.2 It shall be located to permit visual control of clinical area and its access.

2.4.1.3 Communication links with the examination/treatment area, procedure room, reception control, laboratory, radiology, and on-call staff shall be provided.

**2.4.2 Poison Control Center**

A poison control center with immediately accessible antidotes and a file of common poisons shall be provided.

2.4.2.1 Communication links with regional and/or national poison centers and regional EMS centers shall be provided.

2.4.2.2 This service may be part of the nurse control and workstation.

**2.4.3 Equipment Storage**

2.4.3.1 Location for CPR emergency cart. A CPR emergency cart shall be provided. It shall be located away from public circulation areas but immediately accessible to all areas, including entrance and receiving areas.

2.4.3.2 Wheelchair and stretcher storage. In addition to wheelchair storage, a holding area shall be provided for stretchers within the clinical area, away from traffic and under staff control.

**2.5 Support Areas for Staff**

Facilities for on-call medical staff shall be provided.

### 3.5 FREESTANDING URGENT CARE FACILITIES

#### 3 Administrative and Public Areas

Administrative and public areas shall conform to the standards in Section 3.1-4, with the following additions.

##### 3.1 Public Areas

###### 3.1.1 Entrances

3.1.1.1 Entrances shall be well marked, illuminated, and covered to permit protected transfer of patients from ambulance and/or automobile.

3.1.1.2 The urgent care entrance shall have vision panels to minimize conflict between incoming and outgoing traffic and to allow for observation of the unloading area from the control station.

###### 3.1.1.3 Accessibility

- (1) Convenient access to wheelchairs and stretchers shall be provided at the urgent care entrance.
- (2) If a platform is provided for ambulance use, a ramp for wheelchairs and stretchers shall be provided in addition to steps.

###### 3.1.2 Lobby and Waiting Areas

These shall satisfy the following requirements:

###### 3.1.2.1 Reception

Reception and information functions may be combined or separate. These areas shall meet the following requirements:

- (1) These areas shall provide direct visual control of the urgent care entrance and access to the treatment area and the lobby. Urgent care entrance control functions shall include observation of arriving vehicles.
- (2) Control stations normally include a triage function and shall be in direct communication with medical staff.
- (3) A public toilet with hand-washing stations shall be provided.
- (4) A convenient telephone shall be provided.

###### 3.1.2.2 Waiting area(s)

- (1) Urgent care waiting area
  - (a) This shall include provisions for wheelchairs.
  - (b) This shall be separate from the area provided for scheduled outpatient service.
- (2) Diagnostic imaging waiting area. If the urgent care facility ICRA determines that the diagnostic imaging waiting area requires special consideration to reduce the risk of airborne infection transmission, public waiting areas shall be designed, ventilated, and maintained with available technologies such as enhanced general ventilation and air disinfection techniques similar to inpatient requirements for airborne infection isolation rooms. See the CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings" (full reference at 1.1-7.5.1).

###### 3.1.3 Interview Facilities

Initial interviews may be conducted at the triage reception/control area.

3.1.3.1 Facilities for conducting interviews on means of reimbursement, social services, and personal data shall include provisions for acoustical privacy.

3.1.3.2 These facilities shall be permitted to be separate from the reception area but must be convenient to the urgent care service waiting area.

#### 3.2 Administrative Areas

##### 3.2.1 Offices

For standards concerning general and individual offices, see Section 3.1-4.2.2.

##### 3.2.2 Multipurpose Rooms

Multipurpose room(s) shall be provided for staff conferences. This room may also serve for consultation.

##### 3.2.3 Storage

For standards concerning general storage, see Section 3.1-4.2.4.

**3.2.4 Support Areas for Staff**

For standards concerning special storage for staff, see Section 3.1-4.2.5.

**4 Construction Standards**

**4.1 General Standards for Details and Finishes**

**4.1.1 Doors to Patient Care Rooms**

4.1.1.1 Door(s) to urgent care patient care rooms serving stretcher-borne patients shall not be less than 4 feet (1.22 meters) wide.

4.1.1.2 All other doors to patient service areas shall be not less than 3 feet (91.44 centimeters) wide.

**5 Building Systems**

**5.1 Plumbing**

See Section 3.1-7.1 for applicable plumbing standards.

**5.2 Heating, Ventilating and Air-Conditioning Systems**

See Section 3.1-7.2 for applicable mechanical standards.

**5.3 Electrical Systems**

See Section 3.1-7.3 for applicable electrical standards.

IV.  
 Criterion 1110.234 - Project Services Utilization

This project includes the following clinical service areas.

- Diagnostic Radiology (General X-Ray, CT Scanning, Ultrasound, Mammography)
- MRI
- Immediate Care
- Outpatient Specimen Procurement

Although the Illinois Health Facilities and Services Review Board (HFSRB) has not established utilization standards or occupancy standards for these Clinical Service Areas in 77 Ill. Adm. Code 1100, the projected utilization of these Services will be presented in this Attachment as well as in Attachments 69 and 73.

The Illinois certificate of need (CON) Rules include State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following clinical service areas that are included in this project.

- Diagnostic Radiology, with State Norms for the modalities included in this project
- MRI
- Immediate Care (use State Norm for Ambulatory Care)
- Outpatient Specimen Procurement (use State Norm for Ambulatory Care)

Documentation that, in its second year of operation, the Elmhurst Memorial Addison Health Center will meet or exceed the utilization standards specified in 77 Ill. Adm. Code 1110.Appendix B is provided below and also in Attachments 13, 69 and 73.

The projected utilization for these Clinical Service Areas during the first two complete fiscal years of operation is shown below. This utilization has been developed using the methodologies that follow.

Elmhurst Memorial Addison Health Center		
	FY2013	FY2014
Diagnostic Radiology		
Radiology (X-Ray) Exams	7,039	7,097
CT Scanning Exams	3,856	3,964
Ultrasound Exams	3,143	3,143
Mammography Exams	2,145	2,169
MRI Exams	1,390	1,446
Immediate Care Visits	10,216	10,244
Outpatient Specimen Procurement Visits	14,639	14,776

The projected utilization for each Clinical Service has been developed using the methodology described on the following pages of this Attachment.

a. For Diagnostic Radiology and MRI, which are not currently provided at the Addison Medical Office Building (MOB), the projected utilization is based upon the following methodology.

1. The primary service market area (PSA) for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

2. The total number of Diagnostic Radiology and MRI exams for each of the modalities included in this project (i.e., Radiology, CT Scanning, Ultrasound, Mammography, MRI) in the PSA for the 2009 historic year (also known as the base year) and for projected years through 2014 were identified using Outpatient Procedure Estimates from Thomson-Reuters Market Planner Plus.
3. A use rate for each modality was calculated for each zip code, establishing the number of exams per 1,000 population.
4. Diagnostic Radiology and MRI Services are currently provided at both Elmhurst Memorial Hospital and the Elmhurst Memorial Center for Health (EMCH), an ambulatory care facility which is located in Elmhurst on the campus where Elmhurst Memorial Hospital's new hospital (the partial replacement of the current hospital, which was approved under IHFPB Project #07-104) will be located.

The Diagnostic Radiology and MRI Services at these locations provide testing to outpatients who are referred by their physicians at both the Wood Dale and Addison Medical Office Buildings (MOBs). These are patients who will be referred to the Elmhurst Memorial Addison Health Center for Diagnostic Radiology and MRI Services once that building becomes operational.

5. Elmhurst Memorial Healthcare's (EMHC's) 2008 market share for these modalities in each of the zip codes constituting the PSA for the Elmhurst Memorial Addison Health Center was calculated..
6. The projected number of Diagnostic Radiology and MRI exams for each of the modalities included in this project from within the PSA was calculated by holding EMHC's 2008 market share constant and applying it to the total number of projected exams for each of the zip codes in the PSA.

The results of this calculation are the total number of outpatient exams for each of the Diagnostic Radiology and MRI modalities from within the PSA that are projected to be performed at EMHC facilities.

7. The projected number of Diagnostic Radiology and MRI exams for each of these modalities from within the PSA for 2013 and 2014 that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated by making the assumption that 30% of the exams for each of these modalities that are projected to be performed at EMHC will actually be performed at the Elmhurst Memorial Addison Health Center once that facility becomes operational in FY13.
8. The percentage of Diagnostic Radiology and MRI exams for each of these modalities that are projected to be performed on patients residing outside the PSA was calculated by analyzing the mix of patients at other outpatient sites owned and operated by Elmhurst Memorial Hospital and determining that the average will vary by modality.
  - Radiology: 52% from outside the PSA
  - CT Scanning: 60% from outside the PSA
  - Ultrasound: 61% from outside the PSA
  - Mammography: 52% from outside the PSA
  - MRI: 61% from outside the PSA

It should be noted that the PSA consists of 4 zip codes within Elmhurst Memorial Hospital's primary service area. These 4 zip codes represented more than 50% of the patients seen in FY2009 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center.

The PSA for this project represents only a small portion of the zip codes included within the State-designated planning area of DuPage County (P.A. A-05) and only a portion of the zip codes that represent Elmhurst Memorial Hospital's primary service area.

9. The total projected number of Diagnostic Radiology and MRI exams for each of these modalities that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:

- The projected cases that will come from within the PSA, as discussed in Items 6) and 7) above;
- The projected cases that will come from outside the PSA, which are calculated by applying the average percentage of cases outside the PSA to the projected number of cases from within the PSA, as discussed in Item 8) above.

b. For Immediate Care, which Elmhurst Memorial Hospital does not currently provide in the Addison MOB, projected utilization is based on the following methodology.

1. The PSA for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

2. The total population in each of the PSA zip codes was calculated for the 2009 historic year (also known as the base year) and for projected years through 2014 using Demographics from Thomson-Reuters Market Planner Plus.
3. A use rate for Immediate Care in each zip code was calculated using Emergency Department Estimates from Thomson-Reuters Market Planner Plus. This calculation established the number of Immediate Care visits per 1,000 population for each of the zip codes comprising the PSA.

The Emergency Department Estimates projects non-emergent visits as the sum of visits for Immediate Care, Urgent Care, and Emergency Department Fast Track.

4. Elmhurst Memorial Addison Health Center's projected market share in its PSA for Immediate Care was estimated based on the Lombard Health Center's 2008 market share for Immediate Care in its own Primary Service Area.

It is reasonable to assume that the two Immediate Care Centers will have similar profiles. Lombard Health Center, which is owned by Elmhurst Memorial Healthcare and operated by Elmhurst Memorial Hospital, offers similar programs to the proposed Elmhurst Memorial Addison Health Center, and it is located in a different area of Elmhurst Memorial Hospital's Primary Service Area in DuPage County, serving a different section of Elmhurst Memorial Hospital's Primary Service Area.

5. The projected number of Immediate Care visits at Elmhurst Memorial Addison Health Center from residents of the PSA was calculated by applying the projected use rate for Immediate Care in the PSA and then applying the projected market share.
6. Elmhurst Memorial Addison Health Center's projected caseload for Immediate Care from patients residing outside its PSA was estimated based on the percentage of patients using Elmhurst Memorial Hospital's other Immediate Care Centers who reside outside the Primary Service Areas for these facilities.

It is reasonable to assume that the Elmhurst Memorial Addison Health Center's Immediate Care Center will have a similar profile to that of other Immediate Care Centers operated by Elmhurst Memorial Hospital. The percentage of Immediate Care visits at these facilities from patients residing outside the Primary Service Area for each ranged from 33% to 36%.

Therefore, it has been estimated that 34.5% of the Immediate Care visits at the Elmhurst Memorial Addison Health Center will come from outside that facility's PSA.

7. The total projected number of Immediate Care visits for the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:
  - The projected cases that will come from within the PSA, as discussed in Items 4) and 5) above;
  - The projected cases that will come from outside the PSA, as discussed in Item 6) above. These cases are calculated by applying the percentage of Immediate Care visits experienced by residents coming from outside the PSA (34.5%) to the projected number of visits from within the PSA.

c. For Outpatient Specimen Procurement, the projected utilization is based upon the following methodology.

1. The proposed Outpatient Specimen Procurement Service will significantly expand the facilities currently available for this Service at the Addison MOB, which is the building that will be replaced by the Elmhurst Memorial Addison Health Center.
  - a) Blood draws are currently available a total of 9 hours per week using only 1 draw station.
  - b) Urine and fecal sampling are not provided at the Addison MOB.
2. The proposed Outpatient Specimen Procurement Service at the Elmhurst Memorial Addison Health Center will operate 78 hours per week, and facilities will be available for blood draws, urinalysis, and fecal testing.
3. The PSA for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

4. Because of the limited hours during which Outpatient Specimen Procurement operated at the Addison MOB and the limited facilities available for this Service at that location, the historic caseload for Outpatient Blood Draws (part of the patient visits that will be experienced at the Elmhurst Memorial Addison Health Center) at that location is acknowledged, but is not used to project the caseload at the Elmhurst Memorial Addison Health Center.
5. The total number of Outpatient Specimen Procurement tests for the 2009 historic year (also known as the base year) and for projected years through 2014 were identified using Outpatient Procedure Estimates from Thomson-Reuters Market Planner Plus.
6. A use rate was calculated for each zip code, establishing the number of tests per 1,000 population.

7. Because Outpatient Specimen Procurement is available for such a limited amount of time, facilities at both Elmhurst Memorial Hospital and EMCH are used by outpatients who are referred by their physicians at both the Wood Dale and Addison MOBs. All of these are patients who will be referred to the proposed Outpatient Specimen Procurement Department at the Elmhurst Memorial Addison Health Center once that building becomes operational.
8. EMHC's 2008 market share for these tests (i.e., blood draws, urinalysis, fecal testing) in each of the zip codes constituting the PSA for the Elmhurst Memorial Addison Health Center was calculated..
9. The projected number of these tests within the PSA for 2013 and 2014 was calculated by holding EMHC's 2008 market share constant and applying it to the total number of projected exams for each of the zip codes in the PSA.

The results of this calculation are the total number of Outpatient Specimen Procurement tests from within the PSA that are projected to be performed at EMHC.

10. The projected number of Outpatient Specimen Procurement tests from within the PSA that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated by making the assumption that 30% of the tests that are projected to be performed at EMHC will actually be performed at the Elmhurst Memorial Addison Health Center once that facility becomes operational in FY13.
11. The percentage of Outpatient Specimen Procurement tests that are projected to be performed on patients residing outside the PSA was calculating by analyzing the mix of patients in the Outpatient Specimen Procurement Service at the Addison MOB.

It was determined that 28% of the tests will be performed on patients residing outside the PSA.

12. The total projected number of Outpatient Specimen Procurement tests that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:
  - The projected cases that will come from within the PSA, as discussed in Item 10) above;
  - The projected cases that will come from outside the PSA, which are calculated by applying the 28% of tests performed on patients coming from outside the PSA to the projected number of cases from within the PSA, as discussed in Item 11) above.

13. The number of Outpatient Specimen Procurement tests per visit at the Addison MOB was calculated in order to convert the total number of Outpatient Specimen Procurement tests, both historic and projected, to visits.

For CY2006 through FY2009, the number of tests per visit varied from 3.2 to 3.3. Consequently, the historic and projected number of tests were divided by 3.2 tests per visit in order to calculate the total projected number of Outpatient Specimen Procurement visits.

VIII.R.3.b.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Need Determination Establishment

This project will replace and expand Elmhurst Memorial Hospital's Addison Medical Office Building (MOB) on the same site as the existing MOB. The replacement facility will be named the Elmhurst Memorial Addison Health Center.

The project will establish the following Clinical Services that are not Categories of Services, none of which currently exist in the Addison MOB: Diagnostic Radiology (i.e., General Radiography or X-Ray, CT Scanning, Ultrasound, and Mammography), MRI, and an Immediate Care Center.

The project will also replace and expand the existing Outpatient Specimen Procurement Service. The replacement and expansion of the Outpatient Specimen Procurement Service is addressed in Attachment 71, since this project proposes to replace and expand that service on the same site, as a result of which this program will be modernized in accordance with 77 Ill. Adm. Code 1110.3030.a)3).

It should be noted that an Immediate Care Center is not listed in 77 Ill. Adm. Code 1110.3030.a)1) as being subject to this Attachment, and utilization standards for this program are not listed in 77 Ill. Adm. Code 1110.Appendix B. However, since an Immediate Care Center may be considered to be part of Ambulatory Care, it is being presented in this Attachment.

- The establishment of Diagnostic Imaging Services (i.e., Diagnostic Radiology Services including X-Ray, CT Scanning, Ultrasound, Mammography, and MRI Services) in the MOB will increase the availability and accessibility of these services to patients when they have appointments with their physicians in the MOB.
- The establishment of an Immediate Care Center in the Elmhurst Memorial Addison Health Center will increase the accessibility and availability of urgent care services to area residents and employees of local businesses, while reducing duplication of staff and facilities that would occur if this service were established in a separate location and needed its own Diagnostic Imaging and Outpatient Specimen Procurement Services.

The Diagnostic Radiology and MRI Services and the Immediate Care Center meet the specified review criterion of Need Determination - Establishment [of] Service to the Planning Area Residents (77 Ill. Adm. Code 1110.3030.b)1)).

The Diagnostic Radiology and MRI Services and the Immediate Care Center need to be established for the primary purpose of providing care to the residents of DuPage County (Planning Area A-5), the State-designated planning area in which the proposed services will be located.

1)A) These Services will be provided to residents of the primary service area (PSA) that is identified in Attachment-11. These zip codes, which are shown below, are located in DuPage County, which is Planning Area A-5, and all of these zip codes are part of Elmhurst Memorial Hospital's PSA.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

Patient origin data for Elmhurst Memorial Hospital's outpatients during FY2009 (July 1, 2008 - June 30, 2009), which are found in Attachment 11, Page 6, and on Page 9 of this Attachment, demonstrate that the zip codes that comprise the PSA, all of which are within Elmhurst Memorial Hospital's PSA, are within the state-designated Planning Area A-5 (DuPage County).

In addition, patient origin data for 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center indicate that more than 50% of the patients seen in FY09 at their current offices in Elmhurst Memorial Hospital's Addison MOB and in Wood Dale reside within the PSA. The patient origin data for these physician groups is found in Attachment 11, Pages 7 and 8 and on Pages 10 and 11 of this Attachment.

1)B) The models used to project the utilization of these Clinical Services, are found below as well as in Attachments 13 and 14. These models are used to project utilization for each modality and Clinical Service during the first complete fiscal year of operation, as presented below.

1. For Diagnostic Radiology and MRI. the projected utilization is based upon the following methodology.

a) The primary service market area (PSA) for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

- b) The total number of Diagnostic Radiology and MRI exams for each of the modalities included in this project (i.e., Radiology, CT Scanning, Ultrasound, Mammography, MRI) in the PSA for the 2009 historic year (also known as the base year) and for projected years through 2014 were identified using Outpatient Procedure Estimates from Thomson-Reuters Market Planner Plus.
- c) A use rate for each modality was calculated for each zip code, establishing the number of exams per 1,000 population.
- d) Diagnostic Radiology and MRI Services are currently provided at both Elmhurst Memorial Hospital and the Elmhurst Memorial Center for Health (EMCH), an ambulatory care facility which is located in Elmhurst on the campus where Elmhurst Memorial Hospital's new hospital (the partial replacement of the current hospital, which was approved under IHFPB Project #07-104) will be located.

The Diagnostic Radiology and MRI Services at these locations provide testing to outpatients who are referred by their physicians at both the Wood Dale and Addison Medical Office Buildings (MOBs). These are patients who will be referred to the Elmhurst Memorial Addison Health Center for Diagnostic Radiology and MRI Services once that building becomes operational.

- e) Elmhurst Memorial Healthcare's (EMHC's) 2008 market share for these modalities in each of the zip codes constituting the PSA for the Elmhurst Memorial Addison Health Center was calculated.
- f) The projected number of Diagnostic Radiology and MRI exams for each of the modalities included in this project from within the PSA was calculated by holding EMHC's 2008 market share constant and applying it to the total number of projected exams for each of the zip codes in the PSA.

The results of this calculation are the total number of outpatient exams for each of the Diagnostic Radiology and MRI modalities from within the PSA that are projected to be performed at EMHC.

- g) The projected number of Diagnostic Radiology and MRI exams for each of these modalities from within the PSA for 2013 and 2014 that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated by making the assumption that 30% of the exams for each of these modalities that are projected to be performed at EMHC will actually be performed at the Elmhurst Memorial Addison Health Center once that facility becomes operational in FY13.
- h) The percentage of Diagnostic Radiology and MRI exams for each of these modalities that are projected to be performed on patients residing outside the PSA was calculated by analyzing the mix of patients at other outpatient sites owned and operated by Elmhurst Memorial Hospital and determining that the average will vary by modality.
- Radiology: 52% from outside the PSA
  - CT Scanning: 60% from outside the PSA
  - Ultrasound: 61% from outside the PSA
  - Mammography: 52% from outside the PSA
  - MRI: 61% from outside the PSA

It should be noted that the PSA consists of 4 zip codes within Elmhurst Memorial Hospital's primary service area. These 4 zip codes represented more than 50% of the patients seen in FY2009 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center.

The PSA for this project represents only a small portion of the zip codes included within the State-designated planning area of DuPage County (P.A. A-05) and only a portion of the zip codes that represent Elmhurst Memorial Hospital's primary service area.

- i) The total projected number of Diagnostic Radiology and MRI exams for each of these modalities that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:

- The projected cases that will come from within the PSA, as discussed in Items f) and g) above;
- The projected cases that will come from outside the PSA, which are calculated by applying the average percentage of cases outside the PSA to the projected number of cases from within the PSA, as discussed in Item h) above.

2. For Immediate Care, projected utilization is based on the following methodology.

- a) The PSA for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center.

Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

- b) The total population in each of the PSA zip codes was calculated for the 2009 historic year (also known as the base year) and for projected years through 2014 using Demographics from Thomson-Reuters Market Planner Plus.
- c) A use rate for Immediate Care in each zip code was calculated using Emergency Department Estimates from Thomson-Reuters Market Planner Plus. This calculation established the number of Immediate Care visits per 1,000 population for each of the zip codes comprising the PSA.

The Emergency Department Estimates projects non-emergent visits as the sum of visits for Immediate Care, Urgent Care, and Emergency Department Fast Track.

- d) Elmhurst Memorial Addison Health Center's projected market share in its PSA for Immediate Care was estimated based on the Lombard Health Center's 2008 market share for Immediate Care in its own Primary Service Area.

It is reasonable to assume that the two Immediate Care Centers will have similar profiles. Lombard Health Center, which is owned by Elmhurst Memorial Healthcare and operated by Elmhurst Memorial Hospital, offers similar programs to the proposed Elmhurst Memorial Addison Health Center, and it is located in a different area of Elmhurst Memorial Hospital's Primary Service Area in DuPage County, serving a different section of Elmhurst Memorial Hospital's Primary Service Area.

- e) The projected number of Immediate Care visits at Elmhurst Memorial Addison Health Center from residents of the PSA was calculated by applying the projected use rate for Immediate Care in the PSA and then applying the projected market share.
- f) Elmhurst Memorial Addison Health Center's projected caseload for Immediate Care from patients residing outside its PSA was estimated based on the percentage of patients using Elmhurst Memorial Hospital's other Immediate Care Centers who reside outside the Primary Service Areas for these facilities.

It is reasonable to assume that the Elmhurst Memorial Addison Health Center's Immediate Care Center will have a similar profile to that of other Immediate Care Centers operated by Elmhurst Memorial Hospital. The percentage of Immediate Care visits at these facilities from patients residing outside the Primary Service Area for each ranged from 33% to 36%.

Therefore, it has been estimated that 34.5% of the Immediate Care visits at the Elmhurst Memorial Addison Health Center will come from outside that facility's PSA.

- g) The total projected number of Immediate Care visits for the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:
- The projected cases that will come from within the PSA, as discussed in Item e) above;
  - The projected cases that will come from outside the PSA, as discussed in Item f) above. These cases are calculated by applying the percentage of Immediate

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Care visits experienced by residents coming from outside the PSA (34.5%) to the projected number of visits from within the PSA.

The projections for the Clinical Services that will be established in the Elmhurst Memorial Addison Health Center are provided below are for the first 2 complete fiscal years of operation. These are Clinical Services that are not currently provided at the Addison MOB.

Department	FY2013	FY2014
Diagnostic Radiology		
Radiology (X-Ray) Exams	7,039	7,097
CT Scanning Exams	3,856	3,964
Ultrasound Exams	3,143	3,143
Mammography Exams	2,145	2,169
MRI Exams	1,390	1,446
Immediate Care Visits	10,216	10,244

The FY2013 projected caseload for each of these Clinical Services justifies the number of key rooms proposed for each of the Clinical Service Areas included in this project.

Department	State Norm (units/room)	Projected FY2013 Volume	Total Rooms Justified	Total Proposed Key Rooms
Diagnostic Radiology				
Radiology/Fluoroscopy (X-Ray)	6,500 proc.	7,039	2	1
CT	2,000 visits	3,856	2	1
Ultrasound	2,000 visits	3,143	2	1
Mammography	2,000 visits	2,145	2	1
Diagnostic Radiology TOTAL (these modalities)			8	4
MRI	2,000 visits	1,390	1	1
Immediate Care	2,000 visits	10,216	6	5

## ELMHURST MEMORIAL HOSPITAL OUTPATIENTS

### FY2009 Patient Origin

Community	Zip Code	FY 2009 Cases*	% of Total Cases	Cummulative %
ELMHURST	60126	79,196	20.3%	20.3%
LOMBARD	60148	40,189	10.3%	30.5%
VILLA PARK	60181	33,744	8.6%	39.2%
ADDISON	60101	31,154	8.0%	47.1%
BENSENVILLE	60106	21,199	5.4%	52.5%
NORTHLAKE	60164	17,574	4.5%	57.0%
WOOD DALE	60191	9,753	2.5%	59.5%
FRANKLIN PARK	60131	6,633	1.7%	61.2%
BERKELEY	60163	6,555	1.7%	62.9%
GLENDALE HEIGHTS	60139	6,493	1.7%	64.6%
GLEN ELLYN	60137	6,487	1.7%	66.2%
HILLSIDE	60162	5,383	1.4%	67.6%
MELROSE PARK	60160	5,198	1.3%	68.9%
BELLWOOD	60104	4,843	1.2%	70.2%
CAROL STREAM	60188	4,604	1.2%	71.3%
BLOOMINGDALE	60108	4,332	1.1%	72.4%
WESTCHESTER	60154	4,083	1.0%	73.5%
OAK BROOK	60523	3,224	0.8%	74.3%
ITASCA	60143	2,650	0.7%	75.0%
ROSELLE	60172	2,639	0.7%	75.7%
ELMWOOD PARK	60707	2,323	0.6%	76.3%
WHEATON	60187	2,275	0.6%	76.8%
BARTLETT	60103	2,258	0.6%	77.4%
<b>Total, These Zipcodes</b>		<b>302,789</b>	<b>77.4%</b>	
<b>Total EMH Outpatient Visits</b>		<b>391,088</b>	<b>100.0%</b>	

#### PRIMARY SERVICE AREA FOR ELMHURST MEMORIAL ADDISON HEALTH CENTER

Total Visits from Primary Service Area for Elmhurst Memorial Addison Health Center	64,756	16.56%
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\*Source: EPSi

**ELMHURST CLINIC ADDISON MEDICAL OFFICE BUILDING**

**FY2009 Patient Origin**

<b>Community</b>	<b>Zip Code</b>	<b>FY 2009 Cases*</b>	<b>% of Total Cases</b>	<b>Cummulative %</b>
ADDISON	60101	1,476	36.0%	36.0%
BENSENVILLE	60106	281	6.9%	42.9%
ELMHURST	60126	266	6.5%	49.4%
VILLA PARK	60181	239	5.8%	55.2%
WOOD DALE	60191	227	5.5%	60.8%
LOMBARD	60148	222	5.4%	66.2%
GLENDALE HEIGHTS	60139	179	4.4%	70.6%
NORTHLAKE	60164	131	3.2%	73.8%
CAROL STREAM	60188	89	2.2%	75.9%
ROSELLE	60172	85	2.1%	78.0%
ITASCA	60143	82	2.0%	80.0%
BLOOMINGDALE	60108	62	1.5%	81.5%
MELROSE PARK	60160	52	1.3%	82.8%
MAYWOOD	60153	44	1.1%	83.9%
HANOVER PARK	60133	43	1.1%	84.9%
GLEN ELLYN	60137	38	0.9%	85.9%
BERKELEY	60163	32	0.8%	86.6%
FRANKLIN PARK	60131	30	0.7%	87.4%
<b>Total, These Zipcodes</b>		<b>3,578</b>	<b>87.4%</b>	
<b>Total Elmhurst Clinic Addison MOB Visits</b>		<b>4,095</b>	<b>100.0%</b>	

<b>PRIMARY SERVICE AREA FOR ELMHURST MEMORIAL ADDISON HEALTH CENTER</b>		
<b>Total Visits from Primary Service Area for Elmhurst Memorial Addison Health Center</b>	<b>2,066</b>	<b>50.45%</b>

\*Source: EPSi

**ELMHURST CLINIC WOOD DALE OFFICE**

**FY2009 Patient Origin**

<b>Community</b>	<b>Zip Code</b>	<b>FY 2009 Cases*</b>	<b>% of Total Cases</b>	<b>Cummulative %</b>
BENSENVILLE	60106	3,404	20.0%	20.0%
ADDISON	60101	3,027	17.8%	37.8%
WOOD DALE	60191	2,679	15.7%	53.5%
ELMHURST	60126	1,054	6.2%	59.7%
VILLA PARK	60181	828	4.9%	64.5%
NORTHLAKE	60164	603	3.5%	68.1%
LOMBARD	60148	577	3.4%	71.5%
ITASCA	60143	504	3.0%	74.4%
GLENDAL HEIGHTS	60139	471	2.8%	77.2%
ROSELLE	60172	251	1.5%	78.7%
FRANKLIN PARK	60131	248	1.5%	80.1%
BLOOMINGDALE	60108	215	1.3%	81.4%
MELROSE PARK	60160	196	1.2%	82.5%
ELK GROVE VILLAGE	60007	176	1.0%	83.6%
HANOVER PARK	60133	162	1.0%	84.5%
GLEN ELLYN	60137	129	0.8%	85.3%
CAROL STREAM	60188	128	0.8%	86.0%
BARTLETT	60103	106	0.6%	86.7%
STREAMWOOD	60107	106	0.6%	87.3%
SCHILLER PARK	60176	105	0.6%	87.9%
<b>Total, These Zipcodes</b>		<b>14,969</b>	<b>87.9%</b>	
<b>Total Elmhurst Clinic Wood Dale Office Visits</b>		<b>17,029</b>	<b>100.0%</b>	

**PRIMARY SERVICE AREA FOR ELMHURST MEMORIAL ADDISON HEALTH CENTER**

<b>Total Visits from Primary Service Area for Elmhurst Memorial Addison Health Center:</b>	<b>9,614</b>	<b>56.46%</b>
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\*Source: EPSi

VIII.R.3.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Utilization - Establishment

This project will establish the following Clinical Service Areas Other than Categories of Service in the Elmhurst Memorial Addison Health Center.

- Diagnostic Radiology:
  - General Radiography or X-Ray
  - CT Scanning
  - Ultrasound
  - Mammography
- MRI
- Immediate Care Center

The project will also replace and expand Outpatient Specimen Procurement.

Space programs for all Clinical Service Areas that are being established in this project are found at the end of this Attachment and in Attachment-13.

The Illinois certificate of need (CON) Rules include State Norms (77 Ill. Adm. Code 1110.APPENDIX B) for the following Clinical Service Areas that are included in this project.

- Diagnostic Radiology:
  - General Radiography or X-Ray
  - CT Scanning
  - Ultrasound
  - Mammography
- MRI
- Ambulatory Care

Although there are no State Norms for either Immediate Care or Outpatient Specimen Procurement, it is assumed that the Illinois Health Facilities and Services Review Board will review these services under the State Norms for Ambulatory Care. The balance of this Attachment is based upon that assumption.

An analysis of the proposed size (number of imaging/exam/testing rooms or stations and gross square footage) of each of the Clinical Service Areas being established in this project is found below, as well as in Attachments 13 and 62, together with the methodology used to project the caseload for each Clinical Service presented after the chart.

The proposed number of rooms for the Clinical Services proposed for the Elmhurst Memorial Addison Health Center is justified by the projected utilization for each of these Clinical Services during the first complete fiscal year of operation of the facility.

The proposed square footage for each of these services is within the State Norm.

The projected utilization for each Clinical Service Area during the first two complete fiscal years of operation is shown below and in Attachments 14 and 62. This utilization has been developed using the methodologies that follow.

Elmhurst Memorial Addison Health Center		
	FY2013	FY2014
Diagnostic Radiology		
Radiology (X-Ray) Exams	7,039	7,097
CT Scanning Exams	3,856	3,964
Ultrasound Exams	3,143	3,143
Mammography Exams	2,145	2,169
MRI Exams	1,390	1,446
Immediate Care Visits	10,216	10,244

The FY2013 projected caseload for each of these Clinical Services justifies the number of key rooms proposed for each of the Clinical Service Areas included in this project, as shown in the chart that appears below and on the next page.

Elmhurst Memorial Addison Health Center				
Department	State Norm (units/room)	Projected FY2013 Volume	Total Rooms Justified	Total Proposed Key Rooms
Diagnostic Radiology				
Radiology/Fluoroscopy (XRay)	6,500 proc.	7,039	2	1
CT	2,000 visits	3,856	2	1
Ultrasound	2,000 visits	3,143	2	1
Mammography	2,000 visits	2,145	2	1
Diagnostic Radiology TOTAL (these modalities)			8	4

Elmhurst Memorial Addison Health Center				
Department	State Norm (units/room)	Projected FY2013 Volume	Total Rooms Justified	Total Proposed Key Rooms
MRI	2,000 visits	1,390	1	1
Immediate Care	2,000 visits	10,216	6	5

The proposed square footage for each of these Clinical Services is found below.

Elmhurst Memorial Addison Health Center				
Department	State Norm (GSF/unit or room)	Total Key Rooms Proposed	Total GSF Justified	Proposed GSF
Diagnostic Radiology Total Radiology CT Ultrasound Mammography	1,386 GSF/ Procedure Room	4	5,544	5,541
MRI	3,400 GSF/Unit	1	3,400	2,117
Immediate Care	4.1 Clinic Visits/GSF or 667 GSF/ Treatment Room	5	3,335	3,331

The proposed Gross Square Footage for the Clinical Services proposed for the Elmhurst Memorial Addison Health Center, which is based upon the facility's projected utilization during its first complete fiscal year of operation, as discussed below, meets the State Norms.

Space programs for these Clinical Services are appended to this Attachment.

The projected utilization for each Clinical Service has been developed using the methodology described below.

1. For Diagnostic Radiology and MRI, which are not currently provided at the Addison MOB, the projected utilization is based upon the following methodology.
  - a. The primary service market area (PSA) for this project consists of the following zip codes (found on the next page), which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY2009 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY2009 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY2009 resided.

- b. The total number of Diagnostic Radiology and MRI exams for each of the modalities included in this project (i.e., Radiology, CT Scanning, Ultrasound, Mammography, MRI) in the PSA for the 2009 historic year (also known as the base year) and for projected years through 2014 were identified using Outpatient Procedure Estimates from Thomson-Reuters Market Planner Plus.
- c. A use rate for each modality was calculated for each zip code, establishing the number of exams per 1,000 population.
- d. Diagnostic Radiology and MRI Services are currently provided at both Elmhurst Memorial Hospital and the Elmhurst Memorial Center for Health (EMCH), an ambulatory care facility which is located in Elmhurst on the campus where Elmhurst Memorial Hospital's new hospital (the partial replacement of the current hospital, which was approved under IHFPB Project #07-104) will be located.

The Diagnostic Radiology and MRI Services at these locations provide testing to outpatients who are referred by their physicians at both the Wood Dale and Addison Medical Office Buildings (MOBs). These are patients who will be referred to the Elmhurst Memorial Addison Health Center for Diagnostic Radiology and MRI Services once that building becomes operational.

- e. Elmhurst Memorial Healthcare's (EMHC's) 2008 market share for these modalities in each of the zip codes constituting the PSA for the Elmhurst Memorial Addison Health Center was calculated for 2008.

- f. The projected number of Diagnostic Radiology and MRI exams for each of the modalities included in this project from within the PSA was calculated by holding EMHC's 2008 market share constant and applying it to the total number of projected exams for each of the zip codes in the PSA.

The results of this calculation are the total number of outpatient exams for each of the Diagnostic Radiology and MRI modalities from within the PSA that are projected to be performed at EMHC facilities.

- g. The projected number of Diagnostic Radiology and MRI exams for each of these modalities from within the PSA for 2013 and 2014 that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated by making the assumption that 30% of the exams for each of these modalities that are projected to be performed at EMHC facilities will actually be performed at the Elmhurst Memorial Addison Health Center once that facility becomes operational in FY2013.

- h. The percentage of Diagnostic Radiology and MRI exams for each of these modalities that are projected to be performed on patients residing outside the PSA was calculated by analyzing the mix of patients at other outpatient sites owned and operated by Elmhurst Memorial Hospital and determining that the average will vary by modality.

- Radiology: 52% from outside the PSA
- CT Scanning: 60% from outside the PSA
- Ultrasound: 61% from outside the PSA
- Mammography: 52% from outside the PSA
- MRI: 61% from outside the PSA

It should be noted that the PSA consists of 4 zip codes within Elmhurst Memorial Hospital's primary service area. These 4 zip codes represented more than 50% of the patients seen in FY2009 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center.

The PSA for this project represents only a small portion of the zip codes included within the State-designated planning area of DuPage County (P.A. A-05) and only a portion of the zip codes that represent Elmhurst Memorial Hospital's primary service area.

i. The total projected number of Diagnostic Radiology and MRI exams for each of these modalities that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:

- The projected cases that will come from within the PSA, as discussed in Items f) and g) above;
- The projected cases that will come from outside the PSA, which are calculated by applying the average percentage of cases outside the PSA to the projected number of cases from within the PSA, as discussed in Item h) above.

2. For Immediate Care, which Elmhurst Memorial Hospital does not currently provide in the Addison MOB, projected utilization is based on the following methodology.

a. The PSA for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY2009 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center.

Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY2009 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY2009 resided.

b. The total population in each of the PSA zip codes was calculated for the 2009 historic year (also known as the base year) and for projected years through 2014 using Demographics from Thomson-Reuters Market Planner Plus.

c. A use rate for Immediate Care in each zip code was calculated using Emergency Department Estimates from Thomson-Reuters Market Planner Plus. This calculation established the number of Immediate Care visits per 1,000 population for each of the zip codes comprising the PSA.

The Emergency Department Estimates projects non-emergent visits as the sum of visits for Immediate Care, Urgent Care, and Emergency Department Fast Track.

- d. Elmhurst Memorial Addison Health Center's projected market share in its PSA for Immediate Care was estimated based on the Lombard Health Center's 2008 market share for Immediate Care in its own Primary Service Area.

It is reasonable to assume that the two Immediate Care Centers will have similar profiles. Lombard Health Center, which is owned by Elmhurst Memorial Healthcare and operated by Elmhurst Memorial Hospital, offers similar programs to the proposed Elmhurst Memorial Addison Health Center, and it is located in a different area of Elmhurst Memorial Hospital's Primary Service Area in DuPage County, serving a different section of Elmhurst Memorial Hospital's Primary Service Area.

- e. The projected number of Immediate Care visits at Elmhurst Memorial Addison Health Center from residents of the PSA was calculated by applying the projected use rate for Immediate Care in the PSA and then applying the projected market share.

- f. Elmhurst Memorial Addison Health Center's projected caseload for Immediate Care from patients residing outside its PSA was estimated based on the percentage of patients using Elmhurst Memorial Hospital's other Immediate Care Centers who reside outside the Primary Service Areas for these facilities.

It is reasonable to assume that the Elmhurst Memorial Addison Health Center's Immediate Care Center will have a similar profile to that of other Immediate Care Centers operated by Elmhurst Memorial Hospital. The percentage of Immediate Care visits at these facilities from patients residing outside the Primary Service Area for each ranged from 33% to 36%.

Therefore, it has been estimated that 34.5% of the Immediate Care visits at the Elmhurst Memorial Addison Health Center will come from outside that facility's PSA.

- g. The total projected number of Immediate Care visits for the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:

- The projected cases that will come from within the PSA, as discussed in Item e) above;

- The projected cases that will come from outside the PSA, as discussed in Item f) above. These cases are calculated by applying the percentage of Immediate Care visits experienced by residents coming from outside the PSA (34.5%) to the projected number of visits from within the PSA.

Space programs for all clinical services included in this project are appended to this Attachment as documentation that the amount of physical space proposed for this project is necessary and not excessive.

The following guidelines were used in determining the appropriate floor area for these Clinical Services:

- The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities. 2006: American Institute of Architects., Chapters 3.1 (Outpatient Facilities) and 3.5 (Freestanding Urgent Care Centers);
- ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG).

The applicable sections of the 2006 Guidelines for Design and Construction of Healthcare Facilities are found in Attachment 13 of this CON application.

## Elmhurst Memorial Addison Health Center

### Diagnostic Radiology

<u>Area</u>	<u>Quantity</u>
General Radiography Procedure Room	1
C.T. Scanner Procedure Room	1
Ultrasound Procedure Room	1
Mammography Procedure Room	1
General Radiography Control Room	1
C.T. Scanner Control Room	1
C.T. Equipment Room	1
Radiology Patient Dressing Rooms	3
C.T. Patient Dressing and Pre-Procedure Prep. Rooms	3
Mammography Patient Dressing Rooms	2
Patient Toilets	3
Patient Waiting Room	1
Staff Workrooms	2
Janitor Closet	1

## Elmhurst Memorial Healthcare

### Magnetic Resonance Imaging (MRI)

<u>Area</u>	<u>Quantity</u>
MRI Scanning Procedure Room	1
MRI Control Room	1
MRI Equipment Room	1
MRI Patient Dressing and Pre-Procedure Prep. Rooms	2

## Elmhurst Memorial Addison Health Center

### Immediate Care

<u>Area</u>	<u>Quantity</u>
Exam/Treatment Rooms	5
Triage/Assesment Stations	1
Nurse Station	1
Soiled Holding Room	1
Clean Supply Room	1
Nourishment Station	1
Equipment Storage Alcove	1
Patient Toilets	2
Patient Waiting Room	10
Consultation Rooms	2
Physicians' Offices	2

VIII.R.3.c.2.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Service Modernization: Necessary Expansion

This project will replace and expand the existing Outpatient Specimen Procurement Service in Elmhurst Memorial Hospital's Addison Medical Office Building (MOB) on the same site as the existing MOB. The replacement facility will be named the Elmhurst Memorial Addison Health Center.

The project will also establish the following Clinical Services that do not currently exist in the Addison MOB: Diagnostic Radiology (i.e., General Radiography or X-Ray, CT Scanning, Ultrasound, and Mammography), MRI, and an Immediate Care Center. The establishment of these services is addressed in Attachment 62.

It should be noted that Outpatient Specimen Procurement is not listed in 77 Ill. Adm. Code 1110.3030.a)1) as being subject to this Attachment, and utilization standards for this program are not listed in Appendix B. However, since Outpatient Specimen Procurement may be considered to be part of Ambulatory Care, it is being presented in this Attachment.

The Outpatient Specimen Procurement Service meets the review criterion for Necessary Expansion (77 Ill. Adm. Code 1110.3030.c)2)).

The Outpatient Specimen Procurement Service at EMH's Addison MOB needs to be replaced and expanded. It currently consists of 1 drawing station in an open room and provides neither a private draw station nor a toilet for urine and feces samples. Moreover, the space is too small to accommodate the historic as well as the projected workload.

This Clinical Service Area needs to be replaced and expanded for the following reasons.

1. The Outpatient Specimen Procurement Service must be replaced because the entire MOB in which it is located is being demolished and replaced in order to provide physicians' offices for the private practice of medicine that are more suitable, efficient to operate, and appropriately sized and configured for the medical practices that are the building's tenants.

The current building, known as Elmhurst Memorial Hospital's Addison MOB, was originally designed as a movie theatre and converted to an MOB more than 25 years ago.

- a. The building is poorly configured for its use as physician offices and clinical services.

- b. The building, which is fully leased, is unable to accommodate either additional physicians' offices that are currently leased in Wood Dale and will be relocated to this MOB when the Wood Dale lease expires in 2014, or the Diagnostic Imaging Service and Ambulatory Care Center (both are discussed in Attachment 62) that are planned for this MOB.
- c. The space is inefficient, with only 63% available for use by tenants or clinical services, because nearly 40% of the space is composed of common areas and mechanical space.
- d. The HVAC systems are inefficient, particularly for the building's current use.
- e. The building lacks modern amenities.

Newer and more modern professional office buildings are designed to serve the functions of an MOB and ambulatory care center and have much higher percentages of usable space and more efficient systems.

- 2. The Outpatient Specimen Procurement Service needs to be replaced and expanded in order to meet contemporary standards.
  - a. There is no toilet room in the department.
  - b. Lavatories are not available for patient hand-washing.
  - c. There is no private specimen collection room for use with children or others who cannot reasonably be expected to provide specimens in an open area.
  - d. There is only 1 blood drawing station, which is insufficient to accommodate the workload.
  - e. There is insufficient work space for intake and processing of specimens.

Contemporary standards for outpatient specimen collection are reflected in the Section 3.1.2.3.3.2. of the 2006 edition of Guidelines for Design and Construction of Health Care Facilities, a reference source for hospital licensure written by the American Institute of Architects' (AIA) Academy of Architecture for Health and the Facilities Guideline Institute, with assistance from the U.S. Department of Health and Human Services (HHS). The Guidelines for outpatient facilities are found in Attachment-13 of this application.

3. The Outpatient Specimen Procurement Area is very small and needs to be expanded to accommodate patients who will be referred to this service when they have appointments with their physicians at the Elmhurst Memorial Addison Health Center.

The inadequate size of the Outpatient Specimen Procurement Area will be exacerbated when the Elmhurst Memorial Addison Health Center opens since it will have more physician tenants than there are currently at Elmhurst Memorial Hospital's Addison MOB.

4. The Outpatient Specimen Procurement Service will be operational on a full-time basis in the Elmhurst Memorial Addison Health center, an increase from the 9 hours per week that it is currently operational (3 hours per day on a 3 day per week basis). As a result of the increased hours of operation, patients who come to the MOB for a physician visit will be able to use the Outpatient Specimen Procurement Service.

The increased availability of this service will result in additional workload.

5. The addition of a patient toilet will permit the expansion of specimens collected to include urine samples and fecal samples.
6. The model used to project the utilization of the Outpatient Specimen Procurement Service in the new MOB with increased hours of operation is found below as well as in Attachments 13 and 14. This model is used to project utilization of the Outpatient Specimen Procurement Service during its first two complete fiscal years of operation, as presented below.

Department	FY2013	FY2014
Outpatient Specimen Procurement Visits	14,639	14,776

The State Norm being used for the Outpatient Specimen Procurement Department is State Norm for 4.1 Visits/Gross Square Foot, one of the State Norms for Ambulatory Care.

This State Norm is unrelated to key rooms, as seen below.

Department	State Norm (units/room)	Projected FY2013 Volume	Total Rooms Justified	Total Proposed Key Rooms
Outpatient Specimen Procurement	4.1 Visits/ GSF	14,639	N/A*	N/A*

Department	State Norm (GSF/unit or room)	Total Rooms Proposed	Total GSF Justified	Proposed GSF
Outpatient Specimen Procurement	4.1 Clinic Visits/ GSF or 667 GSF/ Treatment Room	N/A	3,570	1,334

VIII.R.3.

Service Specific Review Criteria: Clinical Service Areas Other than Categories of Service: Utilization - Service or Facility

This project will replace and expand Outpatient Specimen Procurement.

The project will also establish the following Clinical Service Areas Other than Categories of Service in the Elmhurst Memorial Addison Health Center.

- Diagnostic Radiology:
  - General Radiography or X-Ray
  - CT Scanning
  - Ultrasound
  - Mammography
- MRI
- Immediate Care Center

The space program for Outpatient Specimen Procurement is found at the end of this Attachment and in Attachment-13.

Although the Illinois certificate of need (CON) Rules do not include a State Norm (77 Ill. Adm. Code 1110.APPENDIX B) for Outpatient Specimen Procurement, it is assumed that the Illinois Health Facilities and Services Review Board will review this service under the State Norm for Ambulatory Care. The balance of this Attachment is based upon that assumption.

The State Norm being used for Outpatient Specimen Procurement is 4.1 Clinic Visits per Gross Square Foot. An analysis of the proposed size of this Clinical Service Area is found below, as well as in Attachments 13 and 71, together with the methodology used to project the caseload for Outpatient Specimen Procurement in the Elmhurst Memorial Addison Health Center.

The proposed square footage for Outpatient Specimen Procurement is within the State Norm, based upon this methodology and fact that this Clinical Service will be available on a full-time basis, in contrast to the limited availability of Outpatient Specimen Procurement (a total of only 9 hours per week, based on 3 hours per day, 3 days per week) in the Addison MOB.

The historic utilization for Outpatient Specimen Procurement and projected utilization during the first two complete fiscal years of operation is shown below. Projected utilization is also found in Attachments 14 and 71. This utilization has been developed using the methodologies that follow.

The proposed number of rooms for the Clinical Services proposed for the Elmhurst Memorial Addison Health Center is justified by the projected utilization for each of these Clinical Services during the first complete fiscal year of operation of the facility.

Elmhurst Memorial Addison Health Center		
Historic Outpatient Specimen Procurement Activity		
<u>Year</u>	<u>Tests</u>	<u>Visits</u>
CY2006	3,225	981
CY2007	4,532	1,433
CY2008	5,609	1,734

Elmhurst Memorial Addison Health Center		
Projected Outpatient Specimen Procurement Activity		
<u>Year</u>	<u>Tests</u>	<u>Visits</u>
FY2013	46,845	14,639
FY2014	47,284	14,776

The proposed square footage for Outpatient Specimen Procurement is 1,334 Gross Square Feet.

The proposed Gross Square Footage for Outpatient Specimen Procurement proposed for the Elmhurst Memorial Addison Health Center, which is based upon the facility's projected utilization during its first complete fiscal year of operation, as discussed below, meets the State Norms.

This space is justified based on the following formula.

FY2013 Projected Visits = 14,639

14,639 Visits ÷ 4.1 Visits/Gross Square Foot for Ambulatory Care =

3,570 Approvable Gross Square Feet

Proposed: 1,334 Gross Square Feet

The projected utilization for Outpatient Specimen Procurement has been developed using the methodology described below.

1. The proposed Outpatient Specimen Procurement Service will significantly expand the facilities currently available for this Service at the Addison MOB, which is the building that will be replaced by the Elmhurst Memorial Addison Health Center.
  - a. Blood draws are currently available a total of 9 hours per week using only 1 draw station.
  - b. Urine and fecal sampling are not currently provided at the Addison MOB.
2. The proposed Outpatient Specimen Procurement Service at the Elmhurst Memorial Addison Health Center will operate 78 hours per week, and facilities will be available for blood draws, urinalysis, and fecal testing.
3. The PSA for this project consists of the following zip codes, which are located in DuPage County, the Planning Area (A-5) in which Elmhurst Memorial Hospital is located.

60101 Addison  
60106 Bensenville  
60143 Itasca  
60191 Wood Dale

This PSA, which is totally within Elmhurst Memorial Hospital's Primary Service Area, is the place of residence of more than 50% of the patients seen in FY09 by 2 of the physician groups that will be leasing space in the Elmhurst Memorial Addison Health Center. Nearly 17% of Elmhurst Memorial Hospital's outpatient cases in FY09 resided in these zip codes. Three of these zip codes are within the 7 zip codes in which the largest number of Elmhurst Memorial Hospital's outpatient cases during FY09 resided.

4. Because of the limited hours during which Outpatient Specimen Procurement operated at the Addison MOB and the limited facilities available for this Service at that location, the historic caseload for Outpatient Blood Draws (part of the patient visits that will be experienced at the Elmhurst Memorial Addison Health Center) at that location is acknowledged, but is not used to project the caseload at the Elmhurst Memorial Addison Health Center.

5. The total number of Outpatient Specimen Procurement tests for the 2009 historic year (also known as the base year) and for projected years through 2014 were identified using Outpatient Procedure Estimates from Thomson-Reuters Market Planner Plus.
6. A use rate was calculated for each zip code, establishing the number of tests per 1,000 population.
7. Because Outpatient Specimen Procurement is available for such a limited amount of time, facilities at both Elmhurst Memorial Hospital and EMCH are used by outpatients who are referred by their physicians at both the Wood Dale and Addison MOBs. All of these are patients who will be referred to the proposed Outpatient Specimen Procurement Department at the Elmhurst Memorial Addison Health Center once that building becomes operational.
8. Elmhurst Memorial Healthcare's (EMHC's) 2008 market share for these tests (i.e., blood draws, urinalysis, fecal testing) in each of the zip codes constituting the PSA for the Elmhurst Memorial Addison Health Center was calculated for 2008.
9. The projected number of these tests within the PSA for 2013 and 2014 was calculated by holding EMHC's 2008 market share constant and applying it to the total number of projected exams for each of the zip codes in the PSA.

The results of this calculation are the total number of Outpatient Specimen Procurement tests from within the PSA that are projected to be performed at EMHC.

10. The projected number of Outpatient Specimen Procurement tests from within the PSA that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated by making the assumption that 30% of the tests that are projected to be performed at EMHC facilities will actually be performed at the Elmhurst Memorial Addison Health Center once that facility becomes operational in FY2013.
11. The percentage of Outpatient Specimen Procurement tests that are projected to be performed on patients residing outside the PSA was calculated by analyzing the mix of patients in the Outpatient Specimen Procurement Service at the Addison MOB. It was determined that 28% of the tests will be performed on patients residing outside the PSA.

12. The total projected number of Outpatient Specimen Procurement tests that are anticipated to be performed at the Elmhurst Memorial Addison Health Center was calculated as the sum of the following:
- The projected cases that will come from within the PSA, as discussed in Item 10 above;
  - The projected cases that will come from outside the PSA, which are calculated by applying the 28% of tests performed on patients coming from outside the PSA to the projected number of cases from within the PSA, as discussed in Item 11 above.
13. The number of Outpatient Specimen Procurement tests per visit at the Addison MOB was calculated in order to convert the total number of Outpatient Specimen Procurement tests, both historic and projected, to visits.

For CY2006 through FY2009, the number of tests per visit varied from 3.2 to 3.3. Consequently, the historic and projected number of tests were divided by 3.2 tests per visit in order to calculate the total projected number of Outpatient Specimen Procurement visits.

The space program for Outpatient Specimen Procurement is appended to this Attachment as documentation that the amount of physical space proposed for this project is necessary and not excessive.

The following guidelines were used in determining the appropriate floor area for Outpatient Specimen Procurement.

- The Facilities Guidelines Institute and The American Institute of Architects Academy of Architecture for Health with assistance from the U.S. Department of Health and Human Services, 2006 Guidelines for Design and Construction of Healthcare Facilities. 2006: American Institute of Architects., Chapters 3.1 (Outpatient Facilities) and 3.5 (Freestanding Urgent Care Centers);
- ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG).

The applicable sections of the 2006 Guidelines for Design and Construction of Healthcare Facilities are found in Attachment 13 of this CON application.

## Elmhurst Memorial Healthcare

### Outpatient Specimen Procurement

<u>Area</u>	<u>Quantity</u>
Specimen Collection Drawing Stations	3
Private Specimen Collection Station	1
Patient Toilet for Specimen Collection	1
Work Alcove/Intake Station	1
Specimen Processing Work Area	1

**FINANCIAL FEASIBILITY**

ATTACHMENT 75

## FITCH AFFIRMS ELMHURST MEMORIAL HEALTHCARE (ILLINOIS) REVS AT 'A-'; OUTLOOK STABLE

Fitch Ratings-Chicago-16 October 2009: Fitch Ratings has affirmed the unenhanced 'A-' rating on approximately \$513 million in outstanding revenue bonds issued by the Illinois Finance Authority and the Illinois Health Facilities Authority on behalf of Elmhurst Memorial Healthcare (EMH).

The Rating Outlook is Stable.

The affirmation reflects EMH's improved profitability buoyed by its leading market position, its relative strong liquidity position, the favorable demographic profile of its primary service area (DuPage County general obligation bonds are rated 'AAA' by Fitch), and the long tenure of hospital leadership and prudent planning for a large scale hospital replacement project. Despite posting a loss from operations in fiscal year (FY) 2008, management's response in matching expenses to decreased volumes resulted in breakeven performance in FY2009. EMH recovered in FY09 to post a minimal gain (0% operating margin, 7% operating EBIDTA margin) on net revenues of \$361.7 million, better than the \$3.99 million loss (-1.1% operating margin, 6.1% operating EBIDTA margin) posted in FY08 on revenues of \$349.8 million. EMH continues to garner a leading inpatient share in an economically favorable core primary service area (25.9% in FY09) despite some overall market contractions and a shift to outpatient activity.

In early 2008, EMH issued approximately \$375 million in new money debt for the construction of a full replacement hospital. Management reports that the project is tracking on time and on budget. Construction on the new hospital is expected to be completed in 2011 at which time most of its inpatient services will be moved from EMHC's current facility (skilled nursing, mental health and certain outpatient service are expected to remain at the current facility). While bondholders are subject to the attendant risks of large construction projects, Fitch believes management's engagement of nationally recognized architects, contractors and consultants with relevant experience helps to mitigate the risks inherent to a project of this size and scope.

Credit concerns are centered squarely on EMH's capital structure (consisting of 52% variable-rate demand obligations [VRDOs]), its interest rate swap exposure (six swaps for notional amount of \$555) that limits debt remediation options, and a somewhat aggressive 47.5% allocation to equity investments. EMH has diversified its exposure to any one bank through five different swap counterparties and four different letter of credit (LOC) providers backing the variable rate bonds with credit quality ranging from 'AA-' to 'A-'. (For further details, see Fitch's release 'Fitch Rates Elmhurst Memorial Healthcare (Illinois) \$250MM Series 2008B-E VRDBs' dated May 14, 2008 and available at [www.fitchratings.com](http://www.fitchratings.com)). Although there is no immediate threat to EMH's liquidity as the LOCs are active through May 22, 2013, inherent risks remain relative to the swaps (collateral of \$7.7 million posted through August 2009) and the LOCs. Fitch well understands management's use of VRDOs in 2008 as a strategy to offset any negative arbitrage during the construction period; however, the relevant risks associated with this capital structure remain and are only partially offset by EMH's liquidity position.

Fitch considers the inpatient market to be highly competitive, with other large providers offering comparable services (Central DuPage Health rated 'AA'; Good Samaritan Hospital part of Advocate Health Care Network rated 'AA'; Hinsdale Hospital part of Adventist Health System-Sunbelt rated 'AA-'; and Alexian Brothers Health System rated 'A-'). Despite this competition, EMHC has maintained a leading inpatient market share in its primary service area at or above 26% over the last three years, which is nearly three times the share of its nearest competitor.

The Stable Outlook is predicated on EMH maintaining the forward momentum in operating performance demonstrated in FY09 and improving upon such more in line with historical and category median levels over the near-term. While Fitch expects deterioration of net operating margin due to accelerated depreciation of hard assets at the current facility, operating EBIDTA

margins are expected to remain at or near the 'A' category median. Rating pressure may ensue if operating performance does not improve nearer completion of the project, especially in light of the inherent risks associated with EMH's capital structure.

EMHC operates a 288-staffed bed acute care hospital, a multi-specialty physician practice with 85 physicians, two free standing outpatient centers, and other health care entities. Located in Elmhurst, IL, approximately 17 miles west from downtown Chicago, EMHC reported \$362 million in total revenue in fiscal 2009. EMHC covenants to provide annual audited financial statements within 150 days of fiscal year-end and unaudited quarterly statements within 60 days of quarter end to bondholders. Quarterly disclosure has been timely and includes a balance sheet, income statement, statement of cash flow, utilization statistics, and a management discussion and analysis. In addition, EMHC's disclosure on its derivative instruments is very detailed and thorough, which Fitch views as a best practice.

Contact: Anthony A. Houston +1-312-368-3180 or Jim LeBuhn +1-312-368-2059, Chicago.

Media Relations: Cindy Stoller, New York, Tel: +1 212 908 0526, Email: cindy.stoller@fitchratings.com.

Additional information is available at 'www.fitchratings.com'.

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# Fitch Ratings

One State Street Plaza  
New York, NY 10004

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www.fitchratings.com

April 28, 2008

Mr. James F. Doyle  
Senior Vice President & CFO  
Elmhurst Memorial Healthcare and Subsidiaries  
200 Berteau Avenue  
Elmhurst, IL 60126

Dear Mr. Doyle:

Fitch Ratings has assigned one or more ratings and/or otherwise taken rating action(s), as detailed on the attached Notice of Rating Action.

Ratings assigned by Fitch are based on documents and information provided to us by issuers, obligors, and/or their experts and agents, and are subject to receipt of the final closing documents. Fitch does not audit or verify the truth or accuracy of such information.

Ratings are not a recommendation or suggestion, directly or indirectly, to you or any other person, to buy, sell, make or hold any investment, loan or security or to undertake any investment strategy with respect to any investment, loan or security or any issuer. Ratings do not comment on the adequacy of market price, the suitability of any investment, loan or security for a particular investor (including without limitation, any accounting and/or regulatory treatment), or the tax-exempt nature or taxability of payments made in respect of any investment, loan or security. Fitch is not your advisor, nor is Fitch providing to you or any other party any financial advice, or any legal, auditing, accounting, appraisal, valuation or actuarial services. A rating should not be viewed as a replacement for such advice or services.

It is important that Fitch be provided with all information that may be material to its ratings so that they continue to accurately reflect the status of the rated issues. Ratings may be changed, withdrawn, suspended or placed on Rating Watch due to changes in, additions to or the inadequacy of information.

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The assignment of a rating by Fitch shall not constitute a consent by Fitch to use its name as an expert in connection with any registration statement or other filing under U.S., U.K., or any other relevant securities laws.

If you have any questions, please contact us at any time.

Sincerely,



Carolyn Tain  
Senior Director  
U.S. Public Finance

CT/ka

Enc: Notice of Rating Action  
(Doc ID: 103386 Rev 1)

## Notice of Rating Action

<u>Bond Description</u>	<u>Rating Type</u>	<u>Action</u>	<u>Rating</u>	<u>Outlook/ Watch</u>	<u>Eff Date</u>	<u>Notes</u>
Illinois Finance Authority (IL) (Elmhurst Memorial Healthcare) hosp rev bonds ser 2008A	Long Term	New Rating	A-	RO:Sta	25-Apr-2008	
Illinois Finance Authority (IL) (Elmhurst Memorial Healthcare) var-rate demand hosp rev bonds ser 2008B	Long Term	New Rating	A-	RO:Sta	25-Apr-2008	
Illinois Finance Authority (IL) (Elmhurst Memorial Healthcare) var-rate demand hosp rev bonds ser 2008C	Long Term	New Rating	A-	RO:Sta	25-Apr-2008	
Illinois Finance Authority (IL) (Elmhurst Memorial Healthcare) var-rate demand hosp rev bonds ser 2008D	Long Term	New Rating	A-	RO:Sta	25-Apr-2008	
Illinois Finance Authority (IL) (Elmhurst Memorial Healthcare) var-rate demand hosp rev bonds ser 2008E	Long Term	New Rating	A-	RO:Sta	25-Apr-2008	
Illinois Health Facilities Authority (IL) (Elmhurst Memorial Healthcare) rev rfdg bonds ser 2002D	Long Term	Downgrade	A-	RO:Sta	25-Apr-2008	

Key: RO: Rating Outlook, RW: Rating Watch; Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

**ECONOMIC FEASIBILITY**

ATTACHMENT 76

XXVI.B.

Review Criteria Relating to Economic Feasibility (ECON): Conditions of Debt Financing

This project will be owned by a third party developer unrelated to a health care facility who is not a co-applicant for this CON permit.

The co-applicants for this project are Elmhurst Memorial Hospital and Elmhurst Memorial Healthcare.

Elmhurst Memorial Hospital will lease medical equipment that has a fair market value of \$3,120,000, as stated in the notarized certification that is found on the next page of this Attachment. This medical equipment will be used in space that Elmhurst Memorial Hospital will lease for clinical services in the Elmhurst Memorial Addison Health Center.

Elmhurst Memorial Healthcare will provide equity funding of \$4,680,000 for this project and will not use debt financing for its contribution to the capital costs of this project.



Re: Elmhurst Memorial Hospital

The undersigned, as authorized representatives of Elmhurst Memorial Hospital, in accordance with 77 Ill. Adm. Code 1120.310.b. and the requirements of Section XXVI.B. of the CON Application for Permit, hereby attest to the following:

One of the sources of funding for this project will be equipment leases.

The expenses incurred with the leasing of some of the imaging equipment for this project (namely, the General Radiography Unit, CT Scanner, and MRI Scanner) are less costly than purchasing new equipment.

Signed and dated as of December 23, 2009

Elmhurst Memorial Hospital  
Illinois Corporation

By: [Signature]  
Its: President & CEO

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 23 DAY OF DECEMBER 2009,  
BY [Signature]  
\_\_\_\_\_  
NOTARY PUBLIC

By: [Signature]  
Its: 32 VP + CFO



ELMHURST MEMORIAL ROBINSON HEALTH CENTER

	<u>Itemized Cost</u>				<u>Total Cost</u>
	<u>Clinical Service Areas</u>		<u>Non-Clinical Service Areas</u>		
	<u>Cost</u>	<u>Subtotal</u>	<u>Cost</u>	<u>Subtotal</u>	
<b>1. <u>Preplanning Costs</u></b>					
Programming	\$8,900		\$31,100		\$40,000
Architectural Preliminary Design	<u>\$22,182</u>		<u>\$77,506</u>		<u>\$99,688</u>
		<u>\$31,082</u>		<u>\$108,606</u>	\$139,688
<b>2. <u>Site Survey and Soil Investigation</u></b>					
Site Survey	\$3,338		\$11,662		\$15,000
Environmental Survey	<u>\$2,225</u>		<u>\$7,775</u>		<u>\$10,000</u>
		<u>\$5,563</u>		<u>\$19,437</u>	\$25,000
<b>3. <u>Site Preparation</u></b>					
Site Demolition	\$26,812		\$93,688		\$120,500
Earthwork & Erosion Control	<u>\$144,054</u>		<u>\$312,346</u>		<u>\$456,400</u>
		<u>\$170,866</u>		<u>\$406,034</u>	\$576,900

	<u>Itemized Cost</u>		<u>Total Cost</u>
	<u>Clinical Service Areas</u>	<u>Non-Clinical Service Areas</u>	
	<u>Cost</u>	<u>Subtotal</u>	<u>Cost</u>
			<u>Subtotal</u>
<b>4. <u>Off Site Work</u></b>			
Site Utilities	\$43,412		\$151,688
Paving	\$85,666		\$299,334
Exterior Site Lighting	\$18,691		\$65,309
Landscaping	\$38,938		\$136,062
		<u>\$186,707</u>	<u>\$652,393</u>
			\$839,100
<b>5. <u>Consulting and Other Fees</u></b>			
Interior Design	\$6,675		\$23,325
Development Pre-Construction SD	\$39,009		\$136,303
Development Services - Building	\$60,966		\$213,034
Development Services - Leasing	\$14,241		\$49,759
Landscape Architect	\$3,338		\$11,662
Civil Engineer	\$6,675		\$23,325
Traffic Engineer	\$3,338		\$11,662
Reimbursables	\$5,563		\$19,437
Construction Testing Services	\$10,680		\$37,320
CON Consulting Fee and Reimbursements	\$60,000		\$0
CON Filing Fees	\$65,000		\$0
IDPH Plan Examination Fee	\$20,000		\$0
Public Utility Connection Fees	\$4,450		\$15,550

Itemized Cost

Clinical Service Areas

Non-Clinical Service Areas

Total Cost

**5. Consulting and Other Fees (continued)**

Builders' Risk Insurance	\$4,450	\$15,550	\$20,000
Legal Fees	\$22,251	\$77,749	\$100,000
Additional Consultants	\$25,144	\$87,856	\$113,000
Miscellaneous/Owner's Printing	\$3,338	\$11,662	\$15,000
		\$734,194	\$1,089,312

**6. Movable Capital Equipment and Furniture**

(See Attached Equipment List)

	\$1,503,923	\$151,747	\$1,655,670
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**7. Fair Market Value of Leased Equipment**

1 Radiographic Room	\$520,000	\$520,000
1 CT Scanner	\$1,100,000	\$1,100,000
1 MRI Scanner	\$1,500,000	\$1,500,000
	\$3,120,000	\$0
		\$3,120,000

8. Other Costs to be Capitalized

	<u>Itemized Cost</u>		<u>Total Cost</u>
	<u>Clinical Service Areas</u>	<u>Non-Clinical Service Areas</u>	
	<u>Cost</u>	<u>Subtotal</u>	
Excess Utility Charges	\$3,338	\$11,662	\$15,000
Structure Demolition	<u>\$33,376</u>	<u>\$116,624</u>	<u>\$150,000</u>
		<u>\$36,714</u>	\$165,000

Area	Description	Quantity	Unit Price	Total Cost
101.00	<b>Radiology</b>			\$ 813,910
	<i>to be leased</i>			
	Radiographic Room	1	\$ 520,000	\$ 520,000
	CT Scanner	1	\$ 1,100,000	\$ 1,100,000
	Ultrasound	1	\$ 305,000	\$ 305,000
	Mammography	1	\$ 275,000	\$ 275,000
	Digitizer	1	\$ 100,000	\$ 100,000
	ID Tablet	1	\$ 5,000	\$ 5,000
	Server & Stand	1	\$ 40,000	\$ 40,000
	Cassette	1	\$ 10,000	\$ 10,000
	Clinical Review Station	1	\$ 35,000	\$ 35,000
	Lead Protection	1	\$ 5,000	\$ 5,000
	Stretcher / Carts	1	\$ 4,000	\$ 4,000
	Miscellaneous	1	\$ 25,000	\$ 25,000
	Clean Supply	1	\$ 5,000	\$ 5,000
	Soiled Utility	1	\$ 4,920	\$ 4,920

Description	Quantity	Unit Price	Total Cost
<b>Radiology</b>			\$ 62,705
Waiting	1	\$ 16,000	\$ 16,000
Staff Work Areas	1	\$ 10,000	\$ 10,000
Patient Changing	3	\$ 3,000	\$ 9,000
Miscellaneous / signage	5,541	\$ 5	\$ 27,705

Description	Quantity	Unit Price	Total Cost
<b>Radiology</b>			\$ 49,672
Computers / Monitors	4	\$ 2,500	\$ 10,000
Printers / Faxes	4	\$ 1,000	\$ 4,000
Cabling/Routers/Racks	5,541	\$ 5	\$ 27,705
Tele/Wireless	6	\$ 500	\$ 3,000
Miscellaneous	1	\$ 4,967	\$ 4,967

Area	Description	Quantity	Unit Price	Total Cost
102.00	<b>MRI</b>			\$ 128,283
	<i>to be leased</i>			
	MRI Scanner	1	\$ 1,500,000	\$ 1,500,000
	Medrad MR Injector	1	\$ 30,000	\$ 30,000
	Non-Fer Cnrs/Wheelchair	1	\$ 12,000	\$ 12,000
	Miscellaneous	1	\$ 16,283	\$ 16,283
	Shielding	1	\$ 70,000	\$ 70,000
103.00	<b>Outpatient Specimen Procurement</b>			\$ 38,889
	POCT Testing	1	\$ 9,000	\$ 9,000
	Centrifuges	1	\$ 7,000	\$ 7,000
	Refrig / Freezer	1	\$ 2,000	\$ 2,000
	Specimen Collection	4	\$ 4,250	\$ 17,000
	Miscellaneous	1	\$ 3,889	\$ 3,889
104.00	<b>Immediate Care</b>			\$ 257,036
	Monitors	6	\$ 10,500	\$ 63,000
	Exam Lights	6	\$ 5,250	\$ 31,500
	Defibrillator	1	\$ 10,000	\$ 10,000
	Audio Booth	1	\$ 5,000	\$ 5,000
	Exam Tables / Cnrs	6	\$ 7,000	\$ 42,000
	Diagnostic Srs	6	\$ 6,125	\$ 36,750
	Blanket Warmer	1	\$ 10,000	\$ 10,000
	Ice Maker	1	\$ 5,000	\$ 5,000
	Med Gas Regulators	12	\$ 875	\$ 10,500
	Portable Aneroide	1	\$ 2,000	\$ 2,000
	Pysis Dispensers	1	\$ 25,000	\$ 25,000
	Special Exam - Eye	1	\$ 10,000	\$ 10,000
	EKG	1	\$ 5,000	\$ 5,000
	Miscellaneous	1	\$ 1,286	\$ 1,286
	<b>SUBTOTAL</b>			\$ 1,128,128

Description	Quantity	Unit Price	Total Cost
<b>MRI</b>			\$ 27,585
Waiting	1	\$ 4,000	\$ 4,000
Staff Workroom	1	\$ 2,000	\$ 2,000
Patient Changing	2	\$ 3,000	\$ 6,000
Miscellaneous / Installation	2,117	\$ 5	\$ 10,585
<b>Outpatient Specimen Procurement</b>			\$ 15,670
Waiting	1	\$ 5,000	\$ 5,000
Staff Workroom	1	\$ 2,000	\$ 2,000
Collection	4	\$ 500	\$ 2,000
Miscellaneous / Installation	1,334	\$ 5	\$ 6,670
<b>Immediate Care</b>			\$ 47,655
Waiting	8	\$ 3,000	\$ 24,000
Staff Workroom	1	\$ 5,000	\$ 5,000
Subwait	4	\$ 500	\$ 2,000
Miscellaneous / Installation	3,331	\$ 5	\$ 16,655

Description	Quantity	Unit Price	Total Cost
<b>MRI</b>			\$ 15,094
Computers / Monitors	1	\$ 1,500	\$ 1,500
Printers / Faxes	1	\$ 1,000	\$ 1,000
Cabling/Routers/Racks	2,117	\$ 5	\$ 10,585
Tele/Wireless	1	\$ 500	\$ 500
Miscellaneous	1	\$ 1,509	\$ 1,509
<b>Outpatient Specimen Procurement</b>			\$ 17,670
Computers / Monitors	4	\$ 1,500	\$ 6,000
Printers / Faxes	2	\$ 1,000	\$ 2,000
Cabling/Routers/Racks	1,334	\$ 5	\$ 6,670
Tele/Wireless	3	\$ 500	\$ 1,500
Miscellaneous	1	\$ 1,500	\$ 1,500
<b>Immediate Care</b>			\$ 34,744
Computers / Monitors	10	\$ 1,500	\$ 15,000
Printers / Faxes	5	\$ 1,000	\$ 5,000
Cabling/Routers/Racks	1,454	\$ 5	\$ 7,270
Tele/Wireless	8	\$ 500	\$ 4,000
Miscellaneous	1	\$ 3,474	\$ 3,474

\$ 148,615      \$ 117,180

Area	Description	Quantity	Unit Price	Total Cost
107.00	Registration No Medical Equipment			
		3	\$ 1,200	\$ 3,600
		1	\$ 1,200	\$ 1,200
		12	\$ 350	\$ 4,200
108.00	Conference No Medical Equipment			
		15	\$ 350	\$ 5,250
		60	\$ 200	\$ 12,000
		1	\$ 4,999	\$ 4,999
109.00	Staff Services No Medical Equipment			
		2	\$ 5,000	\$ 10,000
110.00	Facility Operations No Medical Equipment			
		4	\$ 3,500	\$ 14,000
		1	\$ 10,000	\$ 10,000
111.00	Entrances, Lobbies and Public Spaces No Medical Equipment			
		1	\$ 30,000	\$ 30,000
				\$ 95,249
	SUBTOTAL		\$0	

Description	Quantity	Unit Price	Total Cost
Non Clinical			
Registration			\$ 9,000
Registration Rooms	3	\$ 1,200	\$ 3,600
Reception Desk	1	\$ 1,200	\$ 1,200
Waiting	12	\$ 350	\$ 4,200
Conference			\$ 32,249
Conference Tables	15	\$ 350	\$ 5,250
Conference Chairs	60	\$ 200	\$ 12,000
Speaker podium	1	\$ 4,999	\$ 4,999
Staff Services			\$ 10,000
Staff Lounge Furniture	2	\$ 5,000	\$ 10,000
Facility Operations			\$ 24,000
Office Furniture	4	\$ 3,500	\$ 14,000
Equipment	1	\$ 10,000	\$ 10,000
Entrances, Lobbies and Public Spaces			\$ 30,000
Lobby Lounge Furniture	1	\$ 30,000	\$ 30,000
			\$ 95,249

Description	Quantity	Unit Price	Total Cost
Registration			\$ 17,165
Computers / Monitors	4	\$ 1,500	\$ 6,000
Printers / Faxes	2	\$ 1,000	\$ 2,000
Cabling/Routers/Racks	1,333	\$	\$ 6,665
Tele/W/ireless	5	\$ 500	\$ 2,500
Conference			\$ 21,100
Audio Visual Equipment	1	\$ 20,000	\$ 20,000
Projection Screen	2	\$ 550	\$ 1,100
Staff Services			\$ 8,040
Cabling/Routers/Racks	1,408	\$	\$ 7,040
Tele/Wireless	2	\$ 500	\$ 1,000
Facility Operations			\$ 4,802
Cabling/Routers/Racks	1,651	\$	\$ 3,302
Tele/Wireless	3	\$ 500	\$ 1,500
Entrances, Lobbies and Public Spaces			\$ 5,390
Cabling/Routers/Racks	2,195	\$	\$ 4,390
Tele/Wireless	2	\$ 500	\$ 1,000
			\$ 56,498

**SAFETY NET IMPACT STATEMENT**

## Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Service, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003)

This project will replace and expand Elmhurst Memorial Hospital's Addison Medical Office Building (MOB) on the same site as the existing MOB. The replacement facility will be named the Elmhurst Memorial Addison Health Center.

The project will establish and replace with expansion Clinical Services that are not Categories of Service. The following Clinical Services will be established, none of which currently exist in the Addison MOB: Diagnostic Radiology (i.e., General Radiography or X-Ray, CT Scanning, Ultrasound, and Mammography), MRI, and an Immediate Care Center. Outpatient Specimen Procurement, which currently exists in the Addison MOB, will be replaced and expanded.

The purpose of this project is to provide accessible Clinical Services to patients of the physicians who will have offices in the Elmhurst Memorial Addison Health Center and to patients at the Immediate Care Center that will be located at the Elmhurst Memorial Addison Health Center. By providing these services in the same MOB where the patients' physicians are located and where Immediate Care patients will be treated, patients will be able to receive these needed diagnostic services in an accessible location near their homes and places of employment.

The provision of these Clinical Services in the Elmhurst Memorial Addison Health Center will improve Elmhurst Memorial Hospital's ability to provide these services to all the patients that will be served in this MOB, including the uninsured and underinsured residents of Planning Area A-05, the State-defined planning area in which Elmhurst Memorial Hospital is located.

Planning Area A-05 includes all of DuPage County. The primary service market area (PSA) for this project consists of 4 zip codes in DuPage County, all of which are part of Elmhurst Memorial Hospital's primary service area.

Patient origin data for Elmhurst Memorial Hospital's outpatients as well as for patients of 2 of the physician practices that will be tenants in the Elmhurst Memorial Addison Health Center are found in Attachment 11, Pages 6 through 8.

These data demonstrate that these physician groups and Elmhurst Memorial Hospital all serve Planning Area A-05.

This project will provide much-needed services to the low income and uninsured that reside and work within the market area for this project. Many of the patients that will be served at the Elmhurst Memorial Addison Health Center are low-income and otherwise vulnerable, as documented by the following.

- This project will be located in Addison, in which there is a Hispanic Low-Income population that is identified as a Medically Underserved Area/Population (MUA/P ID #07312).

Documentation of this designation is found in Attachment 3, Pages 4, 9 and 10.

- Richard Endress, President of Access DuPage, stated the following regarding this project in a January 23, 2009, letter that is found in Attachment 11, Page 11:

"Not only will the new facility provide much-needed services to the population of Addison and surrounding communities, but it will enhance Elmhurst Memorial Healthcare's historic commitment to serve low-income persons, such as those enrolled in Access DuPage."

Access DuPage was identified by James R. Dan, M.D., President of DuPage Medical Group, in August 1, 2006, Public Comment regarding the State Health Improvement Plan, in which he identified the provision of health care services to the uninsured through Access DuPage, an organization "that mobilizes health care providers to share in solving the problem of health care access for the uninsured."

Dr. Dan's public comment is found in Attachment 11, beginning on Page 12.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services

This project will not have any impact on other providers or health care systems and, as such, it will not have any impact on other providers' or health care systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

This item is not applicable because Elmhurst Memorial Hospital is not proposing to discontinue any services or facilities.

Safety Net Impact Statements shall also include all of the following.

1. The amount of charity care provided for the 3 fiscal years prior to submission of the application

	<b>Total</b>
<b>FY2007</b>	\$2,048,991
<b>FY2008</b>	\$4,796,091
<b>FY2009</b>	\$6,070,084

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

A certification describing the amount of charity care provided is appended to this Attachment.

2. The amount of care provided to Medicaid patients for the three fiscal years prior to submission of the application

	<b>Inpatients</b>	<b>Outpatients</b>	<b>Total</b>
<b>FY2007</b>	\$4,120,842	\$2,537,999	\$6,658,841
<b>FY2008</b>	\$6,970,493	\$1,957,034	\$8,927,527
<b>FY2009</b>	\$7,412,987	\$2,364,554	\$9,777,541

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A certification describing the amount of care provided to Medicaid patients is appended to this Attachment.

3. Any other information the applicant believes is directly relevant to safety net services

A copy of Elmhurst Memorial Hospital's "Community Benefits Plan Report" for Fiscal Year 2009 (July 1, 2008 – June 30, 2009) is found on the following pages of this Attachment.



**Leo F. Fronza**  
President / CEO

April 5, 2010

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Mr. Galassie:

Elmhurst Memorial Hospital hereby certifies that Elmhurst Memorial Hospital provided the amount of charity care shown below for the three audited fiscal years prior to submission of the certificate of need application to construct the Elmhurst Memorial Addison Health Center.

	Total
FY2007	\$2,048,991
FY2008	\$4,796,091
FY2009	\$6,070,084

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 5 DAY OF APRIL, 2010,

BY Carol J. Soltis

NOTARY PUBLIC

Leo F. Fronza  
President & CEO





**Leo F. Fronza**  
President / CEO

April 5, 2010

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, IL 62761

Dear Mr. Galassie:

Elmhurst Memorial Hospital hereby certifies that Elmhurst Memorial Hospital provided the following amount of care to Medicaid patients for the three audited fiscal years prior to submission of the certificate of need application to construct the Elmhurst Memorial Addison Health Center.

	Inpatients	Outpatients	Total
FY2007	\$4,120,842	\$2,537,999	\$6,658,841
FY2008	\$6,970,493	\$1,957,034	\$8,927,527
FY2009	\$7,412,987	\$2,364,554	\$9,777,541

This amount was provided in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Service by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

Sincerely,

Leo F. Fronza  
President & CEO

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 5 DAY OF April, 2010,  
BY Carol J. Soltis  
\_\_\_\_\_  
NOTARY PUBLIC



**Community Benefits Plan Report**  
**Elmhurst Memorial Hospital**

Fiscal Year 2009  
(July 1, 2008 – June 30, 2009)

## **Standard Form**

### **I. Organizational Mission Statement**

Elmhurst Memorial Healthcare's (EMHC) mission statement – **“to enhance the health of the communities and customers we serve,”** is a direct reflection of the organization's more than 80-year old tradition of caring for its neighbors – people and families who live in the surrounding communities. The mission statement is central to all organization planning.

### **II. Community Benefits Plan**

#### **1. Goals and objectives for providing community benefits including charity and government-sponsored indigent healthcare**

Elmhurst Memorial Hospital bases its goals for community benefits on the Illinois Department of Public Health's Illinois Project for Local Assessment of Needs (IPLAN). In addition, specific needs of the communities served by the Hospital are identified and goals are set accordingly.

**Elmhurst Memorial Hospital – Community Benefit Plan for Fiscal Year 2010**

**Responsible Sexual Behavior**

The HIV infection incidence rates for DuPage County have decreased since 1991.

Chlamydia trachomatis and gonorrhea infections have steadily increased over the past five years.

- Continue to provide local high school with educational materials about responsible/healthy sexual behavior.
- Distribute educational material through the emergency department to victims of sexual assault and domestic violence.
- Provide counseling through the emergency department to patients who may have sexually transmitted diseases and victims of sexual abuse. Connect patients with community resources for follow-up.

**High Blood Pressure**

- In DuPage County in 2000, approximately 76,854 adults were affected by high blood pressure.
- In DuPage County in 2000, approximately 35,103 adults had not had their blood pressure measured within the preceding two years.

- Continue to provide regular blood pressure screenings and offer educational materials about blood pressure control at Elmhurst Memorial Healthcare's Health Resource Centers in:
  - Elmhurst
  - Lombard
- Provide blood pressure screenings at community health fairs as requested.
- Offer classes for the community about lifestyle changes for blood pressure control.

## Cancer

- Cancer is the second leading cause of death in DuPage county.
  - The DuPage county cancer mortality rate for the five-year period 1994 to 1998 was 198.8 deaths, exceeding the national target.
  - In 2001, cancer claimed the lives of 1,452 residents. More than half of cancer deaths were attributable to the following four causes – lung (366), female breast (153), colorectal (151), and prostate (74).
  - The 2001 DuPage County lung cancer mortality rate was 40.1 deaths per 100,000 population, below the national target of 44.9. Incidence is increasing.
  - In DuPage County, over the five-year period 1996 to 2000, the female breast cancer mortality rates was 28.8 deaths per 100,000 population, exceeding the national target of 22.3 deaths. Incidence is increasing.
  - The 2001 DuPage County colorectal cancer mortality rates was 16.6 deaths per 100,000 population, exceeding the national target of 13.9 deaths. Death trends are increasing.
  - In DuPage County, over the five-year period 1996 to 2000, the prostate cancer mortality rate was 31.1 deaths per 100,000 population, exceeding the national target of 28.8. Incidence is increasing.
- Offer a free skin cancer screening – a skin examination provided by a physician.
  - Offer community education related to various cancer topics to include risk factors, prevention and wellness, screening guidelines, treatment, and symptom management.
    - Just for Men – a program that includes a free prostate screening.
    - Colon cancer educational program to include a Fecal Occult Blood kit for all participants.
    - Support a smoke-free environment and provide education about the dangers of second-hand smoke through education materials and displays about smoking cessation at EMHC health education resource center sites.
    - Offer regular breast self-exam programs for the community by MammoCare-certified instructors and trainers.
    - End-of-Life discussion - a panel presentation to address end of life issues including advance care planning, the dying process, advance directives, symptom management, and funeral preparation. The panel includes a physician, palliative care nurse, social worker, chaplain, and funeral director.
    - Support local community health fairs by providing information about cancer prevention and early detection.
  - Events and activities will be offered to continue to increase awareness about cancer prevention.
    - DuPage Women's Fair in partnership with the American Cancer Society.

- Tickled Pink – sponsored by Junior Women’s Club of Elmhurst – promoting breast health and education with emphasis on prevention and detection of breast cancer.
- Ladies Night Out – a program about women’s health including nutrition-related cancer prevention, exercise, skin inspection and care and breast self examination.
- Score One for Men’s Health in partnership with the American Cancer Society.
- Events and activities will be offered to continue to offer support to cancer patients and their families – support groups, educational programs for caregivers, recognition of survivors and fundraising events.
  - Breast Cancer Support Group – meets weekly and is facilitated by an oncology nurse.
  - Prostate Cancer Support Group – meets monthly and is facilitated by an oncology nurse.
  - Look Good Feel Better Program in partnership with the American Cancer Society – meets six times a year and is attended by an oncology nurse.
  - Caring for the Caregiver Program in partnership with Wellness House – program discusses the challenging role of caregiver and offers strategies for replenishing and managing stress – attended by an oncology nurse and chaplain.
  - Cancer Survivor’s Event – a celebration of cancer survivorship held each year in the spring.
  - Relay for Life – active participation in the American Cancer Society’s annual fundraiser for cancer research held each year in the summer.

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>• Patient Navigation Services – partnership with the American Cancer Society (ACS) to offer training and county-wide services and resources for cancer patients and their families. A display area in the Elmhurst Memorial Center for Health will be dedicated to ACS materials and cancer resources.</li></ul> |
|--|--|

**Diabetes**

- Diabetes is the eighth leading cause of death in DuPage county.
- In DuPage County in 2000, the rate of diabetes deaths per 100,000 population was approximately 11, well below the target of 45 deaths per 100,000 populations.
- Risks of associated complications from diabetes, such as cardiovascular disease, coronary heart disease, non-traumatic lower-extremity amputations and end stage renal disease, not diabetes, are generally the final conditions that result in death.

- Increase frequency of diabetes screenings for the community from once per quarter to monthly.
- Provide educational opportunities about diabetes awareness and metabolic syndrome through community classes and at Health Resource Centers.
- Support local schools with onsite diabetes education for staff.
- Offer the adult diabetes support group for the purpose of discussing emotional and education issues, as well as the stress that can result from dealing with diabetes.
- Offer the Insulin Pump Support Group – a monthly forum designed for both the insulin pump user as well as those considering the pump as a treatment method to provide an opportunity to discuss issues, questions and practical techniques for the pump user.

**Lack of Physical Activity**

- In 2000, only 18.8 percent of DuPage County adults engaged in moderate physical activity.
- The DuPage County percent of adults who engage in moderate physical activity is well below the national target of 30 percent.
- In 2003, about 82 percent of DuPage County high school students engaged in vigorous physical activity three or more days per week. This percentage is short of meeting the national target of 85 percent.

- Continue partnership with School District 45 in educating junior high school students about the benefits of physical activity to the cardiovascular system.
- Continue to offer a variety of fitness programs featuring individualized programming, to support exercise opportunities for individuals with chronic conditions or aging issues.
- Provide educational materials in Health Resource Centers to promote regular exercise – books, DVDs and pamphlets.
- Partner with local park districts to offer classes to a broader population.

**Obesity**

- In 2000, 34.9 percent of DuPage County adults had a Body Mass Index (BMI) of 25 to 30, which is the definition of overweight BMI.
- The DuPage County percent of overweight adults greatly exceeds the

- Continue to offer nutrition lectures and displays focusing on the revised food pyramid and the importance of serving sizes at the Elmhurst Memorial Health Education Centers located in Elmhurst and Lombard.
- Offer community lectures on topics of

<p>national target of 15 percent.</p>	<p>the New American Plate, Sixty Minutes to Better Health, Healthy Vices and Strength Training.</p> <ul style="list-style-type: none"> <li>• Continue to offer body composition analysis at health fairs.</li> <li>• Support School District 205 schools with staff support and educational materials.</li> <li>• Offer Over-eaters Anonymous Support Group – weekly forum to provide support and discuss issues related to weight-loss and overeating.</li> </ul>
<p><b>Mental Illness</b></p> <ul style="list-style-type: none"> <li>- In DuPage County in 2000, it was estimated 118,913 adults were affected by mental illness.</li> <li>- In 2000, approximately 17.6 percent of DuPage County adults were being seen for mental health problems. This number falls short of the national target of 50 percent.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide free lectures to the community on: <ul style="list-style-type: none"> <li>- Managing Stress</li> <li>- Anger Management</li> <li>- Provide referral sources for additional mental health services</li> </ul> </li> <li>• Participate in the NAMI (National Alliance for Mental Illness) Annual conference and present information about mental health topics</li> <li>• Participate in the EAPA (Employee Assistance Program Association) Annual conference and present information about mental health topics</li> <li>• Participate in countywide Domestic Violence committee that addresses an initiative to provide healthcare providers with more information regarding signs and symptoms of domestic violence and addressing it in a healthcare system.</li> <li>• Participate in Elmhurst Park District annual health fair and provide information about mental health topics</li> <li>• Provide a breakfast meeting for representatives from York, Willowbrook, Addison Trails, Lyons Township, Hinsdale Central, Immaculate Conception, St. Joseph's, Riverside Brookfield and West Leyden high schools. Provide information regarding "school refusal" issues.</li> <li>• Provide free mental health assessments</li> </ul>

	<p>to the community six days a week.</p> <ul style="list-style-type: none"> <li>• Provide Depression Bipolar Support Alliance meetings weekly.</li> </ul>
<p><b>Substance Abuse: Alcohol</b></p> <ul style="list-style-type: none"> <li>- In DuPage County in 2000, more than 16.4 percent of adults consumed five or more drinks on one occasion (the definition of binge drinking).</li> <li>- The DuPage percentage greatly exceeds the national target of six percent.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide free alcohol abuse assessments to the community six days a week.</li> <li>• Provide Alcoholics Anonymous and Al-Anon support groups.</li> </ul>
<p><b>Substance Abuse: Drugs</b></p> <ul style="list-style-type: none"> <li>- The rate of drug-induced deaths per 100,000 in DuPage County is 5.3, well above the national target of 1 death per 100,000 population.</li> <li>- Over the past three years, drug-induced deaths in DuPage County have increased.</li> <li>- Approximately 1.8 percent of DuPage County adults abuse drugs.</li> <li>- Drugs were involved in 39.9 percent of the 426 accidental deaths reported by the DuPage County Coroner for the five-year period 1998 to 2002 and in 21.3 percent of the 315 suicide deaths reported. In DuPage County in 2000, 19.2 percent of adults were current cigarette smokers. DuPage falls short of meeting the national target of 12 percent.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide free substance abuse assessments to the community six days a week.</li> <li>• Participate in Elmhurst Town Hall meeting addressing current episodes of heroin use among adolescents</li> <li>• Provide free lecture to the community regarding Adolescent Substance Abuse Signs &amp; Symptoms</li> <li>• Provide information to Elmhurst College student newspaper regarding current trends in drug abuse focusing on heroin use.</li> <li>• Provide Narcotics Anonymous support group.</li> </ul>
<p><b>Tobacco</b></p> <ul style="list-style-type: none"> <li>- In DuPage County in 2000, 19.2 percent of adults were current cigarette smokers. DuPage falls short of meeting the national target of 12 percent.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to enforce a "smoke-free campus" policy at all Elmhurst Memorial Healthcare sites.</li> <li>• Support a smoke-free environment and promote education about the dangers of second-hand smoke with community education materials and displays related to smoking cessation at Elmhurst Memorial Health Education Centers in Elmhurst and Lombard.</li> </ul>

**Minority Health**

- About half as many Hispanic adult women ever had a mammogram when compared to women in the general population.

- Participate in the annual Catholic Charities Back to School Fair and provide physical exams for minority and low-income students free of charge. Provide representative to serve on the planning committee and a Spanish interpreter for scheduling and on the day of the event.
- Partner with Henry Hyde Resource Center to provide child and adult educational information to the Latino community.
- Partner with Caroline foundation to offer car seats and education to minority and low-income families in the community.
- Work through the Latino Advisory Committee to identify issues and increase education resources in the Latino communities served by the hospital.

**Access to Care**

- In DuPage County in 2000, 12.3 percent of the adult population had no usual source of healthcare, which exceeds the national target of four percent.
- 20 percent of individuals below the poverty level had no usual source of ongoing primary care.

- Elmhurst Memorial Healthcare will continue to recognize its responsibility to the community by providing that no patient requiring necessary medical care will be refused due to a lack of financial means.
- Elmhurst Memorial Hospital changed its definition of medically indigent, through review of the average charge of a medically necessary inpatient admission. Since FY08 Elmhurst Memorial Hospital has deemed all medically necessary inpatient acute admissions for uninsured patients are eligible for a 100% discount due to medical indigency.
- For all uninsured outpatients, an automatic discount will continue to be applied on a sliding scale (up to 30%), based on the total amount of the bill. In addition, 100% discount will continue to be given on any type of self

	<p>pay outstanding balance (100% or after insurance) for patients whose income levels fall at or below 200% of poverty guidelines.</p> <ul style="list-style-type: none"> <li>• Upon request, a discount will also continue to be given to uninsured outpatients whose income levels fall between 200% to 600% of poverty. Charges will be discount to 135% of cost to a maximum of 25% of their family's gross income over a 12-month period. Discounts for outpatients with an income level over 600% of the federal poverty level will be based on ability to pay. Factors used to determine the discount include age, family size, household type, gross income and disposable income (taking into account necessary expenses).</li> <li>• Continue to visit every inpatient identified as self pay to provide information about the organization's financial assistance program.</li> <li>• List a telephone number to call for financial assistance on every billing notice.</li> <li>• Continue to send a letter to every inpatient and outpatient identified as self pay to provide information about the organization's financial assistance program.</li> <li>• Post visible signage throughout the organization and make information cards available (in both English and Spanish) to provide information about the financial assistance program.</li> <li>• Continue support and participation in Access DuPage initiative. This effort, a coordination of DuPage County government, hospitals, physicians, and community agencies, serves low-income, uninsured residents of DuPage County.</li> <li>• Continue initiative to identify patients in need of partial financial assistance for outpatient mental health services.</li> </ul>
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	<p>Provide financial assistance through funds allocated by the Elmhurst Memorial Hospital Guild.</p> <ul style="list-style-type: none"> <li>• Continue to post a link on the Elmhurst Memorial Healthcare web site (<a href="http://www.emhc.org">www.emhc.org</a>) to the organization's Financial Assistance Policy.</li> </ul>
<p><b>Chronic Aging Issues: Arthritis</b></p> <ul style="list-style-type: none"> <li>- 20% of DuPage County adults are affected by arthritis.</li> <li>- The estimated number of DuPage County adults affected with arthritis is 132,466.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide classes on management of arthritis through lifestyle changes.</li> <li>• Offer exercise programs for arthritis patients.</li> <li>• Offer educational materials about arthritis at the Elmhurst Memorial Health Education Centers in Lombard and Elmhurst.</li> <li>• Offer Psoriasis and Psoriatic Arthritis support group meetings quarterly.</li> </ul>
<p><b>Chronic Aging Issues: Osteoporosis</b></p> <ul style="list-style-type: none"> <li>- In 2000, approximately 14.1 percent of all DuPage County adults had osteoporosis. DuPage falls short of meeting the national target of eight percent.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to offer educational program addressing education and prevention of osteoporosis to young adolescent girls.</li> <li>- Offer <i>Get Fit, Strong Bones, Strong Girls</i> – a two-hour class about nutrition and exercise focusing on the prevention of osteoporosis targeted at girl scout troops.</li> <li>• Partner with LifeLine screenings to provide osteoporosis screening to the community.</li> <li>• Supply education materials about bone health and the prevention of osteoporosis to every woman receiving a mammogram at an Elmhurst Memorial Healthcare facility and through the Elmhurst Memorial Health Education Centers in Lombard and Elmhurst.</li> </ul>
<p><b>Heart Disease</b></p> <ul style="list-style-type: none"> <li>- In DuPage County in 2000, the coronary heart disease rate was 138.2 per 100,000 persons, below the Illinois rate of 194.6 and the national goal of 166 deaths per 100,000.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Midwest Heart Foundation to provide screening supplies for the ECG machines for "Young Hearts for Life" screening program for high school students.</li> <li>• Offer a cardiology-themed program for the community to include free cholesterol screenings, blood pressure</li> </ul>

	<p>and body composition analysis and heart risk appraisal.</p> <ul style="list-style-type: none"> <li>• Partner with Life-Line Screening to provide screenings for peripheral artery disease and aortic aneurysm.</li> <li>• Offer up to five community-based cholesterol screenings each year.</li> <li>• Provide adult CPR and AED education to the community and to staff members of local school districts.</li> <li>• Offer infant and child CPR classes monthly.</li> <li>• Offer support groups to patients with heart disease – Cardiac Women’s Support Group and Pulmonary Hypertension Support Group.</li> <li>• Continue to support heart health through the distribution of community education materials through the Elmhurst Memorial Health Education Centers at Lombard and Elmhurst.</li> </ul>
<p><b>Stroke Deaths</b></p> <ul style="list-style-type: none"> <li>– Stroke is the third leading cause of death in DuPage County and accounted for 480 deaths in 2000.</li> <li>– In 2000 and 2001, DuPage was below the national goal of 48 deaths per 100,000 population.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer the S.T.A.R.S. (Stroke, Trauma, Aneurysm, Research and Support Group) program – an interactive support group that provides educational information, social interaction, and community interaction for participants.</li> <li>• Partner with LifeLine screenings to do a carotid artery screening for the community.</li> </ul>
<p><b>Asthma</b></p> <ul style="list-style-type: none"> <li>– In 2000, approximately five percent of DuPage County adults had asthma during the last 12 months.</li> <li>– With a rate of .77, DuPage County fails to meet the national target rate of .1 for asthma deaths.</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with local school nurses to improve asthma education in the schools.</li> <li>• Support asthma education with materials and displays at the Elmhurst Memorial Health Education Centers in Lombard and Elmhurst.</li> </ul>
<p><b>Other</b></p>	<ul style="list-style-type: none"> <li>• Continue to offer car seat safety program with the DuPage County Health Department and CareLink Foundation.</li> <li>• Provide educational program for the community providing information about how to create a safer home environment and prevent injuries.</li> </ul>

- Provide education to the community on topics related to death and dying – “End of Life Issues.”
- Continue to offer bereavement programs and support groups for the community.
- Provide community classes on advance directives.
- Continue to work with DuPage County Office of Homeland Security and Emergency Management regarding disaster preparedness including the threat of terrorism. Conduct regular organization-wide disaster drills and monitor organization readiness through oversight of the Emergency Management Committee.

2. Identify the populations and communities served by the hospital – geographic boundary, payor mix, age, ethnicity

**Geographic Boundary of the Service Area**

The service area of Elmhurst Memorial Hospital extends across the eastern portion of DuPage County and the western portion of Cook County.



The Hospital's primary service area, defined as those zip codes contributing approximately 70% of the Hospital's total inpatients, is comprised of the following communities.

**Elmhurst Memorial Hospital – Primary Service Area**

60126 Elmhurst  
60148 Lombard  
60101 Addison  
60181 Villa Park  
60106 Bensenville  
60164 Northlake  
60131 Franklin Park  
60191 Wood Dale  
60163 Berkeley  
60139 Glendale Heights  
60162 Hillside  
60160 Melrose Park  
60104 Bellwood  
60108 Bloomingdale

The Hospital's secondary service area is defined as those communities contributing an additional 10% of admissions.

**Elmhurst Memorial Hospital – Secondary Service Area**

60103 Bartlett  
60188 Carol Stream  
60187 Wheaton  
60154 Westchester  
60153 Maywood  
60523 Oak Brook  
60165 Stone Park  
60137 Glen Ellyn  
60172 Roselle  
60143 Itasca  
60707 Elmwood Park

### Payer Mix of the Service Area

The following table represents the payer mix of the Elmhurst Memorial Healthcare service area in fiscal year 2009.

#### Elmhurst Memorial Hospital Service Area Fiscal Year 2009 Payer Mix

Payer	EMH Inpatients	% Total	Total Market	% Total
Managed Care	4,609	40%	17,380	39%
Medicare	5,346	46%	16,268	36%
Medicaid	996	9%	8,846	20%
Self Pay	593	5%	2,285	5%
Other	26	0%	302	1%
<b>Total</b>	<b>11,570</b>	<b>100%</b>	<b>45,081</b>	<b>100%</b>

### Age Statistics of the Service Area

Age and gender break-outs for the Elmhurst Memorial Hospital service area are as follows:

#### Elmhurst Memorial Hospital Primary Service Area – Population by Age and Gender

Gender	Age Group	2009 Population	2014 Population	Growth Change	% Change
Female	00-17	41,335	39,879	-1,456	-3.5%
Female	18-44	61,674	58,171	-3,503	-5.7%
Female	45-64	46,909	48,507	1,598	3.4%
Female	65+	25,767	28,756	2,989	11.6%
		<b>175,685</b>	<b>175,313</b>	<b>-372</b>	<b>-0.2%</b>
Male	00-17	43,102	41,380	-1,722	-4.0%
Male	18-44	67,261	63,546	-3,715	-5.5%
Male	45-64	45,908	47,984	2,076	4.5%
Male	65+	18,501	21,298	2,797	15.1%
		<b>174,772</b>	<b>174,208</b>	<b>-564</b>	<b>-0.3%</b>
Total	00-17	84,437	81,259	-3,178	-3.8%
Total	18-44	128,935	121,717	-7,218	-5.6%
Total	45-64	92,817	96,491	3,674	4.0%
Total	65+	44,268	50,054	5,786	13.1%
		<b>350,457</b>	<b>349,521</b>	<b>-936</b>	<b>-0.3%</b>

Though overall population growth within the EMHC service area is slow, growth of the 45 to 65+ age groups is significant. These groups have relatively high use rates for healthcare services, which will likely result in a steady demand for inpatient services and growing demand for outpatient services.

### Ethnicity of the Service Area

The following table outlines Hispanic population trends in the Hospital's primary service area communities. **Projected Change in Population Ethnicity – Primary Service Area**

Age Groups	Hispanic		Non-Hispanic	
	2009 Population	Growth 2009-2014	2009 Population	Growth 2009-2014
0-17	28,952	9.8%	55,485	-10.9%
18-44	41,070	7.7%	87,865	-11.8%
45-65	15,124	32.3%	77,693	-1.6%
65+	4,552	32.5%	39,716	10.8%
<b>Total</b>	<b>89,698</b>	<b>13.8%</b>	<b>260,759</b>	<b>-5.1%</b>

Clearly, the Hispanic population is expected to continue to grow in the communities served by Elmhurst Memorial Hospital. The older age groups (45+) are the fastest growing group within the Hispanic community and are likely to require more health services. Providers serving this demographic must be sensitive to cultural differences, especially language barriers.

### 3. Healthcare needs considered in developing the plan

Goals for Elmhurst Memorial Hospital's community benefits plan are developed with consideration of the Illinois Department of Public Health's Illinois Project for Local Assessment of Needs (IPLAN).

The project involves a community health needs assessment and the identification of priority health issues from the findings of the assessment. Four assessments drive the planning process in DuPage County, where Elmhurst Memorial Hospital is located. These assessments drive the planning process and are used to flush out a wide range of community health issues. The methodology used for identifying strategic health issues involves a systematic review of assessment data and community input. A steering committee considers the convergence of external opportunities and threats, system strengths and weaknesses, health status findings and community themes to identify these issues. Strategic issues are selected to represent the most compelling public health challenges the community will face over the next five years.

Strategic health issues selected by the DuPage County IPLAN 2010 Steering Committee are as follows:

- Address obesity and overweight among county residents.

- Develop capacity to meet the mental health needs of county residents.
- Assure access to essential health services for low-income uninsured county residents.
- Develop capacity to meet the substance abuse needs of county residents.
- Address family violence among county residents.
- Decrease tobacco use among county residents.
- Decrease health disparities among racial and ethnic minorities in DuPage County.
- Decrease the incidence and impact of asthma among county residents.
- Address the growing health needs of frail low-income county seniors.
- Appropriately respond to the threat of terrorism in DuPage County.

### **III. Amount and Types of Community Benefits Provided**

#### **1. Charity Care**

Elmhurst Memorial Hospital recognizes its responsibility to the community by providing that no patient requiring necessary medical care will be refused solely (perhaps delete "solely" as it implies we may refuse for financial and other reasons- just a thought) due to a lack of financial means. The organization offers a generous financial assistance policy that exceeds the standards recommended by the Illinois Hospital Association.

Each situation is reviewed independently and allowances are made for extenuating circumstances based on good faith efforts and circumstances.

A copy of the Elmhurst Memorial Hospital Charitable Care Policy effective for FY2009 is attached. The policy was adopted in March of 1993 and most recently modified in March of 2006. Highlights of the policy include the following:

- A 100% discount is given on any type of self pay outstanding balance (100% or after insurance) for patients whose income levels fall at or below 200% of poverty guidelines. (The Illinois Hospital Association recommends a 100% discount at 100% of poverty guidelines.)
- A discount is given to patients whose income levels fall above 200% of poverty based on ability to pay. (The Illinois Hospital Association encourages discounts at this level.) Factors used to determine the discount include age, family size, household type, gross income and disposable income (taking into account other necessary expenses.)

During Fiscal Year 2009 (July 2008 – June 2009), Elmhurst Memorial Hospital provided **\$6,070,085.00** of care to individuals who qualified for financial assistance under our Charitable Care Policy. This represents a "cost" measurement using the Hospital's Medicare cost-to-charge ratio.

#### **2. Language Assistance Services**

The communities served by Elmhurst Memorial Hospital are seeing noteworthy increases in the numbers of Hispanic families moving into the area.

Total costs for language assistance services was **\$71,256.16** in Fiscal Year 2009 and included the costs of salaries and benefits for translators, translation services provided by a telephone translation service, translation of forms and notices, and brochures provided in languages other than English.

#### **3. Government-sponsored indigent healthcare**

Elmhurst Memorial Hospital's government-sponsored indigent healthcare costs (defined as the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent healthcare programs) totaled **\$44,121,380.00** in Fiscal Year 2009.

Costs are based on total EMH discharges. The total gross charges for the different Medicare prospective payment types (DRG or inpatient, Behavioral Health, Skilled Nursing Facility and outpatient) were first accumulated and then multiplied by the Medicare cost to charge ratio to derive the "Medicare cost". The expected payments from each prospective payment system were then deducted from the computed "Medicare cost" to calculate the computed unreimbursed cost of services.

The same process was used for Medicaid inpatient and outpatient care to arrive at an unreimbursed cost.

#### **4. Donations**

Cash and in-kind donations totaled **\$1,431,786.54** in Fiscal Year 2009. These costs include meeting space, equipment and personnel used to assist other community healthcare providers, social service agencies and organizations.

#### ***Community Education Programs***

In fiscal year 2009, Elmhurst Memorial Healthcare offered 101 education programs for the community (356 class sessions). Approximately 7,100 people attended these programs. Of this number, 21 were physician led programs with 2,369 in attendance. Cost of these programs to the hospital includes instructor's time, handout materials, and staff time to coordinate and promote the programs.

Programs are typically held for one or two hours in the evening at the Hospital or an off-site location. Some classes do meet regularly, such as exercise programs or childbirth preparation classes. By attending these lectures and classes, participants receive first-hand information from medical professionals as well as complimentary handout materials. Depending on the topic, the instructor is typically a physician, nurse, dietitian, physical therapist or health educator.

Programs offered:

#### **Physician led programs**

- Advances in Treating Arthritis
- Cancer Survivors Day celebration
- Digest This
- Du Page Woman's fair -2 programs
- Have a Healthy Female Heart
- Healthy Brain

- Healthy Living Tips and Tricks
- Just for Men
- Middle Age Workout
- Power of Prevention - Heart Health and Heart Scans
- Power of Prevention - Vitamin D and how it can improve your health
- Power of Prevention - How to Live a Healthy Diabetic Life
- Think Pink - "What does not cause cancer"
- Understanding Thyroid Problems
- Oh, My Aching Feet
- Healthy Brain
- Oh, My Aching Head
- Score 1 for Men's Health – 2 programs
- STD's and Abstinence Seminar

### **Other Community programs**

- Autism
- Caring for Baby
- Childbirth Education classes
- Complementary programs (Healing Touch, Feng Shui, Reiki, Meditation, Aromatherapy, and Art therapy)
- Diabetes Expo
- Diabetes Management programs
- Fitness programs such as yoga, Tai Chi, pilates, zumba, aerobics and stroller aerobics
- Look Good, Feel Better
- Making Future Healthcare choices/Advance Directives
- MammaCare method of breast self exam
- Music Together
- Pre-op Joint class
- Promoting Self Esteem in Teenagers
- Robert Crown programs (Linda program, Bones, Express Yourself, Company's Coming)
- Safesitter
- Smoking Cessation
- Stress Management
- Weight Management

### **Hospital sponsored special events**

- "Think Pink" was held in October 2008 in honor of breast health awareness month. It featured a physician presentation on "What does not cause cancer". It included a demonstration class on MammaCare breast self- exam, yoga and meditation. A total of 75 attended.

- “Have a Healthy Female Heart”, a program on women’s heart health was held in February, 2009. It featured one program with three physician presentations, a cholesterol/glucose screening, blood pressure and body composition and a healthy heart breakfast for approximately 150 community members.
- “Digest This!” was held in March 2009. Approximately 100 attended the event, which included a physician and dietitian presentation on digestive health, appetizers and a free Fecal Occult Blood test.
- “Mother- Daughter Night Out” for girls and their mothers or guardians was held in May 2009. It included information on nail care, skin care, self- esteem, healthy bones, and a Zumba dance demonstration. The Robert Crown Center for Health Education presented “Linda” a program on puberty for young girls. One hundred and twenty attended the program.
- “Power of Prevention,” a screening and prevention program was held in May 2009. It included cholesterol and glucose screening, vitamin D screening, blood pressure, and body composition analysis and a complementary foot screening performed by a podiatrist. A total of 150 attended.
- Elmhurst Memorial Community Services also sponsored two major community events, The Du Page Women’s fair, September 2008 and Score 1 for Men’s Health in June 2009 in cooperation with the American Cancer Society. Approximately 1,450 community residents attended both fairs.

### **Speaker’s Bureau**

A free Speaker’s Bureau program offers a speaker to community groups, churches, schools and service organizations. In Fiscal Year 2009, 102 programs/health fairs were coordinated, reaching approximately 7,711 members of the community.

### **Health Education Resource Service**

A complimentary Health Education Resource Service offers community residents access to health information via multi-media at three sites.

Services are accessible by phone and by the Internet. Free access to Internet health sites as well as assistance with Internet searches is provided. The centers are stocked with pamphlets, brochures, reference books, periodicals, videos and health displays. A Health Educator meets with individuals by appointment to do one-on-one education and referral.

Approximately 27,672 patrons visited the Health Education Resource Centers and 17, 534 received health- related information.

The Health Education Resource Center for the Community of Villa Park continues to partner with the American Cancer Society to offer free navigation services to cancer patients and their families.

In addition, over 1,000 pieces of health-related information were given to community members from the Elmhurst Memorial Hospital Resource cart. The cart visits designated family waiting areas within Elmhurst Memorial Healthcare weekly.

### **Health Screenings**

Elmhurst Memorial Healthcare offers a variety of health screenings to community residents free or at a reduced cost. During Fiscal year 2009, a total of 5,664 were screened.

- Blood pressure screenings are offered at three locations. Health Educators provided over 3,104 blood pressure screenings in Fiscal Year 2009.
- Monthly body composition screenings were held at the Villa Park Health Education Center and provided counseling, written information and referral resources to 63 participants.
- Diabetes screenings performed by a Health Educator were offered monthly at the Villa Park Health Education Center. A total of 96 were screened.
- Dermatologists and plastic surgeons provided 84 skin cancer screenings.
- A prostate screening and DRE was offered September 2008 and screened 18 men.
- Partnership with Life Line Screening sponsored eight screening health fairs with 551 participants.
- Heart Scan Calcium Scoring was offered to the community. A total of 765 screenings were completed

### **Community Health and Resource Fairs**

Elmhurst Memorial Hospital also participates actively in several local and statewide community fairs

- Back to School fair, August 2008 - provided first aid kits and education to 1,500 children. A total of 2,800 families attended.
- Addison Days, August 2008 - 25 were screened for cholesterol and 30 for blood pressure. A total of 60 attended
- Du Page Woman's fair, held in September, 2008 - provided nutrition and fitness information and cancer prevention information to over 1,200 people. Diabetes education provided 112 diabetes screenings.
- Du Page Senior fair, October 2008 - provided diabetes screening and education to 83 residents
- Henry Hyde Center health fair, March 2009 - A physician provided a presentation in Spanish on screening requirements for all ages. Health educators performed 32 blood pressure screenings, 33 diabetes screenings and 33 cholesterol screenings. A total of 60 attended.
- Score 1 for Men's Health, June 2009 - provided nutrition, fitness, diabetes and cancer prevention information to over 250 people. Diabetes education provided 102 diabetes screenings, Community Services provided approximately 40 blood pressure screenings.

- Multiple other community health fairs offered a blood pressure screening, body composition analysis, cholesterol or diabetes. The total screened was 801.

### **District 205 and Partners for Success School Nurse Program**

Elmhurst Memorial Healthcare partners with District 205 to manage ten school nurses and with the Regional Board of Education to manage one school nurse. District 205 school nurses staff the elementary and middle schools, early childhood education, special education and York High School. The Partners for Success school nurse staffs Old Mill School in Addison.

School nurses see students daily for a variety of health related concerns. Below is the annual number seen in FY 2009 for York High School and Partners for Success.

District 205 York High School nurses -7,202 students  
Partners for Success – 1,187 students

District 205 school nurses performed vision and hearing screening for students in the district.

Vision screening: 2,046  
Number re-screened: 311  
Number referred: 176

Hearing screening: 3,755  
Audiograms: 29  
Number re-screened: 187  
Number referred: 15

Total screened: 5,801

### **Community Partnerships**

Several employees of Elmhurst Memorial Healthcare serve on local health and service organizations. Some of these include:

- Elmhurst Lions
- Elmhurst Kiwanis Club
- Elmhurst Chamber of Commerce
- Villa Park Kiwanis
- Villa Park Chamber of Commerce
- American Cancer Society
- Access Du Page
- Du Page Community Clinic
- SafeKids Coalition

Elmhurst Memorial Healthcare provides classes, services and programs to local school districts either free or at a significantly reduced price. These services include CPR classes. The Hospital also partners with local park districts to provide classes and community services.

### **Meeting Room Space**

Conference room space is provided free of charge to community groups and support groups that have a health focus. This past fiscal year, 1,532 programs and meetings were held at eight locations representing approximately 25 community groups.

### **Care Match**

This is a free physician and health information resource available to the community 40 hours a week by phone or 24 hours a day via the Internet. Callers in search of a referral to a nearby physician can obtain information about physician's office hours, location, credentials, insurance requirements, for example. Care Match also handles registration for the Hospital's community education classes and requests for general information about the health system. In fiscal year 2009, 19,575 callers were assisted. An Internet component that offers the same services on-line registered 1,368 people for classes.

### ***Other Educational Communications***

Educational communications include many different forms of printed materials produced for the purpose of educating members of the community about their health. These types of communications include magazines, brochures, and informational cards such as first aid guides or breast self-exam cards, folders for educational materials and other publications that communicate information about Elmhurst Memorial Hospital and its affiliates.

*Health Connections* is a community health magazine distributed to approximately 140,000 households in the communities surrounding Elmhurst Memorial Hospital. It is produced three times a year and is designed to provide useful health information, inform the community of new hospital programs and services, promote health education classes, and introduce new physicians.

Additional health information is circulated via press releases, public service announcements and regular health columns produced for area newspapers.

Costs related to these communication materials include design costs, print costs, distribution costs and staff time for writing, editing, research and project coordination.

### ***Pastoral Care***

Elmhurst Memorial Hospital's Pastoral Care Services department offers an extensive Clergy Notification System to about 350 parishes and congregations in the Hospital's service area. With permission from patients, clergy and official church visitors may obtain information about patients in their parishes or congregations who have been admitted to the Hospital. This information is updated twice daily and is available in printed form in the Hospital's Admitting/Surgical waiting area, at the Pastoral Care Office or via telephone. An estimated 25 different religious denominations are represented within the 350 parishes and congregations served by Pastoral Care Services.

### ***Social Services***

During the course of the year, the Social Services Department provided assessments and community referrals to community members. Through this telephone and face to face contact, social workers are able to connect people with services in the community. Some examples of services people may need include at-home medical and personal care, outpatient or at-home rehabilitation, outpatient cancer care, medical equipment, extended care facilities, support groups, daycare, housing or home delivered meals. The Social Services Department also counsels patients and their families on adjusting to illness such as cancer or AIDS. They also provide individual consultations for patients on completing advance directives, referrals to behavioral health services and financial assistance counseling.

In Fiscal Year 2009, approximately 1,947 people were assisted. Two community education classes were offered on the topic of advanced directives for 30 people. Phone and in-person consultation and referral was provided to 657 people. Free taxi and Medicar vouchers were provided to 1,260 patients without other transportation to facilitate discharge.

### ***Access Team – Behavioral Health***

The Access Team provides a team of professional behavioral health staff to offer quick and easy access to Behavioral Health Services at Elmhurst Memorial Hospital and also in the community. The staff answers the phone 24 hours a day and can refer callers to appropriate services for mental health or chemical dependency issues. Assessments to determine the needs of clients are offered free of charge Monday through Saturday, and in emergency situations, 24 hours a day, 7 days a week. The Access Team receives over 4,000 calls a year.

### ***Family Birthing Center***

Elmhurst Memorial Hospital offers a number of special services free of charge to women before and after the delivery of a baby.

**Maternity unit tours** – Free tours of the maternity unit are offered every week to anyone interested in seeing the unit. Nurses conduct the tours, which help people

become more familiar with the facilities before they deliver their baby. Approximately 2,000 people take the tours each year.

**Follow-up Phone Calls** – A nurse calls all women who have delivered a baby at Elmhurst Memorial Hospital soon after they have gone home to check on their well-being and determine whether they need referrals or have questions.

**Pre- and Postnatal Education** – Hospital staff offer a number of educational programs to help new mothers prepare for their child's birth and infancy. Some of these programs are free and others are offered at minimal cost.

**Lactation Consulting** – While still at the Hospital, new mothers can seek the services of a lactation consultant free of charge. The lactation consultant helps with proper techniques for breastfeeding. Telephone consultations are provided to new mothers who have gone home.

**Grief Counseling** – Hospital staff provide grief counseling and follow up free of charge for patients who have suffered a prenatal loss.

## **5. Volunteer Services**

A total of **\$413,285.07** of resources consisted of volunteer time provided by Elmhurst Memorial Hospital employees and volunteers to various activities of the hospital and community (calculated by taking the number of hours contributed by Hospital volunteers multiplied by the minimum wage and adding the number of hours that Hospital employees spent in volunteer activities during paid time multiplied by the average Hospital wage.)

Volunteers were used in over 90 Hospital departments and accumulated 61,989 hours of service last year. Volunteer transporters, for example, escort patients throughout the facility, while others deliver flowers and newspapers to patients in their rooms. In addition, volunteers sewed and distributed their signature stuffed pink elephants to Hospital pediatric patients and red heart pillows to cardiac patients.

### ***Telecare***

This complimentary service is provided by Elmhurst Memorial Hospital volunteers for seniors or disabled persons who live alone. It is a planned, daily telephone contact to check on participants' safety and well being. The service days are Monday through Saturday. If the participant fails to make the scheduled phone call, the Volunteer Office tries to contact that person at home. If this attempt is unsuccessful, they call friends, neighbors, or relatives who were previously designated in case of emergency. If the emergency contact cannot be reached, the local police or sheriff are contacted.

## **6. Education**

Costs for education include hospital-based educational programs for the training of healthcare professionals to include costs of supplies, purchased services and labor.

Labor was calculated as the total number of hours for orientation, contract maintenance, preceptor meeting or planning time multiplied by the average preceptor hourly wage. Clinical time was calculated as the number of students multiplied by the total number of clinical days multiplied by the percentage of staff teaching time per hour multiplied by the average preceptor hourly wage. Reimbursement provided by any of the schools was subtracted from the total.

In Fiscal Year 2009, Elmhurst Memorial Hospital dedicated **\$61,704.88** of resources toward education programs.

EMH provides clinical sites for the following schools. Some programs provide instructors on site; otherwise EMH staff serve as preceptors for the students.

Schools	Program
College of DuPage	Nursing Education (Registered Nurse and Licensed Practical Nurse) Radiology (Technician) Surgical Technology Program Paramedic/EMT-B program Rehab (PTA) Radiation Oncology (Radiation Therapist)
Elmhurst College	Nursing Education BSN & MSN programs (Registered Nurse)
Harper College	Nutrition (Dietetic Technician)
Loyola University	Graduate RN
Northern Illinois University	Nutrition (Dietitian,) Laboratory (Medical Technician)
Robert Morris College	Surgical Technology
Triton College	Nursing Education (Registered Nurse) Radiology (Nuclear Medicine)
Northwestern University	Rehab (PTA)
Rush University	Rehab (Physical Therapist)

#### 7. Government-sponsored program services

Government-sponsored program services include unreimbursed cost not included in government-sponsored indigent healthcare programs. Elmhurst Memorial Hospital dedicated **\$83,840.00** of resources toward these types of services in Fiscal Year 2009.

## **8. Research**

Elmhurst Memorial Hospital's total research costs in Fiscal Year 2009 were **\$38,316.00**.

## **9. Subsidized health services**

Elmhurst Memorial Hospital provided **\$9,743,886.00** worth of healthcare services in cases where services were subsidized from other revenue sources. These services are offered based on the needs of the communities served by Elmhurst Memorial Healthcare. Costs include the following programs:

- Skilled Nursing Facility
- Inpatient Behavioral Health
- Outpatient Behavioral Health
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Obstetrics
- Newborns

## **10. Bad Debt**

In Fiscal Year 2008, **\$10,568,732.00** was used for the provision of services in cases of doubtful accounts resulting from the extension of credit.

## **11. Other Community Benefit**

Elmhurst Memorial Hospital provides discounts to all uninsured patients on a sliding scale as follows:

- 10% on accounts with balances between \$0 - \$300
- 20% on accounts with balances between \$301 - \$600
- 30% on accounts with balances over \$600

These discounts are provided at time of service without regard to ability to pay. In Fiscal Year 2009, discounts amounted to **\$3,645,835.00**.

## **IV. Audited Financial Reports – Fiscal Year 2009**

A copy of the organization's audited financial reports for the year ending June 30, 2009 is attached.