



4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatehealth.com

August 22, 2013

Via Overnight Courier

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, Illinois 62761

Re: Project #11-019 Advocate Christ Medical Center (the "Project")

Alteration Request

Advocate Health and Hospitals Corporation (d/b/a Advocate Christ Medical Center)
Construction Project for Ambulatory Pavilion

Dear Ms. Avery,

The Review Board granted our permit on August 16, 2011 to construct a nine-story ambulatory care building (the "Ambulatory Pavilion") on our campus. Construction is proceeding well and we remain in compliance with both the cost and schedule of our permit. As is typical for such a large project, there are several modifications we would like to implement and seek your approval of these alterations. This alteration proposes two primary changes - - (i) it scales back certain elements of the project to reduce cost and (ii) it provides detail as to the use of shell space approved in the initial application.

The alteration "does not substantially change the scope or functional operation of the facility". The total square footage of the Project will remain essentially the same and the cost is going down by 5.2%. The amount of funds to be borrowed has been reduced consistent with the changes and timing in spending. We believe the changes could have been accomplished by notice only, with the exception of the plan to use the shell space.

Description of the Alteration

The Ambulatory Pavilion Project adjoins the hospital and will contain surgery, endoscopy, recovery, plus various clinical and non-clinical areas. Significant in the non-clinical space are three floors housing several Institutes where physicians will see patients, while being close to clinical services. The principle changes to the clinical area are to reduce the number of surgery and procedure rooms, recovery rooms, and imaging rooms. Two planned areas, fetal diagnostics and a cast room, will not be added as they are being provided elsewhere. Other minor changes have been the result of refining the design with several new managers. The better use of the space emerged from that process.

A faith-based health system serving individuals, families and communities

Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center

RECEIVED

AUG 23 2013

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**



Reason for Change

This alteration has been prompted by the changes in the overall health care delivery system and the desire to re-allocate capital investment across the Advocate System. Since the Project was approved, financial impacts associated with Health Reform have caused Advocate to scale back different projects on many of its hospital campuses. Anticipated lower reimbursement has caused Advocate to re-examine the phasing of capital allocation throughout the System. As a result, this Project has been reduced in scope.

Build Out of Non-Clinical Shell Space

The approved permit contained a limited amount of shell space. Consistent with Board rules, we committed to return to the Board for approval to build out this shell space. This permit application seeks approval to finish this shell space for non-clinical purposes. We propose using the shell space for the specific purposes set out in this application, including adding a medical staff area, to adjoin an expanded administrative area. The opportunity has been identified for physicians and administration to gather in areas designed for faster collaboration. The need for a retail site to offer patient and visitor supplies was identified. The role of the engineering technical support department continues to grow with the increase in technology so space has been planned for that to be provided nearer the departments they serve. Finally, the need for storage had been underestimated in the original design and is being addressed in this alteration.

Details of the proposed alteration are found in the attached narrative, cost and source table, the cost space table, cost and gross square feet by department table, and explanations of the changes to the departments. The Project will continue to be funded by a combination of cash and bonds. Because the Project costs are being reduced from what was approved, we understand that availability of funds criteria is not applicable. The Alteration application fee of \$1,000 was sent with the first mailing on June 24.

If you have any questions regarding this request or if you need any further information, please call Jeff So, Director of Business Development (708-684-5763) or our legal counsel, Joe Ourth (312-876-7815). Thank you for your consideration of the alteration on this Project.

Sincerely,



Kenneth W. Lukhard
President South Market
Advocate Christ Medical Center

Enclosures: Revised Narrative, Cost & Sources, Cost Space, Cost and Gross Square Feet by Department, Background on the Clinical and Non-Clinical Departments, and Size of Key Departments.

cc: Al Manshum
Joe Ourth, Arnstein & Lehr LL

Summary of Permit Alteration Project No. 11-019

The Review Board granted a Permit on August 16, 2011 for Advocate Christ Medical Center to construct a 9-story ambulatory care pavilion adjoining the existing hospital.

This alteration proposes two primary changes - - (i) it scales back certain elements of the project to reduce cost and (ii) it provides detail as to the use of shell space approved in the initial application. The alteration “does not substantially change the scope or functional operation of the facility”. The total square footage of the Project will remain essentially the same and the cost is being reduced by 5.2%. The amount of funds to be borrowed has been reduced consistent with the reduction of costs associated with the Project.

Notification of Various Changes/Reductions

The principle changes to the clinical area are for 20 proposed reductions in clinical key rooms within the Pavilion. The revised proposed space for the departments is within all the state standards with the exception of the Phase I Recovery (PACU) size which still exceeds the State standard for reasons noted in the original CON application. Those rooms are proposed to be developed as non-clinical space for engineering technical support and essential storage.

Two planned areas in the Permit will not be added. It has been determined that the fetal diagnostics service planned for the Ambulatory Pavilion will remain in its present facility near the fetal medicine physicians. The space originally designated for fetal diagnostics is now planned to be the location for a more consolidated education site, the retail patient and visitor site, and storage. The need for a cast room in the Ambulatory Pavilion is adequately addressed with the cast room in the hospital. The small space originally planned for the cast room will be staff support for several nearby departments.

Typical of most major construction projects, there have been minor changes in the square footage of many departments as the design process progressed from schematics to construction drawings. For example, the Laboratory has now proposed to include space to process surgical pathology cases.

Completion of Shell Space for Non-Clinical Use

The approved Permit contained a limited amount of shell space. Consistent with the commitment made to the Board, the Applicants are returning to the Board for approval to build out this shell space. This permit alteration application seeks approval to finish this shell space for non-clinical purposes. The Applicants propose using the shell space for a medical staff area, adjoining expanded and relocated administrative space, and circulation essential to access these areas.

This alteration will lower the total cost from the Permit amount of \$202,301,558 to \$191,823,663 and will not change the completion date of December 31, 2014.

The attached pages address the pages of the application impacted by this Permit Alteration. For ease of review, changes to the original Narrative section of the application have been marked to show changes or deletions.

2. 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.

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center/Advocate Hope Children's Hospital (ACMC/AHCH, Medical Center), the applicants, propose to construct a 9-story building to house ambulatory care services as well as multidisciplinary institutes and other non-clinical space. A Permit for this Project, #11-019, was granted August 16, 2011.

The building ~~has~~ had been designed to house the following functions on each level:

Ground Level – Entrance and Lobby, Registration, Education Resource Center, Lobby Café, Women's Services, Fetal Diagnostics, Central Sterile Processing and Supply, Materials Management and Environmental Services, and Mechanical Space

Level 1 – Pre-Admission Testing, Laboratory, Pulmonary Function Testing, General Radiology and Fluoroscopy, Ultrasound, and Shell Space

Level 2 – Endoscopy, Phase II Recovery, Mammography, Electronic Medical Records Support and Retail Pharmacy

Level 3 – Surgery, Phase I Recovery (PACU)

Level 4 – Interstitial Mechanical Space

Level 5 – CT, PET/CT, MRI and Nuclear Medicine

Level 6 – Heart and Vascular Institute including Non Invasive Cardiology, CHF Clinic, Cardiac Rehabilitation, and Advanced Heart Failure/VAD/Transplant Clinic

Level 7 – Neuroscience Institute including Neurodiagnostics, Pain Management Center, Outpatient Therapy (Physical, Occupational, Speech, Audiology, and Wound Therapy), and the Neuro Medical Clinic

Level 8 – Cancer Institute including Infusion Therapy, Satellite Pharmacy, Cancer MD Clinic, and Research.

Cooling towers will be located at the ninth level of the structure.

The Patient Protection and Affordable Care Act of 2010 challenges all aspects of the American health care system to reassess how health care is delivered in order to improve access, enhance quality, and reduce cost. Long before the passage of the health reform act, however, Advocate Health Care, recognized as one of the leading health care systems in the nation, began working diligently on many fronts to accomplish these same goals.

The Medical Center is one of the flagship hospitals of Advocate Health Care. According to the *Crain's Chicago Business Magazine*, November 15, 2010, the Medical Center recorded more

patient days and the highest bed occupancy of any hospital in the greater Chicago area in 2009. ~~On In April 25, 2010~~2013, *Crain's* also reported that the Advocate Medical Group, which includes ~~700-1,100~~ board certified physicians, provided ~~1,300,000~~2,423,000 outpatient visits in ~~2009~~2012; this medical group provides access to health services at the Medical Center and at other Advocate facilities. According to the ~~most recent~~ Illinois Medicaid Hospital Listing, Hospital Reimbursement Regular Reports, the Medical Center is ranked fourth in Illinois for total covered Medicaid days.

ACMC/AHCH is integrally involved in the Advocate System's initiatives to improve access, enhance quality, and reduce cost. The challenges to advance the Systems' initiatives and to address the 2010 national health care reform legislation came at the same time that the Medical Center is experiencing very serious space constraints. According to Kurt Salmon Associates, a nationally respected facility planning firm, the Medical Center has approximately 1,260,000 BGSF of space when national standards for similar facilities suggest that it should have from 1,750,000 to 2,100,000 BGSF. This is a deficit from 490,000 BGSF to 840,000 BGSF.

Over the last 50 years, the Medical Center has matured from a 200-bed community hospital to a ~~700~~690-bed regional center providing tertiary and quaternary care to the residents of the greater south and southwest Chicago area and beyond. With the recent Permit #12-066 granted December 2012, the total authorized bed inventory is 788.

Tertiary care is provided by specialists working in a medical center that has personnel and facilities to treat seriously ill and severely injured patients. Patients are often referred to a tertiary care facility from smaller hospitals for lifesaving care in advanced intensive care units and for advanced treatments including complex surgery. Quaternary care is an extension of tertiary care; quaternary care represents even more advanced levels of treatment which are highly specialized and available in only a few facilities. Experimental medicine, service-oriented surgeries, and other less common approaches to diagnostics and treatment are the essence of quaternary care.

The hospital was constructed at a time when outpatient care occurred essentially in emergency departments, physicians' offices, in dispensaries for the poor, or in patients' homes. Today, the Medical Center provides outpatient care for approximately 350,000 visits each year. Of these, 85 percent, or about 1,000 visits per day, occur in the hospital. Outpatients are commingled with inpatients in surgery, imaging, and other hospital departments originally designed for only inpatients; outpatients are squeezed into spaces that were once conference rooms and storage areas; and, they are seen in any other spaces that were appropriated. At a referral facility, such as the Medical Center, acutely ill inpatients and trauma/emergency patients always take precedence over outpatients so that outpatient exams or procedures are often delayed or must be rescheduled. For all of these reasons the most pressing need at the Medical Center today is for outpatient space.

The Medical Center studied a range of options to resolve this very serious space shortfall. To respond to the immediate need for outpatient space, the Medical Center ~~is proposing~~proposed to construct a 9-level Ambulatory Pavilion with immediate access to the hospital via a connector.

Appropriate space to accommodate the ever-increasing number of routine and complex ambulatory cases will help accomplish the goals of both Advocate as well as state and federal health care reform initiatives to increase access, enhance quality, and lower cost of care.

The applicant anticipates the need to modernize space vacated by outpatient areas in the hospital, shell space that is included in the new construction, as well as additional new construction on the Medical Center's campus at some time in the future.

It is expected that the Ambulatory Pavilion will be completed by December 31, 2014. The Project in the Permit includes 306,993 DGSF of new construction and 1,341 DGSF of modernization for a total of 308,334 gross square feet. Total project cost was is expected to be ~~\$202,301,588~~ \$191,823,663. In working further on the design after the Permit was granted, the architects identified 116 sf of air handling space that is not usable so the functional space is now 308,218 sf.

Project has received strong community support. Letters of support are included in the original application. In accordance with the Illinois Administrative Code, Chapter II, Section 1110.40 (b), the project is classified as non-substantive because it is entirely limited to outpatient clinical service areas and non-clinical space. Nonetheless, the Medical Center has elected to include Attachment 43, a Safety Net Impact Statement.

Project Costs and Sources of Funds

USE OF FUNDS	CLINICAL	NON CLINICAL	TOTAL	Original TOTAL
Preplanning Costs	\$ 771,307	\$ 953,693	\$ 1,725,000	\$ 1,725,000
Site Survey and Soil Investigation	\$ 54,998	\$ 68,002	\$ 123,000	\$ 123,000
Site Preparation	\$ 572,332	\$ 707,668	\$ 1,280,000	\$ 1,280,000
Off Site Work	\$ 1,967,527	\$ 2,432,773	\$ 4,400,300	\$ 4,400,300
New Construction Contracts	\$ 54,516,032	\$ 45,308,217	\$ 99,824,249	\$ 101,814,825
Modernization Contracts	\$ -	\$ 179,211	\$ 179,211	\$ 195,211
Contingencies	\$ 5,138,990	\$ 4,271,010	\$ 9,410,000	\$ 9,610,000
Architectural/Engineering Fees	\$ 2,752,937	\$ 2,287,963	\$ 5,040,900	\$ 5,131,000
Consulting and Other Fees	\$ 2,672,330	\$ 2,220,970	\$ 4,893,300	\$ 4,773,300
Movable or Other Equipment (not in construction contracts)	\$ 39,757,918	\$ 980,000	\$ 40,737,918	\$ 48,980,000
Bond Issuance Expense (project related)	\$ 1,135,002	\$ 557,283	\$ 1,692,285	\$ 1,692,285
Net Interest Expense During Construction (project related)	\$ 7,377,950	\$ 3,622,550	\$ 11,000,500	\$ 11,275,637
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 6,289,666	\$ 5,227,334	\$ 11,517,000	\$ 11,301,000
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 123,006,990	\$ 68,816,674	\$ 191,823,663	\$ 202,301,558
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL	
Cash and Securities	\$ 40,715,314	\$ 22,778,318	\$ 63,493,632	\$ 66,918,722
Pledges				
Gifts and Bequests				
Bond Issues (project related)	\$ 82,291,676	\$ 46,038,355	\$ 128,330,031	\$ 135,382,836
Mortgages				
Leases (fair market value)				
Governmental Appropriations				
Grants				
Other Funds and Sources				
TOTAL SOURCES OF FUNDS	\$ 123,006,990	\$ 68,816,673	\$ 191,823,663	\$ 202,301,558
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				

Advocate Christ Medical Center Ambulatory Pavilion	
Itemization of Project Costs in Alteration	
Items	Cost with Alteration
Pre-Planning	\$ 1,725,000
Site and Facility Planning	\$ 380,000
Programming thru SD	\$ 1,345,000
Site survey	\$ 123,000
Soils Investigation	\$ 65,000
Site Survey & Title	\$ 23,000
Traffic study	\$ 35,000
Site Preparation	\$ 1,280,000
Prep Work (Demo, clearing, grading, shoring)	\$ 600,000
Earthwork, drainage, stone, foundation prep	\$ 480,000
Misc excavation, all backfill areas	\$ 200,000
Off-Site Work	\$ 4,400,300
Site Work: Grading, Prk Lot Lights, Concrete, etc	\$ 1,130,000
MWRD - retention	\$ 300,000
ComEd - power extension + relocation of shop	\$ 2,100,300
Kilbourn traffic light	\$ 390,000
Kilbourn Street widening	\$ 480,000
New Construction	\$ 99,824,249
Building Shell & Core	\$ 58,095,255
Lobby + Floors 1-3 (Surgery / GI build-out)	\$ 23,245,347
Floors: 4-8 / Penthouse(Mech fl + MOB build-out)	\$ 17,648,165
Rad Onc Connector	\$ 835,482
Modernization	\$ 179,211
Visitor Connection links renovation	\$ 179,211
Contingencies	\$ 9,410,000
Design	\$ 4,400,000
Change Order	\$ 5,010,000
Architect/Eng Fees	\$ 5,040,900
Architect / Engineering Fees	\$ 5,040,900
Consulting and Other Fees	\$ 4,893,300
Building Civil Eng /misc	\$ 125,000
CON Consultant + Legal fees	\$ 190,000

Advocate Christ Medical Center Permit #11-019 Alteration Application

CON Architect/Engineer Assistance	\$	38,000
Permit/ Local Government review fees	\$	260,000
A/E RFI + Operational Consultants / Misc analysis	\$	495,000
Interior Design	\$	245,000
Equipment Planner	\$	360,000
MEP /Envelop Commissioning	\$	378,000
A/E Peer Review	\$	348,000
LEED Certification / Commissioning	\$	370,000
Parking Consultant	\$	25,000
Traffic Consultant	\$	35,500
Soils / Lab Engineer	\$	61,000
Site Survey	\$	25,000
Radiation / shielding consultant	\$	27,800
Zoning / Local Government Representation	\$	65,000
A/E CA (Const Admin) & Misc Consultants	\$	1,410,000
Reimbursables / Renderings / Misc support	\$	435,000
Movable Equipment	\$	40,737,918
Surgical / GI	\$	16,176,000
Sterile Processing	\$	1,800,000
Imaging	\$	21,781,918
MOB misc	\$	980,000
Bond Issuance / Finance Expense	\$	1,692,285
30 months	\$	1,692,285
Net Interest	\$	11,000,500
30 months	\$	11,000,500
Fair Market Value of Lease	\$	-
N/ A		
Other Costs to be Capitalized	\$	11,517,000
Nurse stations	\$	466,000
Utilities / Taps	\$	1,610,000
Exterior Signage	\$	110,000
Interior Signage	\$	385,000
Telecom Infrastructure	\$	660,000
Telecom Switch	\$	490,000
Data Infrastructure + wireless	\$	960,000
PACS Hardware / Server / Station Equipment	\$	1,520,000
Infrastructure - Generator / switch gear	\$	490,000
Security System / Access control	\$	490,000

Advocate Christ Medical Center Permit #11-019 Alteration Application

City, County & Municipal fees	\$	480,000
CON Audit Consultant Odell Hicks	\$	25,000
Infrastructure - Generator / switch gear	\$	290,000
Material Mgmt Consultant	\$	78,000
Elevator consultant	\$	73,000
Technology Integration consultant	\$	130,000
Testing consultant	\$	240,000
CON Fee	\$	110,000
IDPH Fee	\$	125,000
Contract Project manager (s)	\$	395,000
FF&E - entire AP	\$	2,030,000
Expand Security / Equipment	\$	360,000
Acquisition	\$	-
TOTAL	\$	191,823,663
Source of Funds		
Cash and Securities	\$	63,493,632
Debt Financing	\$	128,330,031
TOTAL	\$	191,823,663

Cost Space

Dept. / Area	Original Permit Total Cost	Revised Total Cost	Revised Total dgsf	Revised New Const. dgsf	Revised Mod dgsf	As is dgsf
CLINICAL/REVIEWABLE						
Surgery						
Surgery Operating Rooms	\$34,050,124	\$ 31,530,966	86,028	27,331		58,697
Surgery Procedure Rooms	\$ 7,611,790	\$ 5,752,591	10,311	5,231		5,080
Phase I Recovery (PACU)	\$ 2,661,017	\$ 2,562,325	11,088	4,216		6,872
Phase II Recovery (Prep/recovery)	\$12,454,411	\$ 11,704,873	28,656	19,053		9,603
Central Sterile Supply	\$ 5,792,271	\$ 6,054,332	22,848	7,852		14,996
Ambulatory Care Services						
Cast room	\$ 231,703		514	0		514
Heart Failure Clinic	\$ 2,155,625	\$ 2,607,842	4,813	4,813		0
Fetal Diagnostics	\$ 2,971,512		0	0		0
Adult Infusion Center	\$ 4,644,230	\$ 5,045,567	9,628	9,628		0
Neurodiagnostics	\$ 613,604	\$ 685,387	3,083	1,450		1,633
Non Invasive Cardiology	\$ 1,964,138	\$ 1,845,407	6,875	3,101		3,774
Pain Center	\$ 460,363	\$ 489,442	997	997		0
Pre Admission Testing	\$ 406,962	\$ 125,532	2,755	244		2,511
Pulmonary Function	\$ 386,226	\$ 438,180	1,801	970		831
Diag. and Interv Rad.						
General Radiology/Fluoro	\$ 9,590,210	\$ 7,738,966	19,266	7,179		12,087
Mammography	\$ 384,840	\$ 362,375	1,295	186		1,109
Ultrasound	\$ 9,063,887	\$ 9,392,799	13,792	7,047		6,745
CT & PET/CT	\$11,805,910	\$ 10,011,580	15,056	6,944		8,112
MRI	\$ 9,506,699	\$ 9,308,384	10,740	6,406		4,334
Nuclear Med. & SPECT /CT	\$10,262,430	\$ 6,959,612	9,582	5,879		3,703
Other Clinical						
Laboratory	\$ 728,670	\$ 2,300,482	26,513	4,066		22,447
Pharmacy, Satellite	\$ 830,257	\$ 828,870	1,414	1,414		0
Outpatient Rehab	\$ 4,627,290	\$ 4,607,036	18,043	8,443		9,600
Cardiac Rehab	\$ 2,407,817	\$ 2,654,442	6,298	4,816		1,482
Total Clinical	\$135,611,986	\$ 123,006,990	311,396	137,265	0	174,130

Advocate Christ Medical Center Permit #11-019 Alteration Application

NON CLINICAL/ NON REVIEWABLE	Original Permit Total Cost	Revised total cost	Revised Total dgsf	Revised New Const dgsf	Revised Mod dgsf	As is dgsf
Multidisciplinary Cancer, Neurosciences, Heart-Vascular Centers, and Women's Health Center, i.e. physicians' consultation offices and exam rooms	\$ 13,869,036	\$ 14,431,844	38,657	32,792		5,865
Lobby, Public Areas, Resource Center, Winter Garden	\$ 6,280,869	\$ 6,458,000	23,785	14,085		9,700
Registration/Fin Counseling	\$ 1,510,062	\$ 1,576,390	3,911	3,911		0
Shelled Space	\$ 4,873,874		0	0		
Administration	\$ 6,610,577	\$ 6,802,105	21,401	17,251		4,150
Medical Staff Area		\$ 2,439,849	6,119	6,119		
Research/Education	\$ 1,356,293	\$ 1,456,348	38,402	4,004		34,398
Electronic Med Rec Support	\$ 191,092	\$ 197,083	6,114	400		5,714
Engineering Technical Support		\$ 943,560	2,645	2,645		0
Storage		\$ 2,074,503	6,468	6,468		0
Materials/EVS	\$ 1,120,676	\$ 1,151,948	12,551	2,956		9,595
Circulation/ Connector/ Pneumatic Tube	\$ 9,897,023	\$ 12,339,973	30,729	30,729		0
Modernized Connectors	\$ 389,557	\$ 349,434	1,230	0	1,230	0
Retail Patient-Visitor Site		\$ 498,518	1,666	1,666		
Lobby Café	\$ 425,257	\$ 579,770	4,572	1,717		2,855
Retail Pharmacy	\$ 373,430	\$ 473,193	1,549	1,549		0
Mechanical	\$ 19,791,826	\$ 17,044,156	345,206	43,431		301,775
Total Non-clinical	\$ 66,689,572	\$ 68,816,673	545,005	169,723	1,230	374,052
Total Clinical + Non-clinical	\$ 202,301,558	\$ 191,823,663	856,401	306,988	1,230	548,182
Total New Const & Mod. DGSF	308,334			308,218		

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE														
Department	A		B		C		D		E		F	G	H	Total Cost
	Cost/sf	New	Cost/sf	Mod.	Gross Sq. Ft.	New *	Gross Sq. Ft.	Circ	Mod.	Gross Sq. Ft.				
Clinical														
Surgery														
Surgery Operating Rooms	\$ 447.57				27,331	15%					\$ 12,232,543		\$ 12,232,543	
Surgery Procedure Rooms	\$ 393.61				5,231	15%					\$ 2,058,981		\$ 2,058,981	
Phase I Recovery (PACU)	\$ 398.44				4,216	15%					\$ 1,679,812		\$ 1,679,812	
Phase II Recovery (Prep/recovery)	\$ 405.01				19,053	15%					\$ 7,716,609		\$ 7,716,609	
Central Sterile Supply	\$ 332.49				7,852	15%					\$ 2,610,714		\$ 2,610,714	
Ambulatory Care Serv.														
Cast room					0						0			
Heart Failure Clinic	\$ 332.53				4,813	15%					\$ 1,600,410		\$ 1,600,410	
Fetal Diagnostics					0						0			
Adult Infusion Center	\$ 314.71				9,628	15%					\$ 3,030,143		\$ 3,030,143	
Neurodiagnostics	\$ 263.39				1,450	15%					\$ 381,886		\$ 381,886	
Non Invasive Cardiology	\$ 385.80				3,101	15%					\$ 1,196,321		\$ 1,196,321	
Pain Center	\$ 281.39				997	15%					\$ 280,659		\$ 280,659	
Pre Admission Testing	\$ 305.15				244	15%					\$ 74,457		\$ 74,457	
Pulmonary Function	\$ 242.51				970	15%					\$ 235,180		\$ 235,180	
Diag and Interv Rad.														
General Radiology/Fluoro	\$ 446.10				7,179	15%					\$ 3,202,558		\$ 3,202,558	
Mammography	\$ 496.58				186	15%					\$ 92,363		\$ 92,363	
Ultrasound	\$ 413.72				7,047	15%					\$ 2,915,487		\$ 2,915,487	
CT & PET/CT	\$ 455.55				6,944	15%					\$ 3,163,339		\$ 3,163,339	
MRI	\$ 454.49				6,406	15%					\$ 2,911,455		\$ 2,911,455	
Nuclear Med./SPECT/CT	\$ 453.26				5,879	15%					\$ 2,664,710		\$ 2,664,710	
Laboratory	\$ 356.46				4,066	15%					\$ 1,449,368		\$ 1,449,368	
Pharmacy, Satellite	\$ 376.86				1,414	15%					\$ 532,885		\$ 532,885	
Outpatient Rehab	\$ 336.37				8,443	15%					\$ 2,839,805		\$ 2,839,805	
Cardiac Rehab	\$ 341.85				4,816	15%					\$ 1,646,347		\$ 1,646,347	
Total Clinical					137,265	15%					\$ 54,516,032		\$ 54,516,032	

Advocate Christ Medical Center Permit #11-019 Alteration Application

Department (list below)	A		B		C		D		E		F		G		H		Total Cost (G + H)
	Cost/sf	New	Mod.	Mod.	New	Circ	New	Circ	Mod	Circ	Gross sf	Circ	Const. \$ (A x C)	Mod. \$ (B x E)			
NON CLINICAL																	
Multidisciplinary Cancer, Neurosciences, Heart-Vascular Centers, and Women's Health Center, i.e. physicians' consultation offices and exam rooms	\$ 302.61				32,792	15%							\$ 9,923,073				\$ 9,923,073
Lobby, Public Areas, Resource Center, Winter Garden	\$ 321.22				14,085	15%							\$ 4,524,406				\$ 4,524,406
Registration/Fin Counseling	\$ 266.10				3,911	15%							\$ 1,040,714				\$ 1,040,714
Shelled Space					0												
Administration	\$ 257.05				17,251	15%							\$ 4,434,405				\$ 4,434,405
Medical Staff Area	\$ 268.00				6,119	15%							\$ 1,639,892				\$ 1,639,892
Research/Education	\$ 227.23				4,004	15%							\$ 909,828				\$ 909,828
Electronic Med Rec Support	\$ 355.49				400	15%							\$ 142,197				\$ 142,197
Engineering Technical Support	\$ 226.00				2,645	15%							\$ 597,770				\$ 597,770
Storage	\$ 190.00				6,468	15%							\$ 1,228,920				\$ 1,228,920
Materials/EVS	\$ 252.43				2,956	15%							\$ 746,181				\$ 746,181
Circulation/ Connector/ Pneumatic Tube	\$ 265.40				30,729	100%							\$ 8,155,542				\$ 8,155,542
Modernized Connectors				\$ 145.70	0				1,230		80%			\$ 179,211			\$ 179,211
Retail Patient & Visitor Site	\$ 168.50				1,666	15%							\$ 280,716				\$ 280,716
Lobby Café	\$ 203.17				1,717	15%							\$ 348,845				\$ 348,845
Retail Pharmacy	\$ 171.09				1,549	15%							\$ 265,017				\$ 265,017
Mechanical	\$ 254.90				43,431	5%							\$ 11,070,711				\$ 11,070,711
Total Non-clinical					169,723				1,230				\$ 45,308,216	\$ 179,211			\$ 45,487,427
TOTAL CLINICAL & NON-CLINICAL					306,988				1,230								\$ 100,003,460
Contingency 0.09409674																	\$ 9,410,000
Total with Contingency																	\$ 109,413,460

Clinical Area Department Alterations

Since the Certificate of Need application was developed and the Permit granted, the design of the Ambulatory Pavilion has continued to be refined. The space allocated to most departments has been modified as an improvement of the design to accommodate the newer methodologies and more efficient work flow.

Departments Eliminated

The following two departments in the Permit for the Ambulatory Pavilion will be eliminated in the proposed alteration:

Fetal Diagnostics: Eliminate, Delete 5,501 dgsf in Pavilion

When the Certificate of Need application was developed, obstetricians and maternal fetal medicine physicians were expecting to perform exams in the Ambulatory Pavilion. To serve their patients, a fetal diagnostics department was designed in the Ambulatory Pavilion.

Since the Permit was granted, the physicians have decided to continue to see high risk mothers in their office and want to keep fetal diagnostic services close to their office as it is now.

The space that was originally Fetal Diagnostics is planned to contain more consolidated education services, and the new retail patient and visitor site, both conveniently located on the ground floor. The remainder of the fetal diagnostics space will be storage.

Cast Room: Eliminate, Delete 452 dgsf in Pavilion

When the original Certificate of Need application was submitted, a cast room was planned in the Pavilion for surgeons who may have reason to apply a cast to a patient.

Since the Permit was granted, the need has been re-assessed with some of the newer methods of care. The conclusion is that the cast room in the hospital will provide sufficient capacity. The cast room in the hospital continues to be shown in the listing of services in the "as is" column, but there is no new construction or modernization cost or dgsf in the Pavilion.

The small area that was originally planned as the cast room is going to be staff support space for several nearby imaging departments.

Changes in Key Rooms

The following departments are seeking alterations to their space in the Ambulatory Pavilion as originally proposed in the Certificate of Need application.

Room/Unit	In Permit				Revised				Amb Pav Difference
	Satellite	Hospital	Amb Pav	Total	Satellite	Hospital	Amb Pav	Total	
Surgical OR		26	14	40		26	12	38	-2
Procedure Rm		3	8	11		3	7	10	-1
PACU		19	14	33		24*	12	36	-2
Phase II Rec		16	66	82		16	56	72	-10
Rad/Fluoro	1	10	7	18	1	9**	5	15	-2
Nuc Med, SPECT/CT		3	4	7		3	3	6	-1
CT, PET/CT	1	5	4	10	1	5	3	9	-1
Ultrasound	3	8	7	18	3	8	6	17	-1
Total in Amb Pav			124				104		-20

*Five PACU stations were added within the Hospital, independent of the Ambulatory Pavilion.

** One radiology room was deleted from the hospital department in the recent past and the space used for angiography.

Surgery Operating Rooms (Class C): Decrease 2 ORs in Pavilion

The original CON Permit is for a total of 40 ORs with 26 in the hospital and 14 in the Ambulatory Pavilion.

The proposed Alteration is to reduce the ORs in the Ambulatory Pavilion by 2, which would result in a total of 38 ORs.

Surgical Procedure Rooms: Decrease 1 Procedure Room in Pavilion

The original CON Permit is for a total of 11 procedure rooms with 3 in the hospital and 8 in the Ambulatory Pavilion.

The proposed Alteration is to reduce the procedure rooms in the Ambulatory Pavilion by one (from 8 to 7), which would result in a total of 10 procedure rooms.

Phase I Recovery (PACU): Decrease 2 Phase I Recovery Stations in Pavilion

The original CON Permit is for a total of 33 recovery stations with 19 in the hospital and 14 in the Ambulatory Pavilion to support the 14 ORs. (Since the permit was granted the hospital has added 5 PACU stations for a total of 24 to better serve the hospital ORs.)

The proposed Alteration to the Ambulatory Pavilion is to reduce the PACU stations by 2. This reduction would keep the number of PACU stations consistent with the number of ORs.

Phase II Recovery: Decrease 10 Phase II Recovery Stations in Pavilion

The original CON Permit is for 66 Phase II recovery stations in the Ambulatory Pavilion.

The Code requires 3 Phase II stations for each OR. The proposed Alteration calls for 12 ORs in the Ambulatory Pavilion requiring a total of 36 Phase II stations.

The Design Standards Department requires a minimum of 2 Phase II stations for each Surgical Procedure Room. The proposed Alteration calls for 7 Procedure Rooms in the Ambulatory Pavilion requiring a total of 14 Phase II stations.

The total need for Phase II rooms to serve the ORs and procedure rooms in the Ambulatory Pavilion is 50:

36 Phase II recovery stations (for 12 ORs)
+ 14 Phase II recovery stations (for 7 Procedure Rooms)
50 total Phase II recovery stations in the Pavilion.

General Radiology/Fluoroscopy: Delete 2 Units in Pavilion

The original CON Permit is for a total of 18 radiology/fluoroscopy units. One unit is in the satellite location in Lockport. Ten units were in the hospital divided between the main Medical Center and Hope Children's Hospital. The remaining 7 units were to be in the Ambulatory Pavilion.

Since the Permit was obtained, the hospital has taken one radiology unit out of service and is now using that space for angiography. That lowered the total anticipated from 18 to 17 units.

With the proposed Alteration, the number of radiology/fluoroscopy units in the Pavilion is being reduced from 7 to 5 for a total of 15 units.

Nuclear Medicine, SPECT/CT: Delete 1 Unit in the Pavilion

The original CON Permit is for 7 Nuclear Medicine/SPECT/CTs units. Three are in the hospital and 4 were planned for the Ambulatory Pavilion.

The proposed Alteration will reduce the units in the Pavilion to 3 for a total of 6 units.

Computed Tomography, PET/CT: Delete 1 Unit in the Pavilion

The original CON Permit is for 10 Computed Tomography, PET/CT units. One is in a satellite facility, 5 are in the hospital, and 4 were planned for the Ambulatory Pavilion.

The proposed Alteration will reduce the units in the Pavilion to 3 for a total of 9 units.

Ultrasound: Delete 1 Unit in the Pavilion

The original CON permit was for 18 Ultrasound units. Three were in satellite locations, 8 in the hospital, and 7 were proposed for the Ambulatory Pavilion.

The proposed Alteration will reduce the units in the Pavilion to 6 for a total of 17 units.

Non Clinical Department Alterations

Since the Certificate of Need application was developed and the Permit granted, the design of the Ambulatory Pavilion has continued to be refined. The 14,337 sf shell space in the Permit is proposed to be built out. Several of the non-clinical departments will be larger than originally proposed. Four new non-clinical departments are proposed in this alteration.

Shell Space: Delete 14, 337 sf

Within the original CON, 14,337 sf of shell space was located on the first floor. The space is now proposed to contain a larger component of administration (6,184 sf), the new medical staff area (6,119 sf) plus more circulation corridors (2,034 sf) to access the areas. (See below for details of these non-clinical uses.) As a result of this proposed use, shell space will no longer exist.

Medical Staff Area: New department, added 6,119 dgsf

With the changes from Health Reform, it has become more important than ever for medical staff and administration to be conveniently located so they can work more closely. To foster collaboration, a redesign is proposed to allow the physicians to have dedicated space adjoining administration. This will be a convenient area for quick conversations as well as contain space for more formal meetings. The area is designed to accommodate physicians who seek to confer with each other on cases, as well as discuss administrative matters.

Engineering Technical Support: New department, added 2,645 dgsf

With ever-increasing technology in health care, it has become apparent that additional technical support is needed in the building. In the original CON Permit, the teams that support technology-intensive departments would need to travel throughout the Pavilion and back through the hospital to get to their workshops and base of operations.

The proposed Alteration will be much more efficient by keeping the dedicated technicians closer to the departments they serve. There will be technical support sites located within the imaging departments and the surgical areas.

Storage: New department, added 6,468 dgsf

After the original CON Permit was granted, additional planning has been done on the operations of the building with efficient work flow considered. It was determined that having distributed storage would be a significant time saver to the departments that are dependent on materials management and allow for better assessment and control of inventory.

To address this need, the Alteration proposes locating additional storage areas on several floors and within the departments that have a need for materials and equipment to be readily available.

Retail Patient and Visitor Site: New department, added 1,666

This retail location will allow patients and visitors to visit and purchase items that they may require. Items will be displayed in this area and available for purchase. The area will be built as an open space, sometimes described as a “vanilla box”, to allow the retailer, once selected, to have the opportunity to arrange and decorate the site.

Four other non-clinical departments are proposing additional space needs consisting of more than 1,000 sf. (The remaining non-clinical departments will have minimal changes.)

Multidisciplinary Centers: Added 1,226 dgsf in the Pavilion

The proposal alteration is a combination of essentially minor changes in floor plan, and the addition of one physicians’ consultation room which increased the overall space by less than 4%.

Administration: Added 1,249 dgsf in the Pavilion

The proposal is to increase total Administration space from 16,002 sf to 17,251 sf in the whole Pavilion. The largest component of administration (6,184 sf) will be on the first floor, next to the medical staff area, in what had been shell space. The space is designed to allow more of the executive team to be located closer to the medical staff area. (See above) The remainder of administration space is distributed on other floors.

Circulation: Added 6,940 dgsf in the Pavilion

The redesign identified the need for additional corridors to make the use of the building more efficient for the staff to move from one area to another. For example, circulation corridors were added to access the new medical staff area and administration. The long-range advantage of this change from 23,789 sf to 30,729 sf is important to overall operations and mobility within the building.

Mechanical: Added 1,360 dgsf in the Pavilion

The Alteration proposes a 3% increase in mechanical space from 42,071 sf to 43,431 sf, as a result of additional refinement by the engineers developing the design.

Size of the Project as Proposed in the Alteration

The table below demonstrates the proposed alteration has met the State Standards for physical space for 9 of the 10 departments regulated regarding size.

The Phase I Recovery (Post Anesthesia Care Unit, PACU) department exceeded the State standard for size when the Permit was granted. It continues to be over the standard for the same reasons.

SIZE OF DEPARTMENTS IN PROPOSED ALTERATION TO PROJECT				
Dept. / Area	Proposed DGSF	State Standard	Difference	Met Standard
Surgery Operating Rooms	86,028/38 ORs = 2,264/OR	2750 DGSF/OR	-486	Yes
Surgery Procedure Rooms	10,311/10 rooms = 1,031/room	1,100 DGSF/Proc Rm	-69	Yes
Phase I Recovery (PACU)	11,088/36 rec stations = 308/station	180 DGSF/ Recovery Station	128	No
Phase II Recovery (Prep/recovery)	28,656/72 stations = 398/station	400 DGSF/ Recovery Station	-2	Yes
General Radiology/Fluoro	19,266/15 units = 1,284/unit	1,300 DGSF/unit	-16	Yes
Mammography	1,295/5 units = 259/unit	900 DGSF/unit	-641	Yes
Ultrasound	13,792/17 units = 811/unit	900 DGSF/unit	-89	Yes
CT & PET/CT	15,424/9 units = 1,673/unit	1,800 DGSF/unit	-127	Yes
MRI	10,740/7 units = 1,534/unit	1,800 DGSF/unit	-266	Yes
Nuclear Med./SPECT/CT	9,582/6 units = 1,597/unit	1,600 DGSF/unit	-3	Yes

Source: ACMC records and HFSRB Admin Code

Advocate Christ Medical Center plans to include in the proposed Ambulatory Pavilion a surgical service to address the more complex needs of the growing number of outpatients. That service will include post anesthesia care. The combined program with the existing and proposed post anesthesia care units (PCAUs) will offer a total of 36 stations. The current State standard for size, as shown in Section 1110 Appendix B, calls for:

- 180 dgsf/Recovery Station, or
- 6,480 dgsf/36 Recovery Stations

The proposed square footage of 11,088 dgsf exceeds the State Agency guidelines.

11,088 dgsf/36 Recovery Stations, or
308 dgsf/Station

This department exceeded the State standard for size when the Permit was granted. It continues to be over the standard for the same reasons, as defined below.

There are various reasons that today's PACU must be larger than in the past. The classic recovery stations are still open bays to provide good visibility and easy access by the nursing staff. However, there is an increasing demand for private rooms to care for patients who have a known infection or for those who are so compromised that they are at greater risk for acquiring an infection. The proposed new unit will have 4 stations that are enclosed and one equipped with appropriate air pressure for isolation.

The infection control efforts to manage the risk of a contact infection of Methicillin Resistant Staph Aureus (MRSA) encourage a larger zone of contact be maintained between beds. The potential for accidental cross contact is greater when the space is confined.

The increase in the use of large equipment and more sophisticated care has resulted in more post-surgical x-rays being done. The equipment is large and requires room to maneuver without exposing nearby patients to the process. More patients are on ventilators coming out of surgery and that takes room for the equipment and staff to monitor it.

The most significant factor that is affecting the size of the PACU is the new change in the IDPH Hospital Licensing Requirements. The Illinois Health and Services Review Board Code, 1110.234 a) 2) notes the following:

If the project SF is outside the Standard in Appendix B,....the applicant shall submit documentation of one or more of the following:

A) Additional space is mandated by government or certification agency requirements that were not in existence when the Appendix B standards were adopted.

In the Hospital Licensing Code, Part 250.1320, effective March 4, 2011, is a revision that now permits visitors in the Phase I PACU while the patient is recovering from a surgical procedure. A copy of the new licensure requirements was included with the original application

With this significant change in the Code, it is essential to have the space available. The Code notes the importance of safeguarding the privacy of other patients and still allowing PACU staff to give constant attention to anesthetized patients. Visitors will need seating, and in some cultures, it is typical to have several visitors at one time.

The Code calls for at least one additional staff person in the PACU assigned to oversee, supervise and assist the visitors for the period of time the visitors are present.

Additionally, there is a need for better patient visibility by the nursing staff. In HealthcareBuildingIdeas.com they note:

The trend has been to design larger bed positions approaching the size for an ICU bed with a headwall of 11-12 feet, despite the lack of change in the codes and guidelines. The Codes have continued to refer to the minimum area for each bed being on 80 square feet. The last two updates of the IAU Guidelines for the Design and Construction of Health Care Facilities added clearance around each bed that result in an average bed position of at least 120 square feet.

In view of these significant changes, it is imperative to be prepared in the Post Anesthesia Care Unit for this operational demand for space.

Size of the Ambulatory Care Departments

There are 7 departments that are shown as ambulatory care which will be in the proposed Ambulatory Pavilion. (Another 2 are proposed to be eliminated: Fetal Diagnostics and a Cast Room. See the description of the changes for more details.) The 7 departments will be located on various levels of the building and are not organized as a service in one location. Four of the departments will continue to have operations in the hospital, in addition to the new location for outpatients.

The size of the departments varies greatly, depending on the program, the required equipment, and the support space needed. The HFSRB standard of 800 gsf/2000 visits has been applied and all of the departments proposed in the alteration meet the standard. The results are as follows:

SIZE OF AMBULATORY CARE DEPARTMENTS IN PROPOSED ALTERATION				
Dept. / Area	Proposed DGSF	State Standard	Difference	Met Standard
Heart Failure Clinic	4,813 gsf / 36,577 equivalent visits = 263 gsf/2,000 visits	800 gsf/2000 visits	-537	Yes
Adult Infusion Center	9,628 gsf / 31,650 visits = 609 gsf/2,000 visits	800 gsf/2000 visits	-191	Yes
Neurodiagnostics	3,083 gsf / 10,507 equivalent visits = 582 gsf/2,000 visits	800 gsf/2000 visits	-218	Yes
Non Invasive Cardiology	6,875 gsf / 90,636 visits = 152gsf/2,000 visits	800 gsf/2000 visits	-648	Yes
Pain Center	997 gsf / 4,848 visits = 415gsf/2,000 visits	800 gsf/2000 visits	-385	Yes
Pre Admission/Express Testing	2,755gsf / 11,831 visits = 467 gsf/2,000 visits	800 gsf/2000 visits	-333	Yes
Pulmonary Function	1,801 gsf / 4,582 equivalent visits = 784 gsf/2,000 visits	800 gsf/2000 visits	-16	Yes

Size of the Additional Departments

The size of the other departments that are not defined in Appendix B has been guided by the American Institute of Architects, Academy of Architecture for Health, a noted resource and authority. The *Guidelines for Design and Construction of Health Care Facilities*, 2006 edition, was referenced in the early planning phase. The 2010 edition has recently been released, with updates to selected sections.

The following are the clinical service areas not listed in Appendix B of the Code, and the rationale used to determine their gross square footage is necessary and appropriate.

SIZE OF ADDITIONAL CLINICAL DEPARTMENTS IN PROPOSED ALTERATION		
Dept. / Area	Proposed DGSF	Basis for Size
Laboratory	26,513 dgsf / 2,063,989 tests	The size was determined by the program, with a review of the complexity of the equipment and the number of staff. The new Lab will be 4,066 dgsf and will do express tests and process surgical tissues.
Pharmacy, Satellite	1,414 dgsf / 31,650 infusion patients	This service will be located in the Cancer Institute and will prepare the infusions and other meds for the oncology patients.
Outpatient Rehab	18,043 dgsf / 244,864 visits	199,001 adult patients are expected, the remaining 19,282 are pediatric patients. 9,600 dgsf of the department will remain in the Hospital to see the inpatients. The pieces of rehab equipment and treatment areas were the basis for the size.
Cardiac Rehab	6,298 dgsf / 16,320 visits	75% of this service is outpatient. Similarly, 77% of the department's space will be in the Ambulatory Pavilion. Equipment, treatment areas and staff were the factors in determining size.

There are no standards for the size of non-clinical departments. See the description of the proposed alteration to the non-clinical departments for the discussion of changes.